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Executive Summary

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 requires Local Authority Social Services and the National Health Service to establish complaints procedures to deal with complaints about their health and social care functions and to produce and publish a Complaints Annual Report.

Leeds City Council Adult Social Care provides a range of services. Some services are provided by commissioned independent providers in residential care, supported living and commissioned home and day care. This annual reporting, therefore, includes services provided by commissioned independent providers.

This report provides information about compliments and complaints received during the twelve months between 1 April 2016 and 31 March 2017.

In the reporting year 11,312 people received a service from Leeds City Council Adult Social Care. When looking at a total number of complaints 542, therefore, 4.8% of customers or someone acting on their behalf raised a complaint about a service that they received and 689, 6% of customers or their representative raised a compliment about the service that they received.

The focus for Leeds City Council Adult Social Care has been to empower people to feedback about their social care service and to use the feedback to improve the quality of service provided. The 16% increase in numbers of complaints is, therefore, not necessarily an indicative of a drop in the quality of service provided but most likely due to staff efforts to empower people to provide feedback about their social care.

This report highlights how various services within the Adult Social Care Directorate have performed in line with key principles outlined in the complaints regulations and provides information about the nature of complaints, the compliments received and actions being taken to improve the quality of social care services.

The year under review has been a busy and challenging one for the Complaints Team often having to deal with very complex cases which cuts across a number of organisations. The aim 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 have been involved in a number of initiatives, including:-

- Providing training to voluntary sector organisations so that they understand the health and social care statutory complaints procedure to enable them to effectively support people who may wish to access the complaints process. In the reporting year, 20 members of Advonet attended complaints training.
- Continuing to provide complaints training to commissioned provider staff. The aim is to build capability and capacity in complaints handling within our commissioned provider organisations. This is important because the Local Government and Social Care Ombudsman has made it very clear that they will hold commissioners accountable for commissioned provider's failings, in relation to commissioned services. The training also ensures that commissioned providers understand the statutory health and social care complaints procedure and how this dovetails to their systems.
- Continuing to provide complaints training to front line support and professional staff. The training for this reporting period was targeted at the older people provider services. In

total including staff of commissioned providers, complaints training was provided to 320 staff.

- The Complaints Team have also been working closely with the Working Age Adults Contracts Team, Homecare Contracts Team and the Residential and Nursing Older People Contracts Team to support commissioned providers to attain good Care Quality Commission ratings.
- Continuing to promote the complaints service across all Adult Social Care operational teams by attending their Team meetings sharing the key messages from the Ombudsman, Healthwatch England and the Care Quality Commission - and the impact this will have on their practice.
- The complaints teams across Leeds City Council Adult Social Care and NHS organisations within Leeds meet on a quarterly basis to share learning from complaints as well as to share best practice across the different organisations. The aim of the group is to improve customer and patient experience when things go wrong.

The work of the group is underpinned by an agreed Work Programme. So far the group have all signed up to providing a 'no wrong door' and a shared approach to consent that removes the need for customers/patients to sign multiple consent forms when they complain about mixed sector complaints within Leeds.

The group has also developed some information for Members of Parliament (MPs) providing them with brief information about the Health and Social Care Complaints procedure, advocacy information and also provided named contacts for each organisation. The aim is to ensure that MPs have easy access to complaints teams and, therefore, make it easier for them to sign post their constituents who may wish to provide feedback about their health and social care service within Leeds.

- 689 compliments were recorded. Analysis of compliments evidence how the Adult Social Care Directorate are meeting the key qualities service users and their representatives expect from health and social care i.e. being offered choice, treated with dignity, respect and being heard.
- 542 complaints were recorded compared to 466 in the previous year, representing an increase of just over 16%. The increase is most likely due to efforts made in reminding commissioned service providers to share information about complaints relating to commissioned services with the Council and ongoing efforts by the Complaints Teams and frontline staff to ensure that service users and their representatives are clear about how they can provide feedback. This is now becoming established practice. There is, therefore, a correlation between the training provided to staff, information being provided to service users or their representatives and the increase in compliment and complaints. This is because staff understand the importance of people providing feedback about their experience of adult social care and are quite happy to empower people to provide feedback good or bad. The increase is, therefore, not necessarily an indicative of a drop in the quality of service provided rather staff efforts to empower people to provide feedback about their adult social care.
- Improvements in acknowledging and responding to 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 Team has

further improved the monitoring of timescale performance and the support offered to service managers in an effort to improve performance.

- 25 enquiries were made to the Local Government and Social Care Ombudsman compared to 20 the previous year. 7 were closed after an initial enquiry; 4 were premature. A breakdown of the 25 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
Adult Social Care

1. Purpose of Report

The purpose of the annual report is to review the operation of the complaints procedure over a twelve month period and to provide information about complaints themes, the compliments received and actions being taken to improve the quality of social care services.

This report provides information about compliments and complaints received during the twelve months between 1 April 2016 and 31 March 2017.

2. Background

2.1 Local authorities are legally required to establish complaints procedures to deal with complaints about their social care functions.

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 applies to Adult Social Care.

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.

In addition, it is important to note that service users or their representatives generally view complaints in its every day sense i.e. to mean any statement about a service or member of staff that has not met the standard that they can reasonably expect.

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 or their representatives can either complain directly to the provider or to Leeds City Council, as commissioner of the service.

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 and Social Care Ombudsman, but are equally advised to direct service users or their

representatives to commissioners of the service, where local resolution is not possible or appropriate, or where the complainant 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. The investigation needed is informed by the level of risk and complexity and the wishes of the complainant.

Complaints Officers contact the complainant to agree the complaint and sought outcome. They then determine the level of risk and complexity. 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 542 therefore, 4.8% of customers or someone acting on their behalf raised a complaint about a service that they received and 689 (6.1%) of customers or their representative were happy with the service that they had received from adult social care.

6. Review of compliments received

Table 1 – Compliments Received by Service Area

Service area	2016/17	%	2015/16	%
Skills/Reablement	310	45%	286	46.3%
Community Social Work	118	17.1%	59	9.6 %
Learning Disability Housing and Day Services	77	11.2%	65	10.5%
Equipment and Adaptations	46	6.7%	5	0.8%
Resources and Strategy	29	4.2%	29	4.7%
Older People Residential and Day Services	27	3.9%	27	4.4%
Learning Disability Social Work	22	3.2%	20	3.2%
Leeds Shared Lives	20	2.9%	1	0.1%
Mental Health Social Work	14	2%	18	3.0%
Strategic Commissioning	12	1.8%	11	1.8%
Mental Health Residential and Day Services	4	0.5%	91	14.7%
Hospital Social Work	6	0.9%	0	0.%
Independent Sector Home Care	3	0.4%	4	0.6%
Independent Sector Care Homes	1	0.1%	-	-
Physical Disability Residential & Day Services	-	-	2	0.3%
Transport/Meals	-	-	-	-
Total	689	100%	618	100%

- 6.1 Table 1 above details the number of compliments received during 2016/17 reporting period. 689 compliments have been received compared to 618 in the previous year. Compliments evidence how the Adult Social Care is meeting the key qualities people expect from health and social care services i.e. being treated with dignity, respect, staff being caring, responsive to people's needs, being effective and well-led.
- 6.2 The increase in compliments is in response to the Adult Social Care Complaints teams and frontline staff efforts to try and increase the number of people talking to us and providing us with feedback either good or bad. The complaints leaflets which are provided to customers at assessment or at review encourages customers or their representatives to tell us what they think of the service. Customers are informed that learning is taken from compliments in the same way as complaints and are recorded and used to influence and promote best practice.
- 6.3 Compliments are, however, largely made directly to frontline staff either verbally or by personal letter. In view of this, as part of the complaints training, Adult Social Care staff and managers and staff of commissioned service providers are encouraged to pass on compliments to the Complaints team to ensure these are recorded across the directorate. This practice has led to the increase in the number of compliments recorded.

- 6.4 The largest number of compliments was received by the in house Community Support Service, 310 compared to 286 the previous year. The overwhelming majority of these were made to the Reablement service. Service users and family members expressed their appreciation for the caring and professional help and support they had received from staff.
- 6.5 118 compliments were received for Community Social Work, compared with 59 in the previous year. Compliments were received across the city, thanking workers for the help and support they have given service users and their families in a variety of ways including the way they have carried out assessments of need; assisting people to find appropriate care services (particularly when people move into residential care); and when social workers have been required to intervene to provide support in emergencies.
- 6.6 Aspire (the Learning Disability Housing and Day care service) received 77 compliments in the first six months of the year as opposed to a total of 65 in the last full year. The vast majority of these were from relatives expressing their satisfaction with the care received and stating the positive effect it had on their family members, but a significant number also praised the Changing Places project and other community engagement work undertaken by Aspire.
- 6.7 Equipment and Adaptation's services received 46 compliments compared with 2 last year. The majority related to the work of Occupational Therapists and how they assessed needs, identified equipment that would help, and made sure the service user and their carers knew how to use it. Other compliments related to the granting of Blue Badges, the provision of telecare, and the granting of Disabled Facilities Grants.
- 6.8 29 Compliments were received about Resources functions this year, exactly the same number as last year. The Complaints service received 21 compliments from people who were grateful for the sensitivity shown in dealing with their complaints and with the support offered to ensure their concerns were properly investigated. Community Care Finance services received 7 compliments about the professionalism of workers who carried out assessments, and the expertise of workers who responded to queries about the charging process. 1 compliment was received for the Information Governance team from a manager at an independent sector provider who had received advice from the team.
- 6.9 In-house residential care homes and day services for older people received 27 compliments, the same number as last year. Family members gave thanks for the staff teams providing excellent care to relatives, in particular referring to the kindness and caring attitude of workers.
- 6.10 Learning Disability Social Work received 22 compliments compared to 20 last year. Many of these praised the work that social workers had done in helping people to navigate complex networks of services required to meet all their needs. Some compliments praised one off interventions, such as arranging for people to go on holiday or to set up respite. Another source of compliments was from other professionals who had worked alongside care managers and safeguarding and risk managers in court proceedings and investigations.

- 6.11 Leeds Shared Lives received 20 compliments, compared to 1 last year. Family members praised the supportiveness, friendliness and reliability of support workers, and many people stated how much they valued the service.
- 6.12 Mental Health social work received 14 compliments in 2016/17 compared to 18 last year. Service users and family members praised social workers for their interventions during a crisis. The majority of compliments came from other professionals who had worked alongside social workers either during Court of Protection proceedings or as a result of co-working (with the NHS).
- 6.13 Commissioning Services received a total of 12 compliments this year compared to 11 last year. The compliments were made by colleagues from the independent sector who appreciated the support and advice provided by commissioners and the Chief Officer.

7. Review of complaints received

Table 2 – Complaints received by service area

Service area	2016/17		2015/16	
	Number of complaints	% of total complaints	Number of complaints	% of total complaints
Total	542	100.0%	466	100.0%
Independent Sector Home Care	167	30.8%	7	1.5%
Community Social Work	102	18.9%	135	28.9%
Support services	65	12%	45	9.7%
Equipment and Adaptations	39	7.2%	43	9.2%
Blue Badge Applications	34	6.3%	74	15.9%
Learning Disability Social Work	27	5.0%	47	10.0%
Aspire	18	3.3%	7	1.5%
Learning Disability Commissioned Services	14	2.6%	2	0.4%
Mental Health Accommodation and Day Services	12	2.2%	12	2.6%
Strategic Commissioning	11	2.0%	7	1.5%
Mental Health Social Work	10	1.8%	28	6.0%
Independent Sector Other	10	1.8%	5	1.1%
Older People Direct Provision Residential Care	7	1.3%	5	1.1%
Other Council Department	6	1.1%	13	2.8%
Independent Sector Care Homes	6	1.1%	6	1.3%
Hospital Social Work	4	0.7%	4	0.9%
Older People Direct Provision Day Services	4	0.7%	11	2.4%
Skills / Reablement	4	0.7%	10	2.1%
Safeguarding Unit	2	0.4%	3	0.6%
Home Care – Long Term Generic in-house	-	-	1	0.2%
Care Communication	-	-	1	0.2%

7.1 The Adult Social Care Directorate provides a range of services in a range of settings and where the Council commissions care from the independent sector, the Ombudsman is very clear that the Council remains accountable for the actions of the commissioned provider. It is usually best to tell the care provider and give it chance to put things right. However, if the problem cannot be sorted out there and then and the person continues to be unhappy, they have a right to complain to the Council, as commissioner of the service. In these circumstances, customers or their representatives are advised to raise concerns with the Complaints Team. The

Complaints Team recorded 542 complaints in this reporting period compared with 466 complaints the previous year, an increase of 16.31% on the previous year.

The complaints have increased by 16.31% because included in the figures are 167 complaints in relation to complaints about commissioned services.

The monitoring and oversight of complaints made directly to commissioned providers is in response to recommendations made by the Ombudsman in their 2013/14 Adult Social Care Annual Report. The Ombudsman has made it very clear that it will hold commissioners accountable for the commissioned provider's failings and further that it is the commissioner who will be held accountable to remedy any identified failings. In view of this, Adult Social Care are in the process of putting a system in place i.e. a Joint Protocol to ensure regular communication between the Council and the commissioned service provider in relation to any complaints and compliments relating to the Council's Adult Social Care commissioned services. This should provide the Council an opportunity to gain an overview of compliments and complaints of commissioned services.

8. Nature of Complaints

The most common category of complaints are as follows:-

- 166 complaints about Inconsistent Home Care
- 74 complaints about poor Quality of Service
- 70 complaints about Staff Attitude/conduct
- 67 complaints about Challenging assessment outcome
- 51 complaints about Lack of social work support
- 49 complaints about Calls not being answered

8.1 **Inconsistent Home Care – commissioned services.** When people have care and support needs they often choose to remain in their own home and receive home care. Receiving care at home means people can retain independence and take comfort in their own home. 166 complaints were recorded about the commissioned home care service. It is not surprising that inconsistent home care support is cited as the most common cause of complaint. Providers have reported about the challenges they face with recruitment and retention of staff. Common concerns relating to the home care service have included:-

- Concerns about the failure to provide a service including care staff being late, not staying long enough or cancelling visits without informing the family and/or the service user.
- Families raising concerns about the failure to engage them in reviews so that they can contribute their views in the management of the service and what is needed to provide a good quality service
- Concerns about receiving care from too many care workers and that often care workers had not read the care and support plan and, therefore, not clear of what care and support was needed and at times inexperienced in providing the care needed i.e. lack of training to provide the care needed

- Concerns about inaccurate invoicing and record keeping including delays in being invoiced
- Concerns about care staff being late, rushed and being inflexible
- Concerns about poor preparation of meals by the care staff and care staff not being competent in the preparation of basic meals and snacks
- Staff not skilled and competent in Good practice in Medication management and moving and handling
- Poor communication between the service user and/or their families and the office staff of the service provider.

8.2 **Quality of Service** – The quality of concerns raised were varied. Some related to services provided by commissioned service provided in residential care, supported living and commissioned home and day care. Some concerns related to Finance and Social Work services. A brief summary of some of the issues have included the following:-

Quality of service Independent Home Care complaints have included the following

- Poor standard of homecare provided i.e. workers not washing up properly
- Care assistants not adhering to the support plan resulting in service users not receiving the expected service. It is evident that the care assistants have not read the care and support plan
- Poor recording and failure to alert the office to changes in person's condition

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

- Poor communication with the families and other partner organisations
- Poor care due to staff not reading the care and support plan and, therefore, not following support plan
- Poor staffing having an impact on quality of service provided

Quality of service – commissioned residential and nursing care services complaints have included the following:-

- Families raised concerns about poor care provided and what family members i.e. perceived as a lack of empathy by staff and poor communication with families i.e. not keeping them informed of changes in the service user's condition
- Family members raised concerns about poor care provided, the lack of proper record keeping regarding patients' dietary requirements at the home and, therefore, not meeting patients' dietary requirements
- Family members raised concerns about the lack of timely monitoring and review of agreed care and support plans
- Family members raised concerns about the poor standard of care including the lack of clarity between the poor standard of care and safeguarding

- Family members raised concerns about the inadequacy at the time of both the Council and the NHS contract monitoring and inspection of the home as it failed to spot the problems in the home
- Family members raised concerns at the lack of clear systems at the time which led to the lack of information sharing between the Adult Social Care Contracts and Safeguarding teams

Quality of service Community Social Work. Concerns relating to Social Work service delivery highlighted:-

- Lack of communication between the family, social care and other agencies involved in delivering the care and support
- Lack of clarity and information from the outset about the charging structures that apply to residential care, respite, temporary or permanent placement
- Lack of clarity around 3rd party top-ups and
- Lack of clarity at assessment about what they could reasonably expect from adult social care to help them make choices and not being given correct information about Direct Payments

Quality of service – Finance concerns relating to Finance included

- Delays in producing invoices resulting in service users building up a large debt to the Council and service users or their representative worried about how they would pay the debt
- Lack of communication between the social work teams and Finance resulting in late billing
- Lack of information in relation to Finance about the funding position of residential care and
- Delays in payment to residential providers

8.3 **Staff attitude/conduct** was the third most common cause of concern. 70 complaints, 9% of the total number received, mentioned this issue. These complaints related to area social work teams, supported living, commissioned residential and home care. Service users or family members have often raised concerns about the manner in which they have been spoken to. Some families have felt not being listened to and that their views and views of other professionals involved not being adequately taken into account. Some complaints that mention staff attitude and conduct are part of a bigger complaint that also includes dissatisfaction with other issues, such as the outcome of an assessment, a decision about service provision, or charges for services, and therefore people are complaining not only about the information they are given but also the way it is given. It must be borne in mind that the former may affect a person's perceptions of the latter.

8.4 **Challenging Assessment outcome** was the fourth most common cause for complaint. These mainly related to the following:-

- Complaints were made about the outcome of Blue Badge assessments compared. 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.
- Service users or their representative also challenged the outcome of the financial assessment often challenging the assessed contribution; challenging what can be included and the lack of information about financial assessments.
- Concerns from families challenging assessments have included challenging the decision not to fund adaptations. Some families have cited that the assessment was inadequate and that the family were not listened to resulting in an outcome which did not properly meet the service user's needs.

8.5 **Lack of social work support** was the fifth area of concern. It is not surprising that lack of social work support is often a cause for concern. This has been a combination of service users or their families not being clear of what they can reasonably expect from adult social care or in cases involving a number of agencies, service users or their families being unclear of each agency's role resulting in the social worker being the subject of a complaint on matters which are say, Health led.

- Concerns about family members experiencing poor communication with JCMT social work team (an integrated service run by Leeds Community Health) and the failure to provide details of the actual costs required to pay for home care.
- Family members' concerns about failure to provide them with the costs of residential care placements and the lack of communication and joined up thinking i.e. internal communications between the Care Managers, Contracts Officers and Finance.
- Family members' concerns for not being offered a Carer's Assessment.

8.6 **Calls not answered.** Complaints about telephone calls not being taken or messages not being responded to accounted for 48 complaints. 29 of these related to social work services, and 12 related to Finance.

- We find that some complainants state that they have only resorted to making a formal complaint because they have not been able to contact a worker or service by 'phone, sometimes after several attempts.
- People tell us that the matter they have wanted to speak about is often either urgent, causing them stress, or overdue. Not being able to speak to someone is therefore the last straw. These complaints are often therefore just one element of a bigger complaint.

- One complainant said they had tried to respond to the consultation on Fairer Charging by calling a freephone number 6 times, but only got an engaged tone.
- Complainants mentioned that they had not received a call back when one had been promised.

9 Outcome

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 67% of complaints were either upheld or partially upheld.

Outcome	2016/2017	%
Upheld	233	42.9%
Partially upheld	128	23.6%
Not upheld	127	23.4%
Inconclusive	21	3.9%
Ongoing	26	4.8%
Withdrawn	8	1.5%
Total	542	100%

10. Formal investigation

This year 5 of the 542 complaints were escalated to formal investigation by Independent Investigating Officers. In addition 3 independent investigations that began in the previous year were concluded in this reporting year.

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 action taken in response to investigation findings to improve the quality of services.

11. Mixed sector complaints – joint working across health and social care in Leeds

The Local Government Ombudsman and Parliamentary and Health Service Ombudsman have introduced a new process for investigating complaints about both health services and social care services. These complaints are now investigated by

a single team based in the Local Government Ombudsman's office, acting on behalf of both Ombudsmen.

The complaints regulations include set timescales for organisations to acknowledge and respond to complaints and also require organisations to work together in ensuring a co-ordinated investigation and response with a single organisation as the lead.

The complaints teams across health and social care organisations within Leeds meet on a quarterly basis to share learning from complaints as well as to share best practice across the different organisations. The group is chaired independently by Healthwatch Leeds. Members of the group are Healthwatch Leeds, Advonet, Leeds City Council Adult Social Care Complaints Team, Leeds Community Health Complaints Team, Leeds and York Partnership NHS Foundation Trust Complaints Team, Leeds Teaching Hospitals NHS Trust and the Clinical Commissioning Group Complaints Team.

The work of the group is underpinned by an agreed Work Programme. The aim of the group is to work closely and improve customer and patient experience when things go wrong and to promote best practice by embedding the 5 'I' statements of what good complaints handling must look like.

So far the group have all signed up to providing a 'no wrong door' and a shared approach to consent that removes the need for customers and patients to sign multiple consent forms when they complain about a mixed sector complaint.

The group has also developed some information for Members of Parliament (MPs) providing them with brief information about the Health and Social Care Complaints procedure, advocacy information and also provided named contacts for each organisation. The aim is to ensure that MPs have easy access to complaints teams and, therefore, make it easier for them to sign post their constituents who may wish to complain about their health and social care service within Leeds.

12. The Local Government & Social Care Ombudsman – update

The reporting year saw the retirement of Dr Jane Martin after completing her seven year tenure as Local Government Ombudsman. Mr Michael King was appointed as her successor and took on the role of Local Government Ombudsman in January 2017.

The Ombudsman also recently changed its name to the Local Government and Social Care Ombudsman. Since 2010 it has operated with jurisdiction over all registered adult social care providers and is able to investigate complaints about care funded and arranged privately. The Ombudsman has reported that the change in name is in response to frequent feedback from care providers who told them that the then name, Local Government Ombudsman, was a real barrier to recognition within the social care sector.

From April 2016, the Ombudsman has established a new mechanism for ensuring the recommendations they make to councils are implemented, where they are agreed to. This new practice has led to the Ombudsman now following up and seeking evidence that recommendations have been implemented. The other reported development has been the Local Government & Social Care Ombudsman and the Care Quality Commission now having a Memorandum of Understanding

and information sharing agreement. This will now mean that the LGO will directly share Final Decisions where failings have been identified with CQC.

12.1 **Summary of Ombudsman Cases**

It is acknowledged that complaints to the Ombudsman do not always mean the Council has done anything wrong, as is borne out by some of the decisions made by the Ombudsman. The Council is required by Law to inform people of their right to complain to the Ombudsman if for whatever reason they are unhappy with the way the Council has dealt with their complaint. The Adults and Health Directorate complaints leaflets, therefore, provides people with the Ombudsman contact details and informs people of their right to escalate their complaint to the Ombudsman. In addition, complainants are provided with the Ombudsman contact details as part of the response letter to their complaint.

In view of the above, it is envisaged that more customers will escalate their dissatisfaction to the Ombudsman either because they would have liked something more or a different outcome from the Council in response to their complaint.

In the reporting year, 25 complaints and enquiries were made to the Local Government & Social Care Ombudsman compared to 20 the previous year.

The 25 includes enquiries from people who may not have initially contacted the council and, therefore, recorded as 'premature'. In these instances, the Ombudsman will signpost them to the Council.

11 complaints related to Community Social Work cases. In 5 cases the Ombudsman found no fault and closed her enquiry. In three cases the Ombudsman found fault and in one of these cases recommended a financial remedy. Three cases were premature and therefore referred back to the Council for investigation under the internal complaints procedure.

3 cases were mixed sector complaints involving the Council and at least one other health or social care provider. Fault was found in all three of these cases and in one case the Council offered to waive the service user's contribution to their care fees by way of a remedy.

3 complaints were made about Mental Health social work. The Ombudsman found fault in all 3 cases, and in one case the Council offered a financial remedy.

3 complaints were made about Learning Disability Social Work. Fault was found in one of these, but the Ombudsman found that the Council had already provided an appropriate remedy following our own internal investigation. No fault was found in one complaint. The other was premature and therefore referred back to the Council for investigation.

2 complaints related to Blue Badge assessments. No fault was found in either case.

One complaint related to an independent sector Extra Care Housing scheme. The Ombudsman discontinued his investigation because he found that the Council had

already carried out an adequate investigation so there was no benefit to be gained from any further enquiries.

Two complaints were about external other agencies and so the Ombudsman discontinued his investigations into the Council.

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

13. 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 none resulted in a public report.

Four cases resulted in financial remedies. In one case a payment of £9,992.89 was made to a service user and his partner / carer in recognition of services not received due to a delayed assessment. In another case care fees of £12,500 were waived because the Council accepted that it had not offered a financial assessment and could not show that it had informed a service user of the cost of their residential placement. In another case the Council offered to pay £2,865 in recognition of a failure to provide services due to a delay in the assessment process. In the other case a payment of £285 was made in recognition of a failure to provide a service over period of four days, and £500 was provided to the service user's carer for their inconvenience and the time and trouble they had gone to in making their complaint.

Therefore the total value of financial remedies provided as a result of Ombudsman investigations was £26,142.89.

14. Timescale Performance

14.1 The statutory timescale for acknowledging complaints is 3 working days. In 2016/17 performance against this timescale was 98.2%. Good performance in acknowledging complaints within timescale has been maintained.

14.2 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 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.

15. Compensation Payments

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. In some cases it may be appropriate to waive care fees. The Local Government Ombudsman also has powers to direct the authority to pay compensation and to recommend the amount. As noted at paragraph 12, £26,142.89 was paid as a result of Ombudsman investigations.

In one case fees of £2,067.50 were waived in recognition of failings at an independent sector day service and £3,000 was offered in recognition of the distress caused, making a total of £5,067.50.

In another case a total of £1,000 was offered to two relatives (i.e. £500 each) in recognition of delays in the safeguarding process.

In one case relatives were offered £1,000 in recognition for time, trouble and delay.

In another case care fees of £1,856 were reimbursed due to a family not having been informed in advance of the need to make top-up payments for a relative's residential care fees.

In one case £2,000 was paid in recognition of time and trouble in pursuing the complaint.

Therefore, including payments made as a result of Ombudsman investigations, a total of £37,066.39 was offered to complainants in this period.

16. Methods of notifying complaints

- 16.1 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.
- 16.2 E-mail has for the first time become the most common way that people make their complaint, overtaking by letter. 107 people (20%) compared to 102 last year. 82 (15%) people chose to make their complaints by letter compared with 103 last year. The numbers of people using the complaints form was 20 (3.7%) compared to 12 last year.
- 16.3 It is clear that many customers prefer to discuss their complaints by various means such as telephoning the complaints service (41, 8%), telephoning the Contact Centre (83, 16% compared to 85 last year); and visiting an Office (4).
- 16.4 In contrast to previous years, the numbers of service users making complaints in their own right increased to 249 (46.5%) compared to 157 last year, to become the largest single group of complainants. Complaints from Relatives (136, 25% compared to 152 last year) and carers (87, 16%, compared to 96 last year) decreased slightly.

17. Equality Monitoring.

- 17.1 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.

73% of all complaints have ethnicity recorded, reflecting an increase on 67% last year. 97% have gender recorded and 70% of complaints state whether the person was disabled or not (a reduction on 86% 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.

- 17.2 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.

18. Lessons Learned

- 18.1 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.

19. Customer Satisfaction surveys

- 19.1 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 3%. Efforts will be made to understand the reasons for the low return rate and report on this in the next reporting period.

20. Developments / updates – 2016/17

2016/17 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.

21. Training

- 21.1 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 social work teams. The Complaints Team has continued to extend the Complaints Made Easy training to the Independent Sector - 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 320 staff.

21.2 The feedback from the training has always been excellent.

22. Review of information literature for service users and their representatives

22.1 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.

22.2 The Complaints Team are in the process of working with a company called BTM who are developing information for Deaf people who use British Sign Language. Audio versions of the complaints leaflet will also be developed, including publicising the mobile telephone number which Deaf people using British Sign Language can use to contact the Complaints Team. The mobile telephone number is **07800005460**.

22.3 Information for people with a Learning Disability and the main generic complaints leaflet will be updated during the coming financial year.

23. Complaints Handling – national developments

23.1 **Local Government Ombudsman Review of Adult Social Care Complaints 2016-17:** The Ombudsman published its Annual Review of Adult Social Care complaints. The Ombudsman has highlighted the impact of an individual complaint in improving care services for others. The Ombudsman's aim is, therefore, not only to put things right for individuals but aim to help Councils and care providers avoid the same problems affecting others.

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.

23.2 **CQC and partners launched the 'Quality Matters' commitment to improve adult social care**

'Quality Matters' sets out a determined and shared vision on how quality care and support can be achieved and person-centred care becomes the norm for all.

CQC with its partners jointly developed 'Quality Matters' to ensure that staff, providers, commissioners and funders, regulators and other national bodies all play

their part in listening to and acting upon the voice of people using services, their families and carers.

As part of the 'Quality Matters' work, Healthwatch England published 'Complaints about social care – an appendix to the Complaints Toolkit for local Healthwatch'. The Toolkit, which was launched as part of Quality Matters, is intended to support local Healthwatch organisations to scrutinise their local complaints systems for adult social care providers and commissioners. The Head of Complaints for Leeds City Council, Adult Social Care, Judith Kasolo, was involved in its development as co-author of the Complaints Toolkit (as acknowledged in the Complaints Toolkit acknowledgements).

Improving feedback culture and improving access to complaints processes are all part of the priorities within the Quality Matters initiative. Action in this area is coordinated by Healthwatch England and the local Government and Social Care Ombudsman.

24. Other priorities to be taken into account during 2017/18 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 commissioning activities 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 health and social care complaints procedure so that they can effectively support people who may wish to access the complaints 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 actions plans with the Heads of Service 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 relevant Deputy Directors and Chief Officer Management Teams.
- We will continue to monitor and evaluate information to ensure that the complaints procedure is accessible to all service user groups.
- 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.

25. Conclusion

Despite financial constraints faced by the Council that necessitate tough decisions around service provision, customer expectation of what they can reasonably expect from the Council remains very high. Indeed customers feel more empowered to hold the Council to account and to even escalate their complaints to the Ombudsman as noted by the number of complaints made to the Ombudsman.

The impact of commissioned services' failings and mixed sector complaints has potential to increase pressure on the Complaints Team in terms of volume and complexity. 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 trusted by both staff and services users. This reporting year has seen, through the collective efforts of staff at all levels of the organisation 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.

As in previous years, it is important that the Council takes even greater measures to evidence that lessons learned from complaints are used to improve and maintain the quality of the services it provides and commissions. 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	2016/17	%	2015/16	%
Community Support Service	310	45%	286	46.3%
Community Social Work	118	17.1%	59	9.6%
Learning Disability Housing and Day Services	77	11.2%	65	10.5%
Equipment and Adaptations	46	6.7%	5	0.8%
Resources and Strategy	29	4.2%	29	4.7%
Older People Residential and Day Services	27	3.9%	27	4.4%
Learning Disability Social Work	22	3.2%	20	3.2%
Leeds Shared Lives	20	2.9%	1	0.1%
Mental Health Social Work	14	2%	18	3.0%
Strategic Commissioning	12	1.8%	11	1.8%
Hospital Social Work	6	0.9%	0	0
Mental Health Residential and Day Services	4	0.5%	91	14.7%
Independent Sector Home Care	3	0.4%	4	0.6%
Independent Sector Care Homes	1	0.1%	-	-
Physical Disability Residential & Day Services	-	-	2	0.3%
Transport/Meals	-	-	-	-
Total	689	100%	618	100%

Appendix 2 - Complaints by service area

Service area	2016/17		2015/16	
	Number of complaints	% of total complaints	Number of complaints	% of total complaints
Total	542	100%	466	100.0%
Independent Sector Home Care	167	30.8%	7	1.5%
Community Social Work	102	18.9%	135	28.9%
Support services	65	12%	45	9.7%
Equipment and Adaptations	39	7.2%	43	9.2%
Blue Badge Applications	34	6.3%	74	15.9%
Learning Disability Social Work	27	5%	47	10%
Aspire	18	3.3%	7	1.5%
Learning Disability Commissioned Services	14	2.6%	2	0.4%
Mental Health Accommodation and Day Services	12	2.2%	12	2.6%
Strategic Commissioning	11	2%	7	1.5%
Mental Health Social Work	10	1.8%	28	6%
Independent Sector Other	10	1.8%	5	1.1%
Older People Direct Provision Residential Care	7	1.3%	5	1.1%
Other Council Department	6	1.1%	13	2.8%
Independent Sector Care Homes	6	1.1%	6	1.3%
Hospital Social Work	4	0.7%	4	0.9%
Older People Direct Provision Day Services	4	0.7%	11	2.4%
Skills / Reablement	4	0.7%	10	2.1%
Safeguarding Unit	2	0.4%	3	0.6%
Home Care – Long Term Generic in-house	-	-	1	0.2%
Care Communication	-	-	1	0.2%

Appendix 3 - Complaints—how received

How received	2016/17	%	2015/16	%
Via staff	156	28.8%	25	5.4%
Email	109	20.1%	102	21.9%
Corporate call centre	84	15.5%	85	18.3%
Letter	83	15.3%	125	26.8%
Telephone	41	7.6%	36	7.7%
Via an elected member	36	6.6%	71	15.2%
Form	20	3.7%	12	2.6%
Via the Ombudsman	6	1.1%	6	1.3%
In person	4	0.7%	1	0.2%
Via an Advocate	1	0.2%	3	0.6%
Total	542	100.0%	466	100.0%

Complaints—received from

Complainant—how involved	2016/17	2015/16
Service user	249	157
Relative	120	152
Carer	87	96
Other	42	21
Other agency	24	24
Parent	18	4
Advocate	2	12
Worker	0	0

Appendix 4 - Timescale performance

	Acknowledged within		Responded within	
	% within 3 days	% after 3 days	% within 20 days	% after 20 days
Resources	100%	0%	100%	-
Social Work & Social Care Provision	98.1%	4.1%	99%	1%
Strategic Commissioning	96.7%	4.9%	98%	2%
Total	98.2%	1.8%	97%	3.0%

Appendix 5 - Breakdown of Ombudsman complaints and enquiries received between 1 April 2016 and 31 March 2017

	Outcome							Total
	Closed after initial enquiry - no investigation.	No fault found	Maladministration No Injustice	Outside Jurisdiction	Maladministration and Injustice	Premature	Ongoing	
Community Social Work	2	2			3	4		11
Hospital Social Work			1					1
Learning Disability Social Work		1			1		1	3
Independent Sector Social Work					1			1
Independent Provider	2		1					3
Mental Health Social Work					2			2
Resource and Strategy	1				1			2
Social Care Provision (In-house)	2							2
Mental Health Day Service								
Total	7	3	2		8	4	1	25

Appendix 6 - Complainants by ethnicity provided by complainants

Ethnicity	2016/17 Number	%	2015/16 Number	%
White British	358	66%	296	63.4%
Not known	148	27%	152	32.6%
Other	13	0.2%	2	0.4 %
Black Caribbean	11	2%	6	1.3%
Pakistani	7	1.3%	5	1.1%
Black Other	3	0.6%	3	0.6%
Indian	2	0.4%	2	0.4%
Chinese	-	-	1	0.2%
Black African	-	-	-	-
Total	542	100.0%	466	100.0%

Complainants by gender

Gender	2016/17 Number	%	2015/16 Number	%
Female	344	63.5%	282	60.5%
Male	175	32.3%	172	36.9%
Not known	17	3.1%	1	0.2%
Joint (married / partnership)	6	1.1%	11	2.4%
Total	542	100.0%	433	100.0%

Complainants by disability provided by the complaints

Disability	2016/17 Number	%	2015/16 Number	%
Non-disabled	199	36.7%	179	38.4%
Disabled	183	33.8%	222	47.6%
Not known	161	29.7%	65	13.9%
Total	542	100.0%	466	100.0%

Appendix 7 – Examples of action taken in response to investigation findings to improve services

Hospital Social Work	Lessons Learned
<p>A social worker failed to notice that a care home that had been identified by a relative had been suspended from its contract with the Council and local NHS. The service user therefore took a placement in the care home.</p>	<p>The Head of Service issued a good practice guidance note to all our social work teams reminding them of the need to check the widely circulated list of suspended homes prior to agreeing a placement. , and reminding them that, where it is accepted that people require residential care, and where a financial assessment has established that a person is entitled to state funding, families should not be put in the position of funding the placement themselves.</p>
<p>A social worker did not apply for approval of a care option which left a person who was entitled to full funding to fund the placement themselves.</p>	<p>The Head of Service issued a good practice guidance note to all our social work teams reminding them that, where it is accepted that people require residential care, and where a financial assessment has established that a person is entitled to state funding, families should not be put in the position of funding the placement themselves.</p>
Joint Care Management Team	Lessons Learned
<p>Concerns expressed that Adult Social Care should acknowledge the difficulties family members experienced in their communications with JCMT (an integrated service run by Leeds Community Health) and the failure to provide the family with details of actual costs of residential care placements</p>	<p>In response to concerns about social workers not providing families with clear information about fees, an information booklet has been developed for service users and their representatives which very clearly describes the different types of placements available and the charging structures that apply to each one. The information literature will sit within the documentation given to people admitted to hospital</p>
<p>Adult Social Care should review its arrangements for informing residents and nominated family members of the costs of residential care placements satisfy the recommendations of the LGO 'Counting the Cost of Care 2015' and that the internal</p>	<p>In response to concerns about social workers not providing families with clear information about the costs of residential care, social workers were reminded of the requirement to provide clear written information to service users and their representatives about the</p>

communications between Care Managers, Contracts Officers and Finance must be robust	costs of residential care
Family members' concerns that they had not been offered a Carer's Assessment	Social Workers were reminded of the requirement to offer a Carer's assessment in all cases where carers request support
Community Social Work	Lessons Learned
An assessment was not shared with a service user and carer. The carer subsequently stated that had they seen a draft of the assessment they would have pointed out that it was inadequate, requested changes, and therefore problems encountered later with a care provider would not have occurred. Whilst the investigation did not conclude there was a causal link as described by the complainant, it was critical of the fact that the assessment was not shared and that the supervision / audit process did not discover this. Is this something that has been addressed with social workers and team managers, have they been reminded of the need to share and where possible seek signatures on assessments and record this on file?	Guidance has been circulated to social workers and team managers which reminds them of the statutory requirement to share and where possible seek signatures on assessments and record this on file.
Community Social Work	Lessons Learned
The Ombudsman found that an older person was placed in a residential care home out of area without a best interests decision being taken in advance. He was therefore isolated from family, friends and neighbours.	The Head of Service issued guidance to social workers and management teams about the need to consider what is in people's long-term best interests before deciding to place them outside Leeds.
Community Social Work	Lessons Learned
The investigation identified a lack of information shared with service users in respect of what to expect when 'assessment of need' is carried out. The Council should review its procedures and ensure that it meets the expectations of The Care Act 2014 Section 4:	LCC staff to share copy of the assessment with the service user and/or their carer as required under the Care Act 2014. Although this is in the staff instructions, the complaint investigation has highlighted that this is not always done. The Head of Complaints sent an email to all SDMs and Team Managers to remind them of

Providing information and advice.	the requirement to share information with the service user and/or their carer following an assessment of needs.
Finance	Lessons Learned
Concerns about delays in producing invoices resulting in service users building up a large debt to the Council and concerns about Delays in payment to residential providers	<p>Previously (2015) a financial assessment referral was made by email from the Social Worker to the Financial Assessment Team. A more robust system has now been introduced so an electronic record and an email is generated.</p> <p>New procedures mean that following a financial assessment a letter is sent to the customer to advise them if they do not qualify for financial assistance and that they are self-funding. As of June 2017, care homes too are informed that the customer is self-funding to enable them to update their records and in order to avoid the customer being sent large backdated invoices.</p>
Family concerns about the lack of information in relation to finance	<p>The Council is also in the process of developing a booklet entitled: Help to Pay your Care Home Fees – Information about how to pay your fees and applying for financial assistance. The booklet is out for consultation with a service-user, their representatives and other key stakeholders. Once the final version is ready, the booklet will be issued by social workers to all clients considering the option of residential care. It will also be issued to the customer or their representative by the Financial Assessment Team following receipt of an application for financial assistance.</p> <p>There has been a booklet available regarding non-residential financial assistance for many years. Both this and the new residential care booklet will be made available on the Council's</p>

	website.
Concerns about poor communication between the social workers and Finance resulting in delays in families being billed	Mandatory training is also scheduled for Social Workers from February 2018, in order to provide them with a greater understanding of the finance process, new processes and procedures, the importance of early discussions with clients and representatives.
LCC Contracts	Lessons learned
Concerns regarding the role of Contracts in ensuring that the nursing home improves the quality of care provided	As a lesson learned from the complaint investigation, the Contract Officer's monitoring and review process includes monitoring and review of actual care of residents.
Complaint that the Contract Section's monitoring and inspection of the commissioned home was not adequate because during the period in question (2012), it failed to spot the problems in the home. A subsequent inspection in (October 2013) identified significant concerns Complaint that the Contract Section failed to ensure that improvements were made in the home, following the October 2013 inspection	Adult Social Care (ASC) at the time (2013) had less resources in its residential contracts team (2). Today it has 4 Contracts Officers and a Principal Contracts Officer. The additional resources have allowed Contracts Officers to build up an in-depth understanding of each home and undertake monitoring visits more frequently than before. Annual unannounced visits are undertaken by Contracts Officers, as a minimum. ASC has also developed a quality framework which contains standards against which the quality of the services can be assessed. Where actions are required or issues are found at the home, the Contracts Officers will request the Provider to submit an improvement plan which is closely monitored.
Complaint that the Contract Section failed to disseminate the findings from the inspection to other professionals.	The Contracts Team have now developed strong good relationships with Safeguarding and Risk Managers and NHS colleagues to share information on safeguarding referrals. In addition, there is a formal information sharing meeting on a quarterly basis with the Care Quality Commission, LCC Contracts, NHS Contracts and Safeguarding Officers

Safeguarding	Lessons Learned
A Safeguarding investigation was delayed while a Police criminal investigation was undertaken, which ultimately resulted in no prosecutions being sought. The family felt that it should have been possible to run concurrent Police / Safeguarding investigations.	The Head of Service undertook to discuss with WY Police the working together more proactively and to ensure regular communication with families when there is an ongoing police investigation.
Skills / Reablement	Lessons Learned
In response to an Ombudsman enquiry the Council acknowledged that there had been a delay in providing a home care service to someone after their Reablement service came to an end. At that time a social worker assessed and recommended a long term home care service. This was not actively followed up until 16 weeks later.	Since that time the Reablement service has introduced a documented case closure process which ensures that care is not withdrawn from anyone who requires a follow-on service.
Independent Sector Day Care	Lessons Learned
The provider should introduce a signing in system for visitors to the centre.	All visitors are to be asked to sign in using a book that is provided in the entryway of the service
Introduction of a 'recognised' quality management system in line with the expectation of the existing contract.	Regular audits are now undertaken by the Senior Staff member and are undertaken on a monthly or 6 to 8 week period and include the following: Care Plan M&H Check for reviews needed Meds Audit

	<p>Training Compliance 1:1s completed Staff Meeting Building Check Fire Drill Activities Accidents/Near misses Risk assessment (as required)</p>
LCC Contracts Monitoring team to carry out an audit to identify any short comings in respect of assessments and referrals.	Contracts Officers have visited the site and reviewed policies and procedures, care plans, staff records (including training records) team meetings and one to one records.
The provider to produce a clear document that can be shared with service users and their representatives outlining what services can expected and provided.	Information has now been produced by the provider.
Independent Sector – Specialist Social Work Services	Lessons Learned
A complainant had not been informed that his emergency placement would be chargeable. His social worker from the specialist service had not offered him a financial assessment.	The specialist service has issued guidance to workers that they must discuss charges for care services from the outset and offer a financial assessment and record this on file, and ensure that referrals to the FAB Team are made.
Independent Sector - Homecare	Lessons Learned
Concerns about poor preparation of meals by the care staff and care staff not being competent in the preparation of basic meals and snacks	In response to concerns about nutrition and poor preparation of meals by the home care staff, this prompted wider recognition in the sector that there are staff who may not be skilled in preparing basic meals and snacks. The Principal Contracts Officer raised these concerns with the Home Care provider and wider within Health and Social Care Services. As a result of the complaint the Service Provider developed an information booklet for care staff about basic food preparation in order to best support service users

	<p>to have a healthy diet. The issue was also raised with colleagues working within the Public Health section of Leeds City Council who are undertaking a Health Needs Assessment of malnutrition and dehydration in older people. They plan to include this issue within the considerations and to share the issue with a regional Nutrition and Hydration Programme within the Yorkshire and Humber Academic Health Science Network who are seeking innovative ideas to improve nutrition and hydration amongst community-based older people in the region. The objective would be to produce similar clear basic information booklet regarding key culinary skills to best support individuals in their homes as developed by the provider as a result of the complaint about poor food preparation.</p>
<p>Concerns about the failure to provide a service including care staff being late, not staying long enough or cancelling visits without informing the family and/or the service user</p>	<p>In response to concerns raised by a number of families that staff do not stay for the full length of time when providing home care, Leeds City Council has insisted that within the new homecare arrangements contracted homecare providers are required to install electronic call monitoring (ECM) type systems in order for their management to better monitor the time spent within the care visit and make this information available to Leeds City Council. The system has passed its testing stage and is now in the process of implementation.</p>
<p>Concerns about care staff attending to provide care without having read the care and support plan and therefore not clear of care and support to provide or is needed</p>	<p>A number of service improvements were introduced including in the event of a delayed hospital discharge the commissioned service provider will now work with the hospital to discharge at a suitable time to both parties. This should ensure that a risk assessment has been carried out prior to the service commencing. Some of the future improvements will also involve electronic access to the care and support plan which should ensure that support workers are clear about the care and support needs and</p>

	the service to be provided
Concerns about poor recording and medication management by care staff	<p>The commissioned service provider undertook a review of all the care plans, the MARS charts and the care logs. A new Registered Manager was appointed and mobile phones were supplied to the carers so that they can log in and out of care visits and enable better communication and sharing of information between the carers and the office staff.</p> <p>The outcome of the MARS charts and care logs would inform any re-training of staff in medication administration, care recording and formal supervision requirements.</p>
Independent Sector commissioned Nursing Care	Lessons Learned
Concerns about the poor standard of care provided and unhappy with the quality of the communication with the family by the staff team in the home	Apologies provided for the poor standard of care provided and the lack of quality communication with the family by the staff within the care home
Concerns with regard to the care home's pressure area management; pain management and concerns relating to nutrition and neglect	The number of actions to improve practice involved individual organisational changes as well as the need to improve systems across the city and range of services. A number of agencies have taken action to improve their practice with regard to the care of pressure ulcers. There is also a citywide group looking to reduce the incidence and prevalence of pressure ulcers. The membership of the group is cross cutting and includes LCC ASC, LCH, LTHT, Independent Care Providers, Local Authority and NHS Contract Monitoring Officers, Safeguarding & Risk Managers

Complaints and Compliments

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