Complaints and Compliments
Annual Report

1 April 2017 – 31 March 2018

Adult Social Care Customer Services

Contents

Executive Summary

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 combined the statutory complaints procedures for the NHS and Social Care under a single set of rules. Similarly the NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012 which established Public Health functions has similar complaints requirements as the 2009 Adult Social Care regulations and 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. This report, therefore, includes customer feedback in relation to Adult Social Care and Public Health.

Leeds City Council Adults & Health Directorate 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 2017 and 31 March 2018.

In the reporting year 10,938 people received a service from Leeds City Council Adults & Health Directorate. When looking at a total number of complaints 495, therefore, 4.5% of customers or someone acting on their behalf raised a complaint about a service that they received and 899, 8.2% 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. Whilst there was a 9% decrease in numbers of complaints received in this reporting period, the fall could be a reflection of effective local resolution. There are often a range of forces at work when it comes to understanding trends in complaints. The service does not regard high numbers of complaints negatively, but rather as a positive indicator of service users, carers and family members being able to give feedback on the quality of service provided, and to receive a response. The Complaints Team will liaise with Service Managers and Contract and Commissioning officers to ensure that locally resolved complaints are shared with the Complaints Team. As well as ensuring that this is included in the annual reporting, complaints are a valuable source of intelligence to help inform commissioning activities and service improvements.

This report highlights how various services within the Adults and Health 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 health and 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.

- Continuing to provide complaints training to commissioned service provider staff. The aim is to build capability and capacity in complaints handling within our commissioned service provider organisations. This is important because the Local Government and Social Care Ombudsman has made it very clear that it will hold commissioners accountable for commissioned service providers' failings in relation to commissioned services. The training also ensures that commissioned service 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. In total including staff of commissioned providers, complaints training was provided to 300 staff.

- The Complaints Team have also been working closely with the Working Age Adults Contracts Team, Homecare Contracts Team, the Residential and Nursing Older People Contracts Team and the Quality Team to support commissioned providers to attain good Care Quality Commission ratings.

- Continuing to share key messages with operational teams by attending their management team meetings.

- The complaints teams across Leeds City Council Adults and Health Directorate 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. A booklet will also be developed for Leeds City Council Elected Members during the 2018/19 reporting year.

- 899 compliments were recorded. Analysis of compliments evidence how the Adults and Health 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. Public Health compliments included positive feedback about the work done for Mental Health Awareness week and the work done being an example of how the Council had been enriched by Public Health joining the Council. The Public Health compliments also included how valuable the Public Health Resource Centre is, the range of resources it provides and its strong social media presence, citing Twitter as an example of a real asset to the health and wellbeing community of Leeds.

- 495 complaints were recorded compared to 542 in the previous year, representing a decrease of 9%. There are often a range of forces at work when it comes to understanding trends in complaints. The fall could be the impact of effective local resolution. In these instances, it is important for service teams, contract and commissioning officers to ensure that this information is shared with the complaints team. In addition to ensuring that the information is included in any reporting, complaints are a valuable source of intelligence to help inform commissioning activities and service improvements.
- 22 enquiries were made to the Local Government and Social Care Ombudsman compared to 25 the previous year. A breakdown of the 22 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 as 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 2017 and 31 March 2018.

2. Background

2.1 Local authorities and the National Health Service are legally required to establish complaints procedures to deal with complaints about their health and social care functions.

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 applies to Adult Social Care. Similarly the NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012 applies to Public Health functions.

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'. The Adults and Health Directorate 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 or Public Health functions, 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 10,938 people received a service from Adult Social Care.

When looking at the total number of complaints of 495 therefore, 4.5% of customers or someone acting on their behalf raised a complaint about a service that they received and 899 (8.2%) of customers or their representative were happy with the service that they had received from adult social care or public health.

6. Review of compliments received

Table 1 – Compliments Received by Service Area

Service area	**2017/18**	%	2016/17	%
Skills/Reablement	**235**	26.1%	**310**	45%
Blue Badge	**234**	26.0%	**-**	-
Area Social Work	**95**	10.6%	**118**	17.1 %
In-house Older People Residential and Day Services	**78**	8.9%	**27**	3.9%
In-house Mental Health Residential and Day Services	**71**	7.9%	**4**	0.5%
Equipment and Adaptations	**58**	6.5%	**46**	6.7%
Learning Disability Housing and Day Services	**39**	4.3%	**77**	11.2%
Resources and Strategy	**32**	3.6%	**29**	4.2%
Learning Disability Social Work	**17**	1.9%	**22**	3.2%
Hospital Social Work	**9**	1%	**6**	0.9%
Mental Health Social Work	**8**	0.9%	**14**	2.0%
Strategic Commissioning	**7**	0.8%	**12**	1.8%
Physical Disability Residential & Day Services	**6**	0.7%	**-**	-
Independent Sector Home Care	**4**	0.4%	**3**	0.4%
Independent Sector Care Homes	**3**	0.3%	**1**	0.1
Public Health Healthy Living & Health Improvement	**1**	0.1%	**-**	-
Public Health Resource Centre	**1**	0.1%	**-**	-
Transformation and Innovation	**1**	0.1%	**-**	-
Leeds Shared Lives	**-**	-	**20**	2.9%
Total	**899**	100%	**689**	100%

6.1 899 compliments have been received this year, compared to 689 in 2016/17. Compliments evidence how the Adults and Health Directorate are meeting the key qualities people expect from health and social care services i.e. provided with information about lifestyle services such as public mental health services, 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 Adults and Health Complaints team 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 encourage 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, Adults and Health 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 Reablement Service, which received 235. Although this appears to be a reduction on last year's figure of 310 it should be noted that the Long Term Community Support Service which has now closed down and compliments for both services were always counted together under the heading "In-house Community Support". Service users and family members expressed particular appreciation for how they had been helped to regain their independence after periods of illness or decline. The kindness and caring nature of workers was also appreciated.

6.5 The Blue Badge service received 234 compliments this year. The compliments referred to a wide range of positive experiences such as the efficiency with which assessments were carried out and badges issued; the kindness and pleasant attitudes of all workers be the assessors, reception staff or administrators and the new premises which were described as easy to find, accessible, comfortable and clean and tidy.

6.6 95 compliments were received about Area Social Work teams**.** Compliments were often received from relatives who wanted to thank social workers for their input at a time of crisis, and to let workers know that relatives were doing well now they were receiving appropriate care and support. Worker's personal conduct was described in various ways, such as being professional, competent and kind.

6.7 In-house residential care homes and day services for older people received 78 compliments. The nature of the compliments varied depending on the setting. For example the South Leeds Independence Centre received compliments from service users and their family members for assisting in their recovery. Care homes received compliments from relatives which referred to how they had been happy to entrust their loved-ones to our care. Carers often referred to the support provided by day centres. A service user gave thanks for a respite stay at Richmond House because it had enabled a family carer to go on a much needed holiday. A great number of complaints referred to the kindness and compassion of staff, particularly the welcome received when they first arrived, enabling them to settle and their family members to feel reassured that they would be well cared for. Some compliments also referred to how clean and well-equipped the establishments were.

6.8 Compliments for Aspire (the Learning Disability Housing and Day care service) often came from other agencies which the service had mad networks with in order to promote service user's involvement in the wider community. For example HSBC bank thanked the service for inviting it to the Service User Council and said how it wanted to expand its involvement with the service in the future; a school commented on how a visit had inspired its pupils; and the Leeds Rhinos thanks the staff involved in setting up a pilot project at the rugby league club. Compliments were also received from family members especially where the service had gone the extra mile, for example by sending workers to enable holidays away from home and by visiting a service user who had been hospitalised.

6.9 Compliments about Equipment and Adaptation services increased to 59 compared with 46 last year. Service users praised the efficiency of the Equipment Service,

and also the range of equipment that was available to help maintain their independence at home. Compliments for Occupational Therapists were often received after equipment or adaptations had been provided and would refer to how transformative this had been. People would also refer to how pleasant Occupational Therapists had been while they carried out their assessments.

6.10 The Complaints Service received 28 compliments this year, compared to 21 the year before. These mostly referred to the support the service had provided in resolving people's complaints, including the patience, sympathy and understanding shown to customers when they met with or spoke to members of the team. Compliments were also received from professionals who had attended the service's complaints training course.

6.11 The Adults and Health Finance Service received 4 compliments this year. One compliment was about the comprehensive information booklets the service has recently introduced about financial assessments. The other compliments were about the attitude and helpfulness of workers.

6.12 Compliments for mental health accommodation and day care services came from a wide variety of stakeholders, including professionals, relatives and service users themselves. Professionals and relatives often commented on how the expertise and professionalism of the service had achieved significant breakthroughs for services users. For example, one professional felt that the intervention of the service had prevented a hospital admission. Another professional commented on how a rough sleeper had been settled in accommodation at Cottingley Court and had therefore broken a cycle of exploitation. Service users at Spen Lane commented on how supportive and kind workers were, and how they felt they were treated with respect and dignity, and how then enjoyed their respite. The Impact team received compliments about how it had helped service users with challenging practical tasks, such as PIP claims and tenancy problems. Lovell Park Hub received compliments about how it had enabled users to access community amenities and therefore alleviate their isolation.

6.13 Learning Disability Social Work received 17 compliments this year. Many of these referred to the support provided in resolving specific problems, such as transport and finance. Many of the compliments referred to the commitment and dedication of workers.

6.14 Although only a small number of compliments were received for independent sector home care providers they referred to the very significant impact services had on people's lives. One compliment was about how home care workers had reacted quickly when a service user fell, which had prevented a hospital admission. Another was about a worker who had gone above and beyond in her free time by helping a service user to decorate their home. Another service user said their unplanned hospital admissions had reduced to zero since a provider had been commissioned to provide their care. The parents of a working age adult felt a provider had enabled their daughter to regain her former independence.

6.15 Mental Health social work received 8 compliments this year. Family members and professionals praised social worker's conduct, usually at times of crisis.

6.15 Commissioning Services received 7 compliments this year. The compliments were made by colleagues from the independent sector who appreciated the support and advice provided by commissioners and the Chief Officer. One compliment was for a Commissioning Officer who had carried out a thorough investigation into a family member's complaint about a service provider.

7. Review of complaints received

Table 2 – Complaints received by service area

	2017/18		2016/17	
Service area	**Number of complaints**	% of total complaints	Number of complaints	% of total complaints
Total	**495**	100.0%	**542**	100.0%
Area Social Work	**118**	23.9%	**102**	18.9%
Independent Sector Home Care	**102**	20.6%	**167**	30.8%
Equipment and Adaptations	**34**	6.8%	**39**	7.2%
Skills / Reablement	**30**	6.0%	**4**	0.7%
Learning Disability Social Work	**27**	5.4%	**27**	5.0%
Support services	**26**	5.2%	**65**	12%
Blue Badge Applications	**23**	4.7%	**34**	6.3%
Learning Disability Commissioned Services	**22**	4.5%	**14**	2.6%
Aspire	**18**	3.7%	**18**	3.3%
Older People Direct Provision Residential Care	**16**	3.3%	**7**	1.3%
Independent Sector Other	**14**	2.8%	**10**	1.8%
Hospital Social Work	**13**	2.6%	**4**	0.7%
Mental Health Accommodation and Day Services	**11**	2.2%	**12**	2.2%
Mental Health Social Work	**10**	2%	**10**	1.8%
Independent Sector Care Homes	**9**	1.8%	**6**	1.1%
Other Council Department	**6**	1.2%	**6**	1.1%
Older People Direct Provision Day Services	**6**	1.2%	**4**	0.7%
Strategic Commissioning	**5**	1%	**11**	2.0%
Safeguarding Unit	**2**	0.4%	**2**	0.4%
Public Health Sexual Health Commissioning	**2**	0.4%	**-**	-
Public Health Healthy Living Service	**1**	0.2%	**-**	-

7.1 The Adults and Health 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 service 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 495 complaints in this reporting period compared with 542 complaints the previous year.

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 service providers' failings and further that it is the commissioner who will be held accountable to remedy any identified failings. In view of this, Adults and Health Directorate has this year launched an Information Sharing 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 Adults and Health 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:-

- 109 complaints about Inconsistent Home Care
- 85 complaints about Staff Attitude/conduct
- 62 complaints about poor Quality of Service
- 62 complaints about Lack of social work support
- 47 complaints about Challenging assessment outcome
- 43 complaints about Safeguarding

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. 102 complaints were recorded about independent sector home care service providers. The majority of these complaints related to inconsistencies in the service provided:

- Care workers staff not staying long enough at care visits, i.e. leaving early, and therefore not completing care tasks or partially completing them to a poor standard. Some complainants report that care staff falsify records to show that they have stayed the full duration when they have not (e.g. at times when family members have been with their relative and no worker has been there).
- Concerns about care visits not being undertaken at consistent times, i.e. either too early or too late. Carers and service users describe a variety of adverse effects of this. For example, dementia carers express in particular concern about the adverse effects of care not being provided according to a settled routine; people who require a strict medication regime have reported problems with the intervals between doses of medication being too short or too long; people who live alone report

anxiety about not knowing if and when their care shall be provided; people whose bed time visits have been carried out earlier than scheduled bemoan the fact that they have been put to bed at a time not of their choosing.

- Concerns about the quality of documentation and record keeping, for example risk assessments, care plans, MAR charts, food and fluid charts and running records, leading to a lack of confidence in the care provided amongst family members and other professionals involved in a person's care.
- 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. One complainant claimed that over 40 different care workers had been to his mother in the 6 months prior to making his complaint; another claimed that 13 different care workers had attended, including male workers, in the first week that his mother's care package was introduced.
- When members of the regular care team are on leave or sick there being no cover, meaning family members have to undertake care tasks.
- That only one care worker has attended where two are required to assure safe moving and handling (e.g. hoisting).
- That male staff have been sent to female services users to provide personal care, where a preference for female carers has been expressed.
- Concerns about inaccurate invoicing and record keeping including delays in being invoiced
- Poor communication between the service user and/or their families and the office staff of the service provider. One complainant gave an example of having requested an earlier call weeks in advance of a hospital appointment, but on the day this did not happen and the office claimed to know nothing about it.

The in-house Reablement service received 14 complaints about inconsistent service delivery. The most common cause of complaint was visits not taking place at the time the service user expected, and this was often because the call times had been rescheduled and the service user had not been told.

8.2 **Quality of Service.** This was the third most common cause of complaint. A summary of the most common areas of concerns follows:

Occupational Therapy, Equipment & Adaptations:

- Equipment delivered in poor condition.
- The wrong equipment being delivered.
- Equipment being delivered but without it being demonstrated how it should be used.

- Equipment being recommended which turned out not to meet the service user's needs.
- Delay in works commencing following a DFG application.
- Inadequate responses to telecare alerts, including being told that the service was too busy to attend to people whose fall alarms had been activated.
- Faults with telecare equipment.

Reablement Service:

- Workers not wearing overshoes and there leaving footprints in people's homes.
- Relatives and service user's not understanding the reasons why visits were reduced or terminated.

Learning Disability Supported Living:

- Lack of support with life skills such as personal hygiene, cooking and shopping.
- A lack of stimulation, i.e. service users being left in bed or watching television or on their iPads, leading to social isolation.
- Where care plans have specific requirements, e.g. in terms of physiotherapy, the use of specialist equipment etc, staff are not complying with these.
- Medication administration errors.
- Poor communication with the families and other partner organisations, e.g. accidents not being reported or recorded.
- Poor care due to staff not reading the care and support plan and, therefore, not following support plan

Area & Hospital 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.
- Two complaints referred to confusion over whether Adults or Children's services would complete carer's assessments for service users who were parents of young children. These were resolved by joint assessment visits being undertaken by social workers from both services.

In House Residential Care (Recovery Hubs & Extra Care Housing)

- Care workers entering a bedroom without knocking.
- A service user's clothing not being changed before bed.

- A worker had been unable to fit a service user's mask resulting in her being in pain overnight.
- A resident on Respite care had wandered home without care workers being aware. As a result his next respite stay was cancelled, wrongly, and the family had to book private home care at their own expense (this was reimbursed).
- Regarding the nurse call system, and the communication between care workers about medication administration.

8.3 **Staff attitude/conduct** was the second most common cause of concern. 85 complaints, 17% of the total number received, mentioned this issue. These complaints most often related to area and specialist social work teams; disability service teams; commissioned supported living services and Finance teams. Many complaints that mention staff attitude and conduct are part of a bigger complaint that also includes dissatisfaction with decisions to do with the outcome of an assessment and decisions about charges for services. It must be borne in mind that the former may affect a person's perceptions of the latter. For example, the Finance, Disability Services and Social Work services all make decisions about people's eligibility to receive support.

However, some complaints about attitude and conduct are not related to issues of eligibility. In Social Work services and Disability Services family members, including those with Lasting Power of Attorney, complained about workers speaking directly to their relatives without consulting them.

Skills / Reablement:

- 7 complaints were received about the attitude and conduct of Reablement worker, which mostly revolved around customers or relatives feeling that workers have gone too far in encouraging service users to be independent. For example, one service user was upset that a worker had asked her to get up and fetch her dossette box so she could take her medication independently. As noted at paragraph 6 above, the Reablement service receives more compliments than any other service, and they mostly refer to the fact that the service has encouraged and supported people to regain their independence and continue living at home – an approach that a very small number of people find to be inappropriate.

Disability Services:

- A member of the public who had made a referral on behalf of a friend was frustrated that the Occupational Therapist would not disclose the outcome of the referral with them due to client confidentiality.

Recovery Hub:

- A relative was informed that prearranged respite care could not go ahead. They had already made plans and paid for a holiday. The manager did not offer any constructive suggestions as to how to resolve the situation. The relative therefore paid privately for a care agency to provide care at a cost of over £300. This complaint was upheld and these costs were reimbursed.

Learning Disability Social Work:

- A provider had called a Manager to request an immediate change of placement for a service user whose needs had deteriorated and found the manager's attitude to be inappropriate. This complaint was inconclusive. The Manager accepted that the conversation had been difficult and robust because he had needed to challenge the provider in respect of it not being appropriate, reasonable or possible to find an emergency placement without any notice.

8.4 **Challenging Assessment outcome** was the fifth most common cause for complaint. A significant reduction in the numbers of complaints about this issue was registered this year, down to 42 from 67 last year.

- The most common area of complaint was Blue Badge assessments, although 12 fewer complaints were received in this reporting period. 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.
- Complaints about assessments and reviews completed by Area and Hospital Social Work teams, and the Adult Reviewing Team, rose from 9 to 12 this year. Complaints referred to assessments not resulting in the level of care and support they required, such as not providing a high enough level of Direct Payment for a person to be able to find a willing provider. Family members would express frustration that social workers would allow their relatives to take decisions that appeared unwise and possibly not in their own best interests, in which cases it was explained that we are constrained by mental capacity legislation in this regard but that we would carry out a review if a person's needs changed in the future. Four complaints in this area were from persistent complainants who were seeking support for ineligible needs, such as arranging holidays; intervening in family disputes, and providing a housing support service (in these cases people were signposted or assisted to refer to more appropriate services) – the Ombudsman investigated all four complaints and found no fault.
- Complaints about Occupational Therapists assessments went down from 8 to 5 this year. The majority of complaints were not upheld, but a couple resulted in reassessments which recommended adaptations to meet a person's needs.
- 3 fewer complaints about the outcomes of financial assessments were received this year, down from 10 to 7. As in the previous year, complainants often claimed that they were not informed that they would be required to contribute to the cost of their care. Some complainants sought to have assets disregarded, for example where relatives claimed to have helped a service user buy a property, they asked for a proportionate amount of their relatives' capital to be disregarded.

8.5 **Lack of Social Work Support** was the third most common area of concern (receiving the same number of complaints as about Quality of Service). 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 agencies' role resulting in the social worker being the subject of a complaint on matters which are say, Health led.

- In Area Social Work some people complained that social workers had been unresponsive in times of crisis or a change in their needs. One person described how there had been confusion as to whether an area or a hospital social worker would be allocated her case. Some people complained that they were unaware that their case had become passive and their social worker's involvement with them had come to an end, in these case duty workers would respond or a new worker would be allocated if necessary. Some people would describe how they had expected to see or speak to their social worker more often.
- In Hospital Social Work, two complaints were received regarding the role of social workers in discharge planning, and a perception that a social workers had pressurised family members to accept relatives being discharged from hospital and had not listened to family member's views about their relatives' health and care needs. One complaint related to the fact that a deceased service user's family could not be found prior to his burial (this was investigated by the Ombudsman but no fault was found).
- In Learning Disability Social Work complaints would often be received at times of change. A complaint about the Transitions team came at a time when a young person required a specialist college placement yet a social worker was not allocated to support with this as soon as the family required (this complaint was upheld). A relative of a service user who had been sectioned complained that the social worker had not been involved sufficiently – it was explained that hospital workers take the lead under these circumstances and that the social worker would take the lead upon discharge of the section. Some complaints referred to the time it takes to find suitable long-term supported living or residential placements.
- In Mental Health social work relatives of dementia patients whose condition had deteriorated expressed anxiety about the support they would receive in meeting their relative's needs in the future.

8.6 **Safeguarding.** Complaints about safeguarding referred to complaints of neglect or abuse by professional care providers; family carers; and service users. Such complaints were often dealt with under the safeguarding procedures. Other complaints raised issues arising from the safeguarding process:

- Some complaints relate to the slow progress of, and failure to provide updates to family members during safeguarding investigations.
- Some complaints are from Persons Alleged to have Caused Harm who feel that the allegations against them are unjustified or that the investigations are prejudicial and that the safeguarding investigators are colluding with the alerter.

- Some complainants asked for care fees to be waived where allegations had been substantiated by a safeguarding investigation.

8.7 Public Health. Three complaints were received for Public Health services:

- Two complaints related to a service provider commissioned to provide sexual health advice. These complaints related to the provider's employee code of conduct which the complainants felt allowed sexual relationships with clients. The Council worked with the provider to review and amend the code of conduct which is now clear, unambiguous, and reinforces professional boundaries making it explicit that non-professional relationships with service users who have entered into a 1-2-1 or ongoing support relationship with the worker are strictly forbidden.
- The other complaint related to the Healthy Living Service and was from someone who was unhappy that face to face provision for patients who wanted to lose weight was relocating out of their locality, meaning they would have to travel to the service.

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 64% of complaints were either upheld or partially upheld.

Outcome	**2017/2018**	**%**
Upheld	**188**	38%
Partially upheld	**128**	25.9%
Not upheld	**132**	26.6%
Inconclusive	**27**	5.5%
Ongoing	**5**	1%
Withdrawn	**15**	3%
Total	**495**	100%

10. Formal investigation

This year 5 of the 495 complaints were escalated to formal investigation by Independent Investigating Officers. In addition 2 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 and Social Care 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 adults 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 Adults and Health 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. A booklet for Elected Members will be developed in the 2018/19 reporting year.

The group has developed shared standards, based on the "I statements", to ensure consistent practice in dealing with complaints across all health and social care sectors.

The numbers of "mixed sector complaints" that the Council has received have increased steadily year on year, which indicates that patients and service users are receiving a joined up response to complaints that cross organisational boundaries.

12. The Local Government & Social Care Ombudsman – update

The Ombudsman also has statutory powers to carry out joint investigations with the Parliamentary and Health Service Ombudsman (PHSO). They operate a joint team

of both health and social care investigators and undertake a single investigation which as stated in the report provides a more effective way of ensuring that complaints are resolved and lessons learned.

From 2010 the Ombudsman's role in providing independent redress was extended to all adult social care providers registered with the Care Quality Commission (CQC), the regulator for health and social care. This means that the Ombudsman investigate unresolved complaints about care arranged, funded and provided without the involvement of local authorities.

12.1 Summary of Ombudsman Cases

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

The 22 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.

10 complaints related to Community Social Work cases. In 6 cases the Ombudsman found no fault and closed her enquiry. In 3 cases the Ombudsman found fault and in 2 of these cases recommended a financial remedy. 1 case was premature and therefore referred back to the Council for investigation under the internal complaints procedure.

4 cases related to services commissioned from the independent sector. 2 of these related to one care home that was under contract suspension by the Council and the Clinical Commissioning Group, both of which were referred back to the Council as premature because they were under investigation under the safeguarding procedures. 1 complaint was about a commissioned care home which had not informed relatives of a sudden deterioration in their mother's health shortly before she died. This complaint had already been investigated under our internal complaints procedures and fault had been found. The Ombudsman endorsed the Council's findings but recommended the Council go further by paying a financial remedy in recognition of her distress. One complaint related to a mental health support provider which had changed its eligibility and gatekeeping procedures, no fault was found.

3 cases related to Finance. One of these was referred back to the Council as premature. In the 2 completed investigations fault was found. A financial remedy was provided in both cases.

2 complaints related to Occupational Therapy assessments for adaptations to service user's properties. No fault was found in either case.

1 complaint related to a parent who had been referred to our Learning Disability Social Work services by Children's Services. The parent was offended because she did not have a diagnosed learning disability. The referral was closed and this caused a delay in her being assessed by the Area Social Work team. The Ombudsman found fault and asked the Council to offer another assessment.

1 complaint related to a Hospital Social Work Team, from a relative who felt the Council had not made sufficient efforts to locate family members before arranging a service user's funeral. No fault was found.

1 complaint came from a campaign group who argued that the Council had not consulted properly before deciding to close the long term community support service. No fault was found.

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 £4,000 was made to a complainant and a service user in recognition of the time, trouble and distress caused by a delay in carrying out a financial assessment which resulted in large arrears being built up in care home fees. In another case fees for a person's home care service, totalling £584.85 were waived because there was no evidence on file to show that a service user and their relatives had been informed that a charge would be made prior to the service beginning. The Adults and Health Finance service has made significant improvements in procedures for financial assessment which should prevent complaints of this nature in the future. In another case the Council accepted that a Disability Related Expense had not been taken into account during a financial assessment, so a back dated payment of £103 was made to remedy this. In another case £500 was paid to the relative who had not been informed of a sudden deterioration in their mother's health shortly before she died. £500 pounds was paid by jointly by Adults and Health and Children's Services in recognition of a delay in completing a joint complaint investigation.

Therefore the total value of financial remedies provided as a result of Ombudsman investigations was £5187.85 compared to £26,142.89 the previous year.

14. Timescale Performance

14.1 The statutory timescale for acknowledging complaints is 3 working days. In 2017/18 performance against this timescale was 98.1%. 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 reduced slightly to 95.

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 13, £5187.85, was paid as a result of Ombudsman investigations. Payments were also offered as a result of internal complaints investigations as described below.

A service user with an Asperger's diagnosis had built up arrears through not paying his assessed contribution to his Direct Payment account and misspending some of his funds. It was accepted that he could not cope and that a Direct Payment was not the best option for him. The arrears totalling £10,074.84 were waived.

A service user's Direct Payment was backdated to the cost of £2613 in recognition of a delay in completing a Care Act assessment.

Arrears of £567.27 were waived because of a delay in informing a service user of an increase in his contribution to his Direct Payment account.

£220 was reimbursed to a blind service user in recognition of an eligible Disability Related Expense towards the purchase of equipment.

Care fees of £1,950 were waived 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.

Day Centre fees of £124.60 were waived in recognition of the failure to carry out a review of the placement.

Home care fees of £580.50 were waived in recognition of the failure to consult with a family representative in respect of a change to a service user's long term care plan.

A Direct Payment service user's arrears were reduced by £100 in recognition of a failure to carry out an audit of his payments for 3 years.

Fees for a temporary residential care placement, totalling £186.35, were waived due to a failure to inform the service user in advance that they would be liable to make a contribution to the cost of the placement.

Therefore, including payments made as a result of Ombudsman investigations, a total of £22,104.61 was offered to complainants in this period, compared to £37,066.39 in the previous year.

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 As in the previous year, most people (27%) chose to make their complaints to a member of staff. This is encouraging as it may indicate an open and welcoming culture in terms of seeking service user's feedback on the quality of service. E-mail (21%) has remained the next most popular method for people to make complaints, and there are a number of channels that people can use (such as a dedicated e-mail address for the complaints team, and the webform available on the Council's complaints web page). Whilst the numbers of people writing letters of complaint continues to fall (11%, compared to 15% last year), there has been another rise (for the second year running) in people returning the tear-off form provided in the complaints leaflet (up from 4% to 6%), which is encouraging because the Complaints Service has worked with NHS partners to adopt joint branding to make it easily recognisable for service users and patients. The numbers of people using the telephone to make their complaints stayed the same but because of the overall decrease in complaints the proportion of complaints received this way increased slightly (from 7.6% to 8.3%).

16.3 Last year saw the service users becoming the largest group of people making complaints, and despite a small reduction (down to 44% from 46%) that trend continued this year. The next largest continued to be relatives, who made 25% of complaints, followed by carers, who made (16%).

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. 71% of all complaints have ethnicity recorded, reflecting a decrease on 73% last year. 99.4% have gender recorded and 69% of complaints state whether the person was disabled or not. A breakdown of the equality related information provided by complainants is detailed in Appendix 6 of this report.

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%.

20. Developments / updates – 2017/18

2017/18 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. During 2017/18 the overall number of complaints decreased by 9% team. The decrease is most likely due to service areas not sharing locally resolved complaints with the Complaints Team and, therefore, not included in this reporting. The Complaints Team has experienced having to deal with more complex cases, 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 Adults and Health Directorate and to the Independent Sector - commissioned services' staff. The Council continues to extend the Complaints Training to commissioned provider staff. This is important because the Local Government and Social Care 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 Leeds City Council, Adults and Health commissioned services. It is important for commissioned provider staff to understand the health and social care statutory complaints procedure and how this dovetails to their systems. In 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 a total of 300 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. The action to review information literature has been carried forward from the previous year. This was carried forward to allow publication of the single complaints statement by the Local Government and Social Care Ombudsman and Healthwatch England. The statement encourages adult social care providers, whether independent or council-run to adopt the new statement which sets out best practice in receiving and dealing with customer

feedback about services. We will adopt the single statements when we review the information we give to service users, their families and representatives.

22.2 The Complaints Team will work 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.

23. Complaints Handling – national developments

23.1 **Local Government and Social Care Ombudsman (LGSCO) Review of Adult Social Care Complaints 2017-18**: The Ombudsman published its Annual Review of Adult Social Care complaints on 29 November 2018. The Ombudsman has highlighted its plans to move away from a simplistic focus on complaint volumes and instead turn their focus onto lessons that can be learned and the wider improvements that can be achieved through its recommendations from an individual complaint to improving care services for the many. The Ombudsman's aim is, therefore, not only to put things right for individuals but improving care services for the many, as evidenced in their Complaints Annual Report.

The Ombudsman's Complaints Annual Report has also highlighted that the Ombudsman works closely with partners across the social care landscape to share intelligence and experience of complaints. This includes sharing information about complaints investigations with CQC in order to inform regulatory action.

As reported in previous years, it has reiterated that it will hold commissioners to account for their commissioned service providers' failings. It encourages all councils and care providers to have systems in place to ensure learning from complaints is shared locally. In view of this, Leeds City Council, Adults and Health Directorate has implemented an information sharing protocol with commissioned service providers. This provides clear arrangements for providers to share information about Leeds commissioned services i.e. compliments and complaints with the Adults and Health Complaints Team.

It is also important to note that the Ombudsman now asks for evidence to show that their recommendations to improve services has been implemented. When the checks are carried out, it will write to the council and/or provider to inform them whether or not it is satisfied with the actions taken in response to its recommendations. From the 2018/19 reporting year, the Ombudsman has stated that it will include this data as part of its annual letter to show how well the Council has complied with its recommendations.

23.2 **CQC and partners launched the 'Quality Matters' commitment to improve adult social care – Complaints Toolkit launched on 11 July 2017**

'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.

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.

The Complaints toolkit launched on 11 July 2017 was the first product to come out of the 'Learning from Feedback, Concerns and Complaints' workstream of 'Quality Mattters', which is jointly led by Healthwatch England and the Local Government and Social Care Ombudsman.

The Complaints toolkit is intended to help councils, care staff and services to work together to improve local complaints handling such as ensuring that there a 'no wrong door' approach applied when signposting complaints, meaning htat whoever a member of the public speaks to when making a complaint, that organisations ensure it reaches the right place. The Head of Complaints for Leeds City Council, Adults and Health, Judith Kasolo, was involved in its development as co-author of the Complaints Toolkit (as acknowledged in the Complaints Toolkit acknowledgements).

24. **Local Government and Social Care Ombudsman and Healthwatch England Single complaints statement launched on 19 July 2018**: The Ombudsman and Healthwatch England launched a Single Complaints statement to help adult social care providers set out what service users, their families and representatives can expect when making a complaint. Launched alongside the complaints statement is a document created for service users to help them better understand the complaints process. An accessible 'Easy Read' version is also available. Councils and independent providers have been encouraged to adopt the single complaints statement into their own complaints policies. Leeds City Council, Adults and Health Directorate has welcomed the single statement and will adopt the same when it reviews its complaints information for service users, their families and representatives. The single statement is also being shared with professional and support staff as part of the complaints training.

25. **Other priorities to be taken into account during 2018/19 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 Adults and Health 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 Adults and Health operational teams by attending their management team meetings to share key messages, the national picture and the impact this will have on their practice.

25. Conclusion

The Council will continue to face financial challenges and enormous amount of pressure that necessitate tough decisions to deliver care services. Despite this, as highlighted in the report, the Ombudsman has made it clear that when it comes to service delivery, no concessions will be made for the said financial pressures. In addition the Council, as commissioner, will be held accountable for the commissioned service provider's failings.

As noted in the report, 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 evidenced by the number of complaints made to the Ombudsman. It is, therefore, important that customer expectations are managed and complaints resolved/responded to within agreed timescales.

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 its partners to ensure that people who use services are encouraged to provide feedback about their experiences, so that services know what they are doing well as well as identify areas where they need to improve. 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 focussing on treating customer feedback including complaints as a learning opportunity to improve the quality of services for all.

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	**2017/18**	%	2016/17	%
Skills/Reablement	**235**	26.1%	310	45%
Blue Badge	**234**	26.0%	**-**	-
Community Social Work	**95**	10.6%	**118**	17.1 %
Older People Residential and Day Services	**78**	8.9%	**27**	3.9%
Mental Health Residential and Day Services	**71**	7.9%	**4**	0.5%
Equipment and Adaptations	**58**	6.5%	**46**	6.7%
Learning Disability Housing and Day Services	**39**	4.3%	**77**	11.2%
Resources and Strategy	**32**	3.6%	**29**	4.2%
Learning Disability Social Work	**17**	1.9%	**22**	3.2%
Hospital Social Work	**9**	1%	**6**	0.9%
Mental Health Social Work	**8**	0.9%	**14**	2.0%
Strategic Commissioning	**7**	0.8%	**12**	1.8%
Physical Disability Residential & Day Services	**6**	0.7%	**-**	-
Independent Sector Home Care	**4**	0.4%	**3**	0.4%
Independent Sector Care Homes	**3**	0.3%	**1**	0.1
Public Health Living & Health Improvement	**1**	0.1%		
Public Health Resource Centre	**1**	0.1%		
Transformation and Innovation	**1**	0.1%	**-**	-
Leeds Shared Lives	**-**	-	**20**	2.9%
Transport/Meals	**-**	-	**-**	-
Total	**899**	100%	**689**	100%

Appendix 2 - Complaints by service area

	2017/18		2016/17	
Service area	**Number of complaints**	% of total complaints	Number of complaints	% of total complaints
Total	**495**	100.0%	**542**	100.0%
Community Social Work	**118**	24%	**102**	18.9%
Independent Sector Home Care	**102**	20.7%	**167**	30.8%
Equipment and Adaptations	**34**	6.9%	**39**	7.2%
Skills / Reablement	**30**	6.1%	**4**	0.7%
Learning Disability Social Work	**27**	5.5%	**27**	5.0%
Support services	**26**	5.3%	**65**	12%
Blue Badge Applications	**23**	4.7%	**34**	6.3%
Learning Disability Commissioned Services	**22**	4.5%	**14**	2.6%
Aspire	**18**	3.7%	**18**	3.3%
Older People Direct Provision Residential Care	**16**	3.3%	**7**	1.3%
Independent Sector Other	**14**	2.8%	**10**	1.8%
Hospital Social Work	**13**	2.6%	**4**	0.7%
Mental Health Accommodation and Day Services	**11**	2.2%	**12**	2.2%
Mental Health Social Work	**10**	2%	**10**	1.8%
Independent Sector Care Homes	**9**	1.8%	**6**	1.1%
Other Council Department	**6**	1.2%	**6**	1.1%
Older People Direct Provision Day Services	**6**	1.2%	**4**	0.7%
Strategic Commissioning	**5**	1%	**11**	2.0%
Safeguarding Unit	**2**	0.4%	**2**	0.4%
Home Care – Long Term Generic in-house	**-**	-	**-**	-
Care Communication	**-**	-	**-**	-

Appendix 3 - Complaints—how received

How received	2017/18	%	2016/17	%
Via staff	**136**	27.5%	**156**	28.8%
Email	**104**	21.0%	**109**	20.1%
Corporate call centre	**88**	17.8%	**84**	15.5%
Letter	**57**	11.5%	**83**	15.3%
Telephone	**41**	8.3%	**41**	7.6%
Form	**29**	5.9%	**20**	3.7%
Via an elected member	**20**	4.0%	**36**	6.6%
Via the Ombudsman	**3**	0.6%	**6**	1.1%
In person	**13**	2.6%	**4**	0.7%
Patient Opinion	**2**	0.4%	**-**	-
Via an Advocate	**1**	0.2%	**1**	0.2%
Total	495	100.0%	542	100.0%

Complaints—received from

Complainant—how involved	2017/18	2016/17
Service user	**215**	**249**
Relative	**123**	**120**
Carer	**76**	**87**
Other	**39**	**42**
Other agency	**25**	**24**
Parent	**14**	**18**
Worker	**3**	**0**
Advocate	**0**	**2**

Appendix 4 - Timescale performance

	Acknowledged within		Responded within	
	% within 3 days	% after 3 days	% within 20 days	% after 20 days
Resources	100%	0%	92%	8%
Social Work & Social Care Provision	96.4%	3.6%	98%	2%
Strategic Commissioning	98%	2%	96%	4%
Total	**98.1%**	**1.9%**	**95.3%**	**4.7%**

Appendix 5 - Breakdown of Ombudsman complaints and enquiries received between 1 April 2017 and 31 March 2018

	Outcome			Total
	No fault found	Maladministration and Injustice	Premature	
Area Social Work	6	3	1	10
Hospital Social Work	1			1
Learning Disability Social Work		1		1
Independent Provider	1	1	2	4
Finance	1	2		3
Social Care Provision (In-house)	1			1
Disability Services	2			2
Total	12	7	3	22

Appendix 6 - Complainants by ethnicity provided by complainants

Ethnicity	**2017/18 Number**	%	2016/17 Number	%
White British	**310**	62.6%	358	66%
Not known	**144**	29%	148	27%
Other	**22**	4.4%	13	0.2%
Pakistani	**5**	1%	7	1.3%
Black Other	**5**	1%	3	0.6%
Black Caribbean	**4**	0.8%	11	
Indian	**2**	0.4%	2	0.4%
Chinese	**2**	0.4%	-	-
Black African	**1**	0.2%	-	-
Total	**495**	100.0%	542	100.0%

Complainants by gender

Gender	**2017/18 Number**	%	2016/17 Number	%
Female	**314**	63.4%	344	63.5%
Male	**173**	35%	175	32.3%
Joint (married / partnership)	**5**	1%	6	1.1%
Not known	**3**	0.6%	17	3.1%
Total	**495**	100.0%	542	100.0%

Complainants by disability provided by the complaints

Disability	**2017/18 Number**	%	2016/17 Number	%
Not Known	**173**	34.9%	161	29.7%
Disabled	**169**	34.1%	183	33.8%
Non-disabled	**153**	30.9%	199	36.7%
Total	**495**	100.0%	542	100.0%

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

Complaints Service	**Lessons Learned**
A complainant was informed that an investigation would exceed the agreed timescale. Whilst this was good practice the complainant did not receive a full response until 3 weeks later and did not receive updates in the meantime.	The Complaints Service has revised its procedures for monitoring complaints that have exceeded the agreed timescale. Cases shall be closely monitored and complainants shall be sent a meaningful update every week that the response is delayed.
A complainant who was offered an independent investigation later said that the investigation was too formal and lengthy and that had he known this from the outset may not have chosen this method as the best way to investigate his complaint.	Although contemporaneous records evidenced that a Complaints Co-ordinator had described the process in detail with the complainant, and the complainant had knowingly accepted the offer at the time, as a result of this feedback the service has developed a fact sheet which is sent to complainants whose complaints are risk assessed as needing an independent investigation and are offered an independent investigation.
A service user who was a parent had made separate complaints to Adult Social Care and Children's services. The Ombudsman was critical of the fact that a joint investigation was not carried out under the statutory Children's complaints procedure.	Adults and Children's services had been unaware that a separate complaint had been made. Normally joint investigations are undertaken, with the Directorate where the majority of the complaint arises taking the lead. The Adults and Children's complaints teams now liaise when it is apparent that a family is receiving services from both Directorates.
Mental Health Homeless Team	**Lessons Learned**
A landlord complained about receiving no response to his request for support in accessing a property where a service user was living.	The support worker was on sick leave and there was no 'out of office' auto reply message to notify people that the member of staff was away from the office. It appeared to any person emailing the as though she was not responding. The service now ensures that during sickness absence of more than one day, an out of office message is set up to inform people that the member of staff is away from the office and provide them with alternative contact

	details.
Learning Disability Social Work / Independent Sector Residential Care	**Lessons Learned**
A parent of a working age adult complained about the care and support provided to her son by a Residential College and she ultimately terminated the placement and brought him home. The parent also complained about and a lack of support from the LD Social Work team at the time and after he came to live back home.	An independent person was commissioned to investigate this complaint, and the following recommendation were accepted by the Head of Service for LD Social Work: • to produce general guidelines for dealing with out of area placements; • a briefing note is developed between HoS and Legal Services clarifying the type of advocacy support required to ensure full compliance with the Mental Capacity Act; • the service had audited it's DoLS practice and procedures and was already in the process of implementing an action plan to mitigate the nationally recognised pressures within the system. Leeds compliance is now rated as "good" in relations to DoLS. The Residential College accepted a recommendation that as part of part of the pre placement planning process it should agree appropriate levels of communication with parents.
Learning Disability Social Work	**Lessons Learned**
The sibling of an adult living in a residential out of area complained about the level of 1-2-1 care and support and the quality if the service provided that this was not in line with his assessed needs and allocated funding.	An independent person was commissioned to investigate this complaint. The Head of Service for LD Social Work informed the complainant of the following improvements that would be made as a result of the complaint:

	• Changes to documentation as we are implementing a strength based approach, as such our support planning, assessment and review documentation has been revised and the financial elements are clearly embedded within new processes. This should very much lend itself to the checking of support plans and finances as a key part of the review process. • Analysis of performance date in terms of annual reviews within the Learning Disability service to ensure that people are reviewed at the right time, with a focus on people who are placed out of Leeds. The data shows that performance is improving in this regard. • Leeds has been giving consideration as to adopting the "Named Social Worker" model. We are in the process of considering the resourcing of this, alongside and a number of national strategies such as the Transforming Care Programme.
Area Social Work	**Lessons Learned**
The family of a service user complained because their relative fell whilst at the care home and therefore had to extend his stay; there was also a delay in him returning home whilst a home care provider could be found. This resulted in a much higher charge than advised, even though a social worker had told them some extra funding was available. The family also complained that a later respite stay cost more than they were led to believe.	The Head of Service wrote to all social workers to inform them of the requirement to draw up a written agreement between the care home, the service user or their family representatives, and the Council in advance of the placement beginning. We have also issued new policies, procedures and guidance on 3rd party top-ups which are compliant with the Care Act 2014 regulations.
A dementia carer said that he did not understand what to expect following an assessment of his wife's needs.	The Head of Complaints wrote to all social work managers to remind them of the requirement to share all assessments and care plans with service users and carers; and to offer a carer's assessment; and to record on the file evidence that they have done

	so.
A family carer felt that he and his mother had been pressurised into signing a Reablement exit report and that when a social worker met them to discuss the report neither his mother's, nor his needs as her carer, were discussed in depth.	The social work Team Manager reiterated to social workers the need to conduct in-depth discussions of the long term ongoing needs of carers and services users when discussing the Reablement exit report, and the follow-on support required.
Finance	**Lessons Learned**
Service Users and their family representatives have sought to have care fees reduced or waived by stating that they have not been informed that they would be liable to contribute to the cost of their care; or that they have not been informed of the amount they would be charged.	The Adult Social Care Finance team has now launched the booklet entitled: "Help to Pay your Care Home Fees – Information about how to pay your fees and applying for financial assistance". It is a comprehensive guide to the subject and is sent to all service users by the Financial Assessment Team following receipt of an application for financial assistance. It is available on the Council's website. The booklet on Residential care fees "Help to pay your care home fees - Information about how to pay your fees and applying for financial assistance" has also been updated and is an equally comprehensive guide.
Concerns about poor communication between the social workers and Finance resulting in delays in families being billed	Mandatory training for Social Workers has been carried out throughout 2018 and feedback has been very positive, particularly in terms of the new booklets and how this enables workers to explain financial assessments and charges to service users and their representatives.
A relative was distressed to be asked to provide financial information that they had given to a finance officer two years ago.	All paper files have now been transferred to electronic records so this should not recur.

Leeds Community Equipment Service - Telecare	Lessons learned
A relative complained that a falls detector had not been adequately demonstrated upon installation.	The service reminded social workers of the need to demonstrate the equipment, and arranged refresher training for social workers. A checklist is now completed, and signed by the service user or their representative, at each installation to ensure all relevant information is passed on. The Telecare service now sends an information leaflet to every service user. The suppliers of equipment have now produced written information about how the equipment works that shall be left with the service user.
Independent Sector – Specialist Social Work Services	**Lessons Learned**
A profoundly deaf service user with an Asperger's diagnosis had not been capable of managing his Direct Payments and had built up £10k of arrears in his DP account.	Social Workers have been advised to notify Finance on the referral if a Service User has a learning disability so they can monitor the Direct Payment arrangement more closely so that a debt does not accrue and so that a review may be arranged and extra support provided if necessary.
Independent Sector Residential Care	**Lessons Learned**
The family of a service user were not alerted by the care home to a sudden and severe deterioration in their mother's condition. This limited the amount of time they could spend with their mother before she died.	The Care Homes Contracts Manager conducted an investigation and recommended the following action: • Recording – comprehensive records that are more descriptive regarding appearance, condition and position where relevant. • Checks are undertaken at the required intervals. • DNAR discussions and end of life discussions recorded • Input and output chart is consistent with the care records. • When an incident such as calling the emergency services is undertaken, a detailed summary is written up on the day for the care records in case further information is required later. • Complaints training and safeguarding training.

Public Health Commissioning	**Lessons Learned**
A complaint from a former employee that a sexual health contractor's staff code of conduct allowed workers to enter into sexual relationships with service users.	The contractor produced a revised version of its Workers Conduct Policy. The new policy has been reviewed by the Council's Sexual Health Lead and safeguarding colleagues from both Adults and Children's services, who are now satisfied that the revised policy is clear, reinforces professional boundaries and is unambiguous: making it explicit that non-professional relationships with service users who have entered into a 1-2-1 or ongoing support relationship with the worker are strictly forbidden. The changes to the Workers Conduct Policy have been communicated to all staff and training has been organised. All policies will be reviewed on an annual basis by the contractor's Executive Board and by commissioners.
Independent Sector – Home Care	**Lessons Learned**
Complaint about continuity of care and missed visits; concerns about the lack of training and preparation of new workers; the quality of care provided when managers been required to step in to cover the rota; and the way a relative was spoken to by a supervisor / team leader.	The provider implemented the following: • A review of the service user's care needs was carried out which resulted in the care plan being updated, including ensuring the level of medication support was clearly detailed for care workers to follow, with specific instructions regarding administration of medicines. • The main care workers were instructed to complete the physiotherapy exercises, which has now been incorporated into the Care Plan and this is monitored to ensure it happens, through on site spot checks and audit of care records. • Copies of Food Hygiene training - 'Fluids and nutrition and food safety' - Standard 8 of the Care Certificate - were validated by the Council's home care contracts officer. • A new staff induction programme has been introduced.

The relative of a service user made a wide ranging complaint about medication errors; the failure to prepare meals for her father; missed visits; and failures in communication from the care provider's branch office.	A regular carer was allocated to this person's care team and was given personal responsibility for ensuring that he took his medication. All workers on his team were instructed to always prepare a meal even if he refuses it; that they must ensure at all calls his falls pendant was in place. At branch office the issue of poor communication has been addressed by implementing communication training and the operations team to take calls has more than doubled in size. Induction training was acknowledged as being ineffective, medication induction was in place but field base competency was not always signed off. All field competencies are now in place for all staff. Coordination of calls was also acknowledged to be ineffective. Coordinators have been recruited and now effectively follow strict procedures to co-ordinate care. Sickness was difficult to cover leading to missed calls. There are now ample staff to cover and a first response protocol is in place for unplanned absences.
A relative complained that calls to the branch office were not answered; that care workers did not stay for the full allotted time at care visits; and that workers had not called at scheduled times, resulting in food shopping deliveries being missed.	The care provider reminded all office staff that they must log out of their phones when they are away from their desks; should all of the staff be busy on other calls, the telephone calls shall divert to another branch where a message shall be taken. Care workers have been instructed to attend for the full duration of a care visit and to log their entry and exit times so that this can be monitored. Care workers have been instructed to arrive within the time period allowed in the contract with the Council.
A relative complained about the timing of care visits; the quality of food preparation and the lack of choice offered; and poor communication with the branch office, including complaints being ignored.	The Home Care Contracts team visited the provider to check that actions and recommendations had been fully implemented including: • All incoming complaints are logged and assigned to an

	investigating officer who will follow the Complaints Procedure. • A Senior Manager now checks all complaints are logged and responded to appropriately and complaints are analysed to look at patterns and lessons learned • Audit care records regularly to ensure care is being delivered as agreed in the care plan. • Supervision records and staff observations should clearly record any conversations; • Review of the Medication Policy with all care staff following a consistent method of recording; • Care Plans are accurate in terms of medication, including storage and frequency of application; • Medication Audit system to be implemented; • Care Providers will conduct their own full assessment of a person's needs which includes obtaining full details of medical history; • The provider is to ensure that staff who complete assessments and care plans are fully trained and skilled to do so, including effective collection of key information to inform risk management and care planning.
A relative complained that in the last 6 months over 40 care workers had attended his mother and this adversely affected the quality of care provided and caused his mother distress and anxiety.	The provider issued new guidance on accepting packages of care to ensure all care packages have a regular care team. Recruitment has been successful and staff shortages have been resolved. Induction training has been improved. A “First response team” has been created to cover unplanned absences. Additional Quality Assurance staff have been recruited. Care plans in place prior to care commencing and staff are briefed on care needs prior to attending.

Independent Sector Supported Living	Lessons Learned
A resident complained about not being informed in advance of forthcoming medical appointments.	Workers have been instructed to inform residents as soon as mail is received and discuss the contents with them.
A relative complained that her son had not been supported with managing his finances and his medications. This had led to debts being built up and eventually she had to provide the support. She felt that workers resented her intervention and behaved negatively towards her.	The LD Contracts Officer carried out a thorough investigation and recommended the following: • The provider review policy and procedure around how staff work in partnership family carers; • That information is shared where appropriate in relation to concerns and complaints. • The provider develops finance policies & procedures that can be shared with family. • The provider ensures there are clear appointeeship arrangements in relation to finances and DWP, that this is clearly detailed in the support plan, and that the appropriate level of support is in place. • The provider reviews whether financial capacity assessments need to be considered for service users. • In line with the LCC Contract, the provider should involve social workers in significant capacity assessments. • All Mental Capacity Assessments to be reviewed annually. • Where family are appointees, the provider is to review the financial protocols with family to ensure that transactions are transparent and traceable. • Training to support workers and managers around building positive relationships with family; communicating with family; and supporting positive relationships between the service user and family. • The provider to ensure its Complaints policy is shared with family and informs them of the option to make any complaints

	directly to the Council. • The provider considers how it will carry out a fair and objective investigation of complaints, including reflection on practice and lessons learned. • The provider should ensure that support and risk management plans are completed regarding medications and intolerances. Family carers are likely to have relevant information, the provider should involve family wherever appropriate.
Independent Sector Mental Health Support Service	**Lessons Learned**
A former employee reported that workers had accepted small gifts from service users.	The provider introduced a gift register for staff. The gifts in question were knitted by a service user and of little or no financial value.

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