

# Comments, Compliments and Complaints Service

## Statutory Social Care Complaints Annual Report 2017-18



**Nancy Kurisa**  
**Complaints, Information and VIVA Manager**  
**Law and Governance, Directorate for Resources**

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## **Introduction – Review of the Statutory Complaint Processes**

### **1. Executive Summary**

- 1.1 This report spans 1<sup>st</sup> April 2017 to 31<sup>st</sup> March 2018.
- 1.2 Children's Social Care informed us of 74 compliments; a 28% increase on last year.
- 1.3 The Adult Social Care Responsible Localities and supporting teams informed us of 204 compliments; a 109% increase on last year.
- 1.4 Statutory Stage One complaints for Children's Social Care have increased by 13%. Stage Two Complaints have reduced by 81%.
- 1.5 The Complaints Service managed and resolved 65 concerns (low level complaints) for Children's Social Care; numbers of concerns have remained the same.
- 1.6 Adult Social Care Statutory complaints have remained the same; 169 were received the same as last year.
- 1.7 This year the Complaints Service managed and resolved 139 concerns (low level complaints) which is 26% more than last year. We have also gathered intelligence on 296 concerns which have been managed and resolved by the Responsible Localities, Director's Office and Quality and Contracts Team. This brings the total to 434 and it is likely that formal complaint numbers would be higher without the proactive focus on resolution taking place across all areas.
- 1.8 There has been a 35% decrease in enquires from MPs received by the Adult Social Care Director's office and 43% decrease in the Children's Social Care Director's Office. Enquires from MPs are often made on behalf of constituents who are waiting for services, have queries about their eligibility or concerns about school placements.
- 1.9 The number of formal Ombudsman investigations concerning Adult Social Care has decreased by 3% this year. Reassuringly, fault finding has not increased. Currently, of the five formal investigations that took place, fault was determined in two cases. We are still awaiting the outcome from one investigation.
- 1.10 The number of formal Ombudsman investigations concerning Children's Social Care has increased from two investigations to six, although this possibly reflects the high number of Stage Two complaints in 2016-17. Fault was found in five of the six investigations.
- 1.11 There has been a 14% increase in complaints for the Adult Social Care Responsible Localities. Whilst complaint numbers have not increased overall, the rise in complaints for the Responsible Localities is offset by 31% reduction in complaints for the Finance Team. Across the Responsible Localities, the North and South Integrated Localities received a significantly higher number of complaints than other areas. Anecdotal evidence suggests this may be due to the number of supported living services for people with learning disabilities and complex needs within the localities or those with complex needs living in family homes.

- 1.12 Complaints investigated by the Quality and Contracts Team have not increased from last year. However, 30% of the complaints received across all areas combined raised issues about Adult Social Care Providers.
- 1.13 In Children's Social Care the highest number of complaints were received for the South Area; showing an increase of 77% compared to last year. However, this may be due to the work undertaken with social care teams to re-direct complaints through the formal process. Whilst the increase for the South area is significant, the number of complaints for the South are now consistent with the City and North areas.
- 1.14 Across all children's social care localities, the highest number of complaints were for the Family Solution Services. This is expected as these teams provide long-term support including Child Protection intervention.
- 1.15 The top six identifiable issues from complaints in adult social care were; **poor communication, dissatisfaction with assessments/care plans, delays in service, disputed charging, staff attitude and delays in assessments**. An appendix is provided at the end of the report to demonstrate service improvements to address these issues.
- 1.16 Complaints about adult social care providers raise a wide range of issues about the **quality of care, communication and dissatisfaction with management**. From the evidence available it appears that most people have tried to resolve their concerns directly with the provider before contacting the Council.
- 1.17 The top six identifiable issues from complaints in children's social care were; **poor communication, disagreement with professional decisions, staff attitude, lack of involvement, bias, recording errors and quality and accuracy of assessments**. An appendix is provided at the end of the report to demonstrate service improvements to address these issues.
- 1.18 In Adult Social Care and Quality and Contracts, only two of the 169 complaints took longer than the six-months statutory timescale to complete. Whilst there could be improvements to the timelines of first responses from Team Managers, 77% of complaints were resolved at first stage.
- 1.19 In Children's Social Care 89% of Stage One complaints were responded to within the 20-day statutory timeframe. Both Stage Two complaints were investigated within the 65-day statutory timescale. Neither of the Stage Three complaint panels were held within the statutory 30-day timescale due to the availability of Panel Members.
- 1.20 In Adult Social Care 60% of complaints were from people over the age of 65. Complaints from people with a learning disability have increased by 14% this year. Complaints from people with a physical disability have decreased by 16%. 11% of people raising formal complaints were from a BAME background.
- 1.21 In Children's Social Care, 33% of complaints were about young people on a Child Protection Plan and 23% concerned Looked After Children. Seven complaints were received directly from young people. 19% of complaints were from families with children known to be from a BAME background.
- 1.22 This year the Comments and Complaints Service have undertaken a range of service development activities. This has included; exploring how to build restorative practice into

the complaints process, producing complaints fact-sheets to support managers involved in complaints; attending social care team meetings and starting work to develop and advocacy e-learning course for social care teams.

# Children’s Social Care Statutory Complaints (Local Authority Social Services Complaints (England) Regulations 2006). <sup>1</sup>

## 2. Compliments

- 2.1 This year 73 compliments were received about Children’s Services. It is encouraging that the number has increased from 45 last year. This is a 28% increase.
- 2.2 Compliments praise the child focused work taking place. This has been described as creative, insightful, reliable, professional, diligent and competent. A particularly touching compliment described the “*brilliant job*” carried out by a worker at the National Safeguarding Conference by “*bringing the care leavers stories and needs to life for the audience*”. We have also received several compliments for the IRO service who have been praised for their support and input. One compliment received directly from a young person, described their IRO as “*amazing*”.
- 2.3 It is very important to recognise and celebrate the good quality social work taking place within our teams. For this reason, we encourage teams to share all compliments with us so that we collect evidence of what is going well. Whilst the Children’s Statutory Complaints Service is designed for young people to use, more often it is used by parents. Conversely, some of the most powerful compliments received were directly from young people<sup>2</sup>. It is reassuring that young people, who are the primary focus of our service provision, are reporting a high level of satisfaction.
- 2.4 Feedback from our compliments also reflects feedback from the OFSTED inspection that took place in April 2018. OFSTED found that Oxfordshire County Council provides ‘Good’ experiences for children who need help and protection and ‘Good’ progress for Looked After Children and care leavers.

## 3. Statutory Complaints - numbers and themes about the complaints process

Stage One Complaints 17-18	Stage One Complaints 16-17	% +/-	Stage One Complaints 15-16
107	95	+13%	84
Stage Two Complaints 17-18	Stage Two Complaints 16-17		Stage Two Complaints 15-16
2	11	-81%	7
Stage Three Complaints 17-18	Stage Three Complaints 16-17		Stage Three Complaints 15-16
2	3	-33%	5
Concerns 17-18	Concerns 16/17		Concerns 15-16
65	65	+38%	40
Ombudsman Investigation 17-18	Ombudsman Investigation 16-17		Ombudsman Investigations 15-16
6	2	+200%	2

<sup>1</sup> Appendix 5 provides information on the Children’s Social Care Statutory Complaints Procedure.

<sup>2</sup> See Appendix 1 for compliment quotes from young people.

<b>MP Letters 17-18</b>	<b>MP Letters 16-17</b>		<b>MP Letters 15-16</b>
81	143	-43%	270

- 3.1 Whilst the number of Stage One complaints have increased slightly, it is very encouraging that Stage Two complaints have dropped by 81% this year. This is because an emphasis has been placed on building restorative principles into the complaints process that assume resolution rather than escalation. This has involved offering more face to face meetings as part of the complaints process to restore and build respectful relationships.
- 3.2 The number of concerns have remained consistent but does demonstrate that the number of Stage One complaints could be higher without the proactive focus on resolution shown by the Comments and Complaints Service.
- 3.3 Concerns are complaints that can be sorted out quickly, usually within 48 hours. However, they do take time to resolve. An example of a children’s social care concern could be a grumble about a social worker turning up late for a meeting. An issue like this can be swiftly resolved with a phone call to offer an explanation and apology.
- 3.4 The increase in Ombudsman investigations can be explained by the high number of Stage Two complaints that were carried out in 2016-17. Five of the six Ombudsman investigations in 2017-18 were escalations of complaints investigated at Stage 2 during the previous year. As Stage Two complaints have reduced this we predict that Ombudsman investigations will also see a reduction.
- 3.5 From the six investigations, fault was found in five cases; however, one finding is still draft and has therefore not been included below. The Ombudsman found that:
- Whilst the Council did consider the complaint appropriately, there was criticism for not following a recommendation from a Stage 3 Panel. This was promptly rectified;
  - That Council should have informed a parent that a referral from the NSPCC had been made to the Council. However, the Council did investigate the referral appropriately;
  - The Council could have communicated more effectively with a parent during a Child Protection (Section 47) investigation. Despite this, the Council carried out the investigation following proper Section 47 procedures;
  - There were recording errors in a social work report about an injury. However, whilst this error had led to distress, it did not inappropriately influence the need to escalate the case to Child Protection. Again, the Council did follow proper process.

#### **4. Teams and issues raised in complaints**

<b>South Area</b>	<b>Broken down by Team</b>
Family Solutions	18
Disability Team	10
Assessment Team	4
LAC and Leaving Care	4
Fostering and Adoption	2

MASH	3
<b>TOTAL</b>	<b>41 (last year 18)</b>

<b>City Area</b>	<b>Broken down by Team</b>
Family Solutions	13
Central LAC and Leaving Care	11
Fostering and Adoption	4
Assessment Team	3
Closed	1
Disability Team	2
MASH	2
<b>TOTAL</b>	<b>36 (last year 42)</b>

<b>North Area</b>	<b>Number of Complaints</b>
Family Solutions	18
Fostering and Adoption	3
MASH	2
North LAC and Leaving Care	2
Assessment Team	2
Disability Team	1
Adoption and Fostering	1
Youth Justice	1
<b>TOTAL</b>	<b>30 (last year 35)</b>

- 4.1 The most notable change is the increase in complaints for the South locality which have increased by 77% this year. However, as there was a large restructure in Children’s Social Care which saw the integration of Early Intervention into Children’s Social Care to create that Family Solutions Teams, it is difficult to assess localities or teams against previous years. Overall, we see this increase as positive as more complaints are now sent directly to the Complaints Service, rather than managed directly in teams. This provides us with more reliable data and assures that we are providing a consistent process to all people who want to complain.
- 4.2 Additionally, the South Team received a notably higher number of complaints for the Disability Team. This can be explained by the higher number of families with disabled children supported by the South area. At the end of the year, the South Disability Team were supporting 35 more families than the North area and 59 more families than the City Area.
- 4.3 Similarly, the higher number of complaints for Looked After Children (LAC) in the City area can be explained by the higher number of Looked After young people being supported by the LAC team within this locality. At the end of the year the City Area were supporting 105 more Looked After Children than the North area, and 143 more than the South area.
- 4.4 Complaints for the Family South Teams are expected to be higher as they provide longer-term support to families and the involvements are sometimes more complex, for example, Child Protection.



Top six Issues raised in complaints	Times Raised 17/18	Times Upheld	Times Raised 16/17
Poor Communication with service user	61	22	55
Disagreement with professional decisions	40	5	31
Staff Attitude	33	4	37
Lack of Involvement	26	9	21
Bias	17	2	<i>Not categorised separately last year</i>
Recording Errors	14	10	9
Quality and accuracy of assessments	14	2	<i>Not categorised separately last year</i>

Other issues raised in complaints	Times Raised 17/18	Times Upheld	Times Raised 16/17
Delay in assessment/service	11	6	7
Dissatisfaction with care plan	10	2	<i>Not categorised separately last year</i>
Confidentiality	7	2	7
Late reports/minutes	7	5	3
Failure to protect	6	0	<i>Not categorised separately last year</i>
Chairing of CP conferences	4	1	<i>Not categorised separately last year</i>
Decisions in CP conferences	3	0	<i>Not categorised separately last year</i>
Unevidenced mental health diagnosis	2	1	<i>Not categorised separately last year</i>
SGO allowance	1	0	<i>Not categorised separately last year</i>
Equality and Diversity	1	0	<i>Not categorised separately last year</i>

- 4.5 **Poor Communication;** can relate to issues about information sharing. For example, being given information about new social workers or failing to be informed that meetings or dates of visits have been rearranged. Infrequent contact is also a theme that crops up, but this may be more about managing expectations about the level of contact that social workers can provide, rather than increasing communication.

Another theme is improving the tone and detail of some Stage One Complaint responses to support resolution<sup>3</sup>. As per last year, this has been highlighted by Stage 2 Independent Investigators who have told us that a more detailed or empathetic response might have prevented escalation.

- 4.6 **Disagreement with professional decisions;** is not a surprising theme as due to the nature of the work in children's social care, decisions must be made in the best interest of the young person, often without the consent of families. These complaints frequently link to the outcome of decisions following an assessment. However, very few of these complaints are upheld which provides evidence that professional decisions are being made in line with legislation and policies. The challenge may be around ensuring that these decisions are well communicated.
- 4.7 **Staff attitude;** often links to poor communication but is harder to gather evidence in this area as it revolves around perceptions about the individual behaviour of a staff member towards a service user or their family member, for example, not making them feel valued. Whilst there is a push to embed restorative principles into social care work, due to the difficult messages that must be delivered by workers, this will always be a subjective theme.
- 4.8 **Lack of involvement;** will always be a challenging area as often family members are not able to be involved due to concerns about child welfare. However, these complaints also link to communication, and the need to keep families informed of changes and any other relevant information that they are entitled to.
- 4.9 **Bias;** often links to reports presented to courts by social workers. Complaints are often received by family members who perceive that the report has presented them in a negative light or presented a more favourable view of one parent. In these situations, we suggest that family members provide their interpretation of events which can be held on the social care file<sup>4</sup>.
- 4.10 **Recording errors;** are complaints about factual errors in assessments and reports. These are often upheld and inaccuracies amended.
- 4.11 **Quality and accuracy of assessments;** links closely with bias and recording errors. At times complaints raise issues about factual errors which are corrected, but often are about perceptions when social workers are required to record their opinions. There has been a firm commitment this year to focus professional supervision meetings on the quality of the assessment process, complimented by regular case audits to improve management oversight of the assessment process.

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<sup>3</sup> See Appendix 3 'communication' for service improvements relating to these complaints

<sup>4</sup> Points 4.9 – 4.11 link to learning in Appendix 3 'Quality Assurance'

## 5. Service User Groups and Advocacy

Category	2017-18	2016-17
Child Protection	35	23
Looked After Children	25	37
Child in Need	30	12
Closed Cases (category not known)	12	17
Care Leaver	5	2
Child Sexual Exploitation	0	4

- 5.1 32% of complaints were about children on a Child Protection Plan (Section 47). 23% were about Looked After Children (LAC). It is unsurprising that the number of complaints about Child Protection were higher, given that there were 817 new children put onto Child Protection Plans, compared to 311 new Looked After Children this year. Whilst complaints have found the professionals are making decisions correctly, there have been commitments to improve communication and recording within the Section 47 process. Additionally, commitments to improve the letter box contact service for families of Looked After Children have been put in place.<sup>5</sup>
- 5.2 There is a statutory requirement to provide advocacy to young people making a complaint under the Children's Social Services Complaint Regulations (2006). VIVA provides this service. VIVA stands for Volunteer Independent Visiting and Advocacy. It is young people led and an independent statutory service embedded in Oxfordshire County Council with the help of dedicated Volunteers. Managerially, VIVA is placed with the same service as the Comments and Complaints Service.
- 5.3 This year seven complaints were directly from young people compared to eight the previous year. Advocacy was offered in all cases but only taken up in three cases. 77% of complaints were from parents and grandparents.
- 5.4 19% of our complaints were from families with children known to be from a BAME background.

## 6. Timeliness

Stage 1 complaints in timescale  
 Stage 2 complaints in timescale  
 Stage 3 complaints in timescale

No	In time <sup>6</sup>	% in time	Target
107	96	89%	80%
2	2	100%	80%
2	0	0%	80%

<sup>5</sup> See Appendix 4 'Section 47 Process' and 'Letterbox Contact Service' for learning related to these complaints.

<sup>6</sup> In time refers to complaints that were responded to within the statutory 20-day timescale. 60 of these complaints were responded to within 10 working days. 14 of these complaints were refused for issues such as lack of consent and two complainants failed to engage after raising their complaint.

## **7. Review of the Children's Statutory Complaint Regulations (2006)**

- 7.1 It is a statutory requirement to review the Children's Complaints Process as part of the Annual Report.
- 7.2 This year £24,636 was spent on Stage 2 and Stage 3 complaints from a budget of £20k. Whilst Stage 2 and Stage 3 complaints were reduced significantly this year, the costs cover complaints raised towards the end of the previous year that were concluded in the current year. This is a significant reduction on the £44,428 spent in 2016-17.
- 7.3 Whilst we are committed to providing access to a formal complaints process where issues cannot be resolved, we are also committed to building Restorative principles into the complaints process. A restorative approach to complaints may help us to remove barriers to communication by allowing honest conversations between complainants and social work staff, and respecting each other's views. It is not about blame and assumes resolution rather than escalation, the objective being to restore relationships and resolve issues quickly. Whilst this is not a formal part of the statutory complaints process, we are offering face-to-face meetings between a Stage one and Two, when we assess that issues may be based on a misunderstanding that can be put right quickly. The Stage Two and Three parts of the process are formal. This may not always be in the best interests of the complainants and staff members involved.

## **8. Service Development**

- 8.1 The Complaints Manager met with the Directorate Leadership Team to agree a consistent process for dealing with complaints that are received directly in social work teams. This has helpfully re-directed many formal complaints to the Comments and Complaints Service to assist us with accurate information on the number of complaints received, themes about intelligence on where service could be improved. But of equal importance is that all people wishing to raise complaints are treated fairly and offered a consistent and equitable process.
- 8.2 The Complaints Manager attended workshops with Children's Social Care Directorate on Restorative Practice which is discussed above. As Restorative Practice is being built into children's social work, we are also committed to build these principles into the complaints process.
- 8.3 We have produced a Complaints Fact Sheet which has been cascaded to all Children's Social Care Teams. The intention was to reassure and support managers involved in complaints; for example;
- That following a coherent complaints process can support managers by reducing pressure as issues are dealt with quickly, consistently and fairly;
  - Appropriate use of an apology and active listening to de-escalate complaints;
  - Reassurance that complaints are not about blaming staff; they are about learning and improving services for the benefit of everyone.

## **Adult Social Care Statutory Complaints (Local Authority Social Services and National Health Service Complaints (England) Regulations 2009)<sup>7</sup>**

### **9. Compliments**

- 9.1 We are very encouraged to report that compliments reported to our team by the Responsible Localities have increased by 109%<sup>8</sup>. 204 were received compared to 95 last year. This is a fantastic achievement and mirrors the results of the Annual Adult Social Care User Survey which told us that 93% of long-term service users are satisfied with their care and 72.4% are very, or extremely satisfied.
- 9.2 We have been told that social care staff are caring, supportive, sensitive and understanding. People have told us that staff go over and above their duties by persevering and adeptly handling complex situations. Compliments have also described social workers as person-centred, outstanding, respectful and professional.
- 9.3 Compliments provide another perspective to messages from complaints. Whilst the top complaint themes are delays and communication, we have received praise for the speed in which contact was made following an online referral and the effective communication provided by the social worker to resolve the situation. A compliment was also received on behalf of a service user about the effort made by a Team Manager to resolve their complaint.

### **10. Statutory Complaints - numbers and themes about the complaints process**

<b>Statutory Complaints 17-18</b>	<b>Statutory Complaints 16-17</b>	<b>% -/+</b>	<b>Statutory Complaints 15-16</b>
169	169	0%	187
<b>Concerns/potential complaints 17-18<sup>9</sup></b>	<b>Concerns 16-17</b>		<b>Concerns 15-16</b>
139	113	+26%	44
<b>Ombudsman formal investigations 16-17</b>	<b>Ombudsman formal investigations 16-17</b>		<b>Ombudsman formal Investigation 15-17</b>
6	9	-3%	5
<b>MP Correspondence 17-18</b>	<b>MP Correspondence 16-17</b>		<b>MP Correspondence 15-16</b>
81	116	-35%	121

<sup>7</sup> Appendix 6 provides information on the Adult Statutory Complaints Procedure.

<sup>8</sup> See Appendix 2 for compliment quotes.

<sup>9</sup> Concerns received and managed directly by the Complaints Service.

- 10.1 Formal complaint numbers have remained the same this year. However, the number of concerns or potential complaints that the Comments and Complaints Service resolved has increased by 26% which indicates that formal complaint numbers could be higher.
- 10.2 An example of an Adult Social Care concern is a service user who has had an adjustment to their care charges and is confused by the invoice. The Comments and Complaints Service will liaise with the service area to clarify the position, follow up to ensure that contact has been made quickly and ensure the service user is satisfied the matter is resolved.
- 10.3 Additionally;
- The Director's Officer received 129 concerns which were passed to the Responsible Localities to resolve. The Responsible Localities also recorded 84 concerns on the electronic social care system;
  - The Director responded to 27 enquires from Councillors on behalf of services users;
  - The Quality and Contracts Team managed and resolved 56 concerns.
- 10.4 Overall 434 concerns have been recorded. The data demonstrates the dedication that takes place behind the scenes to put things right quickly and prevent formal complaints being made.
- 10.5 The number of MP enquiries has reduced by 35% this year. MP enquiries are managed outside of the complaints process by the Director's Office. They are often raise questions on behalf of constituents about waiting times for assessments/services or to clarify eligibility or financial contributions. MPs often advocate for people who have reached threshold and are concerned that they will be moved to a care home within Council banding rates.
- 10.6 Whilst the Ombudsman contacted the Local Authority 10 times this year about Adult Social Care complaints, only five of these contacts resulted in formal investigations. This is a reduction of 3% compared to the to eight formal investigations that the Ombudsman undertook in 2016-17. Fault finding has not increased either. Whilst we are still waiting for the outcome of one cases, fault had been found twice<sup>10</sup> this year which is the same as last year. This is an excellent result given that 169 formal complaints were investigated that had the potential to escalate to the Ombudsman if they had not been successfully resolved.

## **11. Teams and issues raised in complaints**

<b>TEAM</b>	<b>Number of complaints 17-18</b>	<b>16-18 Comparison</b>
Quality and Contracts	29	30
North Integrated Locality <sup>11</sup>	28	
South Integrated Locality	24	
Financial Services	20	49

<sup>10</sup> Both investigations where fault was found were joint investigations with NHS partners. See section 12 for details.

<sup>11</sup> It is not possible to provide a comparison by Adult Social Care Team as last year teams were restructured part-way through the year. Overall, complaints have increased by 16% across the Responsible Localities compared to last year.

City Integrated Locality	13	
South Rapid Response	13	
Hospital Teams	11	4
North Rapid Response	10	
Safeguarding	6	0
City Rapid Response	5	
Independent Living Services	3	3
Led by NHS Trusts <sup>12</sup>	7	1
AMHP	1	0

- 11.1 The number of formal complaints investigated by the Quality and Contracts Team is consistent with last year. However, whilst the Quality and Contracts Team lead on 29 complaints, overall 52 complaints raised concerns about Care Providers. This accounts for 30% of the total number of complaints. 31 of the complaints were about Home Care providers and 21 about Care Homes.
- 11.2 Whilst the South and North Integrated Localities received the highest number of complaints across the Responsible Localities, they also dealt with 22 of the 32 complaints from service users with a learning disability. Within these localities there are a higher number of supported living services for people with learning disabilities and complex needs. This is partly due to availability of type of property needed for supported living services as many of the services for people with complex needs/autism are situated outside of the city boundary. This could account for the higher number of complaints.
- 11.3 Complaints about Financial Services have seen a reduction by 31% from last year. The previous year's increase in complaints was partly affected by national policy changes to eligibility criteria and personal contributions to care. Nevertheless, areas for service improvement were identified. Financial Services responded positively by putting in robust processes to improve delays and strengthened joint working with other areas. This is a good example of how complaints can result in service improvements.
- 11.4 There has been a 7% increase in complaints led by the Hospital Teams. The increase has mainly due to the Hospital Teams involvement in the discharge process, difficulties with reablement care and communication issues about the financial process upon discharge<sup>13</sup>. Some of the complaints have been linked to the HART reablement service and a lack of clarity about when long-term service provision is assessed and becomes chargeable.

<b>Top six Issues – Social Care Teams</b>	<b>Times Raised 17/18</b>	<b>Times Upheld</b>	<b>Times raised 16/17</b>
Poor Communication	75	42	51
Dissatisfaction with assessment/care plan/review <sup>14</sup>	53	5	34
Delays in Service	40	19	35
Staff Attitude	21	7	15

<sup>12</sup> Complaints led by NHS trusts are recorded when they require input from our Local Authority teams.

<sup>13</sup> See Appendix 4 'finance' for service improvements relating to these complaints

<sup>14</sup> Next year we will update our categories to distinguish between dissatisfaction with social care assessments and financial assessments.

Disputed charging for services	38	21	45
Delays in Assessments/Reviews	22	15	<i>Not categorised separately last year</i>

Other issues raised in complaints - Social Care Teams	Times Raised 17/18	Times Upheld	Times raised 16/17
Dissatisfaction with Budget/Direct Payment	17	3	<i>Not categorised separately last year</i>
Lack of involvement	17	5	4
Hospital Discharge	10	4	<i>Not categorised separately last year</i>
Recoding Errors	7	4	<i>Not categorised separately last year</i>
Confidentiality	5	0	0
Transition	3	3	<i>Not categorised separately last year</i>
Equality and Diversity	3	2	<i>Not categorised separately last year</i>

Top Issues – Care Providers	Times Raised 17/18	Times Upheld	Times raised 16/17
Poor Communication	18	10	<i>Not categorised separately last year</i>
Neglect/poor care	20	5	<i>Not categorised separately last year</i>
Dissatisfaction with management	7	3	<i>Not categorised separately last year</i>

11.5 **Poor Communication** is a recurring theme. Teams commit to improve but time and pressure from work can mean that communication is not always as robust as it could be. Themes from complaints raising communication issues will be collated into a practice note and circulated to all social care teams<sup>15</sup>.

11.6 **Dissatisfaction with care plan/assessment/review** have involved concerns from service users that they have been re-assessed and their budgets have been reduced when they perceive their care needs have not decreased. Other complaints raise concerns about how the assessment process works, next steps and how the financial assessment process fits into this<sup>16</sup>.

11.7 **Delays in service/Delays in Assessments** are caused by high workloads, although the waiting list numbers are high, referrals are prioritised. This means that many people are seen within a few days. However, in some cases improved communication with the service user about the cause of the delay could have prevented a complaint<sup>17</sup>.

11.8 **Staff Attitude** can be a matter of perception. However, good relationships are critical and it is important for our staff to understand how their communication could be perceived negatively. The Complaints Service have suggested that Adult Social Care explore Restorative Practice training. This has been successful in Children's Social

<sup>15</sup> See Appendix 4 'communication' for service improvements relating to these complaints

<sup>16</sup> See Appendix 4 'assessment and support planning process' and 'finance' for service improvements relating to these complaints

<sup>17</sup> See Appendix 4 'assessment and support planning process' for service improvements relating to these complaints



Care by removing barriers to communication and strengthening relationships between social workers and service users<sup>18</sup>.

11.9 **Disputed Charging** issues regularly raise concerns about assessed financial contributions, including not taking specific expenses into account when calculating charges. Some complaints raise issues about incorrect care plans that result in wrong charging<sup>19</sup>.

11.10 **Care provider Complaints** - Complaints about **care homes** have increased and have been quite lengthy. They raise a full range of issues about care that often stem from dissatisfaction with management for not having processes in place to address the complaints when they are first raised. There has also been an increase in complaints about respite placements, raising issues about respite stays being stressful and families spending a lot of time raising problems. Common themes are personal items going missing, the home not being ready for the resident and confusion over discharge/collection arrangements. Complaints have also been raised about delays putting in place care arrangements at home for after discharge from respite. This function is carried out by the Responsible Localities.

11.11 Complaints about **home care** raise concerns about the timing of visits and the Electronic Time Management System being bypassed by carers meaning that visits are not accurately logged. Complaints also raise concerns about meals, personal hygiene, medication and the attitude of agency managers.

## **12. With NHS partners**

12.1 The Local Government Ombudsman, through their joint Health and Social Care Complaints investigation team, have investigated two joint complaints this year. The first complaint was about how care and support was commissioned and managed by the Council, Oxfordshire Clinical Commissioning Group (OCCG) and Southern Health NHS Trust. Despite the service user being entirely supported by Health, the Ombudsman recommended improvements to communication and commissioning arrangements in relation to personal health care budgets and residential placements.

12.2 The second joint Ombudsman complaint involved the Council and Oxford Health NHS Trust and found fault that a service user was charged for their care home fees despite being eligible for Continuing Health Care Funding<sup>20</sup>.

12.3 The Complaints Service also worked jointly on four complaints with our Health Partners. year. Three were led by Oxford Health NHS Trust; two of required input from the Council's Approved Mental Health Professional (AMHP) Service and the other was about the Council's responsibility for discharged mental health services under a Section 75 Agreement. The complaint led by Oxford University Hospital NHS Trust about was about hospital discharge into a hub bed but involved safeguarding concerns that were investigated by the Council.

## **12.4 Timeliness**

12.5 The Statutory Complaints Process stipulates that complaints must complete the process within six months. Whilst six cases are still open from this year, out of the 162

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<sup>18</sup> See Appendix 4 'communication' for service improvements relating to these complaints

<sup>19</sup> See Appendix 4 'assessment and support planning process' for service improvements relating to these complaints

<sup>20</sup> Services provided by Oxford Health NHS Trust under a Section 75 Partnership Agreement

closed complaint cases only two cases took longer than six months to resolve from start to finish.

12.6 Within our process there are three stages which are flexible depending on the circumstances of the individual complaint. From the 162 closed cases, 18 escalated from team manager to service manager and six escalated from service manager to the Deputy Director.

12.7 At each stage of the process we aim to agree a timescale with the complainant of 20 days for an investigation and response. Whilst managers are committed to resolving complaints, we are aware that improvements could be made to meeting agreed timescales as fifteen holding responses are sent which can negatively impact on complaint resolution. Next year we will be reporting on these timescales in more detail and working with Team Managers to make improvements. However, despite a commitment to improve timescales, it is still positive that 77% of complaints were resolved at the first stage.

12.8 There are additional challenges responding to complaints about care providers within a reasonable timescale. This is because the Quality and Contracts team rely on care providers to respond quickly with information when investigations are taking place but sometimes investigations can take as long as two months. Next year, a new Quality Monitoring Team will be formed within Quality and Contracts that will be responsible for investigating all formal complaints against Care Providers. We will work with the new team to look at ways to improve the timeliness of the investigation process.

### **13. Other facts and figures**

13.1 Of the 169 complaints;

- 101 complaints were from service users who are over 65 (107 last year);
- 32 were from service users with a Learning Disability (28 last year);
- 26 were received from service users with a Physical Disability (31 last year);
- 10 were received from service users receiving support for Mental Health (3 last year).

13.2 11% of complainants are known to be from a BAME background.

### **14. Service Development**

14.1 This year we ran a programme of visits to the Responsible Locality team meetings. The key message was to ensure that teams are logging all compliments and complaints with us and recording any concerns that are resolved. These visits have successfully contributed to the 109% increase compliments that have been formally reported to our team this year.

14.2 We are in the process of developing an advocacy e-learning package that will be rolled out across both adult and children's social care next year. The aim of the e-learning is to increase the awareness of how advocacy plays a key role in enabling people of all ages to represent themselves and have a voice to participate in decisions about their own lives.

14.3 Letter writing training was provided to Team and Service Managers in Adult Social Care. The training specifically focused on writing responses to complaint investigations and understanding the impact of managing expectations through positive use of language.

**Nancy Kurisa, Complaints, Information and VIVA Manager**

## **Appendix 1 – Quotes from Compliments about Children’s Social Care**

### **From young people**

*“She wanted to thank you as she is delighted she has got 10 GCSEs this morning. She mentioned you helped her get back to School after being a School refuser. She has an interview with a collage in Winchester soon. Please could you call her back on your return as they would like to thank you in person”.*

*“She is very supportive, kind, thoughtful, considerate, caring and she always puts other people first, but in general she’s an amazing social worker. But most of all she just wants is the best for me.”*

*“Thank you so much for everything over the past 12 weeks. You’ve helped me to believe in myself again and believe that it wasn’t my fault. I will be eternally grateful”.*

*“Thank you for all of your support and listening ear during the course. I owe my life to you, you’ve helped me to believe in myself”*

*“Thank you so much for all your support. You’ve made me feel stronger and that it wasn’t my fault. I finally believe in myself.*

*“Thank you so much for your help and support. Thank you for helping me get a little bit further”.*

*“Thank you for all your help, support and courage you have given me. You have shown me there is a different way to life and the positive things. I feel so different now. Thank you”.*

*“She is considerate about my emotions, if there are any issues or problems she will make sure I’m comfortable with the solutions. She is always keen on coming to the visit”.*

*“You have been amazing, you’ve watched me grow and grow, and as by way of thank you, I’ve sent these seeds to sow. You may plant them in your garden, or in a pretty pot, and as the flowers start to bloom, then please, forget-me-not x”.*

### **From parents**

*“We have come so far along this journey this year and there have been difficulties but most positives. He has really grown and developed and it has been awesome and empowering with REOC”.*

*“I wanted to say thank you very much for your time yesterday. I know (my son) found it beneficial and so did I. It raised further information which I was not aware of. Your service is first class and you provide a great professional help to us a family. Thank you very much”.*

*“She has been my son’s social worker for a few years now. This isn’t the first time I have emailed her manager to sing her praises. I think we are all too quick to complain but not quick enough to give praise where praise is due.... the support our family receive from her is a life line. I can’t put into words what a life line she has been over this very trying time. Social work must be a very challenging and sometimes thankless job but she does it with such professionalism that we would be struggling a lot more without her input and support. We are so thankful to have a understanding social worker for (son) and knowing that she is in our corner makes our lives that bit more bearable. Please pass on our thanks for all she does for Kyle and our family, long may it last”.*

*My wife and I have been through the OCC adoption process and had a child placed with us in October last year. Things are going very well. I wanted to say how impressed my wife (copied into this email) and I have been with the OCC process”.*

*“Thank you for everything you have done for me and the boys, all your help and support you are the most incredible woman I have ever met and I will forever be grateful and I certainly will remember for as long as I live how much you've done for us”.*

## **Appendix 2 – Quotes from compliments about Adult Social Care**

*“During the phone call they said that they were eternally grateful to for the package that we had put in. The said the package had meant that his family had a normal life which they didn’t think would be possible”*

*“You were the first person to give me hope and my awareness of the single point of access”.*

*“I was so impressed by your professionalism and the incredibly adept way you handled what was a very complex and unusual situation and set of circumstances”.*

*“We are so appreciative of the time and effort you put in – and don’t say “I was just doing my job” – because it always felt much more than just that”.*

*“thank you (personally) for all you did for all of us. It was just so wonderful to have one person to talk to, who “took on” our case”.*

*“I am writing to personally thank you for the kind and compassionate way you have handled your assessment of my wife's condition”.*

*“I filled an on-line referral form for my father in law, within 6 hours I had been contacted by the department. The lady I spoke to was professional, helpful and supportive She repeated things I had not understood and gave me a number for an on call social worker if I was struggling over the weekend”.*

*“She said she was the best person (Care Manager) she had ever had and that she had always been there if she ever had a query, even if she was not actively working with her and she couldn't thank her enough for her support”.*

*“The best support team he has had in years... I wouldn't change a thing... The staff understand him and allow him a person-centred lifestyle as far as is possible”*

*“He is a fantastic and outstanding social worker. Every time he visits he's like a ray of sunshine. He reduced her to tears of joy when he visits. He doesn't make false promises. The family always look forward to seeing him”.*

*“Thank you everyone for the swift response and amount of effort you've put into this case. We would like to send our heartfelt thanks for the excellent and compassionate way in which you dealt with our sister. We have had a very stressful time over the summer months and for a good few years, and in you came and sorted it all out”.*

## Appendix 3 – Learning from complaints in Children’s Social Care

### Communication

- ✓ **Training is routinely offered to managers in with dealing with Stage 1 Complaints to ensure that there is a standard response, offering a face to face meeting with complainants whenever that is possible.**

**Commitment** - Management training is available for dealing with investigations and complaints. In addition to this Children’s Social Care have invested in a training programme to support developing ‘restorative practice’ including in relation to the management of complaints and comments.

Additionally, a Complaints Fact Sheet has been produced and circulated to all front line social care teams. This has provided supportive tips on effective communication and listening skills to help de-escalate complaints.

### Quality Assurance

- ✓ **Improve management oversight of case audits including record errors**

**Commitment** - Monthly themed audits are undertaken using a peer approach. Management oversight, supervision and recording is reviewed in all audits. Individual cases requiring improvement are escalated to appropriate service managers and audit findings circulated to teams/ managers on monthly basis to address any issues.

Monthly Demand Management Clinics were implemented from October 2017 which are meetings of Tier 3 managers to address identified practice issues including supervision and recording (e.g. case closures and significant events chronologies).

Frameworkki Practice Guidance was updated. The most recent audit report from October 2017 (Child in Need cases held by Early Help) showed 16% improvement in management oversight and 11% improvement in supervision recording from an audit average.

- ✓ **A review of the focus of Professional Supervision Meetings when an Assessment is undertaken, to ensure that there is a clearly defined Plan of Action for the allocated worker to follow which encompasses all of the requirements of the process, as set out in the OSCB Model of Good Multi-Agency Practice incorporating the Local Assessment Protocol – 2015.**

**Commitment** - Children’s Social Care have recently undertaken a review of supervision and the policy and procedures have been updated together with recording and reporting procedures. This information has been rolled out to all children and families team mangers and to staff. Additionally, the Principle Social Worker manages a regular audit process for supervision records to manage quality assurance and staff development.

### Letterbox Contact Service

- ✓ **A review of the referral mechanism for the letterbox contact service and assurance as to its sufficiency to meet service need**

**Commitment** - The Letterbox Service procedures were updated April 2017 to include the extension of the service to special guardianship families in exceptional circumstances, and this has been added to the social care procedures manual. Additionally, members of the Birth Relative Support service have met to develop a leaflet with advice for birth relatives regarding advocacy services within the ATV region (including Oxfordshire).

## **Section 47 Enquires**

- ✓ **Improve communication and recording within Section 47 enquiries**

**Commitment** – Social workers will document the rationale for a S.47, particularly where there is no injury observed on a child. Strategy discussions should involve the police and health as a minimum. Social Workers should communicate the ending of a S.47 to a family without delay and should also communicate the plans for a case to close without delay. Both parents will be informed of the outcome of any enquiries. If there is any reason why a parent should not be informed this will be recorded clearly on a case note.



## Appendix 4 – Learning from Complaints in Adult Social Care

### Communication

- ✓ Be aware of communication in open plan offices.
- ✓ Improve communication with families about the Mental Capacity process.
- ✓ Ensure more timely communication with people using Adult Social Care Services.
- ✓ Improve case recording to robustly evidence social worker interactions with service users and their families.
- ✓ Improve communication with families when inter-team transfers take place.
- ✓ Ensuring that social workers inform service users and families of the complaints process and their right to make a complaint at an early stage.

**Commitment** –The above communication themes will be addressed through a practice note written by the Systems Improvement Team. It will be sent to all the social care teams to ensure that messages are cascaded across all areas.

- ✓ Social workers to consider perceptions of their own behaviour to ensure that service users feel valued and recognised as individuals.

**Commitment** – Introducing Restorative principles into social care practice will be explored. Training has already been provided in Children’s Social Care. Restorative Practice allows us to remove barriers to communication by allowing honest conversations and respecting views. It is not about blame and assumes resolution rather than escalation. This allows more time to work through the RL review and map out our direction of travel.

### Assessment and Support Planning process

- ✓ Assessments must be shared with service users and families before they are finalised
- ✓ Ensuring contingency arrangements are clearly identified in support planning/working creatively with colleagues to source care/utilising other options to access care in the community
- ✓ Reducing the time taken to carry out assessments
- ✓ Ensure the process for emergency respite placements is followed and timely responses to enquiries are providing during this period.

**Commitment** – The Council looking to utilise staffing resource flexibly across the county to reduce the waiting time for assessment whilst we review Responsible Localities and review our current processes to address the increase in demand long term.

- ✓ Provide clear information and clarity on assessment and support planning for young people and their families transitioning from Children's to Adult Services.

**Commitment** - Commissioning are actively engaged in the Transition Project that will enable a smoother transition from Children’s to Adult Services.

- ✓ Supervision should be used to monitor and support staff to progress work in a timely way and to flag up reasons for delay

**Commitment** – Quarterly supervision audits have been moved to six monthly.

## Partnership working

- ✓ Review and improve the handover process between the Council and Continuing Health Care.

**Commitment** – A piece of work is underway to agree an efficient handover process and this will be in place soon.

- ✓ Consider cover by social workers from other teams if no social worker is available in the locality area. Ensure that social workers cover case work when they are on leave by using other workers. Supervision should be used to monitor and support staff to progress work in a timely way and to flag up reasons for delay.

## Finance

- ✓ Clearer information about how funding works for unexpected changes in care
- ✓ Direct payments – staff to follow correct procedures; improve families understanding of the process by sharing and clarifying the Direct Payment process; avoid delays in signing-off Direct Payments; ensure Fairer Charging processes is not muddled with the setting up of the Direct payment.
- ✓ 12-week property disregard to be completed within the 12-week timescales.

**Commitment** – Financial assessment e-learning training for social workers will be introduced. This will cover the 12 Week Property Disregard process, Direct Payments and Financial Assessment/Fairer Charging process.

**Commitment** - Public and the staff Direct Payment guidance has been updated in collaboration with the Council's Managed Account Provider and Employment and Support Provider. The Also looking at revising the DP agreement with Health and children's service as people can move between these services. Whole of Oxfordshire talking one DP agreement. DP champions in the council setting up meetings with DP advice service and purple to get communication and cross working effective. LAS improvement team putting specific training for LAS, how to record in the system and to support staff to follow the correct process.

- ✓ Hospital teams to ensure that financial information about care home fees is clear and accurate
- ✓ Ensuring that communication happens at the right time so that families understand the assessment and support planning process and what to do when they become eligible for Council funded support.

**Commitment** - Amendments to the financial assessment referral are being made so that it will be carried out at the assessment stage for all residential and non-residential packages. This means that the Financial Assessment Team will be involved at an early stage. There is also a partnership in place with the DWP to speed up the financial assessment process so that it is no longer necessary to rely on service users providing their benefit information. The aim is for service users to know how much care will costs before it starts.

- ✓ Letters following a financial assessment could to be clearer

**Commitment** – The Service Manager of the System Improvement Team will review letters being sent about financial assessments with a view to improve the quality.

## Care Providers

- ✓ Improving communication with Next of Kin (care home and home care).
- ✓ Improving communication and the reporting of safeguarding concerns and investigating allegations in a timely way (care home).
- ✓ Improve recording and information in care plans (home care).
- ✓ Carry out more spot checks and maintain regular contact with service users who have not been in touch (home care).

**Commitment** – These issues are monitored through the Contract Monitoring process. Regular meetings take place with Care Providers which involve a review of any complaints received and identified service improvements.

## Appendix 5 - Children's Social Care Complaints Procedure

The Children's Act 1989 Representations Procedure (England) Regulations 2006 requires local authorities to have in place procedures for handling complaints made by or on behalf of service users (or potential users) of social care services provided to children and young people.

The Children's Social Care Procedure consists of three stages:

- Stage 1- Local, informal resolution (usually conducted by a team manager)  
**10 working days (can be extended to 20 days in some circumstances)**
- Stage 2 - Formal, detailed investigation (conducted by an investigator and independent person)  
**25 working days (up to 65 days)**
- Stage 3 - Formal Review Panel (considered by a panel of three independent people)  
**30 working days**

In some circumstances, a complaint can be investigated at Stage 2 of the procedure, without it being considered at Stage 1. However, if local managers have not yet had an opportunity to look at the complaint then a Stage 1 investigation will be undertaken. A Review Panel can only be undertaken once a Stage 2 investigation is complete.

Between any of the above stages, the Comments and Complaints Service may suggest a meeting between the complainant and appropriate manager if this might assist resolve the concerns more speedily than the procedure.

### **Ombudsman**

At any time, complainants can approach the Local Government and Social Care Ombudsman for a review of the case. Usually the LGSO only considers complaints once the Local Authority's complaints procedure has been fully exhausted.

## Appendix 6 - Adults Social Care Complaints Procedure

The Local Authority Social Services and National Health Services Complaints (England) Regulations 2009 requires local authorities to have in place procedures for handling complaints made by or on behalf of service users (or potential users) or social care services provided to adults.

When a complaint is received, a risk assessment is undertaken as follows:-

### **Green Complaints**

These complaints will be relatively simple, relating to only one or two issues with easy to identify and implement resolutions and limited scope. They will affect only one individual and be unlikely to affect others, and involve only minimal impact on the service user.

It will take roughly 10 days to process these complaints, and may merit a less senior sign off and investigation.

### **Yellow Complaints**

These complaints will be more complex, but will not involve urgent matters. Though there may be many complaints, or the complaint may involve many parties, the actual content of the complaints will still have only a relatively small effect on the service users and will not require an immediate resolution.

Efforts will be made, where possible, to resolve these complaints within two working days. However, if due to the nature of the complaint all the resolution strategy (an independent investigation for an example) resolution might take up to 45 working days and no more than 65 working days. Yellow complaints may be signed off either service manager level or higher.

### **Amber Complaints**

These complaints may be relatively simple, but will pertain to urgent or time critical matters. They will relate to one or two straightforward issues, and a method of resolution should be evident. They will however be concerned with issues where there may be a significant effect on service users or their carers, such as health deterioration or large costs incurred.

Resolution of these complaints will be attempted within seven working days, if not sooner, and may require sign off at a higher level.

### **Red Complaints**

These complaints will be both complex and urgent. Though they may involve many different issues or relevant parties, the issues under discussion will be serious and have a large effect on the service user.

Resolution of these complaints will be attempted within 20 working days, though earlier resolution may be aimed at. They will require sign off at a higher level.

## **Response**

After this, the manager dealing with the complaint develops a Complaint Resolution Plan with the complainant which sets out the complaint issues, the desired outcome and the time frame within which it will be completed. A written response is subsequently sent to the complainant by the manager which explains how the complaint was investigated, conclusions reached, and any service improvements as a result of the complaint. The first response will normally be undertaken by a Team Manager.

## **Review**

If the complainant is not satisfied with the response, they can request a review by a more senior manager. The local authority has to then decide if a review is warranted and respond accordingly.

The review will normally be undertaken by a Service Manager. In some circumstances a further review may be undertaken at Deputy Director/Director level.

The local authority must provide its response to the complaint within 6 months of receipt. If it is unable to do so, it must provide a written explanation which outlines when they can expect to receive their response.

## **Ombudsman**

At any time, complainants can approach the Local Government and Social Care Ombudsman for a review of the case. Usually the LGSO only considers complaints once the Local Authority's complaints procedure has been fully exhausted.