

# Adults and Communities

## Annual Complaints Report

### 2013 – 2014

Freedom of Information Act Protective Marking Information	
Protective marking	NOT RESTRICTED
Suitable for publication scheme	Yes
Title and version	Annual Complaints Report 2013 – 2014
Purpose	Managerial action
Relevant to	Adults and Communities
Author	Nasreen Panchoo
Summary	Annual Complaints Report (Statutory requirement)
Department	Adults & Communities
Date created / last reviewed	Final. 22/07/2014

## London Borough of Barnet Adult and Communities

### Annual Complaints Report 2013 - 2014

1.	Introduction	3
2.	Adult social care statutory complaints procedure	3
3.	Accessing the complaints procedure	4
4.	Summary of key findings and conclusions	5
5.	Using lessons learnt from representations and complaints to promote service improvements	7
6.	Compliments	9
7.	Representations	11
8.	Complaints	12
8.1	Number of Statutory and Corporate Complaints received	12
8.2	Ethnicity of Complainants	13
8.3	Benchmarking against other North West London councils	14
8.4	Subjects of complaints	14
8.6	Complaints by service area	15
8.7	Type by Outcome	16
8.8	Outcome of complaints by subject	17
8.9	Timeliness of acknowledgements	18
8.10	Timeliness of responses	18
9.	Local Government Ombudsman (LGO)	19
9.1	Complaints and enquiries dealt with by the LGO 2013/2014	19
10.	Responding to complaints and concerns about quality relating to external service providers	21

## 1. Introduction

This report provides information on complaints and representations for Barnet Adults and Communities for the period 1 April 2013 to 31 March 2014. It includes one complaint about Social Care Direct which was dealt with under the statutory complaints procedure.

Adults and Communities is the Council's Delivery Unit which provides a range of services for adults and community, including: Adult Social Care, preventative services, registrars and community safety. Social Care Direct acts as the front door for new Adult Social Care enquiries, and is operated by the Council's Customer Support Group.

The figures include complaints dealt with through the statutory adult social care and corporate complaints procedures.

Barnet Council is required under statutory regulations, to report annually to the relevant Council committee on adult social care complaints.

The Council is required to operate a separate statutory complaints and representations procedure, in accordance with the Local Authority Social Services and National Health Services Complaints (England) Regulations 2009 and the Local Authority Social Services and National Health Service Complaints (England) (Amendment) Regulations 2009 (hereby referred to as 'the Regulations'). Any complaint which does not fall under these requirements is considered under the Council's corporate complaints procedure.

## 2. Adult social care statutory complaints procedure

Since 1 April 2009 complaints have been assessed in terms of their seriousness and how likely the issue is to recur, so that appropriate and proportionate action can be taken in response. This is in line with the Department of Health's Guidance 'Listening, Responding, Improving', where complaints are considered as low, moderate or high risk. Barnet Adult and Communities then assigns low and moderate risk complaints as 'Straightforward' and high risk complaints as 'Serious and/or Complex'. A complaint can be re-assigned if new information arises during the investigation process.

### **Straightforward complaints (Low or Moderate risk) - Local resolution**

When a complaint is assessed as straightforward, it is dealt with by a member of staff and/or line manager in the team providing the services, within 20 working days with the aim of achieving resolution. Where possible, the response is provided within 10 working days.

The complainant is invited to comment on the response. Where there is disagreement, a meeting is offered to discuss the concerns with a manager and the Complaints and Representations Lead. A final decision on the complaint is then provided by the Head of Service.

**Serious and/or Complex complaints (High risk) - Independent investigation**

If the complaint is especially serious and/or complex an independent investigation will be arranged that produces a report. Adjudication with remedy is then provided within 25 working days (extendable to 65 working days) from the date the complaint is agreed.

The complainant is invited to comment on the response and if there is disagreement, a meeting is arranged to discuss the concerns with a senior manager and the Complaints and Representations Lead. A final decision on the complaint is then provided by the senior manager.

**Local Government Ombudsman**

The Local Government Ombudsman (LGO) is an independent organisation that will consider a complaint once the Council's internal complaint procedure has been exhausted.

Whilst the Local Government Ombudsman generally allows the local authority to consider the complaint first, in exceptional circumstances, it may decide to consider the complaint without first being considered via the council's internal process.

### 3. Accessing the complaints procedure

The council is committed to and continually seeks ways to improve communication with Service Users.

Currently our complaints process can be accessed via the following means:-

- The Comments, Compliments and Complaints booklets are widely distributed to public offices in the borough, including voluntary organisations and to Black and Minority Ethnic (BME) community groups
- The Easy Read version of the booklet 'Comments, Compliments and Complaints' is also widely distributed. This is aimed at people with learning disabilities and people whose first language is not English
- Information about making a comment, compliment or complaint in relation to Adult and Communities is available on the Barnet Council website at [www.barnet.gov.uk](http://www.barnet.gov.uk)
- Public information on making a complaint about Adult and Communities is also available at public events
- Information about representations and complaints was shared at various meetings with key stakeholders
- Information about representations and complaints is shared with the management and staff
- Managers are asked to feature compliments, representations and complaints as a standing item in their team meetings and briefing sessions. Staff and managers are also reminded and encouraged to utilise the support services provided by the Complaints and Representations Team.

All staff are advised to promote the use of advocates for vulnerable people, and advocacy support is available to complainants if they wish to help them to make their complaint. This support is commissioned through a contract with Barnet Centre for Independent Living, which sub-contracts with Advocacy in Barnet and Mind in Barnet to provide advocacy services. All public information booklets promote the use of advocates.

The complaints process and how service users access the complaints procedure will be reviewed during 2014 – 2015 to ensure that it is equally as accessible to all. The review will consider how well the complaints process is working and what we can do to improve the customer experience.

Customer feedback is an essential component of the new Quality Assurance Framework for Adults and Communities. This will enable the Council to provide detailed guidelines about what the council expects in relation to contact, response and action following receipt of a complaint. This will be closely measured via specific criteria as set out within the Quality Assurance Framework. This will enable us to identify good working practices as promote improvement.

#### 4. Summary of key findings and conclusions

Between 1 April 2013 and 31 March 2014 Adults and Communities and Social Care Direct dealt with 13,073 people.

- The figure 13,073 above consists of 5,633 people who were assisted at point of contact and 7,440 people receiving a service 2013/2014
- Adults and Communities completed 2,657 new Community Care Assessments and 5,191 statutory reviews. There were 7,439 review events in total, as some service users will have received more than one review during the period)
- In addition to the above figures Adults and Communities assessed 1,948 carers, 540 of whom went on to receive a carer specific service.

In the same period the following communications were received from service users, carers and/or their representatives:

- 106 compliments
- 4 representations
- 105 complaints, of which 2 were escalations (Serious/Complex (High Risk) of previous complaints and 103 were new
- 6 Local Government Ombudsman enquiries and 7 Local Government Ombudsman complaints.

Of the 103 new complaints, 1 related to Social Care Direct. The complaint, which was upheld, concerned delays in the initial assessment of need for a customer.

The following themes accounted for 87 (84%) of the 103 new complaints

- Assessment/support plan process or decision (22 complaints)
- Timeliness or quality of communication between LBB staff and service user or carer, plus staff behaviour/attitude (28 complaints)
- Financial assessment process or decision (12 complaints)
- Non-compliance by an external service provider of a delivered service with support plan (25 complaints)

Of the 105 complaints, 93 resulted in an outcome. 10 were withdrawn and the two complex complaints have not yet been resolved. Of the 93:

- 11 (12%) were not upheld
- 49 (53%) were upheld
- 33 (35%) were partially upheld.

Customers expect their interaction with the department to be professional and positive, and in the main this is the case. When things go wrong they expect swift action to be taken to resolve the matters causing concern. The new Quality Assurance Framework recognises that complaints are an important source of evidence about the quality of work, but they need to be considered alongside other evidence. These include: compliments, representations, enquiries from elected members of the Council or of Parliament, audits of case files, the Council's programme of internal audits, and targeted reviews of areas of our work.

Overall, the data and analysis in this report confirms that:

- We respond to all evidence about the impact of our work on service users, carers and residents effectively and efficiently. This ensures that we improve individuals' experience and promote wider improvement.
- The good rate of compliments (which is almost exactly the same as the number of complaints) indicates that service users and carers have a positive experience.
- The fact that 10 of the complaints received were subsequently withdrawn indicates that the enhanced communication that resulted from the complaint being raised resolved the matter. This demonstrates the importance of being proactive and using the complaint as an opportunity to mend and build relations by listening and working together with the complainant when things have gone wrong. An example of this is when a representative made a complaint on behalf of the service user and was initially unhappy with the outcome. The relevant team reviewed its approach to the complaint including meeting with the complainant to discuss the issues. Through this discussion all issues were addressed and the complainant decided to withdraw the complaint. By investing time and effort at the outset resulted in the optimum outcome for both the Council and the complainant.
- The low level of complaints that are escalated to further investigation within the Council or to the Local Government Ombudsman indicates that complainants largely accepted outcome decisions.

## 5. Using lessons learnt from representations and complaints to promote service improvements

At the conclusion of each complaint investigation we aim to identify any learning points which can help us to improve the quality of our work and prevent recurrences of poor practice. In 2013- 2014 we identified a number of learning points which contributed to the service improvements listed in section 6.

Complaints that relate to the quality of externally-provided support and care services are looked at alongside other evidence about the quality of provision and action is taken to improve the service.

The evidence that we gain from complaints and representations is now reviewed within the framework of the new Quality Assurance Framework which collates evidence from a comprehensive range of sources to enable us to make sound evidence-based judgements about the quality of our work and take improvement actions. The Quality Assurance Framework is supported by a Quality Group which is chaired by the Director, and which ensures that improvement actions are well-planned, managed and monitored. The Workforce and Organisational Development Operational Group and Equalities Network Meeting are important sub-groups.

The following tables provide a summary of some of the lessons learnt that relate to the most significant complaint themes, and improvements that are planned.

### Assessments and Support Plans

Issue identified	Lesson Learnt
Some users and carers were dissatisfied that the assessment did not take into account all of the relevant factors – for example the role of family carers	<ul style="list-style-type: none"> <li>• Social Workers and Assessment and Enablement Officers need to: plan assessments well; identify all of the potential factors; agree the scope of the assessment with the service user and any carers</li> <li>• Case records need to include sufficient detail to support all case-work decisions made</li> </ul>
Some service users and carers were disappointed or surprised with the outcome of their assessment	<ul style="list-style-type: none"> <li>• We need to ensure that individuals receive and fully understand information about the Assessment process and Eligibility Criteria at an early stage</li> <li>• We need to ensure that individuals fully understand the outcome of assessments, and that they always receive a written copy of their support plan</li> </ul>

## Communication between Adults and Communities staff and service users and carers, and behaviour/attitude of staff

Issue identified	Lesson Learnt
Some service users and carers complained that they could not make contact with their designated Social Worker or Assessment and Enablement Officer	<ul style="list-style-type: none"> <li>• We need clear standards and processes in place to ensure that staff respond in a timely manner to communications from service users and carers</li> <li>• Front-line and back-office staff should ensure that customers know how to contact them and how contacts will be responded to</li> </ul>
Some service users and carers complained that their Social Worker or Assessment and Enablement Officer did not keep them well informed of their actions	<ul style="list-style-type: none"> <li>• Front-line and back-office staff should ensure that customers know how to contact them and how contacts will be responded to</li> </ul>
Some service users and carers felt that their Social Worker or Assessment and Enablement Officer was rude	<ul style="list-style-type: none"> <li>• All staff are aware of the customer standards that the Council expects.</li> </ul>

## Financial assessment process or decision

Issue identified	Lesson Learnt
Some users and carers were dissatisfied with the process or outcome of financial assessment. Investigation of the complaints identified that they had not fully understood the process and criteria.	<ul style="list-style-type: none"> <li>• We need to ensure that service users and carers have a full understanding of the process and criteria at the outset so that they are not surprised or disappointed.</li> </ul>

Across the three themes above there is a theme which indicates that not all staff are identifying the holistic needs of service users and carers. For example:

- There is not always sufficient recognition of the role of carers' and family members' views
- There is not always sufficient recognition of individuals' differing language, cultural, perception and cognitive abilities, so communication is not tailored appropriately.

Actions that we have taken to address these issues include:

- Staff have been reminded of the importance of planning their interactions with service users and carers to ensure that all factors are taken into account, and managers have been reminded to oversee that this is happening through management supervision
- Staff have been reminded of the importance of recording all interaction on the case file, so that any subsequent disagreement can be resolved.



## Learning Points

- As part of our Workforce and Organisational Development Programme we will commission training to develop staffs' communication skills
- As part of our programme of Case File Audits we are revising the audit tool to ensure that auditors' scrutiny of case records identifies communication issues, so that appropriate remedial action can be taken.

## External provider not complying with agreed support plan

Issue identified	Lesson Learnt
Some users of externally-provided services do not receive support or care that complies with their support plan and/or contractual requirements. There are some repeated incidents relating to some providers	As well as dealing with individual instances of non-compliance identified through the complaints process, we need to collate this evidence with other evidence about contracted providers (ie Safeguarding incidents, Quality Alerts, Contract management activities, CQC Inspection Reports) to ensure that our responses are robust and sustainable

In all cases relating to provider non-compliance, action was taken to ensure that the service user received the care they needed and were safe.

For further detail of how we working to improve the experience of people who use contracted services as well as those who manage their own services through Direct Payments see paragraph 10.

## 6. Compliments

The table below shows the total number of compliments recorded in Adults and Communities from 1 April 2013 to 31 March 2014 compared to the previous two years.

	2011-2012	2012-2013	2013-2014
Compliments	48	112	106

### Points to Note

- The figures show that we have generally maintained the number of compliments we have received compared to last year. Whilst we cannot benchmark how our number of compliments compares to those received by other Councils, as not all council record compliments, it is positive that the increase in compliments from 2012 - 2013 has been sustained in 2013 - 2014
- The compliments received mainly concerned individual messages of gratitude to specific members of staff; i.e. support staff, social workers, care coordinators and managers. Please find below a variety of compliments:

“I was impressed with A’s control of the whole situation and how she dealt with everyone. She approached the whole situation from a viewpoint that I hadn’t thought of and I learnt from her. I like to give praise where it is due and I did tell A what I thought after the visit.”

“We will always be grateful and you have restored our faith in Barnet Council. I am sure your leaving will be a great loss to the Department, but all

good wishes for the future.”

“She proved to be an extremely efficient and cooperative source of information for us, her kindly and caring attitude being very much appreciated.”

The following below shows the total number of compliments recorded in Adult and Communities from 1 April 2013 to 31 March 2014 by service area and gives a comparison against the two previous years.

Service Area	2013/2014
Community Safety	9
LD	16
OP/PD North	13
OP/PD South	23
OP/PD West	35
Practice and Governance	2
Transitions	4
Customer and Financial Affairs	2
Prevention and Wellbeing	1
Social Care Direct	1
<b>Total</b>	<b>106</b>

### Points to Note

- The above shows that the number of compliments received from each team vary greatly. This may due to a number of reasons including consistency of logging compliments and the types of service delivered to the service users. For example where there is greater contact with the service user there may be more scope for an individual to compliment the worker.
- However, even where the services being delivered are comparable, such as OP/PD North, South and West there is a varying number of compliments recorded. This may indicate that there is inconsistency in the recording of compliments.

### Learning Points

- As part of our review and implementation of our Complaints and Representations Procedure we will remind teams of the importance of capturing compliments as a means of understanding the impact of our work on service users and carers so that we can continually improve the customer experience

- Using the mechanisms of the Quality Assurance Framework we will analyse the reasons for variable recording of compliments. If we can define why one team is receiving more compliments than the others we can identify the behaviours which has resulted in those compliments being received to ensure the other teams, where appropriate, adopt the same behaviours.

## 7. Representations

A representation may be regarded as a comment, enquiry or statement of a formal nature regarding matters such as the availability, delivery or type of services. We welcome representations and believe that responsive and effective handling of them can avoid a formal complaint being received.

The following table shows the number of new representations recorded in Adult and Communities for the last three years

	2011/2012	2012/2013	2013/2014
Representations	22	31	4

### Points to Note

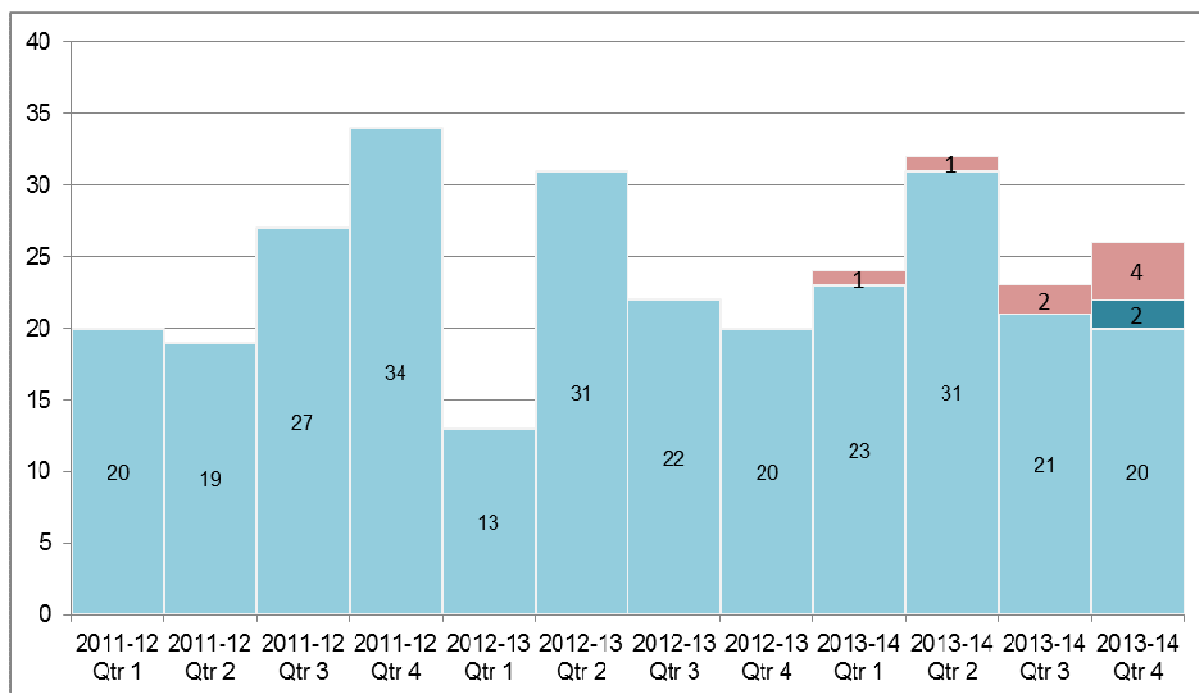
- There is a reduction in the number of representations recorded this year. The reduction may indicate that some matters have been dealt with as complaints or that fewer representations have been received.

### Learning Points

- The review of the Complaints and Representations Procedure will result in clearer definitions and processes which will enable us to gather more robust information from representations as part of our improvement agenda. This will allow us to take a proactive approach to improve services where trends are identified.

## 8. Complaints

### 8.1 Number of Statutory and Corporate Complaints received



Note: For the years 2011-2012 and 2012-2013 there is no distinction made between category of complaint in the graph

#### Totals over the year

Key	Category	2011-2012	2011-2012	2011-2012
	Statutory Straightforward (Low/Moderate risk)		80	95
	Statutory Serious and/or Complex (High risk)		1	2
	Total Statutory	94	81	97
	Corporate Stage 1		4	8
	Corporate Stage 2		1	0
	Corporate Stage 3		0	0
	Total Corporate	6	5	8
	Total complaints - all	100	86	105

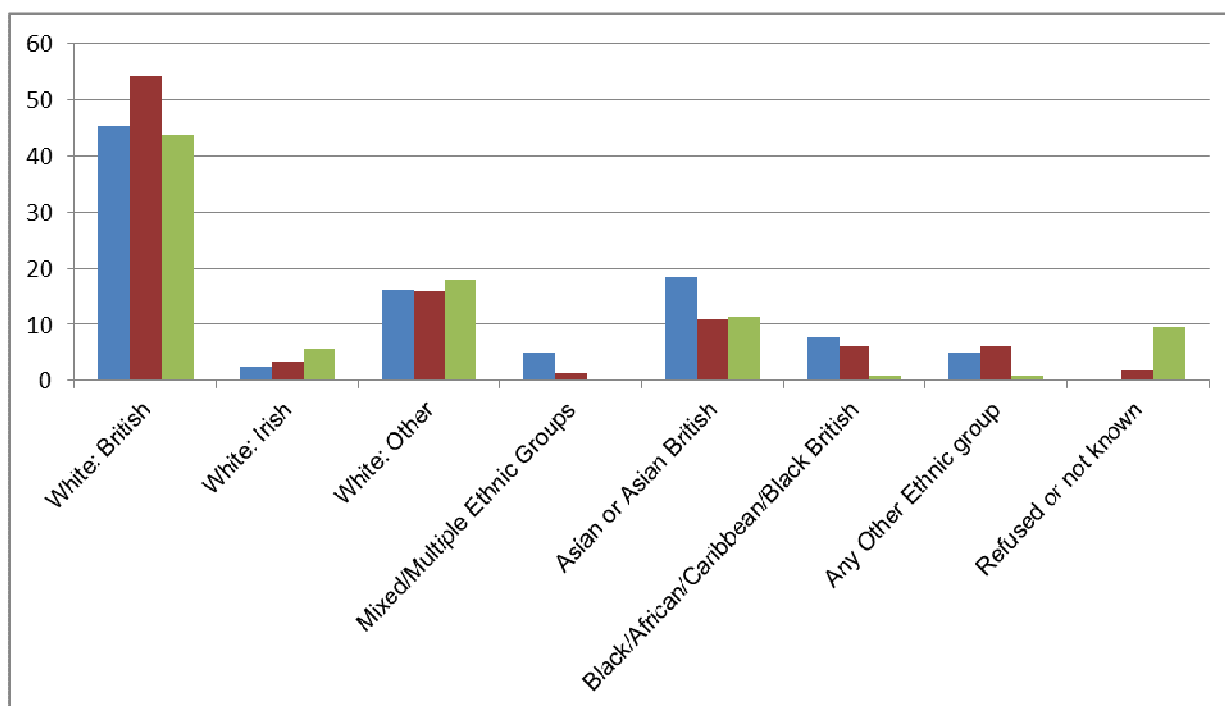
#### Note

Under the terms of the Section 75 Agreement through which LBB have delegated the provision of mental health social work to the Barnet, Enfield and Harrow Mental Health Trust, complaints relating to mental health are generally managed by the Trust, and are not included in this report. In some cases the Council made a decision to manage the complaint directly and these are included in this report.

**Points to Note**

- Over the 3-year period the significant majority of complaints were Statutory complaints
- Of the Statutory complaints, the significant majority (98%) were classified as "Straightforward (Low/Moderate risk)". The current Complaints and Representations Procedure requires statutory complaints to be defined as "Straightforward (Low/Moderate risk)", or "Serious and/or Complex (High Risk)". Cases defined as Straightforward can be subsequently re-defined as Serious and/or Complex.
- The number of complaints managed through the Corporate Complaints procedure has remained stable at 5-6 per year.

**8.2 Ethnicity of Complainants**



**Key**

	% of the Barnet population
	% of the people who use Adult Social Care Services
	% of complainants

**Points to Note**

- The percentage of complainants who refuse to disclose their ethnicity, or for whom it is not known is higher than the percentage of users of Adult Social Care. This may be because some complainants are acting as representatives of a service user, and their ethnicity is not recorded
- We receive more complaints from people from white Irish and white "other" backgrounds than would be predicted by demographic and user population profiles, and relatively few complaints from people from white British, black backgrounds and "any other ethnic group". Further analysis is required to identify the reasons for this.

### 8.3 Benchmarking against other North West London councils

Historically the rate of complaints per 1,000 of service user in Barnet has been relatively low compared to other local councils. Comparative data for 2013-2014 is not yet available.

The rate of complaints is not thought to be a reliable indicator of the quality of adult social care, as there are numerous other factors which influence the number of complaints. We are committed to listening to the view of service users and carers in order to provide quality customer care, but also so that we can identify the impact of our work and take improvement action where necessary.

### 8.4 Subjects of complaints

Category	2013-2014
<b>Statutory Straightforward (Low/moderate risk)</b>	
Timeliness of referral or assessment	3
Formal ASC process or decision (eg FACS assessment, support plan)	22
Financial assessment process or decision	12
Timeliness of provision of service	1
LBB staff behaviour/attitude	6
Timeliness or quality of communication between LBB staff and service user or carer	22
Compliance/non-compliance of delivered service with support plan	25
Data Protection	2
Multiple complex issues relating to a resident, service user or carer	2
<b>Total Straightforward (Low/moderate risk)</b>	<b>95</b>
<b>Corporate Stage 1</b>	
Complaint from a service provider about LBB	3
Adults and Communities decision that is not related to a service user or carer	1
Query or concern from a resident about LBB action regarding a service user	4
<b>Total Straightforward (Low/moderate risk)</b>	<b>8</b>
<b>Total Straightforward and Stage 1</b>	<b>103</b>
<b>Serious and/or Complex (High risk) - these cases were escalations of cases listed above</b>	
Timeliness or quality of communication between LBB staff and service user or carer	1
Multiple complex issues relating to a resident, service user or carer	1
<b>Total Serious or Complex (High risk)</b>	<b>2</b>
<b>Total of all complaints</b>	<b>105</b>

#### Points to Note

- 84% of the 103 Straightforward and Corporate Stage 1 complaints relate to the following categories:
  - Assessment or support plan process/decision (21%)
  - Timeliness or quality of communication between LBB staff and service user, carer or resident, and staff behaviour/attitude (27%)
  - Non-compliance of delivered service with support plan (24%)
- A further 12% of the total related to complaints about the process or outcome of financial assessment

- The remaining 16% of complaints covered a range of other reasons, with numbers ranging from 1 - 5

## 8.6 Complaints by service area

Service Area	No of Statutory Complaints	No of Corporate Complaints	Total
OP/PD North	16	4	20
OP/PD South	11	0	11
OP/PD West	16	0	16
Customer Financial Affairs	8	1	9
LD	19	1	20
Quality Purchasing	15	1	16
Prevention and Wellbeing	0	1	1
Social Care Direct	1	0	1
Community Safety	1	0	1
Practice Governance	1	0	1
Commissioning	3	0	3
MH	4	0	4
Total	95	8	103

### Points to Note

- Across the OP/PD North, South, West teams, the rate of Statutory complaints compared to the number of service users is relatively consistent, ranging from 7/1,000 to 8/1,000
- There is a higher rate of complaints within the Learning Disability team - 25/1,000. Learning Disability casework is often complicated, and a number of the complaints in this area relate to family members of service users whose views about the care and support decisions relating to their loved ones may differ from the professional's view
- The fact that OP/PD North team have dealt with 4 corporate complaints has been reviewed and was found not to demonstrate any service or practice issues. 3 of these complaints were from residents about the lifestyle of neighbours and interventions that could be taken by the Council.

## 8.7 Type by Outcome

Category	No	%
<b>Statutory Straightforward (Low/moderate risk)</b>	<b>95</b>	<b>100%</b>
Not Upheld	10	11%
Partially Upheld	32	34%
Upheld	43	45%
<b>Total Straightforward complaints with an outcome</b>	<b>85</b>	<b>89%</b>
Withdrawn	10	11%
<b>Serious and/or Complex</b>	<b>2</b>	<b>100%</b>
Not Upheld	0	0%
Partially Upheld	0	0%
Upheld	0	0%
<b>Total Serious and/or Complex with an outcome</b>	<b>0</b>	<b>0%</b>
Not yet resolved	2	100%
<b>Corporate Stage 1</b>	<b>8</b>	<b>100%</b>
Not Upheld	1	13%
Partially Upheld	1	13%
Upheld	6	75%
<b>Total Corporate Stage 1 complaints with an outcome</b>	<b>8</b>	<b>100%</b>

### Totals

	No	%
Total of all complaints	105	
	No	%
Total of all complaints with an outcome, of which:	93	100%
Total Not Upheld	11	12%
Total Upheld	49	53%
Total Partially Upheld	33	35%

### Points to Note

- Of the 105 complaints received in 2013-2014 10 were withdrawn and 2 complaints that were escalated are not yet resolved
- Of the 93 complaints with an outcome, over half were fully upheld in 2013-2014, compared to a quarter in 2012-2013. Our analysis of complaints suggests that the high level of complaints upheld or partially upheld may be a result of one or more of the following:
  - We always aim to provide a response to complaints that is transparent and helpful. When shortcomings are brought to our attention we aim to resolve the matter and take improvement action
  - Our approach is to minimise the number of complaints that are escalated to the Local Government Ombudsman.



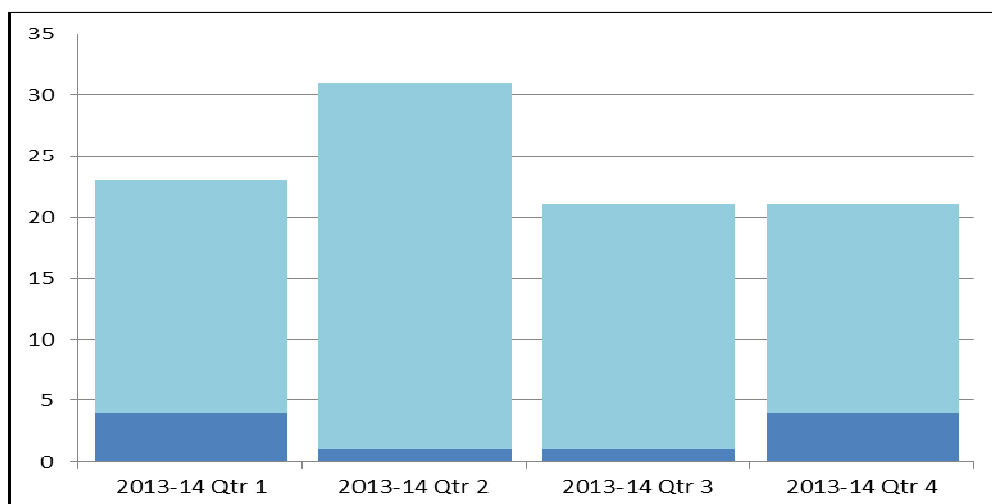
## 8.8 Outcome of complaints by subject

Category	No of complaints with an outcome	2013-2014		
		No upheld	No part'ly upheld	%
<b>Statutory Straightforward (Low/moderate risk)</b>				
Timeliness of referral or assessment	3	2	1	100%
Assessment/support plan process or decision	21	12	6	86%
Financial assessment process or decision	9	4	3	78%
Timeliness of provision of service	1	0	1	100%
LBB staff behaviour/attitude	4	2	2	100%
LBB staff communication with service user or carer	20	10	9	95%
Non-compliance of external service with support plan	23	11	10	91%
Data Protection	2	2	0	100%
Multiple complex issues	2	0	0	0%
<b>Total Straightforward (Low/moderate risk)</b>	<b>85</b>	<b>43</b>	<b>33</b>	<b>88%</b>
<b>Corporate Stage 1</b>				
Complaint from a service provider about LBB	3	1	1	67%
Non-case-related council decision	1	1	0	100%
Query/concern from a 3rd party about a service user	4	4	0	100%
<b>Total Straightforward (Low/moderate risk)</b>	<b>8</b>	<b>6</b>	<b>1</b>	<b>88%</b>
<b>Total Straightforward and Corporate Stage 1</b>	<b>93</b>	<b>49</b>	<b>34</b>	<b>88%</b>

### Points to note

- The complaint subjects where there were both significant numbers and which had a high rate of upheld/partially upheld outcomes are:
  - Assessment/support plan process or decision (20 complaints, of which 85% were upheld or partially upheld)
  - Timeliness or quality of communication between LBB staff and service user or carer (19 complaints, of which 95% were upheld or partially upheld)
  - Staff behaviour/attitude (4 complaints, of which all were upheld or partially upheld). Although the number is not high, we take such complaints very seriously
  - Financial assessment process or decision (9 complaints, of which 7 were upheld or partially upheld)
  - Non-compliance of a delivered service with support plan (24 complaints of which 92% were upheld or partially upheld)
- As noted in paragraph 10 of this report, complaints about services provided by external providers may be managed in a number of ways
- We are committed to learning from complaints and taking action to minimise recurrences of any incidents or practices that are not of good quality. See paragraph 5 for our approach to making service improvements in response to these complaints.

### 8.9 Timeliness of acknowledgements



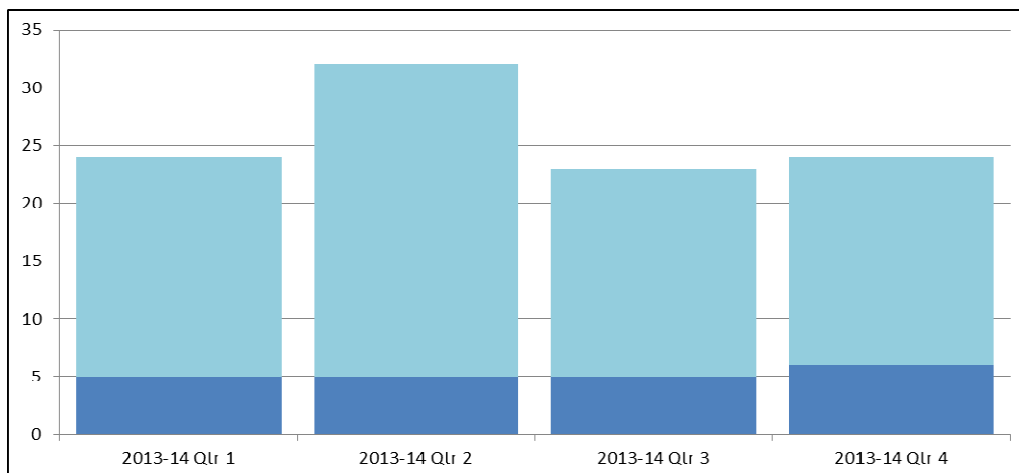
**Key**

	Complaints not acknowledged within the target timescale
	Complaints acknowledged within the target timescale

**Points to Note**

- We consistently acknowledge over 80% of complaints within 3 working days of receipt, with 97% of complaints in Quarter 2 acknowledged within this timescale. We are very strongly committed to providing a timely acknowledgement to all complaints as part of our commitment to quality customer care, and as a means of preventing further escalation.

### 8.10 Timeliness of responses



**Key**

	Complaints not responded to within the target timescale
	Complaints responded to within the target timescale

**Points to Note**

- Performance on providing a response within the target timescale has been fairly consistent across the year, with at least 75% of complaints being resolved within the timescale. We are very strongly committed to providing a timely response to all complaints as part of our commitment to quality customer care, and as a means of preventing further escalation.

## 9. Local Government Ombudsman (LGO)

The Local Government Ombudsman (LGO) is an external body that looks at complaints relating to local authorities. The LGO is able to investigate matters where there is an alleged or apparent 'maladministration' or service failure. During an investigation the LGO will consider whether a member of the public has suffered injustice and whether that injustice arose as a result of a fault by the Council.

As England's social care ombudsman, the LGO receives complaints about a wide variety of issues across social care from the administration of blue badge schemes to safeguarding. Nationally, the LGO has seen a 130 per cent increase in adult social care complaints since it took on responsibility for registered private care providers in 2009; which equates to the fastest growing area of the LGO's work, with the highest uphold rate for all areas of complaints. Nationally, in the last year, there has been a 16 per cent increase in the number of complaints and enquiries received about local authority adult social care (Local Government Ombudsman Review of Local Government Complaints 2013-2014).

### 9.1 Complaints and enquiries dealt with by the LGO 2013/2014

	2010-2011	2011-2012	2012-2013	2013-2014
Complaints and Enquiries received	10	21	4	15

#### Points to Note

- Figures for four years are given to show that there can be relatively significant variations between years. There is no discernible trend
- Because of changes in the way that the LGO has historically published data it is not possible to make direct comparisons between the Barnet data, national data and data relating to similar councils other than for the year 2013 – 2014. In 2013 – 2014, the 15 complaints and enquiries received by the LGO for Barnet is the second lowest of the group of six "nearest neighbour group" of councils, Barnet, Hillingdon, Ealing, Harrow, Hounslow and Brent, with the average for the group being 19
- 2011 – 2012 marked the year that the statutory complaints procedure reduced from three stages to one stage.

In 2013-2014 the Ombudsman reached outcomes on 6 cases. Of these, 5 related to complaints received in 2013-2014, and 1 related to a previous complaint. The decisions reached are set out in the following table.

Outcome/Status of decision received 2013-2014	Number
Upheld – “local settlement”	2
Partly upheld – “local settlement”	1
Discontinued investigation	2
Not upheld (complaint logged 2011)	1

At the time of writing this report, 2 complaint decisions remain outstanding from 2013/2014 and are still being investigated by the LGO. The decisions on the outstanding complaints are likely to be reported in the 2014/2015 Annual Complaints Report.

If the LGO decides to uphold a complaint in the complainant’s favour it classes the maladministration or fault found in one of two ways as set out below.

- Maladministration or fault against the Council resulting in a local settlement or,
- Maladministration or fault against the Council resulting in a formal maladministration report.

If the Ombudsman classifies its findings as “local settlement” maladministration it suggests the Council can rectify any maladministration relatively easily or because any fault has not impacted on the complainant to such an extent that it is felt that a maladministration report is required. Examples include where an error has been made by one individual officer or poor record keeping.

However, if the LGO decides to issue a formal maladministration report it does this because the issues it has highlighted are considered significant such as a policy issue that will affect a number of people or the error has had a significant detrimental impact on the complainant. This report is made public and includes recommendations to be made by the Council to avoid such occurrences in the future.

In 2013/2014 the number of complaints that escalated to the LGO increased compared to the previous year. However, as only 2 LGO complaints were received in the previous year this rise is not considered to be significant.

### Points to Note

- In 2013/2014 the LGO upheld the complaint in favour of the consumer in 3 out of the 5 cases that were determined in this year. This is a higher rate of uphold in favour of the consumer than in the previous year. However, the numbers of cases involved are low and there is no trend developing which would alert us to specific areas of weakness within the service. This is because each of the three complaints upheld in full or part related to three different service areas. All cases were “local settlement” as opposed to “formal maladministration”.

## 10. Responding to complaints and concerns about quality relating to external service providers

We require all external providers of care and support services to operate a complaints procedure. For services regulated by the Care Quality Commission under the Care Standards Act 2000 (Homecare, Residential Care and Supported Living), this is a statutory requirement. For services that are not regulated, there is not such a statutory requirement but all new contracts for services commissioned by the Council include a requirement to have a complaints procedure.

Where a service user or their representatives raises a concern about the quality of an external provider with the Council, our Quality and Purchasing Team logs the matter and passes it to the provider to investigate, in line with their complaints procedure. If the outcome of their investigation is not satisfactory to the complainant or to our Quality and Purchasing Team, Adults and Communities may take further action, through the complaints process if appropriate.

Quality of care and support services is monitored by the Quality and Purchasing Team through a range of contract compliance mechanisms, which include:

- Contract monitoring visits, which include a review of complaints managed by the provider
- Quality Alerts which are written/telephone/electronic communications alerting us to a shortcoming in the delivery of a service.
- Working with the Care Quality Commission when one or more of the Essential Standards of Quality or Safety are not met when appropriate
- Responding to any other events, including safeguarding incidents which indicate that the provider is not fully complying with contractual requirements

The table below shows a breakdown of concerns about quality that were passed to providers to investigate and those that were managed within Adults and Communities over the past 2 years. (because of different arrangements prior to 2011 – 2012, earlier data is not comparable)

	2012 - 2013	2013 - 2014
Complaints and quality alerts	119	193
Complaints managed within Adults and Communities	20	25
Total	139	218

### Points to Note

- The number of complaints and quality alerts managed through the Quality and Purchasing Team increased substantially to 193 in 2013-2014. Analysis of these events shows that:
  - 173 (87%) related to Homecare and Community Support providers, and of these, 163 related to the 3 principal providers

- Of the 163 events:
  - 94 concerned the non-delivery of service
  - 49 were about the quality of service provided
  - 15 were about poor communication or the behaviour of staff
- The number of complaints managed within Adults and Communities increased by 25%. Of the 25 complaints that were managed within Adults and Communities, 1 related to a leisure service and 24 related to the provision of social care services. Of these 24, all were all classified as failure to comply with the service user's support plan, with the majority concerning homecare provision
- The increases in both complaints and quality alerts managed by providers and complaints managed with Adults and Communities occurred in a year that saw particular issues relating to two providers of Homecare
- Issues about the quality of service provided by Homecare agencies accounted for the majority of both complaints and quality alerts managed by providers and complaints about providers managed with Adults and Communities. This pattern is similar to that found in previous years.

### **Learning Points**

- Robust contract management action, including the application of sanctions, redress and, in one case, termination of the contract, was taken with the homecare providers concerned
- We have allocated a dedicated Quality and Purchasing Officer to work with each of our main homecare providers. This will ensure that we have continuity of contract monitoring activity
- We are developing a mechanism to collate all evidence relating to the quality of contracted service – including complaints, quality alerts, CQC Inspection Reports, Reports of Healthwatch Enter and View visits, safeguarding incidents, other critical incidents, and feedback from service users, carers and representatives. This tool will ensure that every time we receive new intelligence about quality we look at it alongside all previous information so that we identify patterns and trends and take robust and sustainable action
- We are improving the formal monitoring tool which Senior Category Managers use to monitor all aspects of each contract
- Contract monitoring visits are programmed to target high-risk providers as well as ensuring that all providers are monitored effectively.