

# **Barnet Council**

# **Adult Social Care**

## **Annual Complaints Report**

**2018-2019**

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## **1. Introduction**

Barnet Council's adult social care service, part of the Adults and Health directorate, provides statutory social care services including: individual care and support; safeguarding; information and advice; preventative services; assessments under the Mental Health Act (MHA 1983, amended 2007) and the Mental Capacity Act (MCA 2005). Social Care Direct acts as the front door for new adult social care enquiries and is operated by the council's Customer Support Group (CSG).

Comments, complaints and compliments are welcomed by the Service and are seen as a tool to help improve and develop services and practice. They provide the opportunity to learn from mistakes and to put things right for an individual when they have gone wrong.

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

This report provides information about complaints for Barnet's Adult Social Care Service for the period 1 April 2018 to 31 March 2019. The report considers complaints dealt with through both the Statutory Adult Social Care and Corporate Complaints Procedures where these relate to Adult Social Care.

## **2. Adult Social Care Statutory Complaints Procedure**

The Council is required to operate a separate Statutory Complaints and Representations procedure for adult social care, 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.

All complainants who have exhausted the Council's Statutory Complaints Procedure retain the right to approach the Local Government and Social Care Ombudsman (LGSCO). The LGSCO is impartial and independent and act as the final stage for complaints about the Council, Social Care Providers, Care Homes and Home Care Agencies.

## **3. Accessing the complaints procedure**

The service continually seeks to encourage people who use social care, and their carers, to provide feedback (positive or negative) on the services and customer care that they have received.

The process is publicised through the following means:

- The Comments, Compliments and Complaints booklets are widely distributed to public offices in the Borough.
- The Easy Read version of the booklet 'Comments, Compliments and Complaints' is also widely distributed. This is aimed at people with Learning Disabilities and others who would find a simplified version easier to understand.
- Information about making a comment, compliment or complaint in relation to Adult Social Care is published on the council website at [www.barnet.gov.uk/comments-and-complaints-](http://www.barnet.gov.uk/comments-and-complaints-)

### [adult-social-care](#)

- Managers are asked to feature compliments and complaints as a standing item in their team meetings and briefing sessions.
- Compliments are shared with staff and promoted internally through the staff newsletter, senior manager briefings and staff awards.
- Information about complaints and the learning from them is shared with the Management Team and with staff, to improve practice.

The council has commissioned Barnet Citizens' Advice Bureau as the local lead provider for specialist information, advice and advocacy support. This ensures that the Council has a dedicated support service in place for people who require access to independent information, advice and advocacy. Staff are trained in accordance with the Care Act 2014 and staff understand their statutory duties in relation to advocacy.

#### **4. Overview**

The following complaints and compliments were received into Adult Social Care from individuals, carers and/or their representatives:

- 114 compliments
- 83 statutory complaints
- 3 corporate complaints
- 10 Local Government Ombudsman enquiries

Of the 83 statutory complaints, 77 resulted in an outcome, 6 were withdrawn.

- 37 (48%) were not upheld
- 25 (32%) were upheld
- 15 (20%) were partially upheld

The main themes of the complaints were:

- Decision – disagreement with the outcome of a care assessment; or with the outcome of a financial assessment under the charging policy; or a decision made as a result of a statutory duty or national policy.
- Conduct – behaviour, communication or conduct of staff employed by care providers or by the council.
- Quality - relates to the quality of service from care homes, home care agencies or care assessments.

Common improvement themes were:

- Staff –addressing issues relating to the communication from, behaviour or conduct of a member of staff
- Care Providers – working with a provider to improve working practices, policies and contract compliance
- Procedures – updates and amendments to, or staff reiteration of, procedures

## 5. Compliments

Compliments are just as useful as complaints in helping to improve service. By having people tell the Council when things are done well, the Council can make sure that it continues to recognise and build on its strengths.

114 written compliments were received in 2018/19. The table below provides an overview of compliments by service area:

| <i>Service Area</i>   | 2016-2017 | 2017-2018 | 2018-19 |
|---|-----------|-----------|---------|
| Localities (Older People & Physical Disabilities)                           | 15        | 11        | 29      |
| Integrated Care Learning Disabilities                                       | 9         | 13        | 23      |
| Integrated Care Quality   | 16        | 7         | 13      |
| Assessment & Prevention   | 8         | 12        | 23      |
| Hospitals & Health  | -         | -         | 9       |
| Other Teams: Business Support, Complaints & Information, Social Care Direct | 17        | 16        | 17      |
|   | 75        | 59        | 114     |

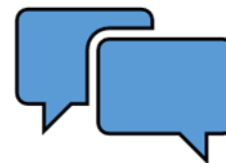
In addition, the Network (the council's mental health enablement service) received 42 compliments received via customer feedback questionnaires relating to The Network's impact on the client's life and recovery. 89 Enablement Group questionnaires were received complimenting the service's helpfulness, relevance to their needs and the effectiveness of staff.

Many individuals who compliment staff and teams provide verbal feedback fact to face or by phone; it has not been possible to reflect these in the above figures.

The number of compliments received in 2018/19 are the highest figures recorded over the last three years.

The compliments received were varied and ranged from individual messages of gratitude to specific members of staff and thank you cards to whole teams for their work.

## Examples of compliments received in 2018-2019



*“XXX is a credit to your organization. Her superior client service skills ensured a very pleasant and painless experience. She is very knowledgeable about the law and other requirements for administering an intestate estate, which enabled her to handle all my queries and requests in a timely and professional manner”*

*“XXX was punctual, very pleasant and extremely professional. Her polite and smiling manner put my mum at ease from the outset. We found her to be kind and patient, and are very grateful that this lady was assigned to our case.”*

*“I could not wish for a better service and help from everybody that has come to look after me. Please thank all in the dept. Support has been so good I will always be grateful for the help.”*

*“I am writing to praise the service recently provided by XXX and his colleagues in Occupational Therapy to our family in respect of my mother XXX. From my very first meeting with XXX and throughout our dealings over the last few weeks, I have been so impressed with the proactive response we have received together with the speed and efficiency of the whole department in assessing my mother’s needs and responding to those needs with urgency and great care and compassion. Absolutely wonderful service and we are extremely grateful to them all.”*

*“XXX simply has a great deal of patience & positive spirit. She has a caring approach and she is a true professional. We would especially like to commend XXX for her professionalism and superlative skills.”*

*“XXX has really helped introduce us to the adult care system and allowed my father to accept help through her reassurance and patience. Thank you”*

*“Thanks, XXX for giving me positivity in my life!”*

### **Benchmarking data**

The following benchmarking data compares the number of statutory compliments received against a selection of our nearest statistical neighbours<sup>1</sup>:

| Compliments received (Adults Social Care) | 2017-2018 | Per 100k population: <sup>2</sup> |
|---|-----------|-----------------------------------|
| Barnet                                    | 59        | 19.91                             |
| Bexley                                    | 65        | 34.30                             |
| Brent                                     | 14        | 5.57                              |

<sup>1</sup> Based on members of the group of nearest statistical neighbours identified by CIPFA

<sup>2</sup> Population data based on the 18+ population according to ONS mid-year estimates for 2017.

## 6. Complaints

### 6.1 Overview of performance

From 1 April 2018 to 31 March 2019, Adult Social Care received a total of 86 complaints of which 83 were statutory complaints and three were corporate complaints.

100% of complaints were closed within the statutory six-month timeframe and 100% of complaints were acknowledged within three days.

### 6.2 Complaints received by category

The 83 statutory complaints were dealt with under the Statutory Social Care Complaints Procedure.

Three complaints were dealt with under the council's complaints procedure as they were financial complaints received from companies not related to individuals. All three complaints were upheld.

Of the 83 Statutory Complaints received:

- 71 were considered as straightforward complaints
- 6 were considered as serious and/or complex complaints
- 6 were withdrawn

| Category                                      | 2017-2018 | %           | 2018-2019 | %           |
|---|-----------|-------------|-----------|-------------|
| Statutory Straightforward (Low/Moderate risk) | 67        | 80%         | 71        | 83%         |
| Statutory Serious and/or Complex (High risk)  | 6         | 7%          | 6         | 7%          |
| Withdrawn                                     | 10        | 12%         | 6         | 7%          |
| Corporate                                     | 1         | 1%          | 3         | 3%          |
| <b>Total complaints</b>                       | <b>84</b> | <b>100%</b> | <b>86</b> | <b>100%</b> |

### 6.3 Statutory Complaint outcomes

Of the 77 complaints with an outcome:

- 37 were not upheld
- 15 were partially upheld
- 25 were upheld

## 6.4 Statutory Complaints by Service Area

The table below provides a breakdown of statutory complaints figures for complaints with an outcome:

| Service Area                                      | Statutory Complaints (2017-18) | Statutory Complaints (2018-19) | DOT | No. of cases upheld (2017-18) | No. of cases upheld (2018-19) | No. of cases partially upheld (2017-18) | No. of cases partially upheld (2018-19) |
|---|--------------------------------|--------------------------------|-----|-------------------------------|-------------------------------|---|---|
| Localities (Older People & Physical Disabilities) | 26                             | 17                             | ◀   | 7 (27%)                       | 0 (0%)                        | 7 (27%)                                 | 4 (24%)                                 |
| Assessment & Prevention                           | 5                              | 11                             | ▶   | 1 (20%)                       | 5 (45%)                       | 0 (0%)                                  | 2 (18%)                                 |
| Review Team                                       | 7                              | 3                              | ◀   | 2 (29%)                       | 0 (0%)                        | 3 (43%)                                 | 2 (67%)                                 |
| Integrated Learning Disabilities                  | 10                             | 12                             | ▶   | 5 (50%)                       | 5 (42%)                       | 3 (30%)                                 | 4 (33%)                                 |
| Mental Health                                     | 5                              | 4                              | ◀   | 2 (40%)                       | 0 (0%)                        | 2 (40%)                                 | 0 (0%)                                  |
| Customer Financial Affairs                        | 6                              | 8                              | ▶   | 0 (0%)                        | 3 (38%)                       | 2 (33%)                                 | 0 (0%)                                  |
| Integrated Care Quality                           | 6                              | 18                             | ▶   | 5 (83%)                       | 10 (56%)                      | 1 (17%)                                 | 1 (6%)                                  |
| Hospitals & Health Partnerships                   | 7                              | 4                              | ◀   | 4 (57%)                       | 2 (50%)                       | 1 (14%)                                 | 2 (50%)                                 |
| Safeguarding                                      | 1                              | 0                              | ◀   | 0 (0%)                        | -                             | 1 (100%)                                | -                                       |
| <b>Total</b>                                      | <b>73</b>                      | <b>77</b>                      | ▶   | 26 (36%)                      | 25 (32%)                      | 20 (27%)                                | 15 (19%)                                |

There has been a slight increase in the number of statutory complaints received however, there continues to be a positive trend that following investigation, complaint outcomes were not upheld. In summary:

The Localities Team has seen a reduction in complaints received this year compared to the previous year.

There has been an increase in the number of complaints received by the Assessment and Prevention service this year compared to last year. The complaints received relate to disagreements with assessment outcomes, waiting times, or policy. There has also been a slight increase to the number of complaints received by the Integrated Learning Disability team relating to assessment disagreements.

The number of complaints received by the Review Team has halved from 2017/18; complaints in this area relate to delays, assessment disagreements, communication issues & quality of service.

Overall there has been a reduction in complaints that fall under the following classifications; disagreements with assessment outcomes, staff conduct, attitude and communication.



Hospitals and Health received the lowest number of complaints that they have received in the last three years, however decided to uphold/partially uphold all four complaints. Two related to the hospital discharge process and two cases related to lack of communication regarding funding.

13 of the complaints received into the Integrated Care Quality service regarded the quality of service received from care providers and care homes, these are passed to providers for initial investigation. If the outcome of their investigation is not satisfactory to the complainant or to the Care Quality Service, Adults Social Care may take further action. Complaints in this area relate to the quality of service, communication, attitude of staff and delays in responding to enquiries

The Service’s proactive approach to ensure that we learn from all upheld or partially upheld complaints improves not only our procedures and operations, but the services delivered from all providers.

## 6.5 Complaints by category

The table below identifies complaints by subject and the investigation outcome

|                       | Category  | Upheld   | Partially upheld | Not upheld | Total     |
|-----------------------|---|----------|------------------|------------|-----------|
| Decision              | Care Assessment - Assessment disagreement (including unhappy with decision) | 3        | 3                | 9          | 15        |
|                       | Finance - Assessment disagreement (including unhappy with decision)         | 2        | 1                | 3          | 6         |
|                       | Care Home - Policy  | 0        | 1                | 2          | 3         |
|                       | Care Assessment - Policy  | 0        | 1                | 1          | 2         |
|                       | <b>Total</b>  | <b>5</b> | <b>6</b>         | <b>15</b>  | <b>26</b> |
| Conduct               | Care Assessment - Conduct of council employed staff (attitude/behaviour)    | 0        | 3                | 6          | 9         |
|                       | Care Agency - Conduct of staff (attitude/behaviour)                         | 1        | 0                | 5          | 6         |
|                       | Care Home - Conduct of staff (attitude/behaviour)                           | 0        | 0                | 1          | 1         |
|                       | Staff Conduct behaviour – General   | 1        | 0                | 3          | 4         |
|                       | <b>Total</b>  | <b>2</b> | <b>3</b>         | <b>15</b>  | <b>20</b> |
| Quality               | Care Agency - Quality of service  | 2        | 0                | 1          | 3         |
|                       | Care Assessment - Quality of service  | 1        | 1                | 0          | 2         |
|                       | Care Home - Quality of service  | 3        | 0                | 1          | 4         |
|                       | <b>Total</b>  | <b>6</b> | <b>1</b>         | <b>2</b>   | <b>9</b>  |
| Timeliness and Delays | Care Assessment - Assessment delay (including delay in making a decision)   | 3        | 1                | 0          | 4         |
|                       | Financial assessment/charging – Timeliness                                  | 1        | 0                | 0          | 1         |
|                       | Care Agency - Timeliness  | 1        | 0                | 0          | 1         |
|                       | <b>Total</b>  | <b>5</b> | <b>1</b>         | <b>0</b>   | <b>6</b>  |

|               |  |          |          |          |          |
|---------------|--|----------|----------|----------|----------|
| Communication | Care Assessment - Lack of communication                | 0        | 1        | 0        | 1        |
|               | Finance - Lack of communication                        | 2        | 0        | 0        | 2        |
|               | Care Agency – Lack of communication                    | 1        | 0        | 0        | 1        |
|               | Hospitals – Lack of Communication                      | 1        | 1        | 0        | 2        |
|               | <b>Total</b>   | <b>4</b> | <b>2</b> | <b>0</b> | <b>6</b> |
| Other         | Care Assessment - Equipment provision/<br>Installation | 0        | 0        | 1        | 1        |
|               | Care Assessment -Assessment request (process)          | 1        | 0        | 1        | 2        |
|               | Hospitals – Discharge Process                          | 1        | 1        | 0        | 2        |
|               | Other  | 1        | 1        | 3        | 5        |
|               | <b>Total</b>   | <b>3</b> | <b>2</b> | <b>5</b> | <b>7</b> |

### ***Decisions***

The largest number of complaints received were due to dissatisfaction with a decision reached by the Council, for example: the outcome of a care or financial assessment; disagreement in relation to a financial/charging decision; or policy decisions. 58% of these complaints were not upheld as the complaint results from a statutory duty in relation to financial charging or national care legislation, regulations or policy, where the council cannot influence the outcome.

Where complainants are unhappy with the outcome of an assessment, the council can offer a reassessment or take into consideration changes of circumstances where relevant; these types of changes contribute to a number of the partially upheld complaints.

### ***Conduct & Quality***

These complaints are in regard to services provided directly from Barnet or relate to the quality or conduct of staff employed by providers. Quality issues within Barnet's own services are addressed through the Learning from Complaints procedure and through line management. Any resulting changes to policy or procedure are monitored by senior management. Quality issues with provider services are addressed through contract management procedures and the lessons learned are fed into the work of the Integrated Care Quality team to shape the work it does with providers to improve quality of provision across the social care market.

### ***Delays & Timeliness***

All complaints relating to timeliness have been upheld or partially upheld. This category relates to the time taken to carry out an assessment or provide a service. Waiting times for assessments and for reviews are the main cause of complaints relating to timeliness.

The Council always seeks to avoid delays in assessing or reviewing clients but as social care is a demand led service this is not always possible. Adult Social Care targets

resources to ensure the most urgent cases and people with the highest levels of need are prioritised. However, any delay may understandably still be dissatisfying for members of the public whose assessments have not been prioritised.

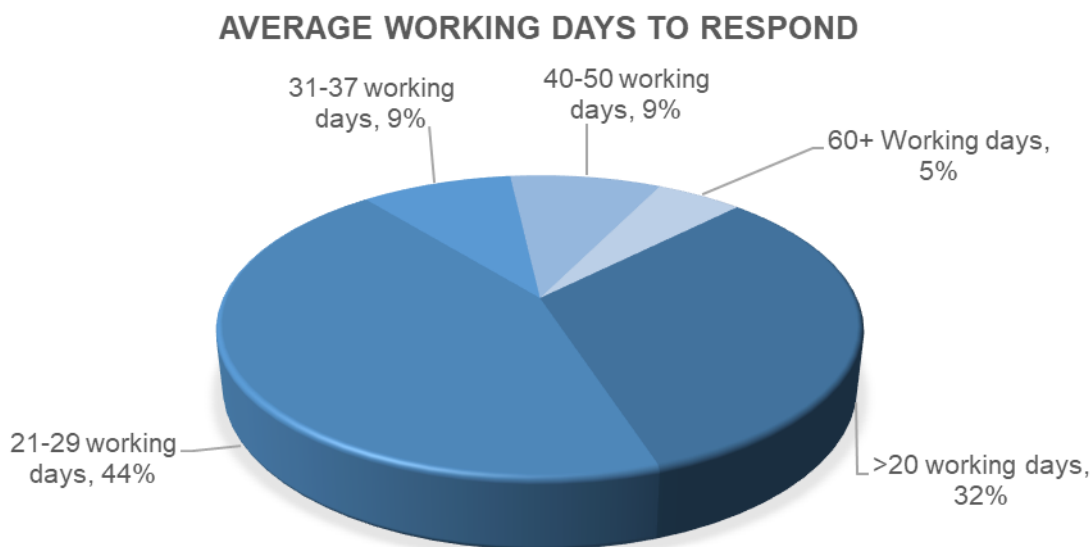
### **Communication**

All complaints received due to lack of communication have been upheld or partially upheld. Many of the complaints stemmed from communication issues caused by the hand-over of cases from staff who have left the organisation to a new worker; or from handover required for sickness absence. As a result of this causal issue being identified, the service has implemented a new procedure for handing over in the case of an absent worker with a specific leavers handover checklist.

### **6.6 Timeliness of responses to statutory complaints within the internal 20 working day target**

It is important to note that the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 Statutory Complaints guidance allows six months (commencing on the day on which the complaint was received, or such longer period allowed if agreed by all concerned) for the resolution of Social Care statutory complaints.

Adult Social Care are committed to help resolve as many complaints as speedily and efficiently as possible and have set challenging internal targets of 20 working days for straightforward complaints and 25 days for more serious or complex cases.



75% of the complaints responded to outside our internal timescales are complaints requiring joint investigations with either providers or areas providing an Integrated Care Service. These continue to be our more challenging cases to investigate alongside more complex cases where the depth of the investigation and the time needed to investigate are proportionate to the seriousness of the complaint.

The complaints process is intended to be resolution focused and offer complainants the option of discussing their concerns in face-to-face meetings, family meetings and mediation where appropriate. Complainants are informed of anticipated delays and advised of revised deadlines. Investigating managers maintain communication with

complainants (with their agreement), informing them of progress throughout the life of their complaint and offering support and guidance prior to formal complaint resolution.

Complaints about providers being received through the complaints process, must be either signposted to the provider’s internal complaints process or managed through our complaints procedures on behalf of the complainant. We do ask partner organisations to work within our timeframes. However, providers do not always comply.

There are also an increasing number of complaints which deal with integrated care. These are joint Adult Social Care/NHS complaints, and therefore require a multi-agency approach. This can have a detrimental impact on the Service’s performance against its internal response target as the co-ordination of responses means that the Council may be obliged to work to the Statutory Social Care and National Health Service timescales, which allows a six-month timeframe for complaints to be investigated and responded to.

Adult Social Care Statutory Complaints – Benchmarking

The following benchmarking data has been collected to compare the number of statutory complaints received against figures for a selection of our nearest statistical neighbours:

| Borough | 2017-18 Statutory complaints received | Per 100k population: |
|---------|---------------------------------------|----------------------|
| Barnet  | 83                                    | 28.01                |
| Bexley  | 49                                    | 25.85                |
| Brent   | 101                                   | 40.15                |
| Bromley | 183                                   | 71.67                |
| Ealing  | 97                                    | 37.19                |

**7. Learning from Complaints**

Learning from the complaints provides an opportunity to gain wider learning, to ensure opportunities for improvement are realised and that issues can be prevented, where possible, before they occur.

Upheld and partially upheld complaints are presented regularly for discussion and challenge at a senior operational board tasked with improving the quality of social care practice.

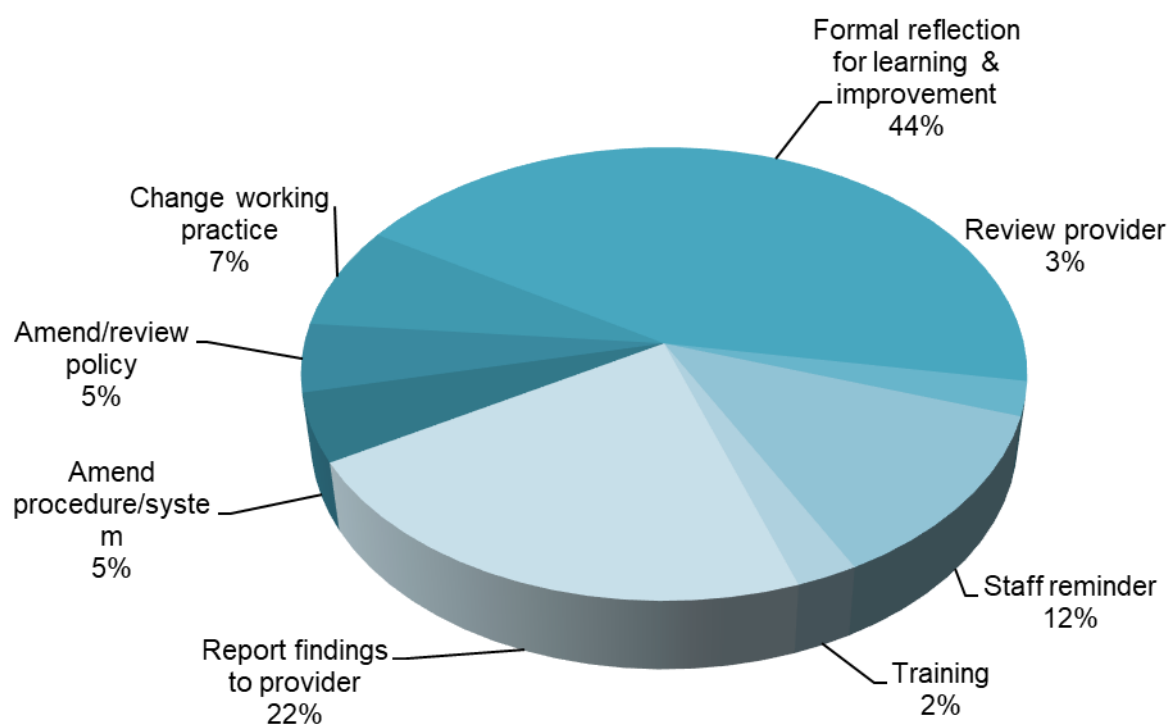
In some cases, outcomes to complaints are case specific and there are no general learning points that would influence policy or procedure. Individual issues and staff/team specific learning is addressed through training, reflection, supervision and team meetings.

The table below categorises the learning themes and the percentage of all lessons learnt which fell into that category. The table also identifies the types of actions Adults Social Care’s management team takes to try and mitigate any further complaints.

| Theme | % of lessons identified | Action |
|-------|-------------------------|--------|
|-------|-------------------------|--------|

|  |     |   |
|--|-----|---|
| <p><b>People</b></p> <p>Issues relating to the behaviour or conduct of a member of staff</p>                         | 53% | <ul style="list-style-type: none"> <li>• Formal reflection</li> <li>• Training</li> <li>• Staff reminder</li> </ul>                   |
| <p><b>Policy</b></p> <p>Review or amendment of a formal policy to reflect the need for change</p>                    | 5%  | <ul style="list-style-type: none"> <li>• Reflect</li> <li>• Audit</li> <li>• Amend policy</li> </ul>                                  |
| <p><b>Systems</b></p> <p>Preventative updates /amendments to system/s, staff training on systems or applications</p> | 7%  | <ul style="list-style-type: none"> <li>• Amend system</li> <li>• Change working practice</li> </ul>                                   |
| <p><b>Procedure</b></p> <p>Changes to current procedures and working practice as a preventative measure</p>          | 9%  | <ul style="list-style-type: none"> <li>• Change working practice</li> <li>• Amend procedure</li> <li>• Cultural change</li> </ul>     |
| <p><b>Provider</b></p> <p>Work with a provider to review working practices, policies and contract compliance</p>     | 26% | <ul style="list-style-type: none"> <li>• Report finding to provider</li> <li>• Review contract</li> <li>• Suspend provider</li> </ul> |

## Actions resulting from Learning from complaints



Examples of some of the learning from our complaint investigations:

| Lesson Identified  | Outcome  |
|--|--|
| The individual did not feel she was listened to during an assessment and provision of equipment process.               | During team meetings we discussed and explored how to ensure the voice of the adult is heard and is evident in recording.                                    |
| The complaint identified that the provider required additional support in monitoring the quality of service provision. | The care quality team has offered to support to the provider in best practice; working in partnership to ensure a better service for carers and individuals. |
| Customer finance issue identified updates required to Mosaic regarding S117 funding                                    | Mosaic system changed to provide clear audit of funding arrangements   |

**8. Local Government & Social Care Ombudsman**

The Local Government and Social Care Ombudsman (LGSCO) is an external body that looks at complaints relating to councils and Adult Social Care providers. The LGSCO investigates matters where there is an alleged or apparent maladministration or service failure.

A complainant has the right to raise a complaint with the LGSCO at any time. However, the LGSCO requests that complainants contact the authority before they will consider a complaint to give the authority the opportunity to resolve any issues.

**8.1 Complaints and enquiries dealt with by the LGSCO 2018-2019**

The table below shows the total number of new LGSCO enquiries received by Adult Social Care for the period 1 April 2018 to 31 March 2019 and provides a comparison to previous years:

|                      | 2015-2016 | 2016-2017 | 2017-2018 | 2018-19 |
|----------------------|-----------|-----------|-----------|---------|
| Enquiries/Complaints | 19        | 22        | 18        | 20      |

20 enquiries were received:

- Ten premature enquiries were signposted back for local resolution.
- Four complaints were upheld.
- Six complaints were not upheld.

In 100% of cases the Ombudsman were satisfied that Adult Social Care had successfully implemented their recommendations.

The number of complaints investigated by the Ombudsman for Adult Social Care suggests the investigations being undertaken by Managers are clear and transparent. The low number of complaints upheld indicates that good complaint investigation and practice is taking place.

**8.2 LGSCO Benchmarking**

| Borough | Enquiries/Complaints 2017-18 | Per 100k population: |
|---------|------------------------------|----------------------|
| Barnet  | 18                           | 6.07                 |
| Bexley  | 10                           | 5.28                 |
| Brent   | 20                           | 7.95                 |
| Bromley | 27                           | 10.57                |
| Ealing  | 23                           | 8.82                 |

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

The Service is responsible for ensuring its contracted providers meet the high standards they have been set.

Adult Social Care requires 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 no statutory requirement but all new contracts for services commissioned by the council include a requirement to have a complaints procedure. This is also examined during the procurement process.

Where a person who used social care services or their representatives raises a concern about the quality of an external provider with the council, the Care Quality Service 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 the Care Quality Service, Adult Social Care may take further action, through the complaints process if this is the most appropriate route.

The Service takes complaints about providers very seriously, both to ensure individuals and their carers receive high quality services and to learn lessons and make improvements more widely where necessary.

If it is found that a provider regulated by the Care Quality Commission (CQC) does not meet the CQC's fundamental standards, the Service will inform the CQC, acting first and foremost to ensure the safety of individuals and, once this is established, working with the provider to improve their standards.

### ***Monitoring Care Quality***

The quality of care and support services is monitored by the Care Quality Service through a range of contract compliance mechanisms. These include:

- Contract monitoring visits, which include a review of complaints management 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 as appropriate when services do not meet the fundamental standards below which the provision of regulated activities and the care people receive must never fall.
- Responding to any other events, including safeguarding incidents which indicate that the provider is not fully complying with contractual requirements.

The table below provides a breakdown of concerns about quality that were passed to providers to investigate and those that were managed within Adult Social Care in the past three years:



|  | 2016 – 2017 | 2017-2018 | 2018-19    |
|--|-------------|-----------|------------|
| Complaints and quality alerts                | 123         | 94        | 85         |
| Complaints managed within Adults Social Care | 7           | 3         | 15         |
| <b>Total</b>                                 | <b>130</b>  | <b>97</b> | <b>100</b> |

The number of complaints and quality alerts managed through the Care Quality Team has reduced from 94 in 2017/18 to 85 in 2018/19.

Issues about non-delivery of service and quality of service and staff provided by homecare agencies accounted for the majority of both complaints and quality alerts managed by providers, and complaints about providers managed by Adult Social Care, in 2018-19.

### ***Improving Care Quality***

The Care Quality Service has four teams, each working with specific services:

- Integrated Quality in Care Homes
- Community Services
- Prevention and Wellbeing and Brokerage service

The teams include staff from a range of different disciplines, including social work professionals, registered managers, the Care Quality Commission and qualified nurses to work with providers in partnership to deliver high quality services.

The Care Homes and Supported Living Team is also responsible for undertaking reviews of all older adults and people with physical disabilities placed in care homes by Barnet. This enables the service to be more responsive to quality concerns picked up as part of a review, and, where the team has identified concerns through contract monitoring, to act swiftly to ensure people are safe.

The service also delivers a range of practice sharing and training events including:

- Quarterly Practice Forums (supported by Skills for Care).
- Action Learning Sets.
- Specialist Network Support groups including Learning Disabilities, Mental Health, Older Adults, Activity Co-ordinators and Nurses.
- Specialist workshops run in conjunction with other professionals, for example CCG, North London Hospice Safeguarding month and Mental Capacity month events.
- End of Life care planning.

The reduction in complaints and alerts highlights the positive work carried out with providers by these services. Through the provision of training, monitoring, support and engagement strong working relationships have been formed. This approach facilitates providers in raising concerns with us, and to seek guidance/support before they become an issue or complaint.

An example of the positive impact of this level of engagement is that currently all contracted homecare providers in Barnet have a CQC inspection rating of 'Good' or above. Only one provider in the Borough of Barnet is rated as inadequate

The Service is committed to providing and commissioning high quality services and continuously explores opportunities to develop training and staff development initiatives aimed at supporting vulnerable adults the right way and at the right time whilst making a difference to their lives.