

**From:** Clair Bell, Cabinet Member for Adult Social Care and Public Health  
Richard Smith, Corporate Director, Adult Social Care and Health

**To:** Adult Social Care Cabinet Committee - 18 January 2022

**Subject:** **ADULT SOCIAL CARE AND HEALTH ANNUAL COMPLAINT'S REPORT 2020/21**

**Classification:** Unrestricted

**Previous Pathway of Paper:** Adult Social Care and Health Directorate Management Team – 15 December 2021

**Future Pathway of Paper:** None

**Electoral Divisions:** All

**Summary** This report provides Members with information about the operation of the Adult Social Care and Health Complaints and Representations' Procedure between 1 April 2020 and 31 March 2021.

**Recommendations:** The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the content of this report

## 1. Introduction

1.1 This report provides an overview of the operation of the complaints and representations procedure for Adult Social Care and Health during 2020/21. The report includes summary data on the complaints, enquiries and compliments received during the year with additional information in Appendices 1-5. It also provides examples of the actions taken and improvements made from complaints which are used to inform future service delivery.

## 2. Policy Context and Procedures

2.1 The "Local Authority Social Services and National Health Service Complaints (England) Regulations 2009" places a duty on Local Authorities to have arrangements in place for dealing with complaints.

2.2 Associated with the Regulations, guidance was issued which outlines the three key principles of the procedure, **Listening** – establishing the facts and the required outcome; **Responding** – investigating and making a reasoned decision based on

the facts/information and **Improving** – using complaints data to improve services and inform the business planning and commissioning processes.

2.3 Complaints contain valuable feedback from the people we support and their representatives and create opportunities to review how services are working. Investigations into the concerns allow us to listen to the person’s experience and to put things right if a mistake has occurred. All feedback is taken seriously and acted upon appropriately, recognising that Adult Social Care is often provided to vulnerable people during a time of crisis. It is important that we have a procedure that is flexible and puts the person at the heart of the investigation.

### 3. Total Representations received by Adult Social Care and Health (ASCH)

3.1 A total of **754 complaints** were received during 2020/21 about services delivered or commissioned in relation to ASCH. Appendix 1 contains information about the number and type of complaints.

3.2 The number of **complaints** received during 2020/21 has reduced by 30% from the previous year and the principal reason for this an exceptional high number of complaints relating to the Blue Badge Service during 2019/20 due to a change in eligibility criteria. Without this increase, the number of complaints received is fairly consistent with previous years:-

Year	Complaints received	% increase/decrease on previous year	People receiving a service	% of people or their representative raising a complaint
2020/21	754	-30%	67,212*	1%
2019/20	1,072	+41%	36,455	3%
2018/19	780	+24%	35,385	2.2%

*\* The figure of “people receiving a service” is much higher than that we have previously shown due to improved reporting capability on our new client database, Mosaic. The figure includes the total number of people that we have provided a service to throughout the year, rather than a snapshot of people receiving a service on a particular day which the previous figures related to. This is a more accurate number of people who had the opportunity to raise a complaint.*

- 3.3 A total of **381 Enquiries** were received in 2020/21 which is a very slight increase from the previous year. The majority of these Enquiries were from a MP or Member on behalf of a constituent about an aspect of the service they received. This represents a steady increase in the previous three years:-

Year	<b>Enquiries received</b>	% increase / decrease
2020/21	381	0%
2019/20	379	+10%
2018/19	345	+25%

- 3.4 In 2020/21, **512 compliments** were received which represents an 11% decrease from the previous year. The compliments provide useful feedback where people have written to ASCH with positive comments about their experience of using the service. Compliments are usually received via the operational teams and staff are encouraged to complete a form with details of the message and staff associated with the good work. A few examples from compliments received are found in Appendix 4.

Year	<b>Compliments received</b>	% increase / decrease
2020/21	512	- 1%
2019/20	518	+ 8%
2018/19	480	- 5%

- 3.5 In 2020/21, **242 informal concerns** were received which represents an 18% decrease from 2019/20, which saw a significant increase from previous years. These are concerns that were locally resolved, within a short period of time, usually within 24 hours, by the Customer Care and Complaints Team, in consultation with the operational service. Someone raising an informal concern does not wish this to be logged as a formal complaint and is happy for their concern to be resolved via this route.
- 3.6 An example of an informal concern, was when someone called to chase up actions in respect of urgent adaptations to their home following an Occupational Therapist visit. The Occupational Therapist contacted the Borough Council to chase up the referral and then provided an update to the person to reassure them that progress was being made with the Disabled Facilities Grant.

Year	<b>Informal concerns</b>	% increase / decrease
2020/21	242	-18%
2019/20	298	+146%
2018/19	121	+17%

#### 4. Coroner's Inquest Requests

- 4.1 From October 2020, the Customer Care and Complaints team started to manage and co-ordinate the requests from the Coroner's Office for reports or information to support the work they are taking forward with inquests. From October to end of March we managed **23** Coroner's requests.
- 4.2 A process was put in place to manage these requests and to ensure effective communication and sign off between the Coroner's Office, our operational teams and Invicta Law. There is continual learning taking place to ensure all staff are following the process and engaging the Customer Care and Complaints team in communication with the Coroner's Office to enable effective tracking and management of the requests.
- 4.3 A flow chart and guidance notes have been produced, in liaison with Invicta Law and a template report is to be used for the completion of the requests.

#### 5. Performance against timeframes

- 5.1 KCC aims to respond to 85% of complaints within KCC's Key Performance target of 20 working days. ASCH complaints can be complex and therefore additional time is required to either meet with the complainant or liaise with other agencies; when this happens and with the agreement of the complainant, an extension to the deadline is agreed; **123** complaints had their timescales extended.
- 5.2 The response time achieved within target during 2020/21 for ASCH was 60%. To allow operational teams time to focus on the priorities of protecting vulnerable people during the first six months of the COVID-19 pandemic, complaints were triaged. This was supported by a Council wide temporary policy. This meant that in practice some complaints were responded to quicker, whilst other less urgent ones were not given the usual deadline of 20 days to respond. The Customer Care and Complaints Team managed this process with flexibility and liaised with the complainants to realistically manage expectations.

Year	Complaints closed	% responded to within 20 days
2020/21	783	60%
2019/20	1,063	60%
2018/19	746	61%

- 5.3 99% of complaints were acknowledged within three working days.

## 6. Complaint outcomes

- 6.1 An individually prepared response is provided for each complaint received following an investigation into the concerns raised. The response letter provides the opportunity to fully explain the findings from the investigation, detail what has been done to put things right and offer an apology, where appropriate. Some complaints lead to lessons being identified and these are also explained within the response so that the complainant is reassured that we are taking the issue seriously and have shared good practice as a result. A summary of the outcome of the complaints is recorded in the table below:-

Year	Complaints closed	Upheld and partially Upheld	Not upheld	Resolved upon receipt/ withdrawn/suspended/ another procedure
2020/21	783	48%	31%	21%
2019/20	1,063	66%	26%	8%
2018/19	716	66%	30%	4%

- 6.2 The number of complaints upheld or partially upheld has reduced from 66% to 48%. This pattern shows a steady decline over the years in the number of complaints upheld. This could indicate that recording has improved enabling us to defend and explain the actions taken in respect of complaints raised.
- 6.3 There is an increase in the percentage of those complaints “resolved upon receipt” which demonstrates that flexibility is applied if a complaint can easily be rectified upon receipt by liaising with operational teams to resolve the complaint quickly.

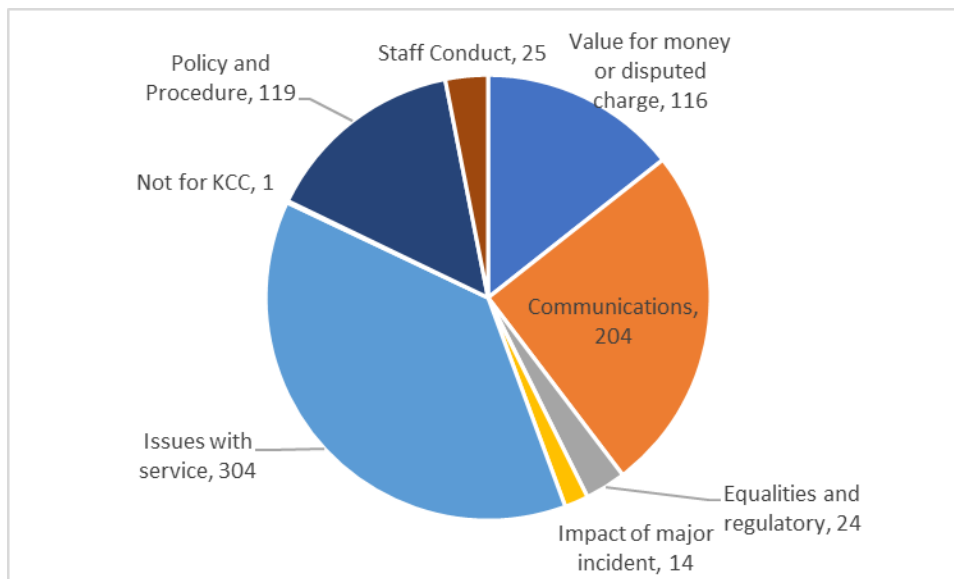
## 7. Methods of engagement

- 7.1 Communication, in whichever form is encouraged and accepted, so that people can complain in the way they feel most comfortable. There has been a further decline in the receipt of postal complaints with only 5% being received, with both email, 50% and telephone, 26%, being the most common forms of communication with the self-service via the website and online methods equating to 13% and the Contact Centre sending through 5% of complaints.

Method	Volume
Comment Card	3
Contact Centre	35
Email	379
Fax	1
Online	13
Post	39
Self service	89
Social Media	0
Telephone	194
Webchat	1
<b>Total</b>	<b>754</b>

## 8. Themes identified arising from complaints

8.1 The complaints are categorised under the following main corporate headings:



Policy and procedure	119
Staff Conduct	25
Value for money or disputed charge	116
Communications	204
Equalities and Regulatory	24
Impact of major incident	14
Issues with service	304
Not for KCC	1
Policy and Procedure	119
Staff Conduct	25

- Covid-19** had a significant impact on how we deliver services during 2020/21. With some services needing to amend or suspend services following government guidance. Examples of complaints received include communications regarding day centres opening as well as disagreements with day centres being closed during lockdown, some felt these services should remain open, as the closure had an impact on wellbeing. Complaints were also received as services began to re-open with some service users expressing concerns. There were also several complaints about residential homes and visiting restrictions as well as staff not following the guidelines.
- A delay in contacting the customer** is when someone we support perceives a delay in communicating with them. An example is that we have informed a

someone that their Blue Badge application would be processed within 10 weeks, but they feel that this timescale is excessive or goes over that deadline. Another example is when someone requested an assessment for care or equipment had to chase for a response.

- People we support, or their representatives, who pay for all, or part of their care following a financial assessment sometimes **disagree with the charge received**, themes of these complaints include charges that are considered to be excessive, where we have not taken all of someone's circumstances into account or an invoice that the someone feels is incorrect as they have been charged for care that was not provided or was a poor standard.
- **Disagree with the decision.** Examples include when a person has completed a financial assessment and feels that a specific policy should apply, for instance someone may ask us to disregard a property they own from a financial assessment, but the criteria for this is not met. Another example is a someone requesting a care needs assessment, and they feel they either require more or less support than we have identified.
- **Failure to contact** example complaints include people we support who have not been informed of changes in care providers, not received contact from their case manager, or feel they have not been kept up to date with changes in the way in which a service is being delivered.
- **Failure to do something** is listed when an issue occurs which results in the service failing for some reason, for example is when a care provider is unable to provide care, which could be due to staff availability, or there has been a perceived miscommunication between parties. A further example of this could be the lack of alternative arrangements available whilst a day centre service has been suspended due to lockdown.
- **Incorrect/insufficient advice given** is selected when a person we support, or their representative, reports that they have not been provided with sufficient information regarding the services provided. For example, the provision of information regarding payment for care. In some cases, this information was provided but it may not have been understood, in these circumstances, we are working to make our correspondence clearer. Another example could be when someone feels that they were not asked sufficient questions regarding a care assessment to identify their needs.
- **Quality of communications**, this could be the way a decision has been communicated to someone using our service, whilst they might not disagree with the outcome, they feel that the information could have been made clearer. For example, a letter declining a Blue Badge that someone does not feel adequately explains the reason they were not eligible.



- Some complaints raise issues about the **quality of service** and these often relate to the quality of care provision by a third party. For example, when someone feels that the timings of their care calls are not consistent. Other examples would be of care that is commissioned and provided by private care homes not meeting the expected standard
- Complaints relating to **staff conduct** are taken seriously and where there is fault, these matters are addressed through supervision and training. Example complaints under this category could include people who feel that someone was not helpful, was dismissive of the issues raised or did not conduct a conversation in a professional manner.

## **9. Putting things right and improving– creating opportunities**

- 9.1 A complaint investigation provides a vital source of insight about people's experiences of Adult Social Care and enables us to put things right. The outcome of an investigation can highlight practice issues to enable improvement and the sharing of experiences.
- 9.2 Lessons or corrective actions are identified when a complaint is upheld or partially upheld. These actions are tracked to ensure completion and sharing takes place with the relevant teams. The lessons are also shared with the Strategic Safeguarding, Practice and Quality Assurance team so that they are highlighted and linked with the good practice work taken forward by the team. Reminders are sent out to staff on issues identified where practice needs improving.
- 9.3 Many of the corrective actions recorded relate to communications, for example in respect of delays or in the accuracy and quality of communications experienced by the people we support, their representatives, and other agencies. A summary of corrective actions undertaken by Division is found in Appendix 2.
- 9.4 Examples of how we have put things right and shared the learning is contained in Appendix 5 and a summary of these are below:-

**You said** – we had let your son down by not providing sufficient support for his mental health

**We did** – we reviewed our processes to send assessment reports to GPs within 72 hours of completion and to ensure that the reports were clear and concise

**You said** – we did not keep you informed during your mother's assessment and did not engage with you in finding her a residential home

**We did** – we reviewed our procedures for continuity during staff changes and implemented a buddy system to ensure consistency around communicating with family members

**You said** – we did not progress your son's care plan because his worker was absent which caused a delay in the provision being arranged.

**We did** – we reviewed the process and the team now regularly reviews and re-allocates outstanding work when a member of staff is absent for a length of time

**You said** – that we did not tell you that your formal review was taking place during a telephone conversation in place of a face-to-face visit which left you uncertain if it had taken place

**We did** – we reminded staff to ensure people are clearly informed that a review is taking place over the telephone so that they could raise relevant queries

**You said** – we did not tell you when temporary government funding for residential care under Covid-19 had ceased

**We did** – we apologised and waived the charges and sent out letters to those affected to explain the changes to the charges

**You said** - that the invoices you received were not accurate or easy to understand

**We did** – we are reviewing the invoicing system and have made initial improvements to the content of the Kentcare invoices, further improvements are being developed

## 10. Financial

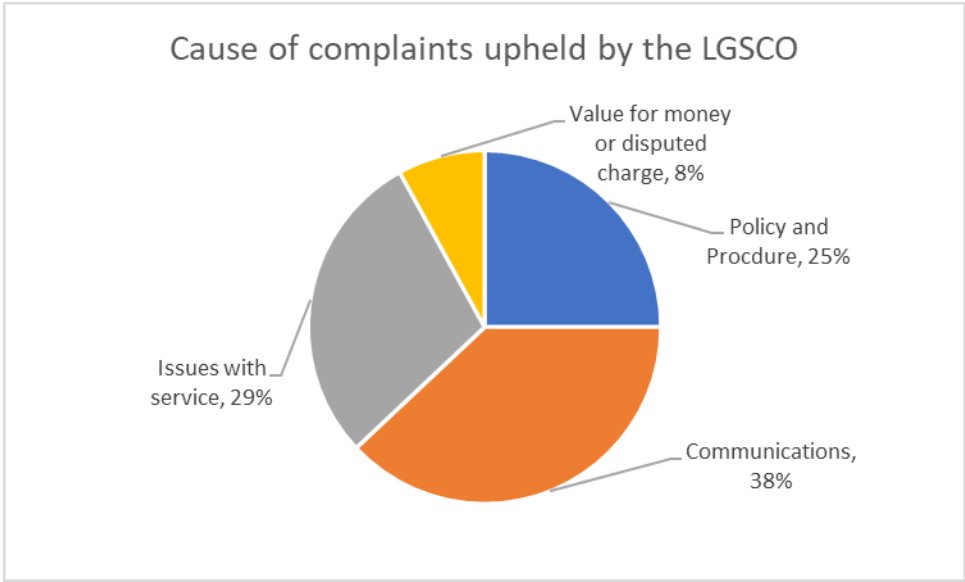
- 10.1 In 2020/21 a total of £60,887 was paid to complainants as gesture of goodwill payments, financial settlements or adjustments. Gesture of goodwill payments made up £3,300 which was paid in recognition of the impact of errors or where a delay had occurred that resulted in some injustice to the person we support or their family. The financial adjustments relate to where errors had occurred over charges, a lack of communication about a charge or an overpayment and it was considered appropriate to waive the charge as part of the resolution to the complaint.
- 10.2 This figure includes payments recommended as part of the Local Government and Social Care Ombudsman enquiries. Most of the gesture of goodwill payments are under £500 and are in line with the financial remedy guidance set out by the LGSCO as part of complaint resolution.

## 11. Complaints received via the Local Government and Social Care Ombudsman

- 11.1 Responding to enquires from the Local Government and Social Care Ombudsman (LGSCO) is the second stage of the Adult Social Care process. Where a complainant is not satisfied with the response, they can contact the LGSCO to ask for their complaint to be independently investigated. The LGSCO will then request information and comments from the Council to enable them to conduct their investigation. The LGSCO gives the Council four weeks to respond to a full investigation request.
- 11.2 It should be noted that the LGSCO halted the progression of their investigations at the start of the Covid-19 pandemic and re-opened their investigations from the end of June 2020. There was an influx of new cases in the following nine months, which put additional pressure on teams to provide the information requested within the timescales.
- 11.3 The table below explains that the LGSCO raised an investigation on 45 cases during 2020/21. This represents 6% of complaints that progressed to the LGSCO. The LGSCO found fault and upheld the complaints in 19 of these cases which represents 42% and is an increase of 14% from the previous year:-

Year	Complaints received	Complaints closed that progressed to LGSCO	% of cases progressed	Not upheld (no further action / no maladmin.)	Upheld (maladmin./ injustice / no further action)	Other outcome (closed after enquiries/ premature/ withdrawn/	% of upheld against those cases investigated
2020/21	754	45	6%	6	19	20	42%
2019/20	1,072	53	5%	7	15	31	28%
2018/19	780	38	5%	7	16	15	69%

11.4 The diagram below demonstrates the main causes of the upheld complaints:-



Policy and Procedure	25%
Communications	38%
Issues with service	29%
Value for money or disputed charge	8%

11.5 Information about some of the cases are summarised in Appendix 3 and below are a few themes and highlights to consider:-

- 38% of complaints upheld related to communication issues, it is important to highlight that someone’s specific communication and support needs must be considered. One case highlighted that expert advice should have been considered where someone was diagnosed with Autism and a hearing impairment. In another the LGSCO concluded that insufficient detail and explanation was provided to an applicant when their request for a Blue Badge was declined.
- The need to keep accurate and timely documentation was raised as an issue to improve. In one case a social worker was asked to join an informal hospital ward discussion but did not sufficiently record the discussion. Another investigation highlighted that a team had not chased up the hospital in respect of a Deprivation of Liberty application.
- We were able to defend our actions on one investigation with sufficiently robust record keeping and response when a long-term resident was required to be moved to safeguard her well-being as her needs had increased and the family disputed this was necessary.

11.6 Remedies are issued by the LGSCO that need to be taken forward and include sending apology letters to the person we support or their family, offering financial remedy, reviewing policies or procedures in recognition of the error and staff training. All recommendations have been taken forward in a timely manner.

## 12. Report Conclusion

12.1 It has been a challenging year however the team has continued to operate a robust and effective complaints procedure. Flexibility in our approach enabled the frontline operational teams to focus on the priorities that the Covid-19 pandemic presented. We successfully triaged the complaints that were received to allow this to happen. Throughout this time, we continued to respond to people's concerns and kept them informed to manage expectations from the beginning. Whilst we would have preferred our response times to be quicker the circumstances faced by services have been unprecedented. We have, however, improved the response times so far this year from April 2021 to 69% for the first six months, which we will continue to build upon.

## 13. Recommendations

13.1 Recommendations: The Adult Social Care Cabinet Committee is asked to <b>CONSIDER</b> and <b>COMMENT</b> on the content of this report
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