

# Complaints and Feedback Adult Social Care Statutory Annual Report 2022-23

Author Natalie Smith, Complaints Officer Date Monday, 19 June 2023



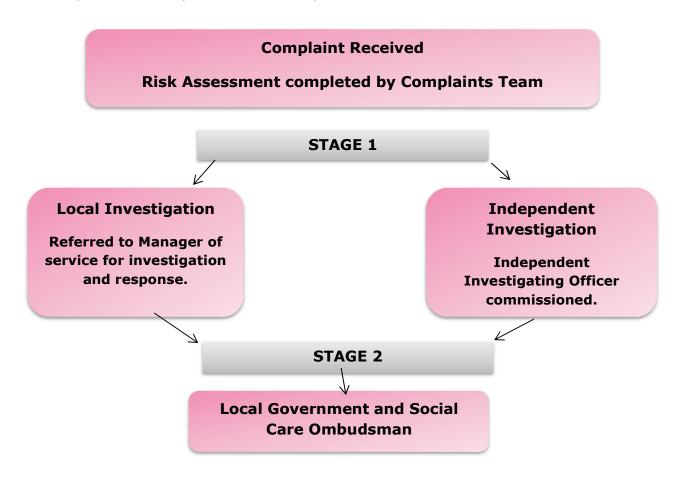
## Introduction

This report provides information about complaints made during the twelve months between the 1 April 2022 and the 31 March 2023 under the complaints and representations procedures established under the NHS and Community Care Act 1990 and the Local Authority Act 1970.

From April 2012 Adult Social Care, Older People's front line services were transferred over to Midland Partnership University NHS Foundation Trust. From April 2017 the Trust co-ordinates all statutory complaints which relate to Adult Social Care services provided by the Trust.

#### **The Statutory Complaints Procedure**

The Council has a statutory obligation to operate a complaints procedure concerning statutory provision for adults. This is in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. These regulations set expectations for the handling of complaints by Councils, NHS bodies, Primary Care providers and independent sector providers responsible for the provision of NHS and Social Care.





## Criteria for Accessing the Statutory Complaints Procedure

#### Who can Complain?

The NHS and Community Care Act 1990 and the Local Authority Act 1970 places the following restrictions on who can access this procedure:

- Complaints under these procedures must be made by or on behalf of an eligible person and must be in respect of that person
- An eligible person is anyone for whom the Council has a power or duty to provide, or secure the provision of a service, and this need or possible need has come to the attention of the Council
- Complaints can be made on behalf of an eligible person where the eligible person lacks capacity to make the complaint themselves (In accordance with the Mental Capacity Act 2008 or has given explicit and verified consent for the Complainant to act on their behalf

#### Time Limit:

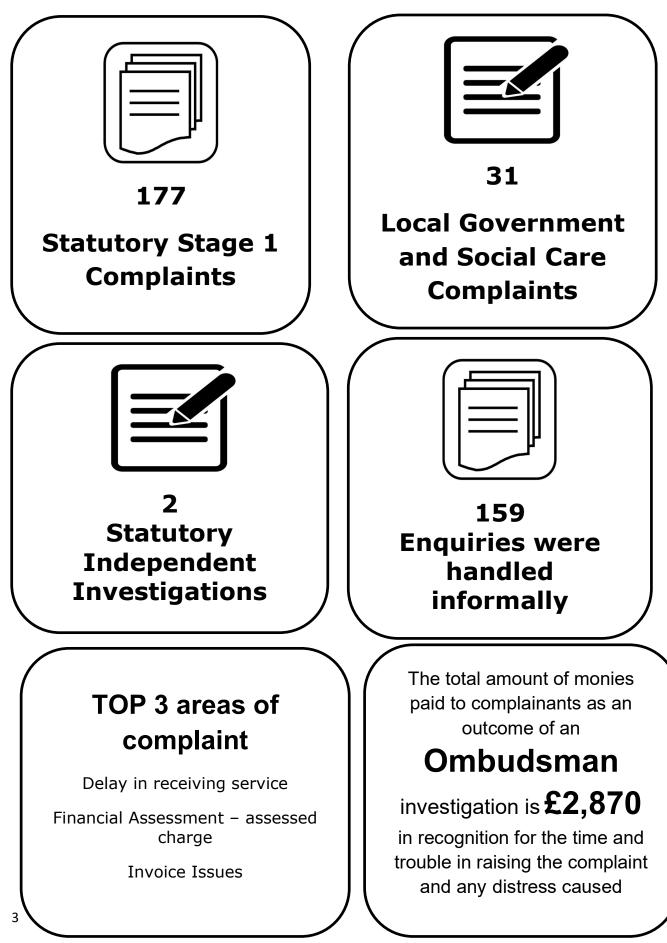
Section 12 of the statutory regulations advise that the complaint must be made no later than 12 months after the date in which the matter which is the subject of the complaint came to the notice of the complainant, unless the complainant has good reason for not making the complaint within this time limit.

#### Overview

Careful consideration is given to the operation of the Complaints Procedure to ensure an appropriate and proportionate response is provided. Communication, coordination and information sharing are critical and ensure that safeguarding measures are applied where necessary. In addition, liaison with the Council's Care Commissioning and Midland Partnership University Foundation NHS Trust ensures a coordinated response to concerns about commissioned services. Similarly, dialogue with the office of the Local Government and Social Care Ombudsman ensures that the Local Authority is able to take steps to resolve complaints locally where possible.



### **Key Numbers**





## Comparison with Preceding Year

In comparison with the previous years, we have seen a **22%** increase in Stage 1 complaints recorded for this financial year. This is due to a rise in complaints regarding financial assessments. **71** complaints have been received this year in comparison to **38** in the previous year. It is to be noted that not all complaints regarding the financial assessment are solely about this issue. It can often form part of a wider issue concerning the care received and information provided regarding charging for services prior to the care being arranged.

SCC Adult Social Ca				
	2021/22	2022/23		
Local Investigation	187	145	145	177
Independent Investigation	0	1	2	2
Local Government Ombudsman	25	31		

## Staffordshire County Council Adult Social Care Services

#### Stage 1 – Local Investigation – Breakdown

The complaints procedure aims to resolve complaints at a local level within 20 days. This is not a statutory time limit but a goal for effective complaints management. According to the complexity and needs for an effective investigation, this timescale can be extended by agreement with the complainant.

The current guidance suggests that the majority of complaints should be resolved locally, and frontline managers are encouraged to meet with complainants and attempt to address complaints in a swift and effective manner.

**177** complaints were recorded under Stage 1 – Local Investigation during 2022-23.

Service	District (if applicable)	No. received previous year (21/22)	No. rec'd (22/23)
Adult Learning Disability Team			
	South Staffordshire	16	7 👃
	North Staffordshire	4	5
	Preparing for Adulthood Team	8	11
	TOTAL	<u>28</u>	<u>23</u> 🖊
Adult Social Care First Contact		9	6 🏮



Care Commissioning in Adult Social Care; - Brokerage Service - All Age Disability & Mental Health - Older People & Physical Disabilities - Care Provider – Home Care agency - Care Provider – Residential / Nursing		20 0 3 4 2	22 0 4 6 3
<ul> <li>Supported Living</li> <li>Provider Incident and Management</li> </ul>		0 1	1 0
Support	<u>TOTAL</u>	<u>30</u>	<u>36</u>
Contact Centre – Staffordshire Cares		3	2 🌷
Financial Services; - Debt Recovery - Direct Payments Team - Non-Residential - Residential - Welfare Benefits & Fairer Charging		7 2 14 8 38	7 3 16 11 71
	<u>TOTAL</u>	<u>69</u>	<u>108</u>
Adult Safeguarding		2	2
Fixed Equipment Team (Dolphin lifts)		2	0 🦊
Total		<u>145</u>	<u>177</u>

It is important to note that some complaints concern more than one service area and therefore require a joint response. However, each service area is recorded separately in the table above in order to capture all areas of complaint.

61% of the Stage 1 Complaints received were in respect of Financial Services. This was mainly concerning the outcome of a financial assessment and the length of time taken to conclude. This figure has **risen by 36%** in comparison to the previous year and continues to be an area of concern for the client and / or their representation. The Financial Assessment Team have recruited more staff to assist with the volume of assessments / re-assessments Last financial year, the Brokerage Service investigated **20** Stage 1 Complaints. This financial year has seen the figure remain consistent with a slight increase to **22** Stage 1 Complaints. The theme for nature of complaint continued to be in relation to the length of time taken to source a complaint.

The Brokerage Service shared a total of **33 compliments** for recording this year which staff received from families and colleagues for the work they do.

It is important to note the following when considering the numbers of complaints received;

The Brokerage Service arranged 10,024 new packages and placements during 2022/23;

The Finance Team completed 3,680 new financial assessment and 1,335 reviews during 2022/23;

The **First Contact Team** undertook **7719** assessments during 2022/23; **4742** of these were completed at First Contact with the remainder started at First Contact then passed to district teams for assessment.

The Adult Learning Disability Team carried out 256 new assessments and 1,556 reviews.



## Stage 1 – Local Investigation Adults Social Care (Council) – Overview of Themes and Outcomes

The table below provides an overview of the theme of complaints received during 2022-23 for each service.

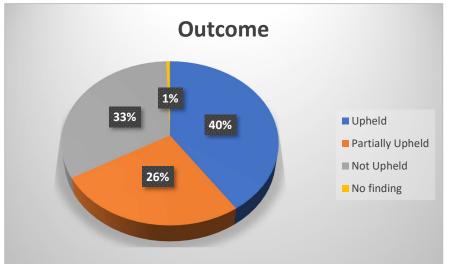
Service	Preparing For Adulthood	Adult Learning Disability North	Adult Learning Disability South	First Contact Team	Brokerage	Care Commissioning	Staffordshire Cares	Adults & Children's Financial Service	Adult Safeguarding Team	Total
Poor Communication	2	2	1	_	1	_	1	10		10181
Eligibility for	2	-	-	_	-	_	1	-	_	1
Social Care Assessment – outcom	1	_	1	_	_	_	-	_	_	2
Social Care Assessment - guality	-		1		_			_	_	1
Charges not discussed	2	-	1	2	1	-	-	-	-	6
Standard of service	2	_	1	-	3	- 1	_	- 10	_	0 17
Staff attitude / professionalism	1	- 1	-	-	-	-	_	2	_	4
Delay in receiving	1	1	_	_	6		_	2	_	27
	2	- 1	-	3	4	3	-	21	-	15
Case management Reduction in services	2	1		3	4	5	-	2	-	
	-	-	2	-	-	-	-	-	-	2
Management decision	-	1	-	-	-	1	-	-	-	2
Carer Assessment	-	-	-	1	-	-	-	-	-	1
Brokering issues	-	-	-	-	6	-	-	-	-	6
Change in care provider	-	-	-	-	1	1	-	-	-	2
Care Provider – Management decision	-	-	-	-	-	2	-	-	-	2
Care Provider – Quality of care / Invoice query	-	-	-	-	-	6	-	-	-	6
Invoice issues	-	-	-	-	-	-	-	21	-	21
Direct Payments – Audit outcome	-	-	-	-	-	-	-	1	-	1
Financial Assessment – outcome	-	-	-	-	-	-	-	22	-	22
Financial Assessment – general	-	-	-	-	-	-	-	19	-	19
Safeguarding – investigation / Process	-	-	-	-	-	-	-	-	2	2
TOTAL	11	5	7	6	22	14	2	108	2	177



**'Delay in receiving'** is the theme with the most complaints received. A total of **27** complaints were received with **6** for the **Brokerage Service** and **21** for **Adults and Children's Financial Services.** This was due to the length of time of taken to source a provider and the length of time taken to undertake a financial assessment and sending an invoice for the care received.

**22** complaints received were regarding the **assessed weekly financial contribtuion** following the outcome of a financial assessment. As part of the response the investigating officer reviews the assessment to ensure the figures used are correct and ensure the service user has no further information to share. A Disability Related Expenture (DRE) Appeal is also offered if one has not already taken place prior to the complaint being made.

#### **Outcomes**

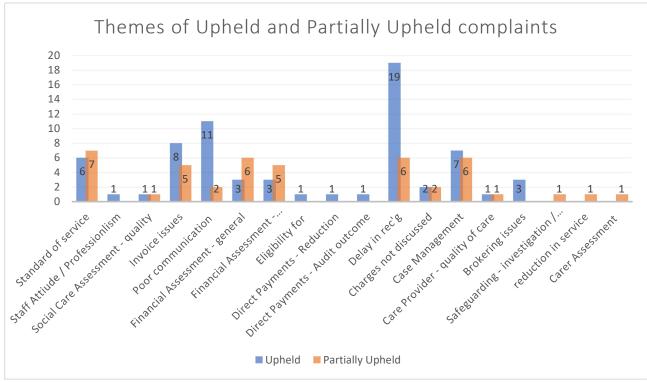


**168** Stage 1 complaints were closed during 2022-23.

**40%** of complaints were upheld and **26%** were Partially upheld.

The table below details the themes of the complaints which were upheld and partially upheld.





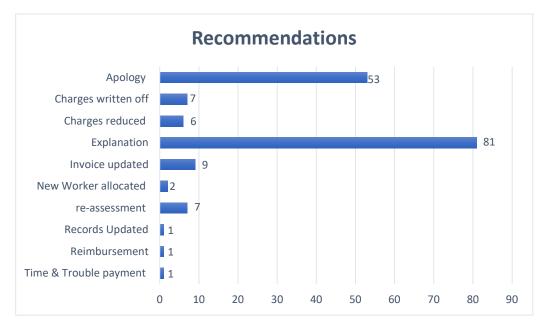
The above categories are self-explanatory and give a clear indication of the overall areas of complaint that had the most upheld / partially upheld complaints.

**28%** of complaints which were Upheld were regarding the delay in receiving a service, with **68%** for the Financial Assessment Team and **21%** for the Brokerage Team. These complaints are regarding delay in receiving a financial assessment and length of time taken to source a care provider. **16%** of complaints that were upheld were regarding poor communication.

#### Recommendations

The chart below details the action taken following the outcome of the 168 complaints which were concluded during 2022-23.





A large proportion of complaints received an apology and / or an explanation of events as an outcome to the complaint. This remains consistent with previous years.

**1** complaint received a total of  $\pm$ 7123.20 in recognition of the distress caused, time taken in resolving the situation and in full and final settlement of the complaint. The payment equalled the total cost of the current care package back-dated to when the service user left education.

**7** complaints resulted in charges being written off, including £400 administration fee for self-funders and **15** complaints resulted in invoices being updated and charges reduced to reflect the care delivered.

#### Learning actions

- Brokerage Liaison Officers have been reminded of the importance of recording all contact details, inclusing email addresses, for the purposes of audit.
- Consideration with senor management of the current communications and surrounding processes for scenarios where a resident agreement is not signed and returned.
- Training and development sessions to be planned and delivered to all staff within the First Contact Team in respect of carer assessments.
- Reminder to staff withint the First Contact Team to always send a copy of the assessment to the client and / or representatuve to ensure a written record is shared.
- Employment of addition staff and team restructuring within the Finance Team as well as the change to processes to speed up and ensure greater accuracy in the treatment of incoming payments.



- The Finance Team are making changes to the direct payment letters as well as seeking to change the way that retrospective charges to direct payments need to be processed differently going forward.
- An action plan has been developed for the Brokerage Service which will enable the team and the management team to take a firmer grip of case working and those cases that are managed through the duty system. From a brokerage perspective colleagues have taken reflection and acknowledge the duration of the episodes and how they actively should update on progress. Brokerage have also identified further learning around clarity of assessment needs and how these should be escalated.
- Recommendation made that the team undertake a Recording with Care workshop to enable practitioners to be reminded of the importance of recording. This has also been addressed in supervision and as part of a wider reflective session.
- Discussions with commissioners who lead on Supported Living across the County and the lack of response from providers with suitable placements in shared accommodation
- Regular audit and review of cases by ALDT and Brokerage (as appropriate) to ensure the accuratcey of Pen Portraits, to aid with sourcing of placements in a timely manner

#### **Response timescales**

The timescale for investigation under this part of the procedure is 20 working days, this is not a statutory requirement but an operational goal that may be subject to negotiation for more complex complaint investigations.

Out of the 168 Stage 1 complaints closed during 2022 /23 the average number of days taken to respond was **31** days.



## Stage 1 – Independent Investigation Adults Social Care

Independent investigation is initiated in circumstances where a complaint is complex and / or a level of seriousness is identified. This is often in circumstances of multiagency involvement. The independent investigation is conducted by a commissioned external Investigating Officer.

A report of investigation is produced that details conclusions reached and recommends action to both resolve the complaint and make improvements for the organisation. The relevant Senior Officer adjudicates the report and provides the Council's formal response to the complainant.

The timescale under this part of the procedure is 25 days, although there is facility to agree with the complainant an extension up to 65 days. (Again, this is not a statutory requirement but an operational goal that may be subject to negotiation)

There have been 2 complaints independently investigated during 2022/23

The **first complaint** was received on behalf of the Shareholders of a nursing home, detailing concerns relating to the involvement of, and their dealings with, Officers from Staffordshire County Council (SCC), the Midlands Partnership NHS Foundation Trust (MPUFT), and the Staffordshire and Stoke on Trent Integrated Care Board (ICB). The Statutory Agencies listed above had been providing intensive support to the nursing home through the process of a Large-Scale Enquiry.

The complaints were directed to Staffordshire County Council as the public body with statutory responsibility for adult social care provision.

The Complaints raised by the former shareholders of the nursing home were either Not Upheld or there was insufficient evidence to substantiate them.

The **second complaint** investigation was in respect of home care agency owned by Staffordshire County Council and the care provided to a client which family purports led to her contracting COVID-19 and ultimately her death. The complaint investigation focused on the care provided by the home care agency in relation to the management of the case.

#### Recommendations

The complaint was Not Upheld as there was no evidence to support the concerns raised by the family. The Investigator had no specific recommendations regarding the complaints raised, however, would suggest that, when writing notes of relayed conversations, these are written in a clearer manner. This was shared with the agency.



## Stage 2 - Local Government and Social Care Ombudsman Complaints (to include Staffordshire County Council and Midlands Partnership NHS Foundation Trust - MPUFT)

The Local Government and Social Care Ombudsman (LGSCO) is empowered to investigate where it appears that a Council's own investigations have not resolved the complaint. Whilst anyone can approach the Ombudsman at any time, the Complainant is usually required to first take up their complaint with the relevant Council to allow a local response. However, if the Complainant remains dissatisfied following local or independent investigation by the Council they then have the right to pursue the matter with the Local Government and Social Care Ombudsman.

The Local Authority has received **31** complaints which have been referred to the LGSCO this year. Out of the 31 received;

14 complaints were fully investigated by the LGSCO;

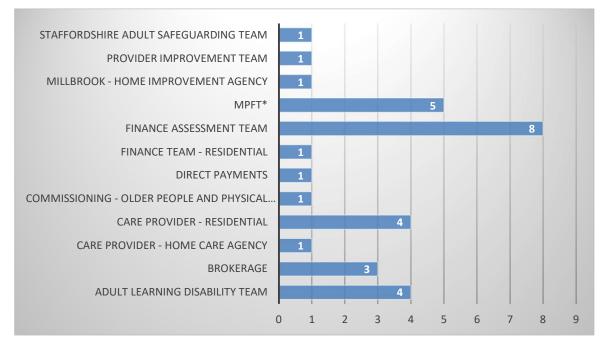
**3** were referred back to the local authority for investigation and;

**14** complaints were closed after enquiries were made with the Council and it was concluded that the Council was not at fault / and or outside of the LGSCO's jurisdiction.

Compared to last financial year, the numbers of complaints considered by the Ombudsman have remained consistent with **14** full investigations in comparison to **13** during the previous year

#### Summary of Local Government and Social Care Ombudsman Complaints

The table below details the numbers of complaints escalating to the Local Government and Social Care Ombudsman by each service.



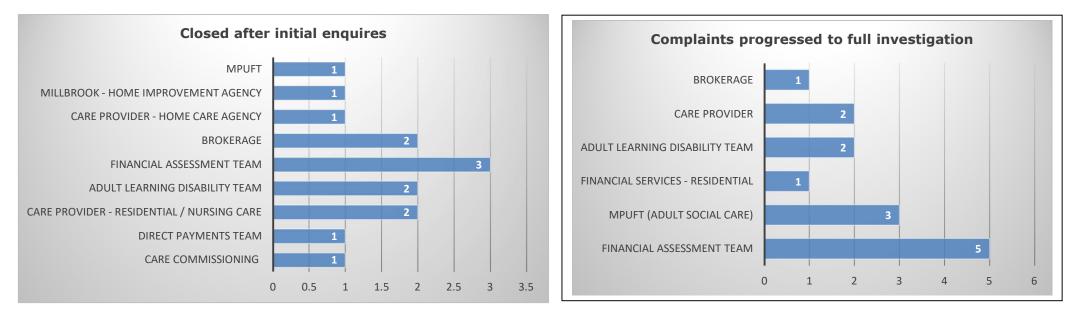
\*Midlands Partnership University NHS Foundation Trust (Adult Social Care services)



Of the **31** complaints received by the LGSCO, **14** complaints were closed after initial enquiries with no further investigation for the following reasons;

- The complaint was made late and the LGSCO found no good reason to make an exception to consider the complaint now;
- Further investigation by the LGSCO is unlikely to lead to a different outcome;
- Not enough evidence of fault with actions taken by the Council to warrant an Ombudsman investigation;
- The Council has already offered a suitable remedy;
- Investigation closed satisfied with the Council's action to remedy the complaint.

## The chart below details the services whereby the complaint was closed after initial enquires and the services whereby a full investigation commenced.



**14** complaints proceeded to a full investigation during 22/23 and at the time of writing this report **8** complaints remain open and either under investigation or at the Draft Decision stage. The outcomes of these investigations will be reported in the 23/24 annual report.



Out of the **14** investigations, **2** complaints are in relation to a **care home** to which the service users are self-funding their placement. The investigator will approach the Council for information to assist with their enquiry however the complaint is regarding the provider.

#### The remaining 12 complaint investigations for the Council were in relation to the following themes;

#### **Financial Assessment Team**

How the Council has assessed the financial contribution Mr X should make towards the cost of his care and support. Specifically, Mr X says the Council:

- a. failed to carry out financial assessments when asked to do so, over a number of years;
- b. failed to properly record payments he made towards the cost of his care and support;
- c. used out of date financial information to assess his contribution;
- d. sent requests for payment at inappropriate times; and
- e. failed to be transparent about how it had determined his contribution and calculated the amount of money owed.

Mr X says the Council has incorrectly said he must pay a large bill towards the cost of his care and support, which he cannot afford. This has caused frustration and distress, affecting Mr X wellbeing

#### This complaint is currently under investigation.

#### **Financial Assessment Team**

The Council failed to inform Mr Y that his care was chargeable, and he was shocked to receive an invoice. He tried to cancel care and was told by the agency this was not possible. He is anxious about the mounting costs which he cannot afford.

#### This complaint is currently at the Draft Decision stage



#### **Financial Assessment Team**

Mrs X complained about the Council's delay in carrying out a financial assessment to determine her mother, Mrs Y's contribution to the costs of her residential care. This resulted in a large and unexpected invoice being sent August 2022 covering the period from April 2021.

Mrs X is concerned the payment of additional, unexpected costs will cause financial hardship and put her mother's care at risk

#### The complaint is currently under investigation

#### **Financial Assessment Team**

The Council's charge for Ms Y's care was unaffordable.

**Outcome** – **Not Upheld - No Maladministration**. The Council applied relevant guidance and its charging policy in Ms Y's financial assessment. There is no fault in the way the Council considered Ms Y's expenses when it calculated her care charge.

#### **Financial Assessment Team**

The Council failed to initially explain in full the costs of Mr X's care package and failed to reduce the care package when Mr X requested it. Mr X is unable to afford the costs and was discharged from hospital in December 2021 with no care package.

#### **Outcome – Upheld – Maladministration and injustice.**

#### **Financial Services – Residential**

Mrs C is deceased. Her son, Mr R, acted as her representative. Mr R said the Council was at fault for: a) Charging Mrs C for adult social care having agreed in June 2019 that it would fund her care itself; and b) For its failure to present the invoice until six months after Mrs C's death. 2. Mr R said this caused injustice because Mrs C should not have had to pay the fees and the delay in informing him of the bill caused him shock

#### **Outcome – Upheld – Maladministration and injustice**



#### Multi-agency complaint concerning the Brokerage Service, MPUFT and Harplands Hospital.

The complaint was summarised as - Mrs X says Staffordshire County Council and NHS Staffordshire and Stoke-On-Trent Integrated Care Board failed to ensure she was provided with the care and support she was entitled to in line with section 117 of the Mental Health Act 1983 following her discharge from hospital in July 2021.

This complaint remains under investigation and the outcome will be included in next years annual report.

#### The LGSCO investigated a complaint regarding adult social care services provided by MPUFT on behalf the Council.

Mrs Y complained about the advice and information the Council gave her about her late mother's (whom I shall refer to as Mrs Z), care charges. She complains:

• when she first realised the float in Mrs Z's direct payment account was decreasing, it took a long time to get the Council to respond;

• when the Council did respond, it did not advise her about all her alternatives;

• years later, a new social worker advised of a way of avoiding top up fees. The Council should have earlier given this advice.

#### Finding – Upheld - Maladministration and injustice

#### complaint regarding adult social care services provided by MPUFT on behalf the Council

Mr Y complains about the way the Council decided that the care and support needs of his brother, Mr X, could be met at his home, and he therefore did not qualify for a Deferred Payment Agreement. Mr Y also complains about delays by the Council and its failure to provide information and reply to his correspondence. Mr Thomas says that as a result of the Council's failings, his brother felt he had to remain living in a nursing home. As the Council did not provide financial support, his brother used all his savings to pay the nursing home fees, after which Mr Y funded his brother's care. He says that both he and his brother were caused distress and were put to avoidable time and trouble.

#### Finding – Upheld - Maladministration and injustice

#### complaint regarding adult social care services provided by MPUFT on behalf the Council

The complainant, whom I shall refer to as Ms C, complains a social worker tried to detain her under the Mental Health Act 1983 after she cancelled her meals-on-wheels service because of a hospital stay, interfered with district nurses giving her injections to



prevent blood clots and obtained information from her doctor without her consent. Ms C also complains the Council failed to provide help when she tried to restart her meals-on-wheels service after coming out of hospital and during a period when the service stopped without notice. Ms C also complains the Council provided no care or support after her discharge from hospital. 2. Ms C says because of the Council's fault she suffered unnecessary time, costs and upset during an already difficult time and damage to her previously good relationship with her doctor.

#### Findings – Upheld - Maladministration and injustice

#### Adult Learning Disability Team

The Council took too long to assess daughter's needs when the family moved to Staffordshire and no package of care put in place. Despite the Stage 1 complaint being upheld, and identifying the need for a re-assessment, this has not been carried out. The Council's financial assessment failed to take account of daughter's situation properly and she was forced to have Direct Payments when she did not want to. The Council did not provide a carers assessment and Mrs R stated she had not been able to take her daughter to respite care because of the costs of getting her there and because the contribution to her care is too high. She complains the lack of support led to her daughter's behaviour worsening and it has placed them under pressure which caused strain, illness and relationship difficulties. Dealing with Direct Payments has also caused unnecessary stress.

#### **Outcome – Upheld -Maladministration and injustice.**

#### **Adult Learning Disability Team**

During the COVID-19 pandemic Mrs X was wrongly expected to continue to pay for day centre services for her son, Mr Y, despite those services not being open or only providing a reduced service at times. That while she has received some refund of client contributions the calculation for these has not been explained and is insufficient for the cost of meeting his needs in the absence of the day centre provision. Mrs X also complains that before the pandemic the day centre was charging an additional £7 a day for Mr Y's transport which was not explained nor invoiced for.

#### **Outcome - Upheld - Maladministration and injustice.**



#### **OUTCOMES AND LESSONS LEARNT / RECOMMENDATIONS**

The table below details the recommendations and lessons learnt which have been identified for the LGSCO complaint investigations closed during 2022/23.

Service	Recommendations	Lessons learnt identified
Midlands Partnership University NHS Foundation Trust (Adult Social Care)	<ul> <li>Apology letter and payment of £500 to complainant in recognition of his distress and the time and trouble Mr C has been put to as a result of the failings identified.</li> <li>The Council wrote to Mr C following the independent investigation of his complaint. It said that it would be completing a series of quality audits to verify that all clients are correctly receiving a copy of their assessments Please provide evidence of this.</li> <li>It also said that the Council had: <ul> <li>Improved its processes and resource capacity to prevent significant delays in carrying out social care needs assessments.</li> <li>Review its procedures and provide training to relevant staff to ensure there is continuity of care when a person with care and support needs is moving to another council area.</li> </ul> </li> <li>Please provide evidence of the above actions.</li> </ul>	The Council now carry out practice audits which include the following question - 'Has a case note been recorded to evidence that the person has been provided with a copy of their assessment / review and support plan?', in order to monitor whether assessments are being sent to clients following completion. Resource capacity has increased, and it is taking an average of 12.3 days for first contact assessments to take place. The Council closely track exceptional cases that take longer. With regards to assurance on staff learning and correction of practice in relation to keeping cases allocated when a person is to move from one LA to another, this action was agreed for MPUFT and the learning was shared with Practice Leads for cascading to respective team members.
	<ul> <li>Apologise to Ms X for the faults I have identified and the avoidable distress.</li> <li>Make her a payment of £250 (each council) to recognise that distress.</li> <li>The council will review its procedures for dealing with prisoners who have care and support needs to ensure:</li> </ul>	Draft guidance produced in respect of planning for release and disseminated to the team. A team away day was planned for 28th September 2022



	<ul> <li>social workers and their managers consider the powers to fund residential/nursing placements where a prisoner's intended location is unclear and may be outside the area.</li> <li>multi agency meetings take place urgently where there is a change in intended placement on release.</li> </ul>	where this was to be discussed in detail with the team and case examples used to aide learning.
Midlands Partnership University NHS Foundation Trust (Mental Health Team)	<ul> <li>Write to Ms C to apologise for not providing a timely response to her contact in August 2021 about problems with her frozen meals service and the fault identified in its complaints procedure.</li> <li>Pay Ms C £200 in recognition of her upset and time and trouble</li> <li>Ensure the Council has a protocol in place for ensuring any future issues with the frozen meal service are actioned including contact with the meal provider as necessary within six weeks of my final decision; and</li> <li>review its complaints procedure to ensure details are provided to complainants at the outset of any complaint and complaint responses provide details of how to escalate the matter if the complainant remains dissatisfied including reference to the Ombudsman within three months of my final decision.</li> </ul>	Advised the LGSCO the following – The Council do not have a contract in place for providing frozen meals. This is an arrangement on an individual basis for Ms C and therefore the Council is unable to put a protocol in place. However the Council has requested that the social work team have a plan in place with Ms C to ensure that they make contact if there are any future issues. The PALS team have reviewed their communication with service users and at the end of their email to stress further that a person can go through the complaints process before escalation to the LGSCO
Financial Services	<ul> <li>Write to Mr R and apologise for any distress caused by the failure to inform him of Mrs C's assessment sooner.</li> <li>Pay Mr R £250, and</li> </ul>	n/a



Midlands Partnership University NHS Foundation Trust (Adult Social Care)	<ul> <li>Offer Mr R the opportunity to pay the outstanding balance by instalments if he is unable to pay at once.</li> <li>Pay Mrs Y £750 as a symbolic recognition of the distress the fault will have caused.</li> <li>Write to Mrs Y providing further information about the learning the Council told Mrs Y it has taken from her complaint. And what it is doing differently as a result.</li> </ul>	All social workers have been reminded of the importance in ensuring that they clearly explain at the earliest opportunity information regarding charges and available options in relation to care arrangements and that they appropriately document this. Compliance with this is being monitored through the Quality Assurance Framework.
Adult Learning Disability Team	<ul> <li>The Council should apologise to Mr and Mrs X and pay them £300 to recognise the distress caused by the delays, the lack of communication and failure to properly respond to her queries. It should pay £100 to recognise the time and trouble Mrs X has spent pursuing the complaint as a result.</li> <li>The Council should re-assess Y, or update her existing needs assessment to ensure it reflects her needs properly. Copies should be provided to Mrs X promptly.</li> <li>Respite care should be made available to Mr and Mrs X as specified in Y's needs assessment. Mrs X's SW should explain what respite is available, how this can be accessed and confirm whether Y's financial contribution covers both day care and respite care.</li> <li>The Council should arrange to meet with Mrs X, and it should respond to any outstanding queries or concerns she has. These should be responded to promptly.</li> </ul>	The Council has agreed to make service improvements to learn wider lessons from this complaint. It has agreed the need to be conscious at all times of its duties towards carers. It also recognises that it should have oversight where users are repaying underpaid client contributions, to make sure these are not overpaid in the light of fluctuating contributions or changes in provision.
Adult Learning Disability Team (North)	<ul> <li>Apologise to Mrs X accepting the findings of this investigation;</li> <li>Pay Mrs X £820; this is made up of £100 token payment to recognise its failure to give her correct</li> </ul>	Learning actions identified are currently under consideration.



	advice in June 2020; £420 for not reviewing Mr Y's transport costs after October 2020 and in recognition of the costs Mrs X incurred; £150 for the uncertainty that arises about Mrs X's choices because of Council fault after 1 July 2021 and £150 to recognise the consequence of not assessing her needs as a carer in May 2021.	
	<ul> <li>Issue a reminder to all staff who carry out adult needs assessments of our expectations when assessing the needs of carers – which is that the Council act in a way consistent with the law and guidance summarised.</li> </ul>	
	<ul> <li>Introduce a policy (or review any existing policy) for administering underpayments of client contributions to ensure that for those making such payments in instalments, they receive regular updates as to the balance outstanding and to prevent the risk of overpayment.</li> </ul>	
Finance Team and Midlands Partnership Uinversity NHS	<ul> <li>Apologise to Miss C and Mr X for not properly considering their request to reduce Mr X's care.</li> </ul>	n/a
Foundation Trust	<ul> <li>Review Mr X's care package and properly consider his request to see if it would make a difference to his contribution. If it would have made a difference between May and August 2022 when Mrs Y was not at the property, the Council should backdate any reduced costs during this period.</li> </ul>	



## **Other Activity**

In addition to the recording and administering of Statutory Complaints, the Customer Feedback and Complaint Service have formally acknowledged and monitored an additional **282** enquiries each requiring redirection to other organisations/authorities or action into other procedures.

Dealt with by Complaints Team*	159
Referred to Adult Social Care (MPUFT)**	32
Corporate Complaints Procedure	2
Joint Statutory Stage 1 response with other organisation / NHS	1
Referral to another Organisation / Provider for action / investigation	15
MP Enquiry (Adult Social Care)	68
Safeguarding referral initiated	5
Total	<u>282</u>

\*Complaints / enquiries which are handled by the Complaints Team consist of liaising with the service team in order to resolve the complainants concerns or the Complaints Team solely investigating the complaint and providing a response to the complainant. Depending on the nature and complexity of the concern raised this can take 24 hours to complete or several weeks of investigative work in order to fully conclude.

\*\* The Council's Complaints Team refer a complaint to MPUFT when the complaint solely concerns the actions of a social worker or social care assessment (Adult Social Care Team's managed by MPUFT).

23% of duty matters were resolved with the Financial Services. This often included a telephone call to the complainant to explain an invoice / charges. This also includes resolving concerns raised regarding charging for home care provision when the visit has been missed or delayed.





## Compliments

During 2022/23 a total of 68 compliments were recorded with the Customer Feedback and Complaints Team which related to Adults Social Care. This figure may not represent all the compliments received as some staff members may have received a compliment directly and not forwarded to the Complaints Team for recording.

Services provided by Staffordshire County Council	No. Rec'd	I have just used the teleph service for info about adu social care, financial
Brokerage Team	33	assistance etc. and found
Adult Learning Disability Team	19	very helpful and information The individual I spoke to v
Adult First Contact Team Provider Incident Management Support	10	excellent and took time a effort to make sure I got t
	4	answers I needed.
Adults and Children's Financial Service	2	

TOTAL 68

Very happy with my daughters social worker, who has helped us recently with funding and paperwork. Always <sup>at the end of the phone</sup> <sup>for</sup> help and guidance.

> I wanted to let you know my experience of my carers assessment on 10 June Knowing how much pressure services are under and lacking in crucial resources, I never felt rushed, not listened to during the assessment. 'L' had a lovely manner and let me poor my heart out in the call. She also gave me useful information and thinks to think about. I have already received a call today from the carers Thanks you for doing an amazing much needed role to an outstanding level!

I just wanted to let you know that yesterday a P1 move within respite needed to be completed. The Broker was very supportive and I just felt that we worked together, assisting each other to find a suitable safe placement. She kept me informed on what was happening and this assisted in reducing the stress of moving someone later in the day, we did both stay after 5pm and did not stop until we knew everything was in



## Service Approach for 2022/2023

- To develop processes within the Complaints Team and services areas to ensure recommendations / lessons learnt are captured and reported to senior management on a monthly basis.
- To continue to develop and enhance reporting processes and requirements with colleagues within Staffordshire County Council in order to provide complaint data regularly to senior management.