**(Appendix 1)**

**North East Lincolnshire Care Trust Plus**

**Adult Social Services and Health Statutory Complaints Annual Report**

**April 2011 to March 2012**

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**Context**

This report provides an overview of Adult Social Services and Health Service Statutory Complaints made during the twelve months between 1st April 2011 and 31st March 2012.

Complaints and representations are made under the following established procedures - The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

The Care Trust Plus’ Complaints Policy forms a schedule to the Partnership Agreement between North East Lincolnshire Council and North East Lincolnshire Care Trust Plus and is binding between both organisations.

The Statutory Complaints procedure covering Adult Social Services and Health Services is administered by the Customer Care Manager within the Care Trust Plus. This report covers both Adult Social Services and Health Service complaints, reported separately, to reflect the new legislation introduced on 1st April 2009.

**1. Complaints**

**1.1 What is a Complaint?**

A complaint may be generally defined as “an expression of dissatisfaction or disquiet about a service that is being delivered or failure to deliver a service”.

The Complaints Procedure gives those denied a service or dissatisfied with the proposed level or type of service an accepted means of challenging the decision made.

* 1. **Who can make a Complaint?**

The statutory complaints procedure is available for service users/patients or their representatives who wish to make any sort of comment. Some service users/patients may wish to make their views known by raising a concern, but not have them dealt with as complaints. Anyone who expresses a view, verbally or in writing, which can reasonably be interpreted as a representation of their views will have those views acknowledged.

People can make a complaint or representation about the actions, decisions or apparent failings covering Adult Social Services and Health Services commissioned, or provided, by the Care Trust Plus.

1.3 **Complaints Procedure**

The Complaints procedure puts the patient/service user, and/or their representative, at the centre of efforts to resolve the issues they have raised. The Care Trust Plus recognises the importance of listening to the experiences and views from the public about our services – particularly if they are unhappy – and we want to make it as easy as possible for them to let us know their views. The procedure ensures that representations are dealt with in a way that is:

* **Open** – information gathered about the issues raised and the way in which they have been handled is shared in full.
* **Clear** – the representation and the way in which it will be handled is agreed at the start with the complainant.
* **Responsive** – the needs of the complainant and/or patient/service user is taken into account in determining the method of addressing their concerns.
* **Flexible** – the complaint/representation handling is determined by the nature of the complaint and views of the complainant.
* **Proportionate** – the efforts to resolve and time taken in addressing the issues raised reflects the significance of those issues.
* **Accessible** – the procedure is easy to get access to and to use.
* **Timely** – complaint handling is conducted in a timely way – rather than subject to preset timescales.
* **Focussed on resolution** – at all points through the process we look to using our best efforts to achieve resolution.

Complaints will be dealt with in a way that is most suitable to the issues raised rather than according to a set procedure. The means of addressing the complaint takes into account:

* The complainant’s views.
* The nature of the complaint.
* The potential implications for the complainant.
* The potential implications for the organisation.

We want everyone who is involved to feel confident in the process and will achieve this through a procedure that ensures:

* Concerns are taken seriously.
* Complaints are dealt with promptly and effectively.
* There is a full response and a clear outcome for complainants.
* Complaints are dealt with fairly and even-handedly.
* All those involved in the process are treated with dignity and respect.
* There is equality of access and standard of service for all complainants, with particular consideration for those people who may find it more difficult to use the process e.g. people with disabilities, those whose first language is not English.
* Using the outcomes from complaints and concerns to improve services.

**2. Involvement of the Ombudsman**

A further option for complainants is either the Local Government Ombudsman (LGO) if the complaint is about Adult Social Services or the Parliamentary Health Service Ombudsman (PHSO) if the complaint is about Health Services. The Ombudsman is empowered to investigate where it appears that an organisation’s own investigations have not resolved the complaint. Complainants can refer the complaint to the Ombudsman at any time, although the Ombudsman normally refers the complaint back to the Care Trust Plus if it has not been considered under the complaints procedure first.

**3. Activity: Adult Social Services**

Between 1st April 2011 and 31st March 2012, the Complaints Service recorded **71** Adult Social Carecomplaints, compared with **69**last year. This increase is despite the development of the Care Plus social enterprise who have been investigating their own complaints since 1st July 2011.

Between 1st April 2011 and 31st March 2012, **94** complex concerns were lodged and reported this is compared to **10** the previous year.

All the complaints were responded to in the timescales agreed with the complainant.

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| **Service Area** | **Complaints**  |
| Contracted Homecare | 3 |
| Contracted Residential Care & Respite | 5 |
| Social Care Assessment | 19 |
| Finance & Care Charges | 21 |
| Learning Disability Services | 8 |
| Intermediate Care (The Beacon) | 1 |
| Transforming Care | 1 |
| Fairer Charging | 1 |
| Care Management | 2 |
| Continuing Health Care Assessment | 2 |
| Direct Payments | 2 |
| Safeguarding  | 2 |
| Out of Area Request | 1 |
| Other | 3 |

Other Adult Social Care: 2 Power of Attorney, 1 Access to Travel services

**3.1 Concerns**

A concern is an expression of dissatisfaction where the service user, or their representative, does not wish to make a formal complaint but wishes the incident/failure in service to be logged.

During 2008-2009 a process was developed and agreed to feedback any concerns regarding contracted homecare and residential services to the Care Trust Plus’ Contracts Team.

The process is intended to cover concerns identified by Adult Social Care Services staff employed by the Care Trust Plus and relates to contracted Social Care Service provision.

This information is used by the Contracts Team to inform contract monitoring visits to ensure improvements have been made and implemented in response to concerns raised.

During 2011-2012 the Customer Care Team received **94** concerns regarding contracted homecare and residential services. This is compared to the **10** concerns which were logged during 2010-2011. This increase is due to training and awareness within Adult Social Care to ensure all issues are identified and logged.

**3.2 Compliments**

A compliment is recorded when a member of the public expresses their gratitude for a member of staff performing well, often above the person’s expectations. The majority of these compliments are received in writing but a few are relayed via a line manager or to the Customer Care Team verbally.

During the year 2011-2012 the Customer Care Team received **48** compliments for Adult Social Care and Health Services.

|  |  |
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| **Service Area** | **Compliments** |
| Care Management | 15 |
| Contracted Residential & Respite | 1 |
| Community Care Finance | 1 |
| Day Care Services | 8 |
| IntermediateCare | 1 |
| GP  | 2 |
| COPD Service | 9 |
| Falls Service | 3 |
| Health Promotion  | 1 |
| Customer Care Team | 7 |

It is essential that all teams delivering services (including Contracted Services) formally capture and record complaints and compliments. It is only by doing so that complaints can be tracked and, where things have gone wrong, managers can ensure that matters are put right and that lessons are learnt. Senior management therefore regularly encourage teams to recognise and record complaints and compliments and report these to the Customer Care Team.

**3.3 Ombudsman referrals**

There were no referrals during 2011–2012 to the Local Government Ombudsman regarding complaints about Adult Social Care.

**4. Response times**

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, introduced in April 2009, removed previous timescales for responses to complaints and replaced this with timescales agreed with the complainant or their representative. In 2011-2012 **100%** of timescales agreed with the complainant, or their representative, were met.

**5. Service Improvements for Adult Social Care**

As a direct result of formal complaints and concerns throughout the year the following service improvements include:

* Case Management have reinforced to all staff that approval can be sought outside of the Risk and Quality panel, if required, to prevent a delay in service provision. The Chair of meetings will also ensure that, in more complex cases, all decisions and actions agreed in meetings are recorded and distributed to all attendees.
* A Social Worker joined the Intermediate Tier staff group and will add the social care input, particularly around discharge planning and understanding the needs of the carer and continuity of the care package.
* The therapy team within Intermediate Tier have amended the allocation of access visits to ensure they are completed in a timely fashion, enabling carers/ family to prepare for the individual's return home.
* An agreement that all people being discharged from Intermediate care, who need help with medication, will receive a full explanation and a form detailing the medication type and the times it is to be taken.
* Care Management staff have been reminded about the importance of accurate and timely recording.
* As a result of missed and late calls by a Homecare Agency, which was partially due to new rotas and a new computer system, all affected service users and carers have been contacted and services resumed.
* A new electronic call system has been introduced by a Home Care provider to ensure calls are not overlooked.
* Issues highlighted within a complaint have ensured that training will now be provided to Care Management staff to improve their methods of communicating with Service Users and their families.
* Staff within a Home Care agency will undertake catheter care and nutrition/hydration training.
* Care Home staff are to undertake training to improve communication and develop their process regarding following up and documenting information.
* Communication about Social Care assessments will be clearer for patients on discharge from hospital.

**6. Activity: Health**

Between 1st April 2011 and 31st March 2012, the Complaints Service recorded **98** Healthcomplaints, compared with **97** last year. This increase is despite NAViGO investigating their own complaints since 1st April 2011 and Care Plus investigating their own complaints since 1st July 2011.

All complaints were responded to in the timescales agreed with the complainant or their representative.

The Care Trust Plus is in the process of extending the Concerns Process, currently used in Adult Social Services as detailed in Section 3.1 of this report, across Health Services to capture more patients’ experience to inform contract monitoring and service improvements

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| --- | --- |
| **Service Area** | **Complaints**  |
| Dental | 4 |
| GP | 50 |
| GP Out of Hours | 13 |
| Hospital  | 2 |
| Individual Funding Requests | 7 |
| Mental Health  | 2 |
| Prescribing | 11 |
| Rapid Response | 3 |
| Other | 5 |

No themes were identified and the majority of complaints were about different providers.

Other: 2 Commissioning, 1 Subject Access, 1 Community Physiotherapy, 1 Equality & Diversity, 1 Referral Guidelines

**6.1 Service Improvements for Health Services**

* As a direct result of a complaint a GP practice has reviewed, and changed, their practice policy regarding issuing prescriptions. The practice will now ensure that any new medication will be double checked by a senior nurse before the prescription is provided to a patient. Reception staff have also received additional training so that if a patient questions their repeat medication then this will checked with either the Doctor or a senior nurse.
* As a result of a complaint, a GP will ask for daily updates from patients who aren’t his own but who he speaks to over the telephone to give medical advice.
* As a result of several PALS issues around the lack of provision within Wheelchair Services, the issue was escalated to the commissioners of the service and a full review of service provision was undertaken.
* As a result of several PALS enquiries about claiming refunds for travel costs incurred, a new policy is being developed to ensure the process is more user friendly.
* Several PALS enquiries regarding lack of communication between providers and patients / service users and their families were raised. The Customer Care Team have liaised with services and highlighted this to the providers to further improve their service.
* The process for registering temporary residents at a GP practice has been clarified to enable all patients to have access NHS care.
* A GP has identified improvements about the approach to patients on home visits.
* A GP Practice will produce a new procedure to improve communication between DPoW Hospital’s x-ray department and the GP practice and ensure all contact records are logged.
* Diana Princess of Wales Hospital will produce a leaflet to improve communication with patients and carers regarding the role of the Occupational Therapists and assessments results on acute wards.
* A GP Practice has improved the process they use for dealing with patients that they have not spoken to before.
* Lessons have been learnt as a result of a complaint regarding the incorrect medication being dispensed by pharmacy staff. Staff have been updated on safety measures when prescribing.
* Due to another complaint Standard Operating Procedures have been reviewed and improved within a Pharmacy.
* As a direct result of a complaint regarding incorrect medication being dispensed by a Pharmacy they have ensured that the boxes are now separated on the shelves, notes have also been put on both the shelves for each medication to prevent this error occurring again. All staff in the branch have also been reminded as to the importance of checking all medication to ensure this does not happen to any other patients. Further staff training has been provided about the importance of keeping concentration whilst dispensing and only carrying out one task at a time. It has been communicated to the dispensary team the importance of ensuring a second check is carried out at all times and that all dispensers sign the label to show they have checked the medication prior to the final check being carried out by the pharmacist. A staff rota has also been put into place to ensure the rotation of staff duties.
* Issues highlighted in a complaint have ensured that Reception staff within a GP Practice will receive training on "Customer Service & Dealing with Difficult Situations". Also Protected Time Sessions will be provided for all practice staff to discuss the practice's present appointment system.
* As a result of a complaint regarding a misdiagnosis a GP has learnt lessons for their future contact with patients who have a suspected DVT. If there is any doubt they will repeat the Doppler test and discuss this with the Radiographer. They will also consider admitting a patient into hospital for observation and further treatment if necessary.
* A GP practice will now ensure they stock smaller bandages to ensure young children can have their dressings changed within the practice rather than having to attend A&E.
* The issues raised by complainant were used to feed into the review process for home visits from the GP Out of Hours unit.

**6.2 Ombudsman** **referrals**

Two complainants went direct to the Parliamentary Health Service Ombudsman prior to Local Resolution of the complaint being completed. The Ombudsman therefore referred the complainant back to the Care Trust Plus.

Three complainants referred their complaints to the Parliamentary Health Service Ombudsman. These complaints were regarding GP Practice’s and Mental Health Services. The Ombudsman confirmed they will not be investigating any of these complaints this further.

**7. Patient Advice and Liaison Service (PALS)**

The Patient Advice and Liaison Service (PALS) is a public enquiry service which provides an informal and impartial service that helps service users/patients, carers, relatives or staff who use the services provided, or commissioned, by the Care Trust Plus.

As a core service, PALS provides a focal point to enable the organisation to learn from service users’/patients’ experiences of using services. PALS also provides feedback to commissioners on common themes and concerns which service users/patients, their carers and families bring to our attention.

Where trends are identified PALS, with service users/patients and other staff, where appropriate, explore solutions and make recommendations for improvements to service delivery. This can include the receipt of timely and suitable information to enable the patient to be an active partner in their care and treatment.

During 2011/2012 the Care Trust Plus received **1211** PALS Enquiries compared with **1815** during 2010/2011. This decrease in enquiries is mainly due to the development of the two social enterprises Care Plus and NAViGO. As of 1st April 2011 NAViGO undertook all PALS enquiries regarding Mental Health Services and as of 1st July 2011Care Plus investigated all PALS enquiries associated with their services.

**Training**

Since the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 were implemented in September 2009 a programme of Complaints Handling and PALS awareness training has taken place for internal staff as well as External Providers. The Customer Care Team continues to provide training to teams within the Care Trust Plus to ensure a consistent approach to all complaints and aspects of customer care. The team also continues to advise and support GP practices and external providers to further improve their Complaints handling. In addition, the delivery of awareness sessions of PALS and Complaints processes at GP Practice’s protected sessions, CTP teams, Patient Participation Groups and external providers continues on request.

With the development of the two social enterprises, Care Plus and NAViGO, the Customer Care Team provided specific training to the members of staff who would be undertaking PALS and Complaints investigations. The Customer Care Team continues to provide advice to the social enterprises on request.