Complaints and Ombudsman Annual Report

**Adult Social Care Services** 

1<sup>st</sup> April 2022 – 31<sup>st</sup> March 2023



# Content

1.0	Introduction and background	Page 2
2.0	Executive Summary	Page 2
3.0	Formal Complaints	Page 3
4.0	Concerns, including Patient Advice and Liaison Service (PALS)	Page 5
5.0	Compliments	Page 6
6.0	Lessons Learnt and Actions taken	Page 7
7.0	Reflection and Future Developments	Page 8



# 1.0 Introduction and background

The ICB is committed to high quality care for all as a core principle of its vision and purpose. This includes the provision for any user of the organisation, their family, carers, or members of the public, to seek advice, raise concerns or make a complaint, about any of the services it commissions, provides or policies and procedures it has developed and implemented.

All commissioners and providers of NHS and Adult Social Care services adhere to '*The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.*' Under these regulations, complainants can raise a complaint or concern to either the provider or the commissioner of the service. Within North East Lincolnshire specifically and, through the delegations as part of the Section 75 agreement, the ICB Experience Team provide a concerns and complaints management function for adult social work services on behalf of the Local Authority.

This report therefore specifically relates to contact received and managed by the ICB team in relation to adult social care and adult social work services, for the period 1<sup>st</sup> April 2022 – 31<sup>st</sup> March 2023.

## 2.0 Executive summary

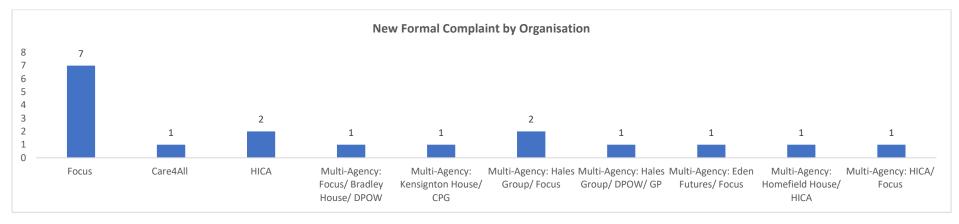


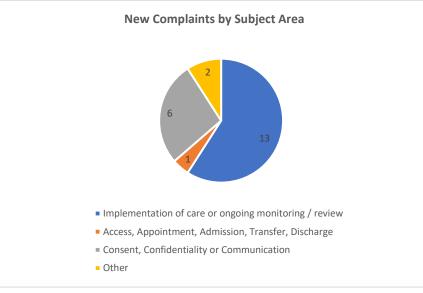
The below graph shows the total number of contacts across all functionals domains for the period 1<sup>st</sup> April 2022 – 31<sup>st</sup> March 2023





### 3.0 New Formal Complaints





100% complaints received were acknowledged within the mandated timescale of three working days.

Of the 18 formal complaints received, 11 (61%) relate fully or partially to Focus. Of those 11: 9 related to case management; 1 to community care finance and 1 related to both case management and community care finance issues.

8 of the complaints handled by the team are multi agency and are therefore more complex in both nature and coordination of response. Multi-agency complaints are increasing and reflect both the complexities of individuals health and care needs and the dependence on different interfacing organisations within the health and care system.

The subject areas of the complaints reflect those identified for the different organisations within the multi-agency complaints and therefore the figures are not like for like. Implementation of care or ongoing monitoring/review accounted for 59% of the complaints.



#### **Closed Formal Complaints**

30 formal complaints were closed between the 1<sup>st</sup> April 2022 and 31<sup>st</sup> March 2023. Of those closed; 8 were withdrawn; 2 (9%) were closed in timescale and 20 (91%) were closed outside of timescale. As demonstrated from the new complaints by organisation, a significant proportion of complaints are multi-agency and are more complex. Our timescales are also often impacted by the timescales of other provider organisations and their ability to provide their response to us in a timely way.

Of the complaints investigated and closed, 11 (50%) were partially upheld, 9 (41%) were not upheld and 2 (9%) were fully upheld.

#### **Ombudsmen Referrals and Outcomes**

In line with the Complaints Regulations and as informed by the NHS Constitution, complainants have the right to take a complaint to the independent Parliamentary and Health Service Ombudsman (PHSO) or the Local Government and Social Care Ombudsman (LGSCO) if they are not satisfied with the outcome of their complaint or the way in which their complaint has been dealt with, locally. Each complainant is clearly informed of this right in their response letter.

The Ombudsmen's investigate complaints made to them and decide whether the actions taken (by the provider or commissioner) have caused an injustice to the person affected and if the complaints process has taken any steps to remedy the injustice, if well founded.

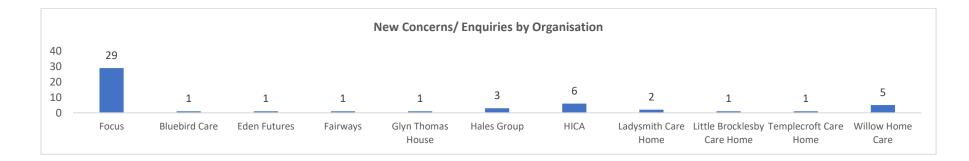
One North East Lincolnshire case was via the Local Government and Social Care Ombudsman regarding S117 aftercare relating to social care needs rather than health needs. This case was not a complaint received or investigated by the HNY ICB Experience Team, however, as the ICB has a shared responsibility with the Local Authority for the commissioning of S117 services, the LGSCO contacted the ICB Experience Team as part of their investigations. However, due to the shared responsibility, the LGSCO upheld elements of the complaint against HNY ICB, Navigo and North Lincolnshire Council and financial remedy was recommended and, accepted.

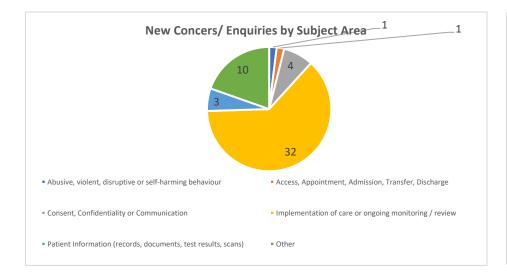
There has been an outcome letter in respect of a Home Care Provider in NEL with the following high level learning:

- A process and policy should be developed in relation to the recording of calls for multi-user households to ensure that care is not charged for twice.
- Risk assessments should be implemented following a user fall in the home to determine whether there is a potential risk for them to fall again.



### 4.0 New Concerns





Of the 51 new concerns received, the highest proportion were in relation to Focus at 29 (57%). Of the 29; 11 related to community care finance; 17 related to case management and 1 related to an individual's records.

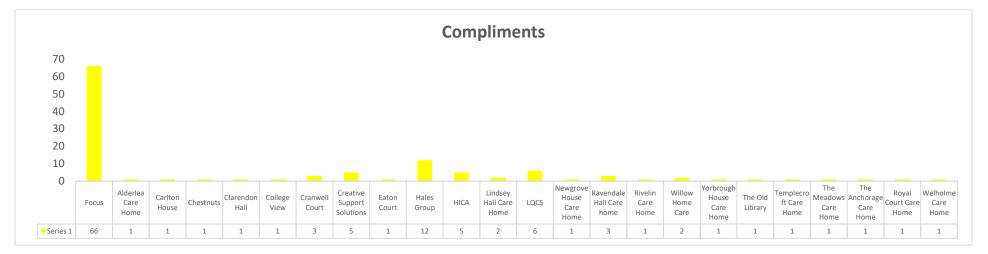
Concerns for NEL Providers are low however, wherever possible, individuals are encouraged to raise their concerns 'at source' to try and resolve and maintain relationships in the most efficient way.

Echoing the subject area's within formal complaints, 32 of the 51 (63%) concerns were in relation to 'implementation of care.' This ranges from concerns about assessments that have taken place to care delivery against the assessments.





## 5.0 Compliments



Thank you very much for your oport over the many years you've now us I will continue to be very grateful for that You are the only person who has done anything helpful for me, you really know your stuff

I have to also say that the way that you work is refreshing. You are a great listener and very approachable when the individua had questions so again thank you.

# We wanted to take this opportunity to say how impressed we are with the care from Cranwell Court

All the care staff and the activities manager do a great job.

Just recently on valentine's day we were asked to visit a little later than our normal 10am visit. When we arrived we were met by the manager who took us to the room and to our surprise there was a small buffet laid out for us, my husband was sat alongside with a red rose, red heart balloon and card to give to my wife sue. It was a wonderful gesture which i understand was also planned for other residents too.

It is not easy having a family member going through dementia but it is heartwarming to see someone who cares and a has real empathy for what we as the family are going through.



# 6.0 Lessons Learnt

- A complaint raised by a bereaved family highlighted opportunities to improve how a care home supports its residents, particularly when they are making decisions about their health.
- Following a complaint, at the regular support meeting to care homes, a complaint was presented (anonymously) to highlight the learning opportunities around ensuring that all refusals for care are well documented. Emphasis was also given in relation to the best interest processes and mental capacity and direction was given to take up any opportunities for Multi-Disciplinary Team (MDT) working where higher risk refusals are recorded.
- Guidance is being developed for Care Homes in relation to managing refusals of care, with and without capacity. Once in place, local teams will update the Mental Capacity Act training and Safeguarding Training to reflect the new guidance.
- Staff at a Care Home have implemented that all communication with families must now be followed up via email or letter to allow a record to be kept and help ensure both staff and residents and their families are aware of the next steps, where required.
- Focus staff have been reminded of areas for improvement including taking time to ensure that information is correctly sourced and verified prior to being recorded on records. Also, where information is going to be shared, ensuring that those receiving this have been made aware of this particularly where information is of a sensitive nature and may cause distress.
- Focus staff have been reminded of the importance of inputting correct information onto the system.



# 7.0 Future Developments

During the 2022/2023 period, there have been significant legislative changes within the health and care system which has resulted in the establishment of the Humber and North Yorkshire Integrated Care Board (HNYICB) and the abolition of Clinical Commissioning Groups. Naturally, changes to structures have taken place and the team that delivers the Complaints and Experience function has aligned from 6 Places to now cover the one HNYICB footprint.

As the function and teams have joined together and start to develop, short term ambitions have been set as below:

- Ensuring communication to the public is clear on the ICS website and on how best to access support for a concerns, complaints, and compliments. This will include a review specifically of the information that is on any NEL Council websites and literature.
- Build relationships between the newly merged Experience Team and our Focus and Local Authority colleagues.
- Develop effective systems and processes for responding to more contacts within timescale and, for the purpose of learning and improving.