



THE ROYAL BOROUGH OF  
KENSINGTON  
AND CHELSEA

# Complaints Annual Report

2017-2018

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## Executive Summary

- **Volume:** In 2017-18 for 3752\* Adults received Social Care Support from the Royal Borough of Kensington and Chelsea and approximately 3% of these service users or someone acting on their behalf raised a complaint about the service they received.
- **Complaints volume:** Adult Social Care at Royal Borough of Kensington and Chelsea received 97 complaints this year as compared to 175 complaints in 2016/17. This is a 48% decrease on the previous year.
- **Compliments:** 34 compliments were recorded in 2017/18 compared to 19 in 2016/17.
- **Response times:** 100% of complaints were acknowledged within 3 working days and resolved under the Council's complaints procedures and no cases were progressed to an independent investigation.
- **Service areas for complaints:** 46 (47%) complaints received were about a commissioned service such as homecare.
- **Nature of issue:** Most complaints have been about the quality of the service (40%) followed by service failure (22%) and staff attitude (14%).
- **Outcomes:** 28 (29%) complaints were not upheld and 65 (67%) were either fully or partially upheld.
- **Learning from complaints:** Wherever appropriate response letters to complainants highlight any service improvements that will be made in response to the complaint. Insight gained from complaints is routinely shared with service providers and staff to help shape and inform future service delivery. Formal action plans are used for complex cases such as those investigated by the Local Government Ombudsman. In 2017/18, we have been focussing on rationalising our feedback channels to increase our insight about the experience of our service users and how this can shape our commissioning and service delivery.
- **Local Government and Social Care Ombudsman (LGSCO) investigations:** 7 complaints were investigated by the LGSCO in 2017/18. Of these only one investigation has been upheld.
- **Member enquiries:** These are managed and recorded by executive support staff. In 2017/18 the number of enquiries was 152 and this was 67% higher than last year.
- **Mode of complaints:** Complaints can be made over the phone, in writing (letter or email) and/or by using the complaints forms that are available at all social care offices and online. Customers can also request a meeting with staff to go through their concerns. In 2017/18 just over half of the total complaints were received via telephone, whereas the others were made in writing which include complaints forms as well as email and letters.

\*Data obtained from Business Analysis Team from SALT statutory compliance.

## About this report

This report provides an overview of complaints, compliments and feedback between April 2017 and March 2018. The report highlights how various services within Adult Social Care (ASC) have performed in line with key principles outlined in the Local Authority Social Services and National Health Complaints (England) Regulations 2009 and the complaints process (see Appendix 1 for details). This report is signed off by the ASC Senior Management Team and Cabinet Lead. It is also presented for information to the Overview and Scrutiny Committee after which it is made available to the public via the website.

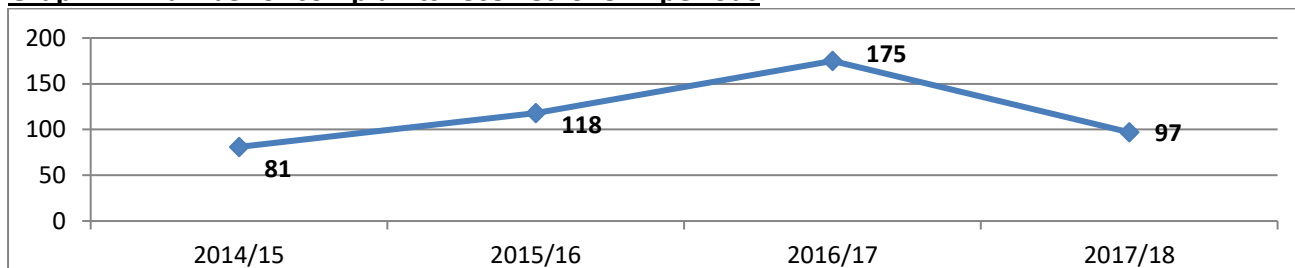
## The Customer Feedback Team

The Customer Feedback Team (CFT) is responsible for recording, managing and analysing all statutory complaints and feedback in ASC as well as comments and compliments. The team works closely with the executive support staff, operational teams and partner organisations to ensure that all complaints and LGO investigations are handled appropriately as per our framework. The CFT works with senior managers to ensure responses provided to complaints are delivered on time and answer the complainants concerns fully. Our complaints procedure is available on the Council’s website along with a downloadable freepost leaflet on complaints, comments and compliments (see appendices for more detail).

## Volume of complaints

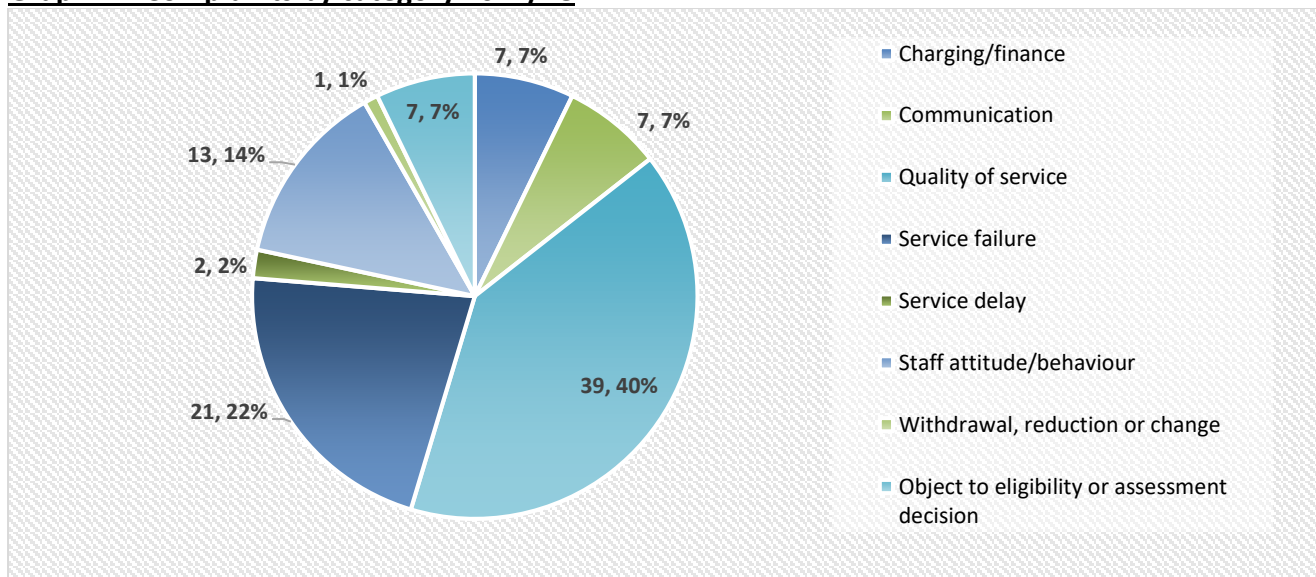
While we appreciate positive feedback we also know that sometimes there are concerns and we encourage customers/representatives to contact us when this is the case. The CFT recorded 97 complaints in 2017/18. This number is lower than last year’s figure and is mainly as a result of the drop in homecare complaints.

**Graph 1 – Number of complaints received over 4 periods**



## Nature of complaints

**Graph 2 – Complaints by category 2017/18**



Quality of service can refer to many things, in terms of home care it can mean lack of cleanliness, inconsistency in carers, not completing care tasks and/or to a good standard, loss/breakage of items to name a few. Service failure includes carers not attending with agreed timeframes or at all or assessment outcomes not being implemented fully.

## Complaints activity by service/team

The data for this year shows that 47% of complaints in RBKC are about homecare services. This is lower than the 68% that was recorded last year. Homecare complaints have seen a reduction which

could reflect improvement in provision or there may be barriers preventing people to complain, which we will look into in 2018/19.

The complaints that are made to the Council are resolved under our processes and in line with statutory guidance. These are separate to the complaints that are received directly by the provider and resolved under a CQC compliant process directly by them. The numbers reported directly to providers are also lower than previous years.

There have been some delays in responses from homecare providers and this has been addressed with providers. There were also quality issues in relation to investigations and response letters. These too have been addressed and the new template/checklist was introduced and shared with all providers in September. This has helped to improve quality of complaint responses and timescales. Most homecare complaints have been about the quality of service, service delay and/or service failure.

Approximately 31% of the total number of service users receive a homecare service and out of those 4% raised a complaint with the Council. The Council works closely with the agencies to handle these complaints and ensure that corrective action is taken to ensure complete resolution of the complaint, improvement in service and prevention of recurrence of the similar issue.

This year, 38% of complaints were about care and assessment services which is higher than last year's 23%. Most complaints have been about the eligibility/outcome of an assessment, quality of service or the attitude of staff.

The Local Government and Social Care Ombudsman's (LGSCO) review of 2016/17 has shown an increase of 3% in Adult Social Care complaints across the nation. The LGSCO categorise complaints by "arranging social care" and "provision of social care". In line with their categorisation we have tabulated all the complaint we have received in 2017/18 in the table below.

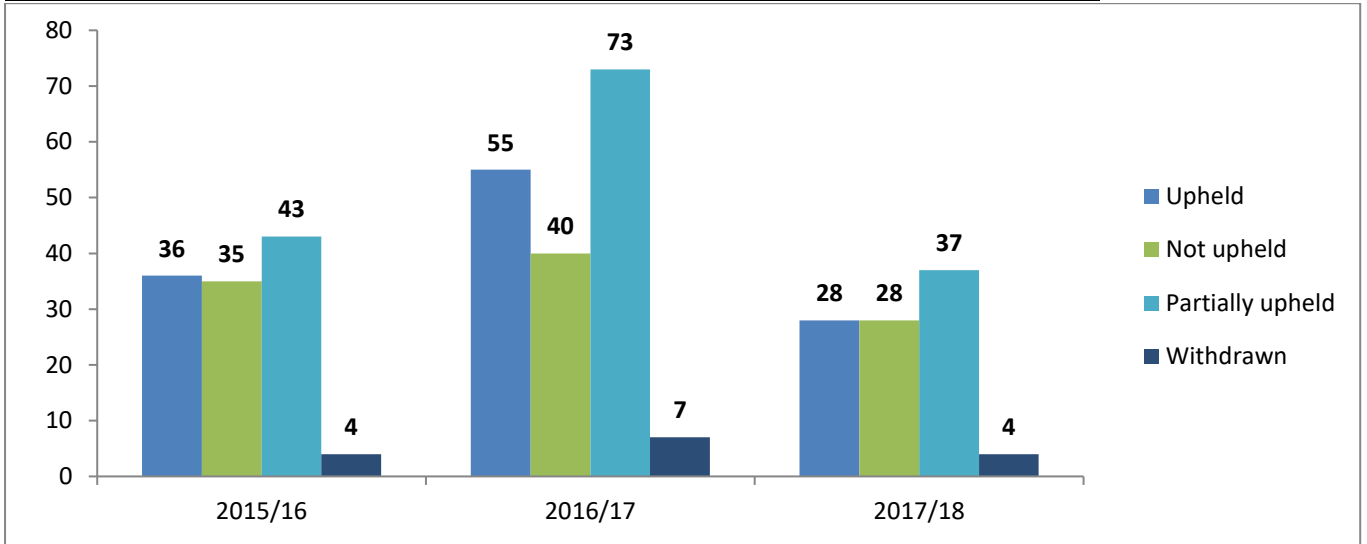
**Table 1 – Number complaints by the LGSCO breakdown in 2017/18**

	Area	Total no of complaints	Upheld (fully or partly)	Not upheld	LGO cases
Arranging Social Care	Assessment & care planning	37	17	18	7
	Charging	4	2	2	-
	Safeguarding	0	-	-	-
	Transport	0	-	-	-
	Direct Payments	4	2	2	-
	DFG	3	2	1	-
Providing Social Care	Residential Care	2	0	2	-
	Homecare	46	28	9	-
	Supported Living	0	-	-	-
	Shared Lives	0	-	-	-
	Other Provision	1 (CIS)	1	-	-

## Outcomes

The graph below shows the outcome of all complaints that were made to ASC, and compares them with previous two years. The number of complaints that are fully or partly upheld is 67% this year which is slightly lower than last year, however there are fewer complaints that were fully upheld this year. Those that were upheld this year were about the quality of service or service delay and have related to external providers commissioned by the Council.

**Graph 3 – Complaint outcomes for 2017-18 in comparison with two previous years**



The Department of Health’s regulations on statutory complaints stipulate that the method and timeframe for responding must be commensurate to the seriousness of the complaint and completed within 6 months. The Royal Borough will always seek to resolve the complaint as soon as possible, and in the absence of a prescribed timescale it uses an internal timescale of 10 working days, in consultation with the complainant.

As can be seen majority of the complaints have taken more than 10 working days to complete. This is something we are continually working with managers on to improve. There can be delays, which can be for a number of reasons such as;

- Complexity of the case.
- Co-managed cases i.e. with Health partners, commissioned providers etc.
- Our aim is to send the first response as close to the 10-day timescale as possible. However, in some cases further letters need to be sent to agree a resolution before case can be closed.
- Availability of key staff to participate in the investigation.

Where and when it has not been possible to meet the timescale the Customer Feedback Team sends holding letters to negotiate more time and/or keep the complainant up-to-date with the investigation.

## Compliments

Customers and their representatives are encouraged to tell the Council if they are happy with their care or to highlight a good service. They can complete a feedback form as well as contact the relevant social care team to express this. 34 compliments were recorded this year for RBKC which was an increase on last year. Here are some examples;

**From a service user about their Reablement services;** “I recently had a hip replacement surgery and needed assistance from RBKC Reablement Team to help me regain my independence.

I would like to thank you for the marvelous service that was set up for me. It was extremely efficient and I have nothing but praise for the support I got. My carer was such a tremendous support; punctual, professional, helpful and informative. I also had a couple of other people to help when regular carer was off who were also delightful”.

**From the service user about their homecare service;** “Just to say thank you for all your care, it meant such a lot to me knowing you were there. They are all very good”.

**From the family of a service user about her care and support services;** “This has been for us, a challenging time, we are grateful for having had you guiding us through this journey. Thank you for all your professional and hard work. We wish you all the best for the future”.

**From the service user about the care she received from the social care team;** “I wanted to express how happy I am with the service I received and especially with my allocated worker. I am not just happy, but ecstatic and would just like this to be acknowledged as I am 82 years old and people don't always take the time to listen and help”.

### Customer feedback

The majority of CFT customer contact is reactive, meaning that we respond to direct contact from customers and their representatives when they have a problem with a service. We have continued to engage with customers in pro-active ways this year such as attending customer events as well as actively engaging stakeholders that deal with customers such as providers, community organisations and care management teams to gauge customer satisfaction.

The team records feedback about ASC services and this year we have recorded 29 such instances. These have been about a variety of issues, including service requests, requests for information, and suggestions for improvement to services and/or informal complaints. These can be about assessments, homecare, external providers and/or mental health services. The CFT responds to these where appropriate in writing within 10 working days.

### Learning from complaints

Learning from complaints provides opportunities for services to be shaped by customer experience. It is an increasingly important part of the ethos within the department. Staff and managers responding to complaints are encouraged to identify learning's that can lead to service improvement. Some of the things that the CFT have done to improve complaints handling in general are;

- Delivered a refresher training session for managers and team leaders to ensure they understand the complaints processes, role, responsibilities and risks/challenges of an LGSCO investigation and how to conduct better investigations.
- Developed and launched an improved response template for responding to complaints that can be used by internal managers as well as commissioned provider managers.
- Arranged a training session with one of the homecare providers to discuss the complaints processes and also go through all outstanding complaints.

Our aim is that issues identified by service users are used to shape and inform service delivery. On the next page are some examples;

**You told us:**

That we delayed the work needed in installing OT equipment. We also didn't communicate with you effectively about this delay. This matter carried on for some time and caused you much distress.

**We:**

Found that there was a delay in responding to you and apologised for this. The team was reminded of the importance of good and timely communication. The standard letters/templates were reviewed as a result of this to make sure something like this doesn't happen again.

**You told us:**

That you experienced a delay from our finance/charging team in providing you information about assessed charges.

**We:**

Took this seriously and investigated the matter and apologised for the delay. We found that the delay was a result of a technical glitch during a necessary upgrade of the case management system. The manager of the service met and spoke with you to explain the situation and was able to alleviate the concerns successfully.

**You told us:**

That your relative's home care agency was not communicating with you effectively. This led to poor quality of care.

**We:**

Investigated this with the provider. They accepted that the system in place for sharing information about the client was not working and rectified this to ensure carers deliver prompt and effective care. Since this improvement there have been no concerns about the homecare.

**You told us:**

That there was a delay in processing the personal budget payment for your carer. This caused both you and your carer much frustration and you asked us to investigate this.

**We:**

Found that there were system issues, corrected these and apologised for these problems. A payment was expedited and the complaint was closed.

**You told us:**

That there was a delay in progressing your adaptations. This was very distressing for you and caused you to make a formal complaint.

**We:**

We reviewed the situation which led to the finding that there was an undue delay due to recent staff changes within the team. The case was promptly reallocated and expedited through the new OT. The case was fully discussed with you and you told us you were happy to move forward with the new plans and the complaint was closed.



## Local Government and Social Care Ombudsman (LGSCO) activity

The Royal Borough received 7 investigation requests from the LGSCO in relation to the Adult Social Care services it provides. All of these cases are now closed. In 6 cases the LGSCO found no fault with the way the Council had dealt with the case. One complaint was upheld with some recommendations, and are summarised below. This was about an assessment and its outcome.

The number of complaints investigated compared to last year is down by one case. Trends and patterns are difficult to evaluate in this area as the number of cases that the LGO chooses to investigate varies as they exercise discretion, as to whether or not a complaint they receive will be subject to a full investigation. All complainants are advised by the Council of their right to escalate their complaint/s to the LGO at the end of the complaints process if they remain unhappy with the outcome.

In the case where the Ombudsman have upheld the allegation they found that the relevant team was partly at fault in the way it conducted an assessment of the customer's care needs. As a result, the customer may have been entitled to a service they did not receive. As a result, they instructed the Council to apologise to the customer and pay them £100 to remedy the injustice. This was completed within the timescales set by the LGSCO.

The team involved in this case will make sure that before its staff are asked to assess a service user they thoroughly read the case notes and are fully prepared to ensure they arrive at the correct outcome and there is no ambiguity about next steps.

The LGSCO are developing a new remedy strategy whereby they will categorise and record not only the outcome of the complaint but also the Council's compliance with the resulting recommendations. The following four options will be used to register Council compliance;

- **Remedy complete and satisfied** should be used when the body in jurisdiction has demonstrated compliance with all the recommendations in the agreed time, or within six weeks following the agreed date. The six-week grace period is to allow a reasonable time for link officers to chase for evidence of compliance.
- **Remedy not complete but satisfied** should be used where body in jurisdiction has offered to arrange the remedy in the agreed time, (or within six weeks following the agreed the date) but the complainant refuses to accept the remedy
- **Remedy completed late** should be used where the body in jurisdiction provides satisfactory evidence of compliance more than six weeks after the agreed date for implementation, and has not provided any reasonable justification for the delay.
- **Remedy not complete** should be recorded by a casework manager after attempts to chase for compliance has proved unsuccessful, and more than 12 weeks has passed since the agreed date for compliance. If evidence of compliance is provided after this point, we can change the decision to 'remedy completed late'.

We have also received the annual review letter from the LGSCO. Our analysis in this report is consistent with the data they have shared. The important messages from the letter seem to be about being open and accessible to receiving complaints and feedback and then being able to constructively learn from those complaints. Please see below;

- "High volumes of complaints can be a sign of an open, learning organisation, as well as sometimes being an early warning of wider problems. Low complaint volumes can be a worrying sign that an organisation is not alive to user feedback, rather than always being an

indicator that all is well. So, I would encourage you to use these figures as the start of a conversation, rather than an absolute measure of corporate health”.

- “We have produced a new corporate strategy for 2018-21 which commits us to more comprehensively publish information about the outcomes of our investigations and the occasions our recommendations result in improvements to local services. We will be providing this broader range of data for the first time in next year’s letters, as well as creating an interactive map of local authority performance on our website”.
- Over the last year, we have seen examples of councils adopting a positive attitude towards complaints and working constructively with us to remedy injustices and take on board the learning from our cases. This sort of culture we all benefit from – one that takes the learning from complaints and uses it to improve services

## Appendices

### Appendix 1 - The Complaints Process

The Department of Health (DoH) defines a complaint as, “an expression of dissatisfaction or disquiet about the actions, decisions or apparent failings of a council’s adult social care provision which requires a response”.

Anyone who has received a service; is currently receiving a service or is seeking a service from us can make a complaint. This includes anyone who is affected by decisions we may make about social care, including a service provided by an external provider acting on behalf of the Council. In such a case they can complain directly to the provider or to us. External providers are required to have their own complaints procedures and must comply with them. They are also required to share information on complaints and outcomes with the Council.

There is only one stage in this process. All complaints made to the Council are logged and acknowledged within 3 days. The Council will try to resolve the complaint as soon as possible, and no later than within 10 working days. If delays are expected, the complainant is consulted and informed appropriately. All responses, whether or not the timescale has been agreed with the complainant, must be made within six months of receiving the complaint. In exceptional circumstances, an investigation may take longer and this will be discussed with the complainant.

Complaints that have low to moderate risk are dealt with by the Head of Service concerned and are usually resolved through an internal investigation followed by a written response. Those that are deemed to be high or extreme risk are usually investigated by independent investigating officers who submit their findings to the Council, followed by a letter along with the report to the complainant from the Adjudicating Officer - usually a Director. In other cases, some complaints may need to be passed on to the Safeguarding Leads as appropriate, where the complaints process may be suspended, in order to allow the safeguarding process to be completed. In cases where the complaint is across several organisations, one organisation will act as the lead and co-ordinate a joint response to the complainant.

The Council has one opportunity to provide a formal response which must set out the right to approach the LGO should the complainant remain dissatisfied.

This process does not apply to people who fund their own care.

### Appendix 2 - Definition of the outcomes

There are three main categories for classifying the outcome of a complaint;

*“Upheld”* – This is where the Council has accepted responsibility for the matter arising. This is followed up with a detailed letter of apology and clarification with reasons and remedies and actions to ensure such a complaint does not recur.

*“Partially upheld”* – This is where the council accepts some responsibility for part of the complaint. A response outlining the part that is upheld is sent, stating any reasons and proposed remedies.

*“Not upheld”* – This usually means that the investigation into the complaint has not found the council at fault. This is explained carefully and thoroughly in writing with appropriate reasons for this conclusion.

## Appendix 3 - Contacts

### Our weblink

<http://www.peoplefirstinfo.org.uk/your-voice/complaints-and-feedback-to-your-council.aspx>

### Getting in touch

You can contact us by;

- Completing the four page pull-out feedback form (see link above) and sending it to the freepost address. You do not need a stamp.
- Calling on 0800 587 0072
- Writing to 4th floor, 5 The Strand, London WC2N 5HR
- Emailing at [HSSCustomerCare@rbkc.gov.uk](mailto:HSSCustomerCare@rbkc.gov.uk)