



Telford & Wrekin  
Co-operative Council

Protect, care and invest  
to create a better borough

# Adult Statutory Complaints report

## Improving our Customer Experience

### Annual Report 2021/22

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# Purpose of the Report

- To report statistical information to Members and Officers detailing Telford and Wrekin Council's Adult Social Care complaints from 1 April 2021 to 31 March 2022.
- To provide an open resource to anyone who wishes to scrutinise local services.
- To outline the key developments and planned improvements to the complaints processes operated by the Council.
- To consider how the learning from complaints can be used to improve the overall customer experience.

## Introduction

This is the Complaints Manager's Annual Report for Adult Social Care. It is a statutory requirement to prepare an Annual Report each year concerning the complaints activity within Adult Social Care that can be made available to anyone on request. This must:

1. Specify the number of complaints received
2. Specify the number of complaints upheld
3. Specify the number of complaints that we have been informed have been referred to the Local Government & Social Care Ombudsman
4. Summarise:
  - a. The subject matter of the complaints received
  - b. Any matters of general importance arising out of these complaints, or the way in which these complaints were handled
  - c. Any matter where action has been, or is to be, taken to improve services as a consequence of these complaints

This report provides information about complaints made between 1 April 2021 and 31 March 2022 under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

### Highlights 2021/22

**The lowest number  
of Adult Statutory  
Complaints  
received for  
6 years**

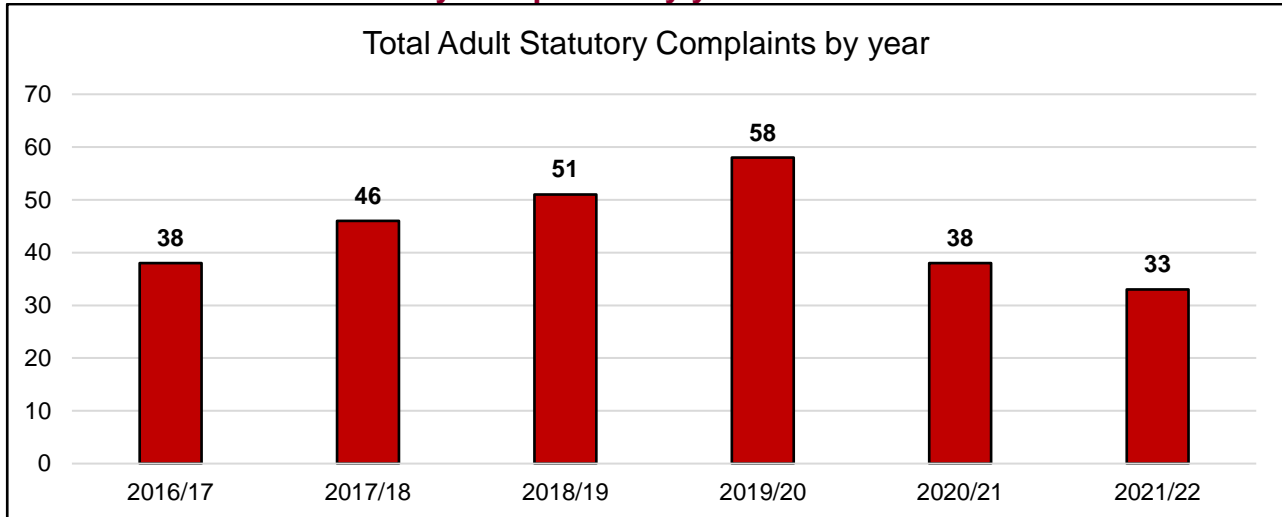
**13%  
Reduction in Adult  
Statutory  
Complaints**

**The average  
number of days to  
respond to  
complaints has  
improved by 20  
working days**

# Adult Statutory Complaints 2021/22

We received 33 Adult Statutory Complaints between 1 April 2021 and 31 March 2022. The chart below compares the number of statutory complaints we've received over the past six years.

**Chart 1: Total Adult Statutory Complaints by year**



There has been a significant decrease in the number of complaints received in 2021/22.

There were also 17 further complaints that were resolved within 24 hours and therefore were register under the statutory procedure.

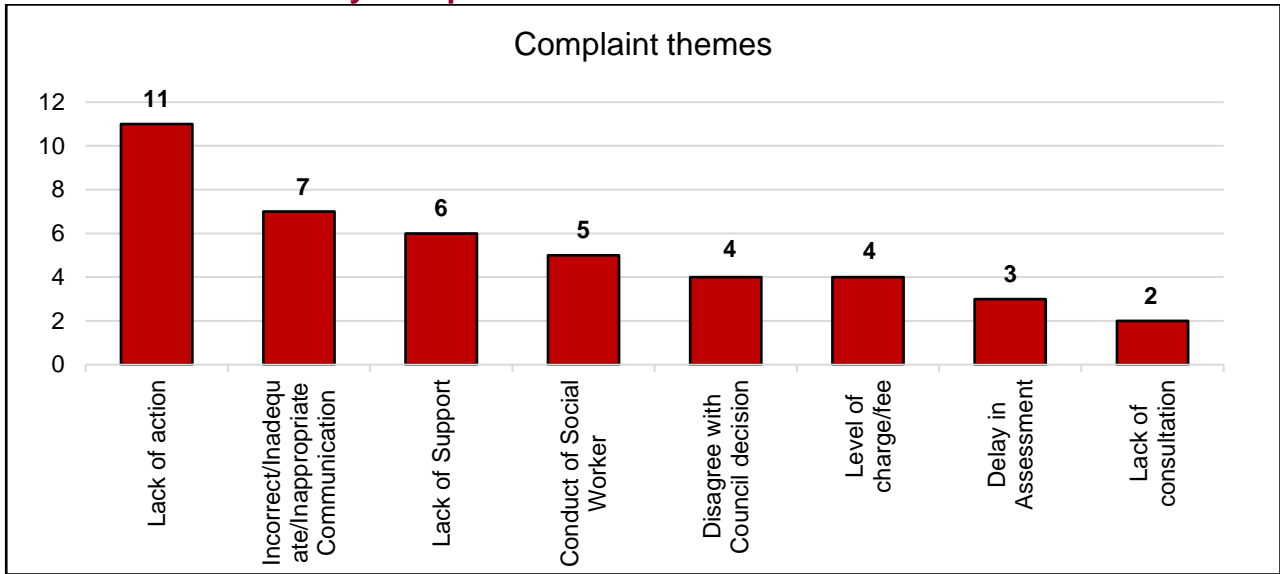
## Customer Access Channels and Digital Contact

Complainant channel	Number of complaints
Email	19
Web form	4
Telephone	8
Letter	2
<b>Total</b>	<b>33</b>

In 2021/22, 70% of Adult Statutory Complaints were received via a digital access channel, including via our online complaints web form and by email directly to the Customer Relationship team.

## Complaint Themes

**Chart 2: Adult Statutory Complaint themes in 2021/22**



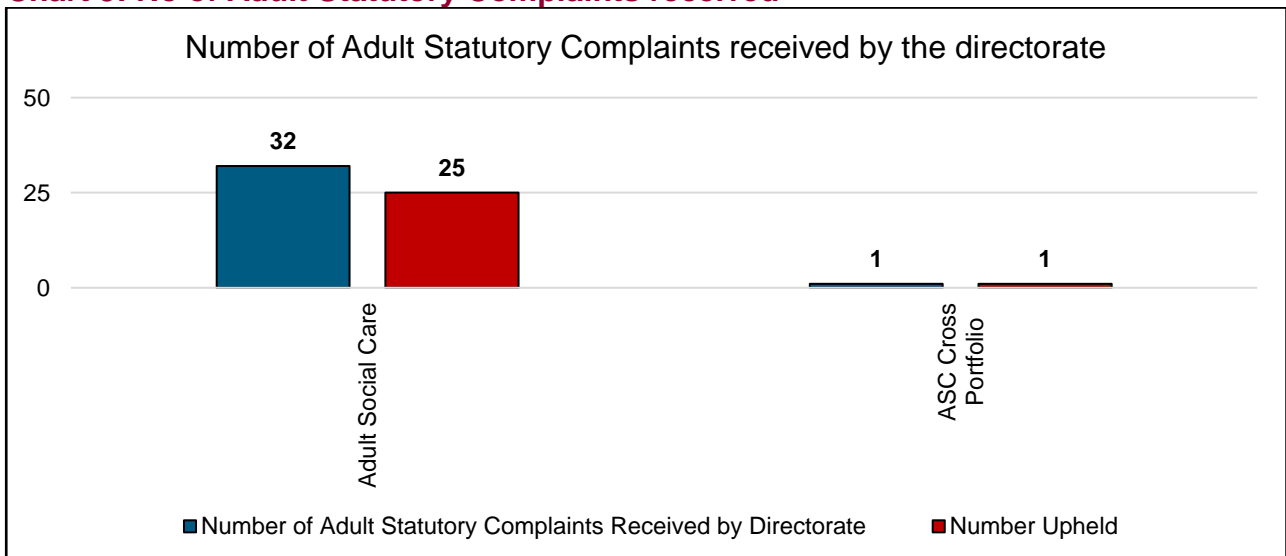
Most of the themes are self-explanatory and give a clear idea about the aspects of our work that received complaints.

## Complaints received by directorate

Of the 33 complaints received, all have been responded to. Below is a chart of the statutory complaints received by each portfolio against the number upheld. One complaint was cross-cutting and it was appropriate for this to follow the Adult Statutory Complaints procedure.

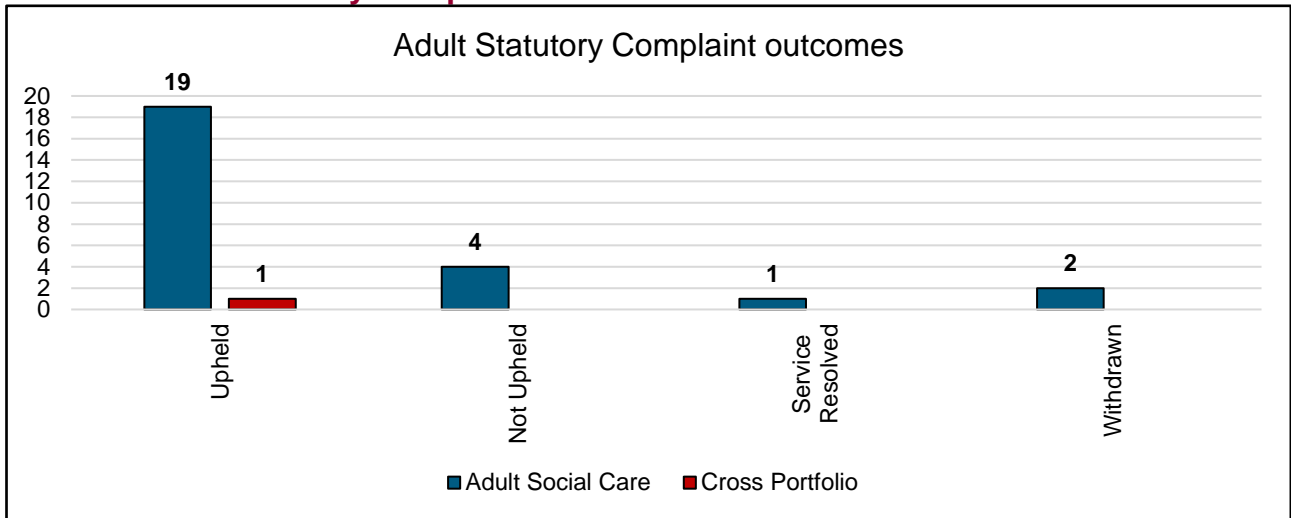
The chart below details the statutory complaints received by each directorate against the number subsequently upheld.

**Chart 3: No of Adult Statutory Complaints received**



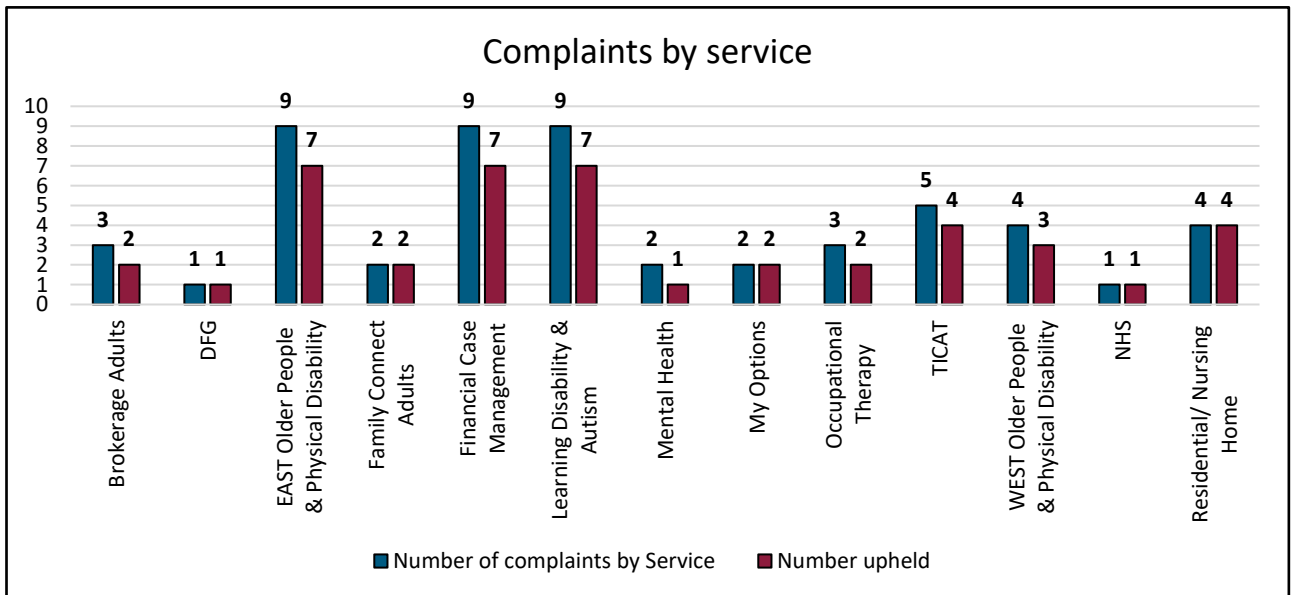
Of the 33 complaints completed, 58% (19) were upheld, 12% (4) were not upheld and 9% (3) were dealt with via another method.

**Chart 4: Adult Statutory Complaint outcomes**



The chart below includes the number of complaints received by each service. Please note that the number of complaints detailed below is higher than the overall total because certain complaints had multiple issues raised with different teams. This chart seeks to show all the services against which issues were raised, meaning that an individual complaint may be counted multiple times within it.

**Chart 5: Number of complaints by service, highlighting those upheld**



There were 12 complaints that included issues raised regarding the social work locality teams WEST and EAST, and 10 of these were upheld (77%). Issues raised included lack of communication from Social Worker or team, recording keeping, delays in

communication, lack of support, inadequate communication related to assessments, lack of action and delay.

There were 9 complaints received that had an element related to the Learning Disability & Autism Service. Themes included lack of communication and support, lack of action, and delay. As a result of these complaints changes have been made to processes to ensure that individuals, families and carers are communicated with regularly.

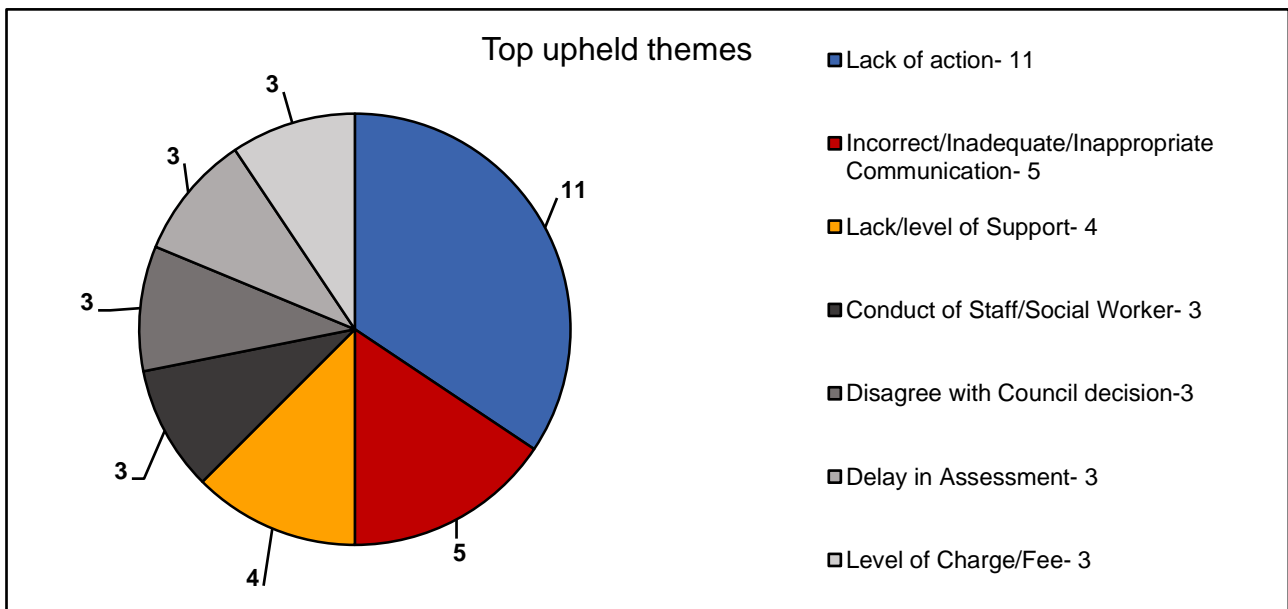
There were 7 complaints that included issues raised regarding the Financial Case Management, one of which related solely to Financial Case Management the other 6 complaints related to other teams but included issues related to financial case management. All were upheld (77%). These complaints were due to various issues, which may have included an error in how the social worker explained the financial assessment and disability related expenditure, delays in assessments, letter sent in error related to funding, errors in calculations, incorrect communication.

Six complaints involved issues related to Telford Integrated Community Assessment Team (TICAT), five of which were upheld (83%). Issues included delay in assessment and inadequate communication, advice and support and an error made with transportation.

## Themes of upheld complaints

Of the 19 upheld complaints, the top themes raised were as detailed in the chart below.

**Chart 6: Upheld themes**



The above categories are self-explanatory and give a clear indication of the overall areas of our service or aspects of our work that had the most upheld complaints. This indicates

that 48% of upheld complaints related to either communication or the lack of action received. This covers a variety of concerns including a lack of communication from social worker, lack of acknowledgement of emails, delay in setting up support plans, errors in transportation, and delay in funding / direct payments.

9% (3) of upheld complaints related to conduct of staff/ social worker, which includes errors in communication/ record keeping, lack of follow up around equipment.

Individual management reports are shared with service managers on a regular basis, which allows for greater analysis and interpretation of the data.



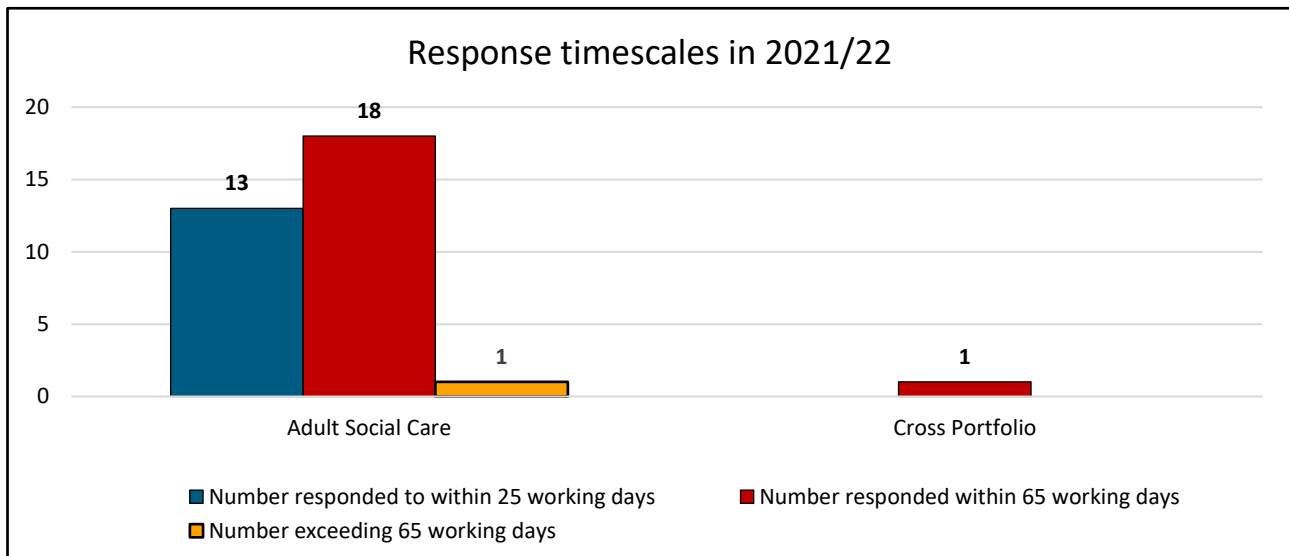
# Timescales for responses

In 2021/22, the average number of working days to respond to an Adult Statutory Complaint across all portfolios was 33 working days. This is a significant decrease on the average response time from 53 days in 2020/21.

Since November 2020 new procedures have been put in place to improve timescales for Adult Statutory Complaints. Complaints are now rated based on timescales and allocated to Service Delivery Managers, the Director is also copied into progress chases. 6 weekly meetings are now also taking place with Directors to review all outstanding cases and learning. Performance against timescales continues to be discussed on monthly basis at leadership Team Meetings.

Timescales have also improved significantly due to the changes that have been made to both the complaint procedure, which saw the introduction of a negotiated timescale with customers which seeks to better manage customer’s expectations and also additional steps at service level to encourage timeliness of responses. This annual report highlights the impact these changes have made. For a breakdown, see the chart below.

**Chart 7: Response timescales at Stage One**



Of the 33 complaints received, all have been responded to. 13 of the 33 responses were sent within 25 working days, 19 were sent within 65 working days and one exceeded 65 working days. This represents 3% of responses and indicates a significant improvement on the 26% achieved in 2020/21. It should be noted that whilst these timescales are used for monitoring purposes, since October 2021 the focus has been on negotiating a timescale with customers which timescales often been agreed at between 25 and 35 working days. As this is an agreed timescale with the investigators few have exceeded this initial timescale which has resulted in the average number of days significantly reducing. No complaints received in 2021/22 exceeded the six month timescale.

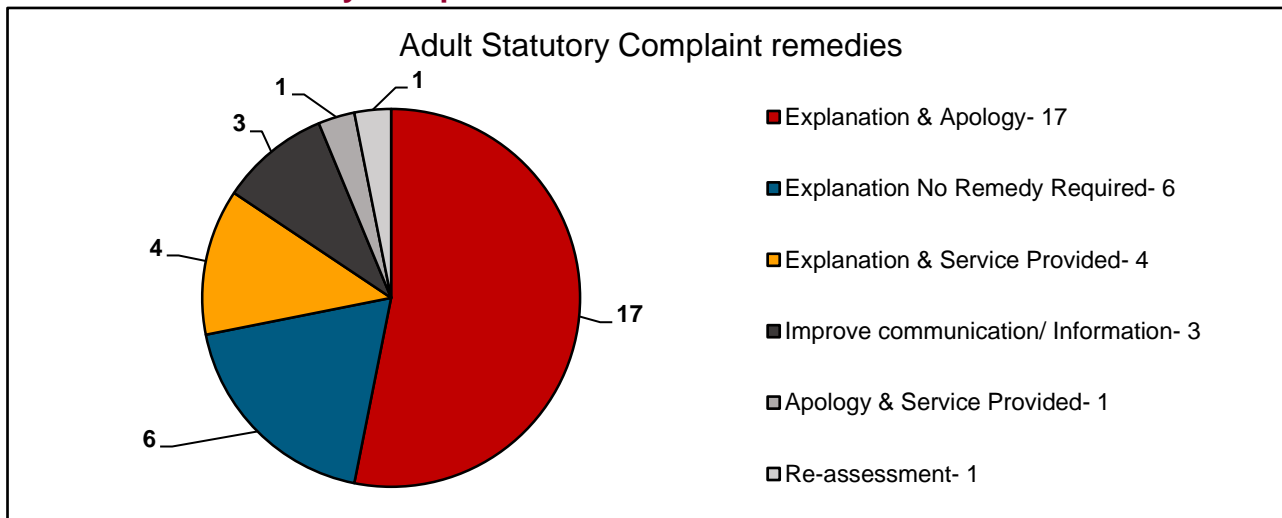
# Learning and outcomes from Adult Statutory Complaints

Complaints are a valuable source of information that can help to identify recurring or underlying problems and potential improvements. We know that numbers alone do not tell us everything about attitudes towards complaints and how they are responded to locally. Arguably, it is of greater importance to understand the impact that complaints have had on people and to learn the lessons from them to so as to improve the experience of others.

Lessons can usually be learned from complaints that were upheld, but also in some instances where no fault was found, the Council recognises that improvements to services can still be made.

Occasionally, during the course of an investigation, issues will be identified that need to be addressed over and above the original complaint. The Customer Relationship team will then work with services to ensure that they see the “bigger picture” so that residents receive the best possible service from the Council. The Customer Relationship team will continue to provide daily advice and support to managers around complaints management and resolution, and with responding to representations. Learning is also shared and progressed as part of the Adult Social Care Quality Assurance Framework.

**Chart 8: Adult Statutory Complaint remedies in 2021/22**



Of the remedies recorded against Adult Statutory Complaints in 2021/22:

- 52% were to provide an explanation and apology
- 18% were to provide an explanation
- 12% were to provide an explanation and service provided
- 9% were to improve communication and information

## Positive Improvements

Throughout the year, we record the learning identified from each complaint in order to build up a picture of common themes or trends. Learning from corporate complaints is considered alongside that from statutory complaints as part of our quality assurance activities.

### Case study

We found that there was a delay in some people being contacted following a request for a Care Act Assessment. Unfortunately, we had been experiencing significant demands on the service which impacted on the time taken to see people.

To address this, the team contacted everyone awaiting allocation to ensure we remained in touch and assured them they would be seen as soon as possible.

We also recognised that we needed to do things differently to stay in touch with people so we introduced a Contact Sheet that is now sent out to each person and/or the representative once we receive a referral for a care act assessment or review. This details the name and number of the team supporting them and includes a copy of our 'My Assessment/review conversation' document, which highlights the type of questions and conversation people can expect when they are contacted. We developed these documents in partnership with our Making It Real Board.

Our Adult Social Care service continue to work in co-production with residents to modernise, develop and design services across the borough that are future proof. Our co-production framework in adult social care supports an ethos of getting people involved whether being a part of the specialist partnership boards, Making it Real board, or the feedback forms. A current example of this in action is the Ageing-Well Strategy, which is being actively developed with residents who are experts by their experience, with support from the Making It Real board, who include members who have lived experience of accessing our services with additional needs.

**Below are examples of other positive changes that have resulted from learning from complaints:**

- Individual remedies have been completed concerning support plans and assessments, and identifying the best ways of working together and staying in touch.
- Where social work practice fell short of our expected standards, this has been addressed as part of formal supervision process to support learning and professional development. We are also reviewing our Supervision policy and supporting documents to see if any improvements can be made.

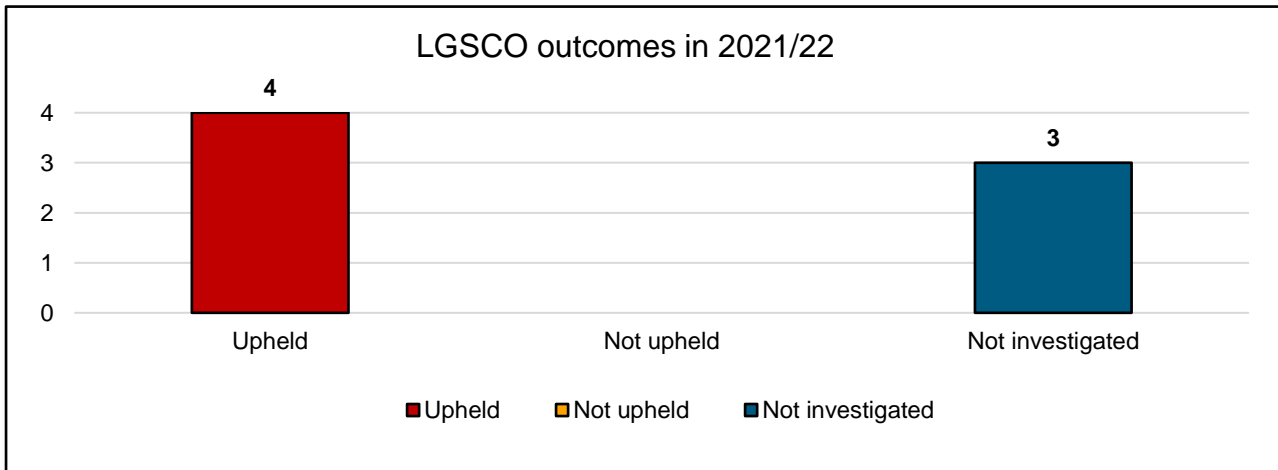
- Teams received refresher training on domestic abuse.
- We are commissioning training on the importance of professional curiosity.
- Our training in relation to the Equality Act has been updated to include information regarding assistance animals and the Council's responsibilities in respect to this.
- We have made the Disability Related Expenditure question within our electronic recording system mandatory. This will support staff in ensuring this is included in discussions with individuals, families and/or carers, supporting correct calculation of client contributions.
- Teams received refresher training on what can and cannot be disregarded in financial assessment calculations to ensure the correct information is given to customers and/or their representatives.
- Reminders were issued about processes and best practice. For example, several visits over different times of the day should be completed to get a more holistic picture during assessments. Ensure that people and their family/carers are appropriately informed prior to assessments being undertaken. Keep in contact with individuals and respond to any issues that are raised.
- To ensure better working practices we have introduced a duty protocol across the service to ensure when workers are unavailable there is another contact that individuals, carers and families can have to keep in touch with.
- One named officer will liaise with individuals or families to resolve issues to avoid customers having to make continual contact. We will ensure that once an individual, their family member and/or carer has made contact that it is the responsibility of the worker receiving the call. Any follow up actions by other officers will be communicated by the single point of contact.
- A new operational protocol has been implemented to ensure regular contact is made through an individual's hospital admission to ensure families are kept up to date of any discharge plans.
- Processes have been put in place to ensure that customers are contacted at the earliest by the invoicing and collection teams to set up a payment arrangement, this will minimise risk of delays.
- Involving people who have made complaints and experts by their experience in learning for staff.

# Complaints made to the Local Government & Social Care Ombudsman

The Local Government & Social Care Ombudsman (LGSCO) has the authority to investigate complaints when it appears that our own process has not resolved them. Complainants can refer their complaint to the LGSCO at any time, although the Ombudsman will generally refer them back to us if they have not been through our process first. In exceptional circumstances, the Ombudsman will look at things earlier; this usually being dependant on the vulnerability of the person concerned.

Seven cases were escalated to the LGSCO in 2021/22. All cases have been determined in the year. Three cases were closed with no further investigation, four cases were upheld. One of which was not investigated further as the LGSCO considered that satisfactory remedy had been provided by the organisation.

**Chart 10: Local Government & Social Care Ombudsman outcomes in 2021/22**



The Council fully complied with the recommendations made by the LGSCO, and learning was taken forward to improve practices in relation to calculation of disability related expenditure, and communication. Training has been amended to include information regarding assistance animals and the organisations responsibilities in respect of this. The Ombudsman also identified that there was a delay in internal processes and lack of clarity regarding the use of micro providers. Commissioners will escalate micro providers use and process with CQC to enable them to meet community needs.

The Council has already made service improvements to its Adult Social Care Service including creating a Learning Disability and Autism Team to prevent a recurrence of the faults identified.

# Concluding Comments

This Annual Report shows that the number of Adult Statutory Complaints we received in 2021/22 decreased from the previous year. Our services continue to result in a low number of complaints at a time when there have been major reductions in government funding for local authority service provision. Despite this financial backdrop, the Council continues to manage complaints well and is committed to putting right anything that has gone wrong.

The number of statutory complaints upheld was high in comparison to the total number received (at 58%). However, the Council acknowledges that the services it provides must continually evolve by us acknowledging and learning from our customers' experiences of them and actively identifying improvements.

Time scales for responding to complaints have significantly improved during the last 12 months following some significant changes to local procedures and our complaints policy, this has seen complaint timescales reduce significantly, as time scales are agreed from the outset complaints are rarely extended beyond this timescale more effectively managing our customer expectations.

## Complaint handling recommendations

- When completing a complaint investigation and response, services should assess whether any element of the customer journey could have been improved, even if this does not form part of the complaint. i.e. Could improved communication have prevented the customer's concerns being escalated to a formal complaint?
- Services should continue to respond in accordance with both statutory policy and our local policy so that customers get a resolution as swiftly as possible and are contacted at an early stage to discuss their concerns. When an amended response date has been provided, this must be honoured and not further extended.
- Services should continue to ensure that they are prioritising complaints and responding within the stated timescales. If there are unforeseen delays, the Customer Relationship team should be notified immediately so that we can notify the customer and advise them of the date they should expect their response and the reason for the delay.
- The legislation allows for a complaint not to be registered as such if it is resolved within 24 hours of receipt. This should be used as an opportunity to resolve the concerns of customers as swiftly as possible and involve them in the resolution of the matter – so as to reduce the number of complaints needing to be filed going forward.

- When responding to a complaint, all of its points should be addressed so that the customer receives a full response and, as a council, we get it right first time. Resources are available to assist officers when investigating and responding to complaints. The Customer Relationship team quality checks responses, and often makes comments and suggested amendments. The role of the Customer Relationship team is to ensure that complaints progress and complaint standards are adhered to. This is reflected in the advice they provide.
- An investigation template should continue to be completed for all statutory complaints, this ensures that detail of the investigation and records review is kept for if the complaint escalates further to the LGSCO. It also allows for ongoing learning and development to be shared.
- The Customer Relationship team will also continue to escalate complaints that have exceeded timescales to their appropriate Director.
- Meetings every six weeks with Directors will continue to ensure that complaints are being handled appropriately and learning identified.
- The list of complaints outstanding which can be accessed by Directors and their Service Delivery Managers, should continue - as this is having a positive impact on timescales.
- The Council's Adult Statutory Complaint Policy has been reviewed and approved in 2021/22. The Customer Relationship team will continue to work with senior leadership teams to effectively utilise complaints intelligence to support positive improvements in service delivery.

## **Oversight and support provided by the Customer Relationship Team**

The Customer Relationship team continues to support Service Areas to both manage and learn from complaints. The key services they offer are:

1. Complaints advice and support
2. Quality assurance of statutory complaint responses
3. Act as a critical friend to challenge service practice
4. Support with persistent and unreasonable complainants
5. Assistance in drafting comprehensive responses to complaint investigations
6. Continue to escalate overdue complaints to Directors

# Customer Relationship Team priorities for 2022/23

During 2022/23, the Customer Relationship team will focus on a number of key priorities:

- Helping to improve the Council's record of timely complaint responses
- Continuing to improve and add to the resources available to managers when responding to complaints and other correspondence, while encouraging self-help
- Working with services to develop an investigation template, and providing a complaint workshop covering complaint procedures and how to both investigate and respond to complaints
- Providing complaint data to senior management on a monthly basis, as part of corporate monitoring
- Working to maintain low levels of maladministration findings by the Local Government & Social Care Ombudsman
- Continuing to provide a quarterly and monthly reporting dashboard of performance data to senior management so that improvement can be driven forward continuously during the year



# Appendix

## Legislation

Section 5 of the Regulations (2009) requires local authorities to consider complaints made by anyone who:

- Is receiving, or has received, services from the Council
- Is affected, or is likely to be affected, by the action, omission or decision of the Council

A person is eligible to make a complaint where the local authority has a power or duty to provide, or to secure the provision of, a service for someone.

The 2009 regulations set a benchmark for all complaints to be investigated within six months. If the investigation is going to exceed this timescale, the local authority should write to the complainant to advise them of this and explain the reasons why.

The Corporate complaints process is used for anyone else who makes a complaint.

## What is a complaint?

A complaint is generally defined as an expression of dissatisfaction or disquiet about actions, decisions or apparent failings of a local authority's Adult Social Care provision that requires a response. We will always try to resolve problems or concerns before they escalate into complaints. If it is possible to resolve a matter immediately (or within 24 hours), there may be no need to engage in the formal complaints process.

The purpose of a complaints process is to resolve concerns raised by service users and their representatives, to deliver outcomes that are appropriate and proportionate to the seriousness of the issues, and to ensure that changes are made in response to any failings that are identified.

To achieve this, the approach to handling complaints must incorporate the following elements:

- Engagement with the complainant or representative throughout the process
- Agreement with them about how the complaint will be handled
- A planned, risk-based and transparent approach
- Commitment to prompt and focussed action to achieve the desired outcome
- Commitment to improvement and the incorporation of learning from all complaints

A complaint must be made no later than 12 months after:

- The date on which the matter that is the subject of the complaint occurred, or

- If later, the date on which the matter that is the subject of the complaint came to the notice of the complainant

The time limit will not apply if the Complaints Manager is satisfied that:

- The complainant had good reasons for not making the complaint within the time limit, and
- Notwithstanding the delay, it is possible to investigate the complaint effectively and fairly

## **Who can make a complaint?**

A complaint may be made by a relative, carer or someone who is acting on behalf of a person who has died, or is unable to make the complaint themselves because of:

- Physical incapacity, or
- Lack of capacity within the meaning of the Mental Capacity Act 2005, or
- Has requested that the representative act on their behalf

Complaints may be received through a variety of media (phone, letter, email, feedback form, personal visit, etc.) and at various points within the Council (to staff members, via respective web addresses, direct to the Customer Relationship team, etc.).

## **The Adult Statutory Complaints Procedure of Telford and Wrekin Council**

When a complaint is first received, the Customer Relationship team will carry out an initial assessment of it to determine its issues, severity and potential impact, and to identify any other organisations that maybe involved.

When someone contacts the Customer Relationship team to make a complaint, they will acknowledge it within three working days. They will also offer a meeting to the complainant to discuss the matter and establish their desired outcome. Agreement is sought on the following points:

- The detailed account of the complaint
- The complainant's view of the impact it has had on them
- Specific reference to any aspect that requires immediate action within the adult safeguarding/protection procedures
- Details of the outcome(s) that will resolve the matter from the complainant's perspective
- Whether the subject of the complaint could relate, entirely or partly, to another body (e.g. an NHS body or an independent care provider) and therefore a joint approach may be needed

- How the complaint will be investigated and by whom
- How long it should reasonably take to investigate the matter and provide the complainant with the Council's formal response
- How often, and by what means, the complainant will be updated on the progress of the investigation
- Whether an advocacy, translation or other support service is required
- Whether the involvement of an impartial mediator might contribute to a satisfactory resolution of the complaint

When an Adult statutory complaint is received we negotiate a timescale with complainants, depending on the complexity of the case. We aim to respond to all Adult Statutory Complaints within a maximum of 65 working days.

When the investigation is complete, the appropriate manager will write a letter explaining what they have found and what they will do to put things right.

If the complainant is not happy with the final decision or how we have dealt with their complaint, they can refer the matter to the Local Government & Social Care Ombudsman (LGSCO).