

Adult Social Care Annual Feedback Report

1 April 2021 - 31 March 2022

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1. Introduction

This report provides information in respect of the statutory complaints responded to by Adult Social Care during the year 2021 - 2022.

The report has been produced in line with The Local Authority Social Services and National Health Services Complaints (England) Regulations 2009 and details:

- The number of complaints received and processed by Adult Social Care Services in line with the regulations;
- The outcome of complaints responded to;
- A summary of the subject matter of the complaints, any matter of general importance and improvements that have been made as a result of the complaints; and
- The number of complaints which we have been informed have been referred to the Health Service Commissioner to consider under the 1993 Act or the Local Commissioner to consider under the Local Government Act 1974.

2. The Statutory Complaints Procedure

Adult Social Care complaints are managed in line with the Local Authority Social Services and National Health Services Complaints (England) Regulations 2009 which were introduced in April 2009.

The regulations are based on a single approach across health and adult social care with a single stage providing flexibility for the organisation and the complainant to agree on how their complaint will be handled. In instances where the complainant remains dissatisfied they are advised they can approach the Local Government Ombudsman.

It should be noted that complaints made by a responsible body (another local authority, NHS body, primary care provider or independent provider) and complaints that are made verbally and are resolved to the complainant's satisfaction are not required to be dealt with under the regulations.

Furthermore, the National and Regional Complaint Officers groups continue to meet on a quarterly basis to share their experiences and, when invited, provide feedback to the Department of Health on their experiences of working with the regulations.

3. Complaints received within the reporting period 1 April 2021 – 31 March 2022

The following table details the number of pieces of feedback registered and responded to as a formal complaint over the last three years:

Year	Annual Total
2019/2020	87
2020/2021	57
2021/2022	38

The number of complaints we have formally investigated and responded to during 2021 - 2022 decreased significantly by 33.3% on the previous year and by 56.3% since 2019 - 2020.

At the close of the reporting period (31 March 2022) 11 of the 38 complaints formally investigated during 2021 - 2022 had been concluded. The data is based on the 11 complaints that were formally investigated and concluded in the period.

4. Outcomes of Complaints concluded as at 31 March 2022

The following table provides details of the outcomes of those complaints received during 2021 – 2022 and concluded by 31 March 2022.

It should be noted that each of the 11 complaints formally investigated in the period can contain more than one complaint element. For the period 21 complaint elements were concluded and the outcomes can be seen below.

Outcome	Total
Upheld	2
Partially upheld	5
Not upheld	12
Unable to reach conclusion	1
Not a complaint	1
Total	21

5. Health Service Commissioner or Local Commissioner complaints:

During the 2021 – 2022 reporting period, Adult Social Care have not been informed that any complaints have been referred to the Health Service Commissioner to consider.

A total of 13 complaints during this period were referred by complainants to the Local Commissioner (Local Government and Social Care Ombudsman) to consider under the Local Government Act 1974.

6. Subject Matter of Complaints:

The categorisation of the subject matter of complaints is undertaken by the Customer Insight Team at the point each complaint is concluded.

The top three recorded cause of complaints in the reporting period were:

- *Poor Communication/Information*
- *Dissatisfaction with policy*
- *Lack of support*

The table below provides details of the recorded reason for the complaints during 2021 – 2022 as at 31 March 2022 (based on the 21 complaint elements of the 11 concluded complaints).

Subject Matter	Total
Conduct and Attitude of staff	3
Customer Interpretation	1
Delay in service provision	2
Dissatisfied with policy	4
Lack of support	4
Poor Communication/Information	5
Poor Response/Investigation	1
Quality of Service	1
Total	21

7. Matters of General Importance arising from complaints received 2021 - 2022

The feedback we receive through complaints continues to provide invaluable insight in order that we can learn from our mistakes and ensure that we make the necessary improvements to the services we are providing to the people of Sandwell that meet their needs and expectations.

It should be noted that there will be more key issues (21) than complaints concluded (11) as some complainants raise more than one issue.

The table below shows the root cause of each complaint element concluded as at 31 March 2022, and whether the complaint was upheld or not.

	Upheld	Partially Upheld	Not Upheld	Unable to Reach a Conclusion	Not a complaint	Total
Conduct and Attitude of staff			2	1		3
Customer Interpretation			1			1
Delay in service provision		2				2
Dissatisfied with policy		1	3			4
Lack of support		1	3			4
Poor Communication/Information	1	1	2		1	5
Poor Response/Investigation			1			1
Quality of Service	1					1
Total	2	5	12	1	1	21

8. Service Improvements from Statutory Complaints 2021 - 2022

As part of an investigation the Investigating Officer is required to identify any recommended future actions or service improvements that are made as a result of the complaint findings. This analysis draws together all the service improvements that were identified during 2021 - 2022.

Written or verbal reminders to staff –

Reminders were given to staff to improve service delivery in the following areas:

- Ensuring that there is clear communication with family and that the service user and their family are provided with timely updates.
- Promoting clearer communication between Social Workers and the Clinical Commissioning Group to ensure continuity of payment for Care.
- Ensuring discussion takes place at senior management meetings regarding cases where a person is awaiting a Care Assessment and authorisation of funding due to the ceasing of funding by the Clinical Commissioning Group.
- Explaining processes clearly to service users and family and the necessity to check client understanding of the process.