



Cambridgeshire  
County Council

# Adult Social Care Customer Care Annual Report

01 April 2021 to 31 March 2022



# Report Purpose

To provide information about compliments, comments, representations, MP Enquiries, informal and formal complaints, and to comply with the Department of Health's 'Regulations on Health and Adult Social Care Complaints, 2009'. To identify trends and learning from complaints received during the reporting period

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## 1.0 Context

- 1.1 This report provides information about compliments, comments, representations, MP enquiries and complaints made between 01 April 2021 and 31 March 2022 under the [Adult Social Care Complaints Policy](#) and [2009 Department of Health Regulations](#) on Adult Social Care Complaints. Cambridgeshire County Council has an open learning culture and a positive attitude to complaints, viewing them as opportunities for learning and for improved service delivery.
- 1.2 The scope of this report includes adult social care services provided through Cambridgeshire County Council and those provided through our NHS partner organisation, Cambridgeshire and Peterborough Foundation Trust (CPFT).

## 2.0 Executive Summary

- 440 compliments were received in 2021-2022 which is a significant 75% increase from the 252 recorded in 2020-2021. Compliments continue to account for the highest volume of feedback received by the Customer Care Team for adult social care over the last three reporting years. 226 formal complaints were received in 2021-2022. This is an 8% (16) increase in comparison to 2020-2021 when 210 formal complaints were received. The overall percentage of people receiving services who complained over equates to 3.5%.
- There were 5 final decisions issued by the Local Government Social Care Ombudsman (LGSCO) this reporting year. This compares to 4 adult social care decisions being issued in 2020-2021 and 6 final decisions being issued in 2019-2020.
- The LGSCO uphold rate for Cambridgeshire County Council was 64%, which is 8% lower than their overall average uphold rate of 72%. The average uphold rate for similar authorities was 71%.
- 57 MP enquiries were received in 2021-2022. This is an 8% (4) increase from the last reporting year.
- In 2021-2022 there were 66 informal complaints received. This compares with 97 informal complaints received in 2020-2021, a decrease of 47% (31).
- Complaints about care assessments and charging accounted for the most common underlying cause for complaints this reporting year.
- 78 (35%) complaints related to the provision of care by council commissioned care providers this reporting year. This is significantly more than 2020-2021 when there were 23 (11%) complaints recorded.
- 73 (32%) complaints were partially upheld, while 49 (22%) were not upheld and 27 (12%) were upheld, this follows a similar trend of complaint outcomes over the last 2 reporting years. The remaining 77 (34%) were either withdrawn or closed
- There were 19 Senior Manager Reviews completed during 2021-2022. This is the same as the last reporting year.

### 3.0 Definitions

3.1 The terms: compliments, comments, representations, and complaints are defined in appendix 1 and an explanation of acronyms is provided in appendix 2

### 4.0 The complaints process and feedback

4.1 Information on [how to provide feedback](#) is available on the council’s website and in an adult social care feedback leaflet which is provided to all services users. The public can also provide feedback to the council via an online feedback form, by phone, email or in person to any member of staff and through the council’s social media channels.

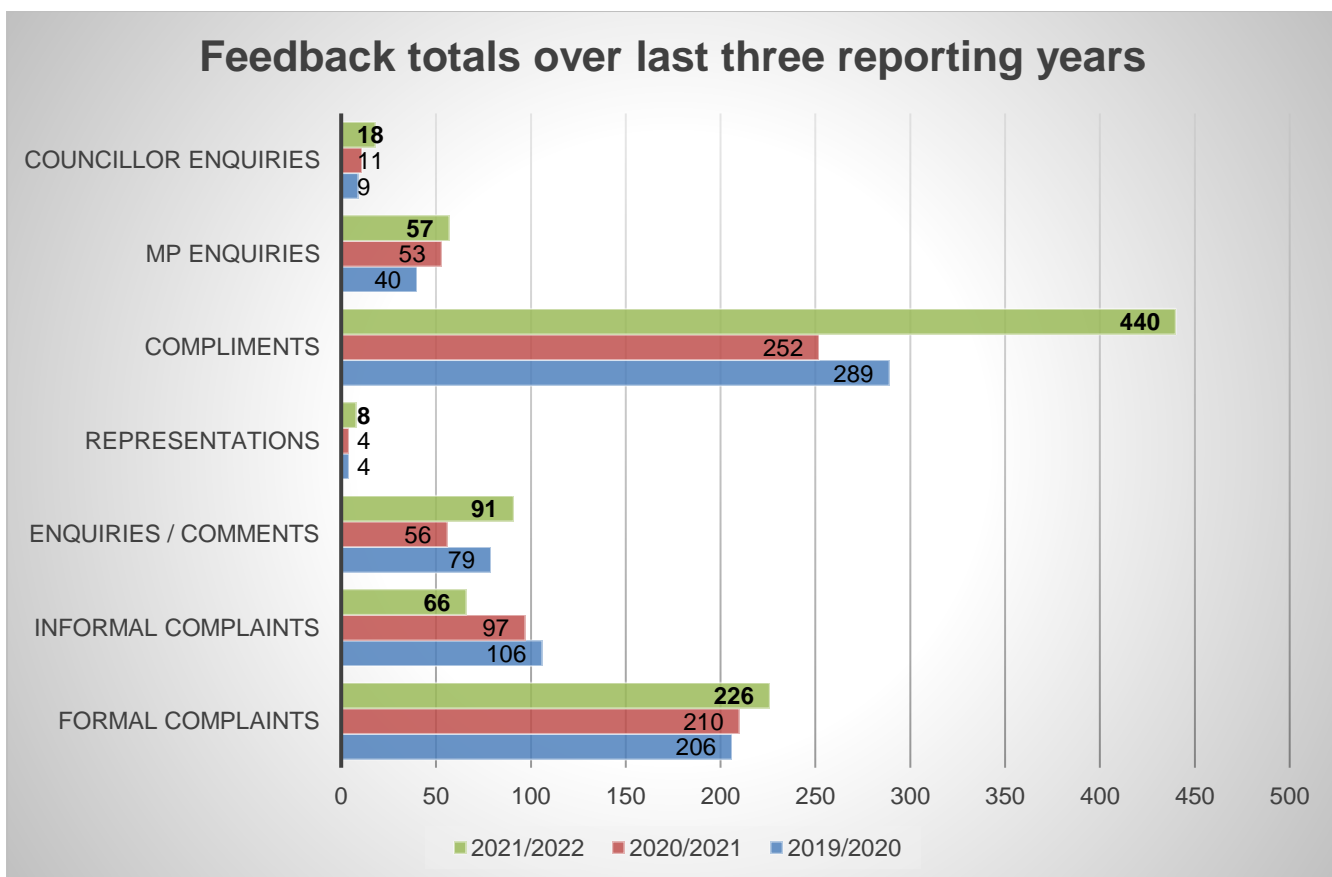
4.2 The complaints process has an emphasis on de-escalation and early resolution of complaints.

4.3 The [adults social care complaints policy](#) is accessible on the council’s website or on request from any member of council staff. The policy outlines the complaints process and timescales.

### 5.0 Summary of overall feedback received

5.1 The total amount of feedback received this reporting year by the adult social care Customer Care Team is 906, in comparison to a total of 683 (25% increase) last reporting year. The breakdown is shown in figure 1 below, alongside a comparison to the previous three reporting years. More details on each type of feedback is given within the corresponding sections of this report. 13.5% of people we support in adult social care provided some form of feedback that was managed via the Customer Care Team.

5.2 Figure 1:



## 6.0 Learning identified from complaints

- 6.1 The council are receptive and reactive to feedback. Whether a complaint is upheld or not, formal or informal, or whether there is a reason the council determine not to respond to a complaint, the relevant service will still consider each concern, investigate where appropriate, and learning will be identified wherever possible to ensure the opportunity for service improvement is not missed.
- 6.2 The council are keen that learning from complaints is shared across services. This is achieved in a variety of ways to include regular complaints meeting with Head of Services' across adult social care, Director level oversight of all LGSCO complaints and the dissemination of learning through a variety of methods led by the Practice Standards and Quality Team and the Principal Social Worker for adult social care. These can be relating to a specific case or regarding wider themes that have been identified. Learning from complaints relating to practice is also overseen by the adult social care Practice Governance Board.
- 6.3 Team managers are reminded to share customer feedback regularly with their team members in team meetings to ensure learning is disseminated across staffing levels and in a timely manner.
- 6.4 Learning from complaints can be combined with feedback from other sources, such as user surveys and the partnership boards. For example, complaints around accessibility and clarity of information and advice have been linked to issues raised in the national service user survey and resulted in focussed work with the adult social care forum and partnership boards. The corporate communications team have designed a survey to be undertaken with support of partner organisations to ascertain what information people are looking for and where they go to find this. The findings of this are helping to better target our advice and information offer and to ensure we are providing the information that is important to people.
- 6.5 In light of the learning identified from both individual complaints as well as the [themes](#) identified across complaints in general, several actions have been taken to improve the services we provide, examples of which are:
- 6.6 Feedback relating to inaccurate invoicing has led to the Adults Finance Team (AFT) implementing a new step in their administration processes, to ensure their finance module is updated in a timely manner when a client's billing address changes on their social care records.
- 6.7 The AFT now offer staff training drop-in sessions to discuss complex finance cases for solutions, to ensure decision making is informed and supported by colleagues who are specialists in the area.
- 6.8 As a result of feedback highlighting errors with the accuracy and timeliness of invoicing for care calls, additional resource has been provided to the AFT to ensure all missed provider call returns have been applied on the data base, prior to invoices being released every 4-weeks.
- 6.9 Following feedback about the irregularity of invoicing, the AFT have revised the billing cycle to ensure invoices are raised on a 28 day cycle to ensure consistency going forward.
- 6.10 A new reporting functionality was installed on the adult social care service user database, which now enables the AFT to upload a report into their finance module on a monthly basis, to ensure the death of a person we support is updated on the finance system in a timely manner. This will ensure correspondence is not addressed to the deceased, which has caused distress to relatives and representatives.
- 6.11 The Financial Assessment Team (FAT) have also increased the resource within their team to address the delays in the completion of financial assessments when someone begins to receive care.

- 6.12 Concerns about the receipt of financial documentation has led to the FAT improving their internal processes to ensure a letter confirming receipt of financial documentation is now sent as a matter of course, which also outlines expectations of allocation to a financial assessment officer for completion. In addition to this, the FAT will now systematically send reminders to the person, or their representative, for non-receipt of financial forms in a timely manner.
- 6.13 Feedback relating to dissatisfaction with the outcome of a financial assessment has led to a more robust financial assessment appeals process being implemented. This step enables a financial assessment officer and/or manager who was not involved in the original assessment to check and confirm the outcome. If people remain dissatisfied following the financial assessment review, and they wish to complain further, they can access the statutory complaints procedure via the Cambridgeshire County Council.
- 6.14 Feedback relating to the co-ordination between health and social care services around the Discharge to Assess (D2A) process resulted in the implementation of a virtual Multi-Disciplinary Team (MDT) 'room' where representatives from health and social care are virtually present throughout the working day. This offers a platform to discuss complex cases that fall under this D2A process and for alternative resolutions to be discussed in a timely manner. For example, if there is an issue with a D2A pathway recommendation from the hospital, it can be discussed immediately in the virtual MDT room and be resolved in a timely way.
- 6.15 Feedback about the delays in the completion of assessments, following a D2A decision on placement, resulted in the introduction of 'light touch assessments', which enabled the ToC to complete a care and support plan to issue to the Brokerage Service as swiftly as possible. This ensures the person we support is able to be moved as swiftly as possible into their preferred setting not having to wait for a full social care assessment to be completed in the first instance.
- 6.16 Feedback from people and their financial representatives highlighted dissatisfactions with the wording of debt recovery letters which were felt to be intimidating, poorly timed, irregular and lacked information. As a result of this, the Debt Recovery Team have gathered customer feedback to support the improvement of the wording and content of the letters issued. The amendments to the letters will also include additional details to show more clearly the invoices that attributed to the balance. These improvements will be implemented in the coming reporting year and the Customer Care Team will monitor feedback to ascertain if these changes have led to a decrease in debt related concerns.
- 6.17 Complaints are increasingly crossing over with external organisations, to include hospitals and mental health services. Wherever possible, the Customer Care Team will ensure that a co-ordinated response is provided to the complainant, rather than signposting the complainant to each organisation to raise separate complaints. As each organisation will typically have differing complaints policies, processes, timescales and escalation routes, it can often prove difficult to co-ordinate, resulting in delays and further frustration for the complainant.
- 6.18 Complainants have fed back that there is poor communication between services, which is often what led to the complaint being raised in the first instance. In order to improve joint working, the Customer Care Manager meets quarterly with colleagues in both Cambridgeshire and Peterborough Foundation Trust (CPFT) and with the Cambridgeshire Regional PALS and Complaints Managers Network to discuss joint complaints and improve communication. This has led to the production of a joint working protocol for all involved organisations to ensure that there is a joined up, systematic and consistent approach when responding to complaints that cross over between services. This should be implemented later this year and we hope that this will improve the experience of people raising complaints that cross both health and social care.
- 6.19 Practice and system changes were implemented across social care teams to ensure better management oversight of active safeguarding investigations. This involved system process changes to clearly identify any open work steps relating to active safeguarding investigations and social care teams reviewing active safeguarding

concerns weekly and the immediate escalation of delays, or concerns, to senior management. These changes were introduced to reduce the number of safeguarding enquiries that remained open unnecessarily and resulted in delays in families (or other relevant persons) being notified of the outcome of the enquiry in a timely manner.

- 6.20 Where the outcome of a complaint identified that a commissioned care provider's service had fallen below expected standards, this was shared with the council's Contracts and Commissioning Team who carried out monitoring and review work with the respective providers to ensure the failings that had been identified were being addressed by the providers, for example improving record keeping. In addition to this, the Care Home Support Team undertake targeted work with care homes to improve quality of care where issues have been identified through complaints or other sources.
- 6.21 Feedback about delays with, and the implementation of, the complaints procedure has resulted in training sessions being run over the course of the year to improve adult social care staff knowledge on the process and expectations. In addition to this, a work step is being introduced to provide senior management with key information relating to progress and performance of complaint investigations, to enable oversight of any issues and for interventions to be introduced where necessary to avoid delays.

## 7.0 Compliments

- 7.1 A compliment is an expression of praise, commendation, thanks, congratulations, or other positive comments provided to a member of staff or to the services provided by adult social care. Compliments provided by members of council staff are excluded from this process.
- 7.2 440 compliments were received in 2021-2022 which is a significant increase from the 252 recorded in 2020-2021. Compliments continue to account for the highest volume of feedback received by the Customer Care Team for adult social care over the last three reporting years. Compliments accounted for nearly half (440/906) of all feedback types combined during 2021-2022.
- 7.3 Examples of compliments received are below:

**Adult and Autism Team:** "I also want to thank you again for everything you've done for us both. I know I've not always been the easiest person to deal with, but I think you understand how hard it has been for me these past few years. The most important thing is that, thanks to you and your experience in helping autistic people like X, we were able to secure adequate support for him in the end. A very grateful mum."

**Adults Finance Team:** "Just to say that I have been working with Oli over the last few months and can I say what a pleasure it is to work with him. He owns the problem and deals promptly. He has first class customer service skills and is always very polite in his communications."

**Adult Early Help Team:** "Cheryl has been extremely helpful, supportive and efficient with my Mum's care needs. She acted very quickly at a time when we needed support for my Mum (90). Information was concise and informative and helped us navigate the information available."

**Carer's Services:** "Very helpful, supportive and I was treated with great respect and felt listened to."

**Debt Recovery Team:** "X stated Mandy has been an absolute star, she has had tremendous amount of patience and has helped to resolve an issue which has been going on for quite a few months. X would like to pass on her huge gratitude to Mandy."

**Learning Disability Team:** “I just wanted to follow up our chat yesterday with a big thank you for all your help these last few months. It's been great to have you on the case, and your care, consistency, and perceptiveness are very appreciated.”

**Mental Health:** “I would like to thank the care and support team and, in particular, Marie for her thorough and accurate assessment and care plan for my brother, X. She took time to visit him and from what I understand spent time getting to know him and talking to the staff who care for him. In Xs long history of mental illness and self-neglect this was the first time I felt his complex needs and the consequent special support he requires have been so meticulously and accurately addressed. She obviously took care to listen to my brother, provider staff and me. Please pass on my thanks to her. I am sure that this has been a very difficult time for support services, and it is with gratitude and relief to know that there are people who can show care in this way.”

**Occupational Therapy:** “Angela was very kind also had life skills of understanding people. Angela followed through on equipment and people.”

**Physical Disabilities:** “I would like to say a massive thank you for all of the support you have shown to X and Y. This last few months have been very difficult but I am sure that without the professional support and kindness you have given it would have been much harder.... I personally would like to acknowledge just how important your help has been to me and the rest of the family. The long hours are often not recognised, and it goes unseen but to us you have been the glue that has held us together over the last few weeks. Thank you for your professional help support and kindness.”

**Reablement Services:** “The members of the Cambourne Reablement team were exceptional. All staff were conscientious, caring and kind and on some occasions went well beyond what I expected from them. Their visits were timely and as they were providing 'double up' care I was included in conversations. It is an important and well carried out service.”

**Sensory Services and Technology Enabled Care:** “The sessions with Nicola were well balanced between the professional and the personal. Her advice has been extremely helpful in dealing with the practical difficulties of severe vision impairment. At every turn Nicola was constructive and innovative, but not in the least bit patronising. I found her patient and persistent which has prodded me into learning some new skills after my initial resistance. First Class!”

**Transfer of Care:** “Thank you so much for keeping us informed along the way, it really has helped to have a consistent point of contact throughout the process so far. Thank you for your comprehensive update regarding mum’s ongoing care going forward. Thank you also for all the help and support you have given us during this very difficult time....We really do appreciate everything that you have done so far.”

- 7.4 Themes in compliments relate to gratitude of staff being empathetic towards people and their family’s situation, the courteous and polite manner of staff and the appreciation of the service and support provided by adult social care which has helped improve the lifestyle of people we support.
- 7.5 The majority of compliments for the Adult Early Help Team were stating that the team are good at sharing information and that they are efficient.
- 7.6 A number of comments received for Carers Services state that the team are respectful and provide supportive information. Likewise, positive feedback for Reablement services focusses on how the team work with people to find solutions that work to enable them to be as independent as possible.



- 7.7 Compliments about the Transfer of Care Team relate primarily to the support and information given during the transition from hospital to either going home with a new care package in place, or alternatively when entering a residential care home setting for the first time, and the support that has been provided during that period of transition. The majority of compliments were praising staff for being patient and taking time to provide and explain information.
- 7.8 Compliments that fall under the Older People service, not only include compliments for council staff but also include compliments for care staff and residential settings commissioned by the council.
- 7.9 Technology Enabled Care and Sensory Services receive the highest proportion of positive feedback. The themes are that people we support or their families thanking staff for the informative information provided on resources that can offer them assistance that they had not previously been aware of, for example a lifeline (personal alarm service in time of need) which offers them peace of mind. Feedback highlights the positive impact the supply of technology enabled care devices have on the lifestyle of and improved independence it provides the people we support.
- 7.10 A clear theme in compliments across all services, identifies that the people we support, and their representatives appreciate time being taken by staff to listen and explain services to them. It is important that staff across adult social care services recognise that the terminology and services are new and their familiarity with their service should not be used to make assumptions, or to forget, that this is not the case for people outside of their area of work.
- 7.11 In recognition of such feedback, adult social care services continue to improve the accessibility of information about services provided, with the improvement to the information on the council's website and also in the production and revision of information leaflets available to the public and in the variety of formats that these are accessible in.
- 7.12 Platforms such as the practice governance board and the adult's leadership forum are used to inform and remind staff about the appreciation from the people we support when time is taken to explain processes fully and the importance of remembering to do so in an understandable and accessible way and seeking clarification from the person that they have understood or to offer them the opportunity to raise queries.
- 7.13 A current feedback review project is looking into the approaches Sensory Services and Technology Enabled Care use to obtain feedback on their services, as they receive a higher proportion than other services.
- 7.14 Compliments which show that the work of an individual staff member has been exceptional are personally acknowledged by the Service Director for Adult and Safeguarding adult social Care and are included in the monthly communications email from the Executive Director, People and Communities to all staff.
- 7.15 The Customer Care Team remind staff of the importance of sharing positive feedback with the team.

Compliments accounted for nearly half (49%) of all feedback received across adult social care.

## 8.0 Enquiries

- 8.1 91 enquiries were received in 2021-2022. This is a 63% increase in comparison to the 56 comments and enquiries received in the last reporting year. The number of enquiries dealt with over a reporting year tends to fluctuate considerably i.e., in 2019-2020 there were 79 enquiries managed by the Customer Care Team. It is

therefore not possible, at this stage, to provide a definitive explanation for the significant increase this reporting year.

8.2 The enquiries covered several issues, including:

- Requests for social care assessments
- Queries with invoices
- Queries regarding financial assessments
- Raising data protection concerns
- Enquiries about other local authorities and their adult social care services
- Enquiries about related services, including the NHS, Cambridgeshire and Peterborough Foundation Trust (CPFT), Clinical Commissioning Group (CCG) and the City Council.
- Concerns regarding other council departments, including children's services and transport
- Reporting safeguarding concerns
- Raising concerns about privately funded care
- Requests for information relating to other council services such as information governance services

8.3 86 of the enquiries were dealt with by the Customer Care Team or redirected on to the relevant team within the council for consideration and 5 enquiries were passed onto external organisations to respond to.

## 9.0 Representations

9.1 A representation is a comment or complaint about council policy or procedure (rather than how we have applied a policy or procedure). A representation can also be made about allocation of resources or the nature or availability of services.

9.2 The Director responsible for the relevant service area will review the representation and if the Director feels that the policy, legislation, or funding decision should be changed, they can take it forward for further consideration. It is the council's elected members who have the final decision on whether it is changed. If the Director feels that the policy, legislation, or funding decision is appropriate and should not be changed, the customer will be advised of the reason for the decision. If there are a significant number of similar representations, and it is within the council's power and responsibilities, they will consider re-investigating the concerns again.

9.3 8 representations were received in 2021-2022. This is twice the amount that was received in 2020-2021. They related to:

- Content of invoices
- How documentation is provided or uploaded electronically
- Conducting telephone re-assessments opposed to carrying out the re-assessment in person
- Format of financial documentation to include remittance advices
- Clearer recording mechanisms to identify a person's communication preferences
- Difficulty raising a complaint via the council's website
- Difficulties emailing large attachments containing information required by the financial assessment team

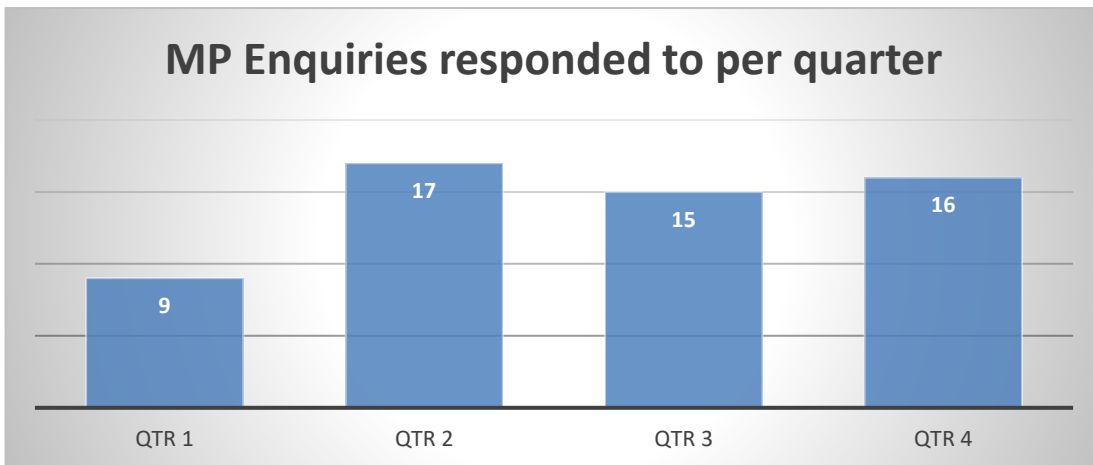
## 10.0 MP Enquiries

10.1 An MP enquiry can be related to a request for information, the clarification of circumstances or further information for a particular situation or constituent, or the notification of dissatisfaction with a service.

10.2 The Customer Care Team facilitates responses to MP enquiries. These are not counted as complaints, however, in some cases, a complaint may already have been received and in some cases, a complaint may be subsequently made. Every care is taken with these responses which are written in the expectation that they will be shared with the MP's constituent.

10.3 57 MP enquiries were responded to in 2021-2022. This is an 8% (4) increase from the number of MP enquiries received in the previous reporting year, where 53 were received.

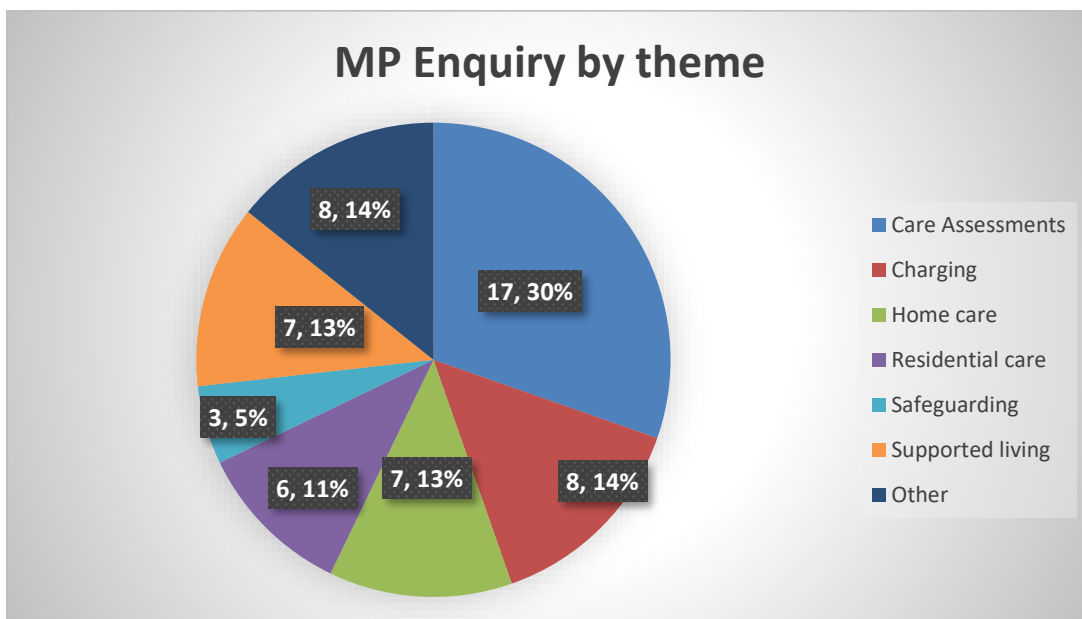
10.4 The number of MP enquiries received per quarter fluctuates over the reporting year as can be seen in the figure 2 below:



10.6 0.9% (57) of people receiving adult long term services raised concerns via their MP. This is a slight increase from last reporting year where 0.7% (53) of people receiving long term services raised concerns with their MP.

10.7 The chart below shows the number of MP enquiries responded to according to the service the person was open to. The chart below only shows services that received more than 2 MP enquiries.

10.8 Figure 3



\*The above graph only shows categories where there was more than one enquiry

- 10.9 The Older People service responded to the largest volume of MP enquiries (17), which is expected in respect of the service having the largest proportion of people we support receiving their services.
- 10.10 17 of 57 (30%) MP enquiries received in 2021-2022 were responded to outside of the 10-working day timescale. Delays were due to the complexity of the concerns that were being responded to or the need to await the outcome of a meeting that had been scheduled outside of the 10-working day response time. The number of MP enquiries delayed this reporting year is 5% (5) more than last year. This has shown an overall 10% increase in the number of MP's responded to outside of timescale over the last 2 reporting years. The Customer Care Team are working with responding managers to try and reduce this figure.

## 11.0 Councillor Enquiries

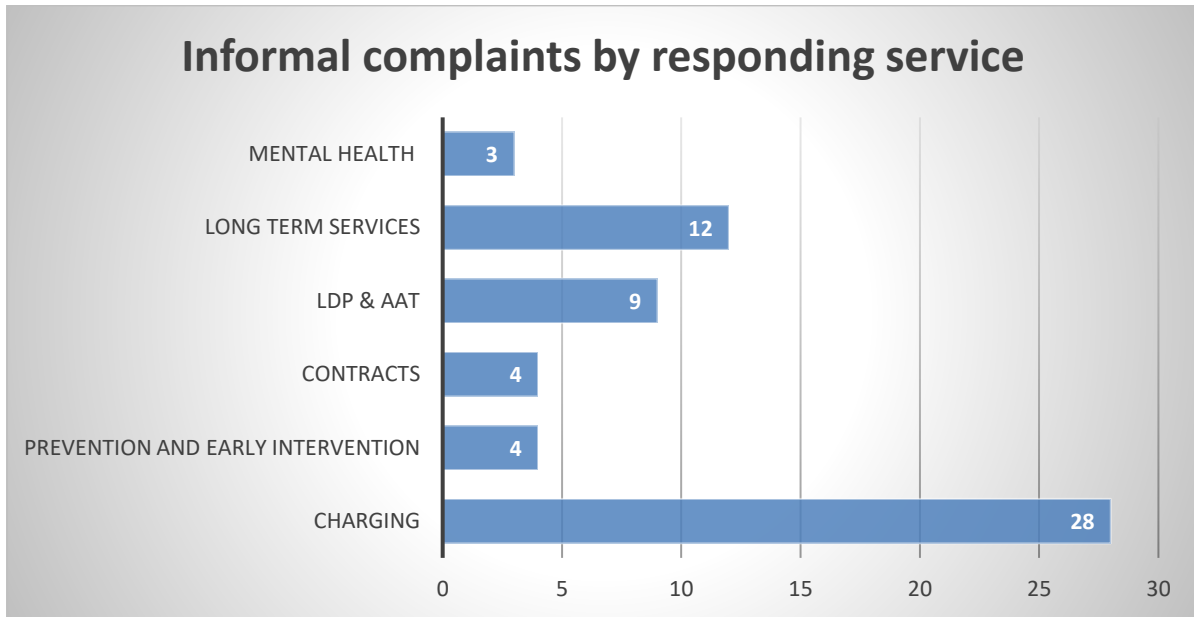
- 11.1 As members of the council, Councillors can contact adult social care raising enquiries on their constituents behalf. Councillors may be responded to directly by the respective service manager or in some more complex cases the Customer Care Team will co-ordinate an investigation and respond to the Councillor. On occasion, a complaint may already be in progress and on other occasions, a complaint may be raised as a result of the enquiry to obtain more information and enable sufficient time for a thorough investigation to be carried out.
- 11.2 In this reporting year, the Customer Care Team dealt with 18 Councillor enquiries, in comparison to 11 Councillor enquiries in the last reporting year, this an increase of 64%. These figures are not representative of the full number of enquiries Councillor's make on behalf of their constituents, only the number that the Customer Care Team have co-ordinated a response to. The majority of enquiries are managed directly between the Councillor and the respective service area and are therefore not recorded by the Customer Care Team.
- 11.3 A modification has recently been introduced to the adult social care electronic case recording system, in order to more accurately record and report on the number of Councillor contacts being managed directly by the social care teams. We hope to be able to report on these figures in the next annual report.
- 11.4 4 enquiries related to the social care assessments; 2 related to standard of care and support; 2 related to choice of providers; 2 related to mental capacity concerns; 2 related to concerns around mental health; 2 related to debt recovery; 2 related to covid visiting restrictions and the remainder were related to services not provided by the council.

## 12.0 Informal Complaints

- 12.1 During the course of the year the number of formal and informal complaints varies slightly. This can be a result of a complaint initially being dealt with informally and then the complainant states that they wish for the complaint to be escalated and dealt with formally. Similarly, some complainants wish their complaint to be dealt with formally and when the initial remedial actions have been completed, they state that they wish to withdraw their complaint. In cases where the type of complaints changes, the complaint records are amended accordingly.
- 12.2 In 2021-2022 there were 66 informal complaints received. This compares with 97 informal complaints received in 2020-2021, a decrease of 32% (31).
- 12.3 At this stage, it is not possible to determine why there has been a significant decrease in the number of informal complaints this reporting year, however, it may be due to a change in the in which they are recorded, which was introduced in July 2021. It has not been possible at the time of writing this report to obtain the data held in the new reporting system for informal complaints processed post January 2021. The Customer Care Team will work

with Business Intelligence to obtain these figures and continue to monitor the numbers, to identify if there is a trend in the figures continuing to decrease.

12.4 Figure 3 shows the number of informal complaints in relation to the major service area that led on the response:



\*The above has grouped services and does not include service areas where there were one or less informal complaints

Key:							
AEH:	Adult Early Help	MH:	Mental Health	OP:	Older Peoples	PD:	Physical Disabilities
LDP:	Learning Disability Partnership	ASC:	Adult Social Care	OT:	Occupational Therapy	YAT:	Young Adults Team

12.5 The highest volume of informal complaints this reporting year related to charging with 28 informal complaints (0.4% of people we support) being responded to. This category covers complaints responded to by the Adult Finance Team, the Financial Assessment Team and the Debt Recovery Team.

12.6 The service area that responded to the second highest volume of informal complaints were long term services. This category includes Older Peoples services and Physical Disabilities. As these services account for the highest proportion of people open to adult social care, it correlates that they would receive a higher volume of complaints than service areas with fewer people.

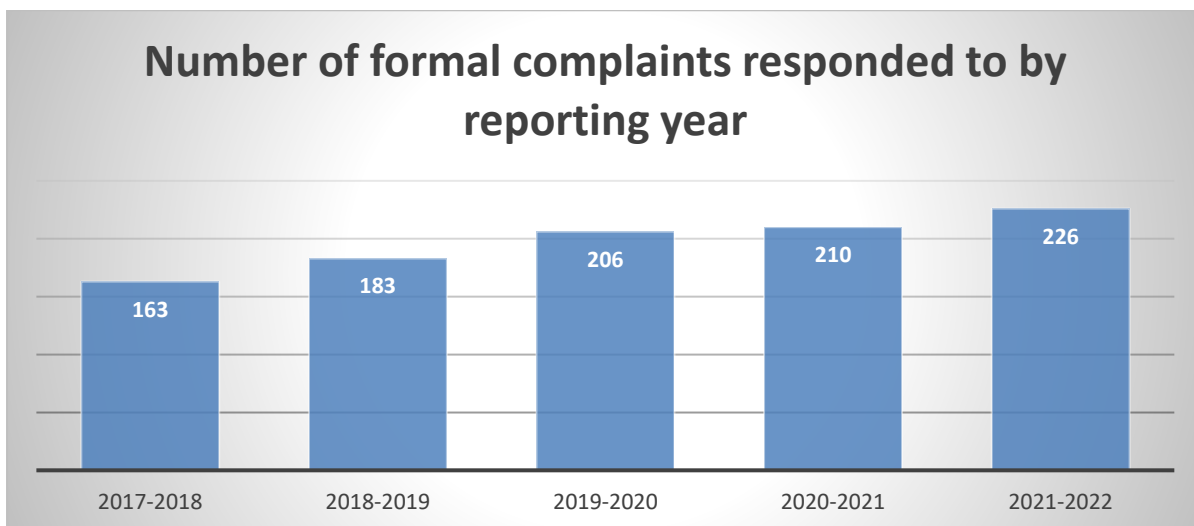
## 13.0 Formal Complaints

13.1 A complaint is an expression of dissatisfaction, whether justified or not, about the standard or the delivery of a service, the actions or lack of by the council or its staff which affects an individual person, their representative or a group of users.

13.2 In providing these statistics, it should be noted that the volume of complaints does not in itself indicate the quality of the council’s performance. High volumes of complaints can be a sign of an open, learning organisation, as well as sometimes being an early warning of wider problems enabling the opportunity for preventative

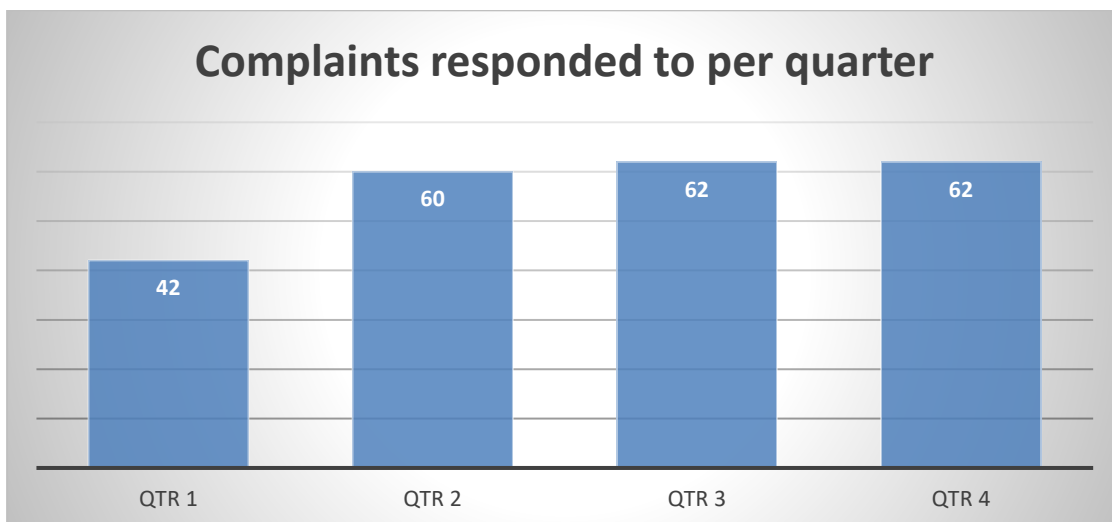
measures to be implemented. Conversely, low complaint volumes can be a worrying sign that an organisation is not receptive to feedback from people we support, rather than being an indicator that all is well.

- 13.3 Therefore, emphasis is placed on ensuring that people wishing to make a complaint or provide feedback of any kind, can do so with ease in a variety of ways. Guidance regarding how to provide feedback of any kind is provided on [Cambridgeshire County Council's website](#).
- 13.4 In addition to the website, information on how to make a complaint or provide feedback is explained by staff during the assessment process and the people we support are given a factsheet that outlines the process and provides details on how to provide feedback. There are several facilities available for complaints to be made in different ways: by email, in writing, in person or by telephone.
- 13.5 The Customer Care Team are now recording how feedback is being provided for 2021-2022 to be able to obtain a summary of statistical data about the age, gender, disability, sexual orientation, and ethnicity of complainants. This will assist us with learning and service improvement, to ensure feedback services are accessible and to review if there are any adjustments we can make to improve on accessibility. We will report further on this in the next reporting year.
- 13.6 There were 226 formal complaints received in 2021-2022. This is an 8% (16) increase in comparison to 2020-2021 where 210 formal complaints were received.
- 13.7 Although there is a year on year rise in the number of complaints received, the overall percentage of people receiving services who complained over the previous four reporting years remains very similar, having only increased from 3% to 3.5% this year, suggesting the annual growth rate has remained fairly consistent for 4 years.
- 13.8 Figure 4 gives details of the number of formal complaints received over the last 5 reporting years:



- 13.9 The average number of formal complaints received per quarter during 2021-2022 was 56.5 in comparison to 52.5 per quarter in 2020-2021.
- 13.10 The chart on the next page shows the actual number of complaints responded to per quarter during this reporting year

13.11 Figure 5:



13.12 The graph above shows that there was a significant increase of 43% (18) in the number of complaints responded to after quarter one. This mirrors the pattern of [MP enquiries this reporting year](#), where there were considerably fewer received in quarter one than in the following three quarters. There is no firm way of identifying what caused this peak, it may be that the lower number of complaints in the first quarter is related to the impact that a variety of COVID-19 restrictions had at differing points of the year. The Customer Care Team will continue to monitor the fluctuation per quarter in order to identify any particular trends.

## 14.0 Service Area Complaints

14.1 To provide some perspective; the table below shows the number of complaints in relation to the major service areas and the total number of people receiving services. Please note that the table does not account for all complaints, only those which come under the service areas listed.

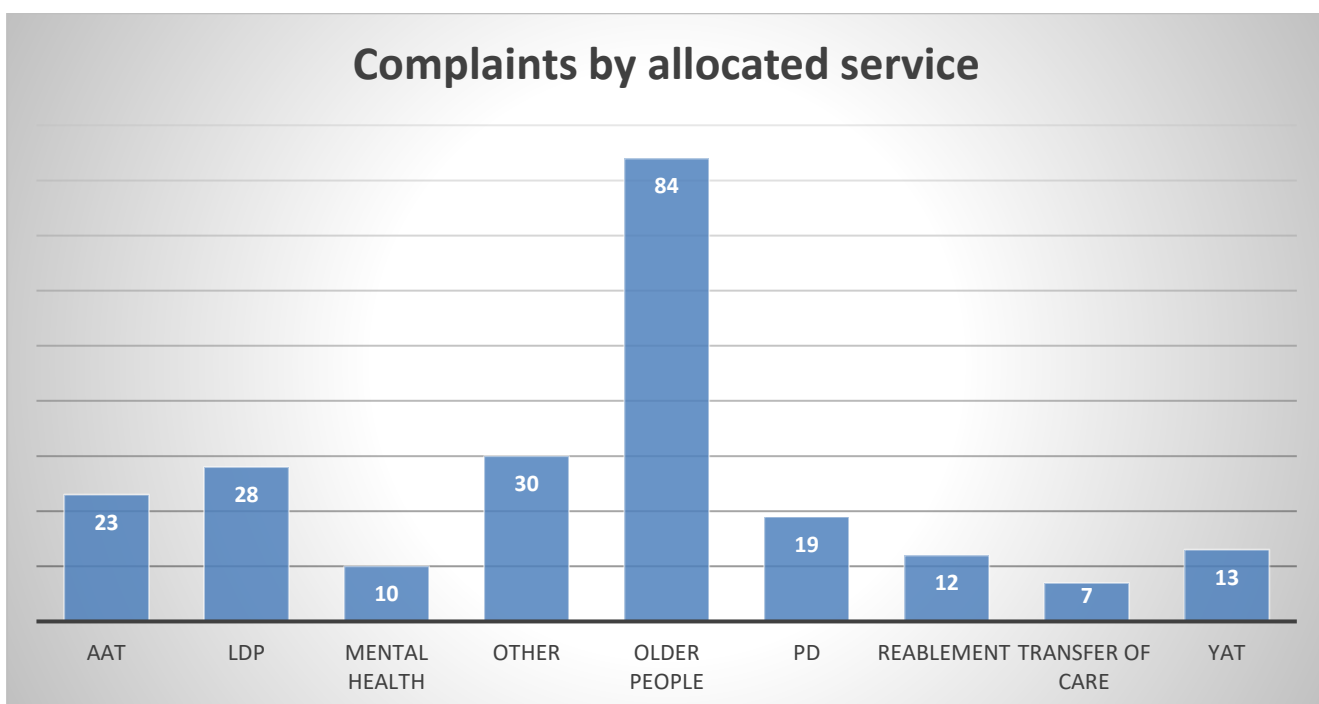
14.2 Figure 6:

Service Area	No of people receiving services	No of complaints	Percentage of complaints by population receiving services.
YAT	300	13	4.3%
Other*see below	1036	49	4.8%
AAT	160	23	14%
LDP	1321	28	2.1%
OP & PD	3407	103	3.0%
MH	540	10	1.2%
<b>Totals</b>	<b>6576</b>	<b>226</b>	<b>3.4%</b>

\*The other category includes the following services; Continuing Healthcare, Reablement, Transfer of Care, Children’s Social Care and cases where the complainant is not open to a service area.

14.3 The table above shows that although Older Peoples, combined with Physical Disabilities services, responded to the highest volume of complaints, the Adult and Autism Team (AAT) and the Young Adults Team (YAT) responded to a significantly higher percentage of complaints per client base.

- 14.4 Many complainants raise more than one complaint. These are treated as new complainants, if they are received after their first complaint has entered the investigation stage or if they are issues that have already been responded to. An example of this, is where the YAT have responded to 13 complaints, however, they only related to 6 people who raised more than one complaint. Similarly, of the 23 complaints responded to by AAT, 5 were raised by one person and 4 by another.
- 14.5 Overall, 3.4% of people allocated to an adult social care service formally complained. This remains similar to the last four reporting years where 3% of people allocated to adult social care services complained.
- 14.6 Formal complaints accounted for 25% (226) of the overall feedback (906) received for adult social care for 2021-2022.
- 14.7 Figure 7 below, shows the number of complaints received by the service area that the person in receipt of services is allocated to.



- 14.8 For consistency in data capturing, a complaint will be categorised under the service area that the person is currently receiving services from. In a small proportion of complaints, a complainant may be categorised under one service, however, the complaint may be about a different service area. For example, a complainant may currently be open to the Adult and Autism Team, however, their complaint may relate to services they received in the Young Adults Team.
- 14.9 The above chart shows that the majority of all formal complaints, were made by people, or their representatives, who were receiving services from the Older People Teams, 84 (37%). This is to be expected, as they are the service with the highest number of service users. However, as identified in the previous table, in proportion to their client base, it equates to 3%, which falls into the average formal complaint percentages across all adult social care services.
- 14.10 The second largest category for complaints at 13% (30) is the 'other' category. This category includes the following services; Continuing Healthcare, Multi Agency Safeguarding Hub (MASH), Children's Social Care, Cambridgeshire and Peterborough Foundation Trust (CPFT) and also complaints where the complainant is not open to an adult social care service.

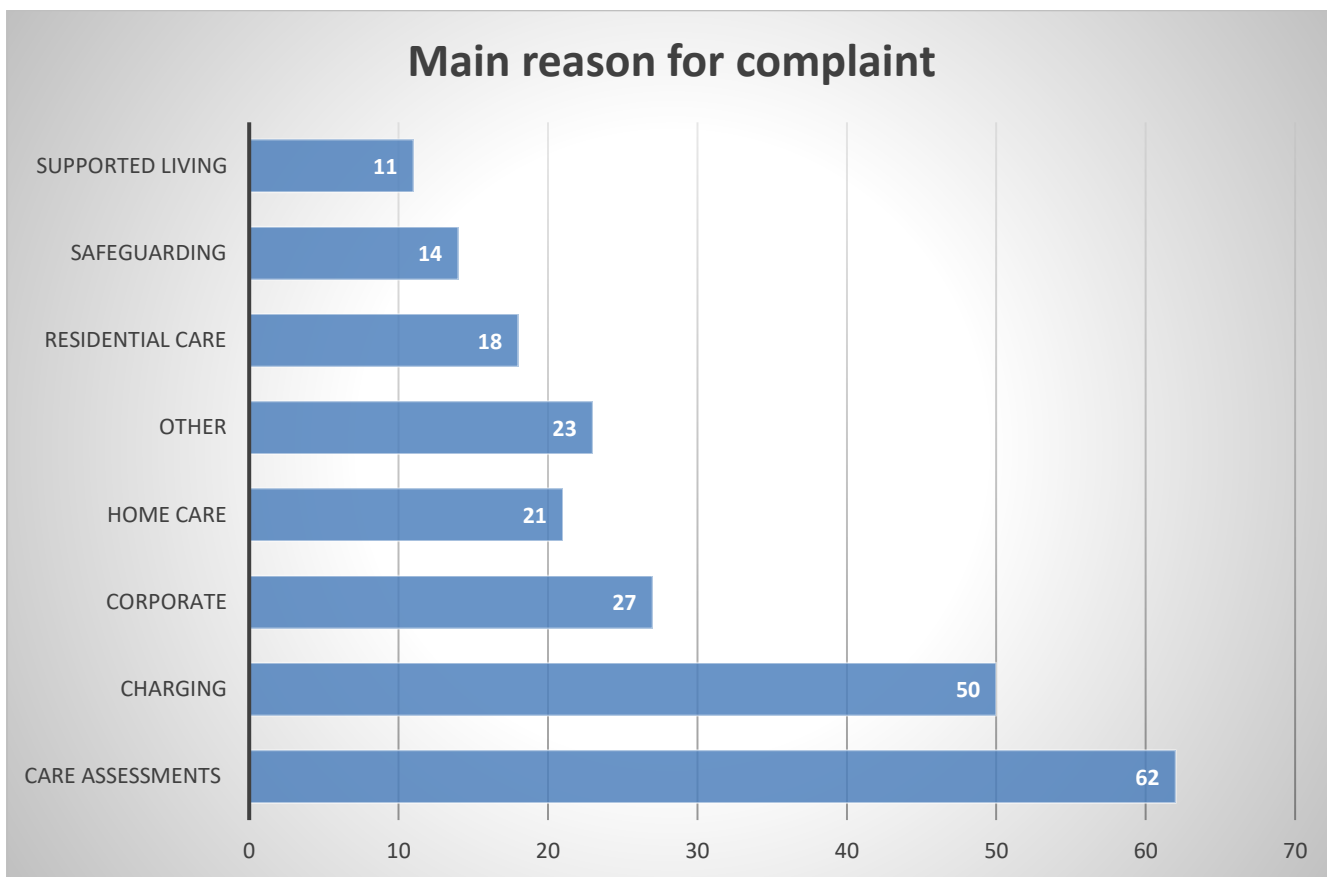


- 14.11 The Learning Disability Team received the next highest proportion of complaints at 28. This is an increase of 7 (33%) in comparison to last reporting year where they received 21.
- 14.12 The Adult and Autism Team (AAT) received 23 complaints, which is a significant increase of 44%, in comparison to 2020-2021 where they received 16. Similarly to AAT, the Young Adults Team (YAT) have also had a significant increase in the number of complaints they responded to this reporting year, 13, in comparison to 2020-2021 where they responded to 4. As shown in figure 7 above, these figures are also high in proportion to the number of people open to their services, in comparison to other areas of adult social care. Although it is not possible to definitively ascertain why this is, it is assumed that this could be attributed to the number of complainants within these services who have raised multiple complaints in the reporting period which is a considerably higher proportion than any other service areas. The Customer Care Team will continue to monitor this to identify themes.
- 14.13 There were 19 complaints for Physical Disabilities services this reporting year which is a 19% (3) increase from 2020-2021 where 16 complaints were responded to.
- 14.14 There was a 50% increase in the number of complaints for Reablement this reporting year, from 6 to 12 in comparison to 2020-2021. However, in comparison to 2019-2021, there has been a decrease of 5 (42%). There is nothing to suggest a particular reason for this increase and it may be that the drop in the number of complaints for this service last year was unusual, opposed to the rise this year. The Customer Care Team will continue to monitor this and to try and identify if there are any particular themes that are suggestive of an underlying issue causing an increase in concerns.
- 14.15 Mental Health service complaints, which covers both Older Peoples Mental Health (OPMH) and Adult Mental Health Services (AMH), increased by 8 in 2021-2022 in comparison to the 2 complaints recorded in 2020-2021. This increase may be down to improved data capturing and complaints management between the council and CPFT which the Customer Care Team will monitor over the next reporting year.
- 14.16 7 complaints were formally responded to in relation to people receiving services from Transfer of Care (ToC) in 2021-2022, which is a decrease of 43% (4) in comparison to 2020-2021. This decrease may be attributable to clearer information being made available to services and the public about the Discharge to Assess pathway, which was initiated at the start of the COVID-19 pandemic and accounted for a spike in complaints related to ToC services in the last reporting year.

## 15.0 Reasons for Complaints

- 15.1 The categorisations for the reasons for complaints has changed since the last reporting year, in order to align with the categorisations defined and used by the Local Government Social Care Ombudsman. This is to try and provide more consistency in recording and to increase the ability of using comparator data for analysis
- 15.2 Complaints are becoming more complex and contain more than one reason of dissatisfaction and for reporting purposes complaints are categorised using the primary issue in the complaint.
- 15.3 [Appendix 3](#) provides a small selection of case examples of the reasons why the people we support, or their representatives, have complained about the services they have received from adult social care.
- 15.3 Figure 8 on the next page, shows the main reasons for complaining in 2021-2022

15.4 Figure 8:



- 15.5 Complaints relating to care assessments accounted for the most common reason for a complaint, 29% (62). This is quite a broad category and examples of complaints that fall into this category are complaints about the content of the assessment (inaccuracies); disputing the outcome of the assessment; delays in the assessment being undertaken or completed; disputes about the mental capacity of people and therefore their ability to provide an accurate account of their needs; disputes about who forms part of the assessment gathering process. It is not possible to advise if there has been an increase or decrease in this category since the last reporting year, due to the change in recording the reasons for complaints.
- 15.6 Charging, which includes Debt Recovery, Adult Finance, Financial Assessments and Direct Payments, received the next largest volume of complaints, at 50 (22%). This is an 11% decrease from 2020-2021, where there were 56 complaints about charging.
- 15.7 The 'corporate' and 'other' categories in the graph above, cover complaints that do not fall under the council's adult social care complaints policy. Therefore, although relating to adult social care in some manner, they will have a key issue that needs to be managed outside of the adult social care complaints policy. Ultimately, the reason for this is that there are often differing complaint escalation routes once the council's own respective process has concluded for example the Information Commissioners Office (ICO), the Office of the Public Guardian (OPG) or the Court of Protection (CoP).
- 15.8 The majority of the complaints within the corporate complaints category relate to complaints about members of staff conduct. Examples of these include parking of their vehicles; the manner in which they communicated verbally or in writing with the public and allegations against staff conduct outside of work. Complaints raised by providers also fall within the corporate complaint category. Such complaints are dealt with by the council's overarching complaints policy and in line with Human Resources (HR) regulations and guidance as appropriate

- 15.9 Complaints that have been categorised within the 'other' category, include complaints that relate to data breaches, information governance, children's services, concerns about people who are not open to adult social care, concerns about housing or concerns relating to health services. These complaints are overseen by the Customer Care Team and where appropriate referred on to the appropriate service to respond.
- 15.10 A process for managing complaints that are commissioned by adult social care and provided by Mental Health or Occupational Therapy (OT) services are managed in line with the Section 75 agreement with Cambridgeshire and Peterborough Foundation Trust (CPFT). The number of complaints recorded by the Customer Care Team can differ slightly from the number reported by Cambridgeshire and Peterborough Foundation Trust (CPFT). These variations are due to the different ways in which complaints are categorised by the respective organisations. This year there was a total of 10 complaints about services provided by CPFT under the Section 75 agreement. This is an increase of 3 from 2020-2021 where 7 were recorded.

## 16.0 Complaints about Commissioned Care Providers

- 16.1 The council has responsibility for the services it commissions. A complainant can address a complaint about an independent service provider commissioned by the council either by complaining to the provider directly or by complaining to the council. In cases where the complainant has complained to both parties, the council will investigate and respond. There should also be a separate investigation carried out by the independent provider.
- 16.2 Complaints and the response to complaints involving independent care providers are copied as a matter of routine to the appropriate commissioning and contracts manager(s) within the council.
- 16.3 As shown in the figure 8 above, 50 complaints related primarily to either home care, supported living or residential care. Overall, 78 (35%) complaints related to the provision of care by council commissioned care providers. This is significantly more than 2020-2021 when there were 23 (11%) complaints recorded. The difference in number is likely to be attributable to improved reporting mechanisms within the Customer Care Team, whereby the visibility to identify complaints that relate to a commissioned provider are more accessible. The Customer Care Team will continue to monitor this over the next reporting period.
- 16.4 Of those 78 complaints, the majority of those complaints 60 (77%) were about expected standards not being met. Of the issues that fell into this category, the highest proportion 20 (26%) related to the standard of care and the timing of care calls for domiciliary/home care providers and 18 (23%) related to the standard of care provided by residential providers, both of which remain key themes in complaints within this category. The next largest proportion 17 (22%) were in connection to COVID-19 related issues, for example restricted visiting, choice of providers, the COVID-19 testing of staff and patients and issues with Personal Protective Equipment (PPE).
- 16.5 Social care teams, the council's Contact Centre and the Customer Care Team will record notifications of concerns about the standard of care being provided by independent care providers. This enables the Contracts and Commissioning Team to gather a picture of concerns being raised (these are not specific to formal complaints) and to establish if there are any themes.
- 16.6 The council's Contracts and Commissioning Teams, work with care providers and carry out monitoring visits and where necessary will implement Home Improvement Plans (HIP) and work alongside the Clinical Commissioning Group (CCG) to review quality and compliance with care providers.

## 17.0 Comparative Data

- 17.1 Historically, the Customer Care Team have reported on the complaints data obtained from our comparator authorities, the top ten of which are: Oxfordshire, Gloucestershire, Hampshire, Essex, Buckinghamshire, Hertfordshire, West Sussex, Surrey, Worcestershire and South Gloucestershire. The comparator authorities used are those defined by the Department of Health for comparing statistical data to Cambridgeshire.
- 17.2 Unfortunately, this data has not been collated and distributed over the last five reporting years. The Customer Care Manager has contacted the local authority who previously led on the collation of this data in order to establish if this can be resumed and we hope to be able to provide this comparable data in the next annual report.
- 17.3 It is worthwhile noting, that even on receipt of the more current data from comparator authorities, it is difficult to consider a valid comparison as there are a range of different arrangements for dealing with and the recording of complaints data. For example, some authorities record and report on adult and children's social care complaints jointly, whilst others include all contact, to include Councillor and MP enquiries, within their complaints data.
- 17.4 Although we are currently unable to report on our statistical neighbours' complaints data, each year in June/July, the Local Government and Social Care Ombudsman (LGSCO) issues an annual review to each council. In their review letter the Ombudsman sets out the number of complaints about the council that the LGSCO have dealt with and offers a summary of statistics to accompany this.
- 17.5 The annual review statistics are publicly available, allowing councils to compare their performance on complaints against their peers; copies of the annual review letter, as well as any published Ombudsman complaints, are issued to the leader of the council and Democratic Services (the Ombudsman's link person within the council) to encourage more democratic scrutiny of local complaint handling and local accountability of public services.
- 17.6 The most recent public data available from the LGSCO, at the time of writing this report, is for 2020-2021.
- 17.7 The number of complaints and enquiries processed by the LGSCO continues to rise year on year and during 2020-2021 there was a 53% (882) increase in the number of complaints and enquiries they processed. Of the 7193 the LGSCO received, 4700 went onto detailed investigation, which is a 42% (2493) increase from the previous year.
- 17.8 The uphold rates for all complaints that the LGSCO took to a detailed investigation was 72%, which is a 4% increase to the previous year when this rate was 68%.
- 17.9 For Cambridgeshire County Council the uphold rate was 64% which is 8% lower than their overall average uphold rate of 72%. The average uphold rate for similar authorities was 71%.
- 17.10 The LGSCO review provides the figures for all adult social care complaints and enquiries they received for all local authorities within England (164) for 2020-2021. For adult social care, the LGSCO received 2552 complaints and enquiries in 2020-2021, which is a 53% increase from the previous year where they received 1670 for adult social care.
- 17.11 The LGSCO found the council had provided a satisfactory remedy before the complaint reached them in 14% of the cases. Although this figure seems low, in comparison to the percentage for similar authorities this is 6% higher. The council continue to strive to increase the number of complaints where the complainants, and where

relevant the LGSCO, are satisfied that their concerns have been fairly addressed and their desired outcomes met. This is evident in the increase (6%) from the LGSCO previous review, where they felt the council had provided a satisfactory remedy before the complaint reached them. It will never be possible to achieve this in all scenarios as there will be occasions where the council are unable to provide the complainants desired outcome.

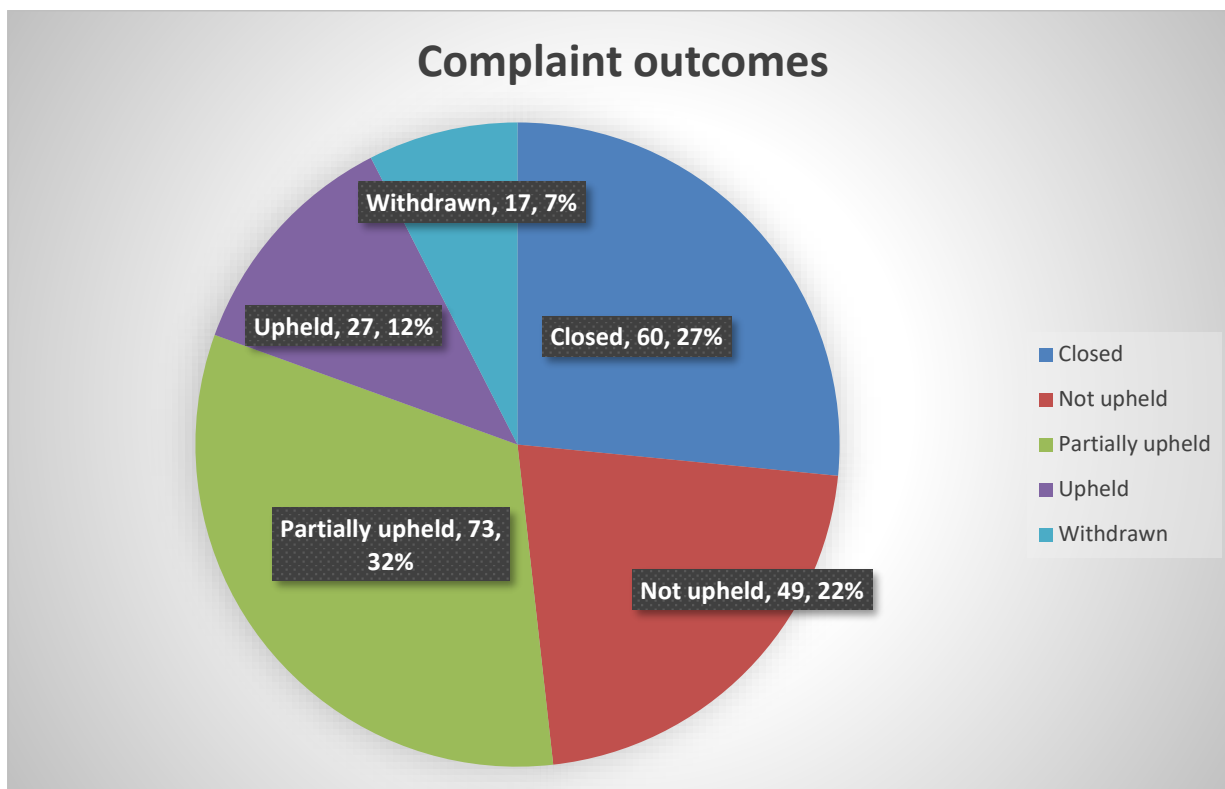
- 17.12 Of the complaints that the LGSCO took to detailed investigation, they were satisfied that the council had fully complied with all of their recommendations.
- 17.13 The LGSCO have three classifications of investigations: initial checks, initial investigations and detailed investigations. The last data available from the LGSCO from 2022-2021, shows that there were 10 cases where, following initial checks, the LGSCO referred the cases back to the council for local resolution and there were 15 cases where the LGSCO closed them following initial investigations. The LGSCO initial investigations enquiries can be as time consuming to complete as a detailed investigation.

## 18.0 Complaint responses

- 18.1 The council is committed to acknowledging complaints received within 3 working days and to provide the customer with a response within 25 working days. If there are mitigating circumstances for exceeding these time frames, then a written explanation is sent to the complainant to advise them of the delay.
- 18.2 The Customer Care Team strive to ensure complaints are responded to within timescale and make a concerted effort to support continuous improvement in this area. During 2021-2022, 37% (83) of formal complaints required extensions, leading to the response taking longer than 25 working days, this is a 3% (13) increase from the last reporting year.
- 18.3 It is acknowledged that any delay in providing a complaint response will add further frustration and dissatisfaction to a complainant and this is something the council want to mitigate. The Care Customer Care Team and Adult Social Care Management Team will continue to support improvement in response timescales and are implementing changes in the administrative processes, to include earlier escalation of delays to senior management, to promote more timelier responses.
- 18.4 Extensions were agreed for a number of reasons:
- Complex cases involving multiple complainants
  - Related to ongoing legal issues
  - Related to active safeguarding investigations
  - Complex cases involving other organisations, or multiple teams within the council
  - Awaiting consent from the person we support or for a Mental Capacity Assessment to be completed
  - Time needed to include a meeting with the complainant or person we support during the investigation
  - Change in investigator during the course of the investigation
  - Staffing capacity alongside the impact of the redeployment of staff amidst COVID-19 pandemic
  - Awaiting the completion of a workflow before the complaint can be concluded, for example a social care assessment or a financial assessment
- 18.5 There are several complaint decision categories, the three outcome categories are recorded using the following definitions:

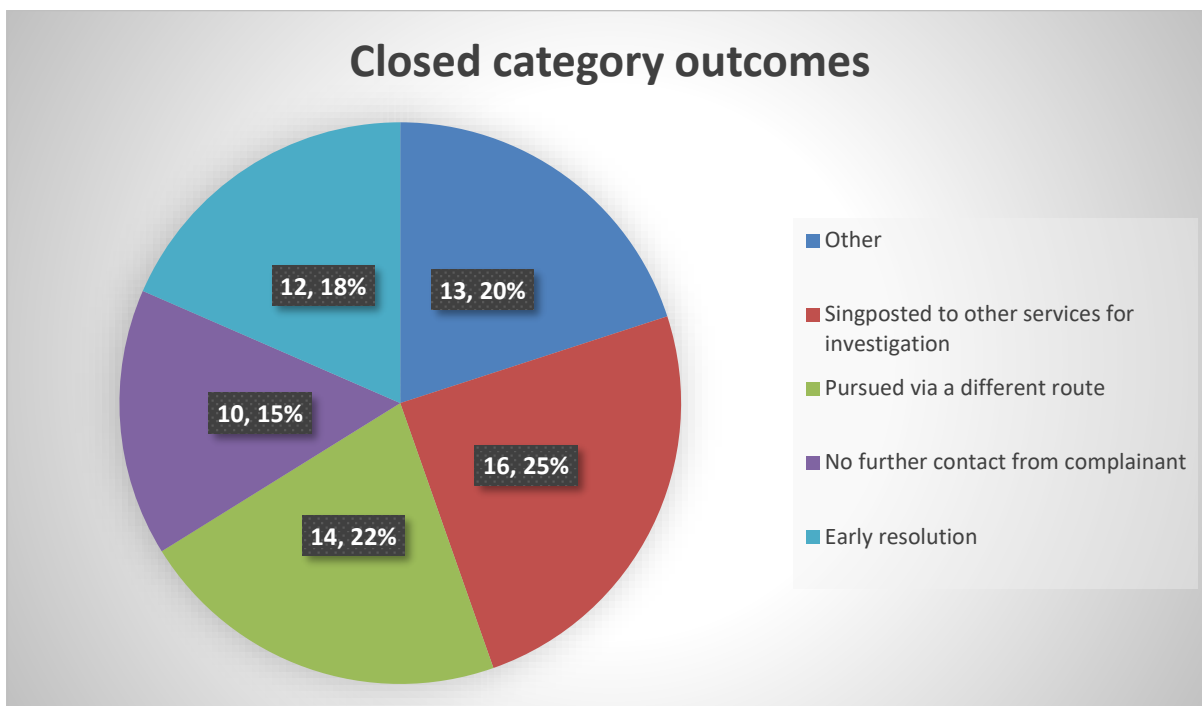
- Upheld – all issues raised in the complaint required remedial action to rectify the situation and prevent similar issues arising in the future
- Partially upheld – at least one issue in the complaint was upheld and required remedial action
- Not upheld – no fault found and the issues raised did not require remedial action

18.6 Figure shows formal complaint outcomes for 2021-2022.



- 18.7 Partially upheld complaints accounted for the highest proportion of outcomes with 73 (32%) which is the same percentage of partially upheld complaints as the previous reporting year.
- 18.8 49 (22%) complaints were not upheld, which is a 4% increase on last year, however, this fluctuation is minimal over the last three reporting years, where the latter years had an uphold rate of 20% and 19% respectively.
- 18.9 27 (12%) of complaints were upheld in 2021-2022, which is a 4% decrease on the previous reporting year where 16% of complaints were upheld.
- 18.10 The three major complaint outcome categories (upheld, not upheld and partially upheld) continue to follow the trend of previous years where there has been little change in the percentages of each respective category.
- 18.11 Of the remaining two outcome categories, 60 (27%) of complaints were closed and 17% (12) were withdrawn. There are various reasons why complaints are closed and figure 10 on the next page provides further context about the reasons within this category.

18.12 Figure 10:

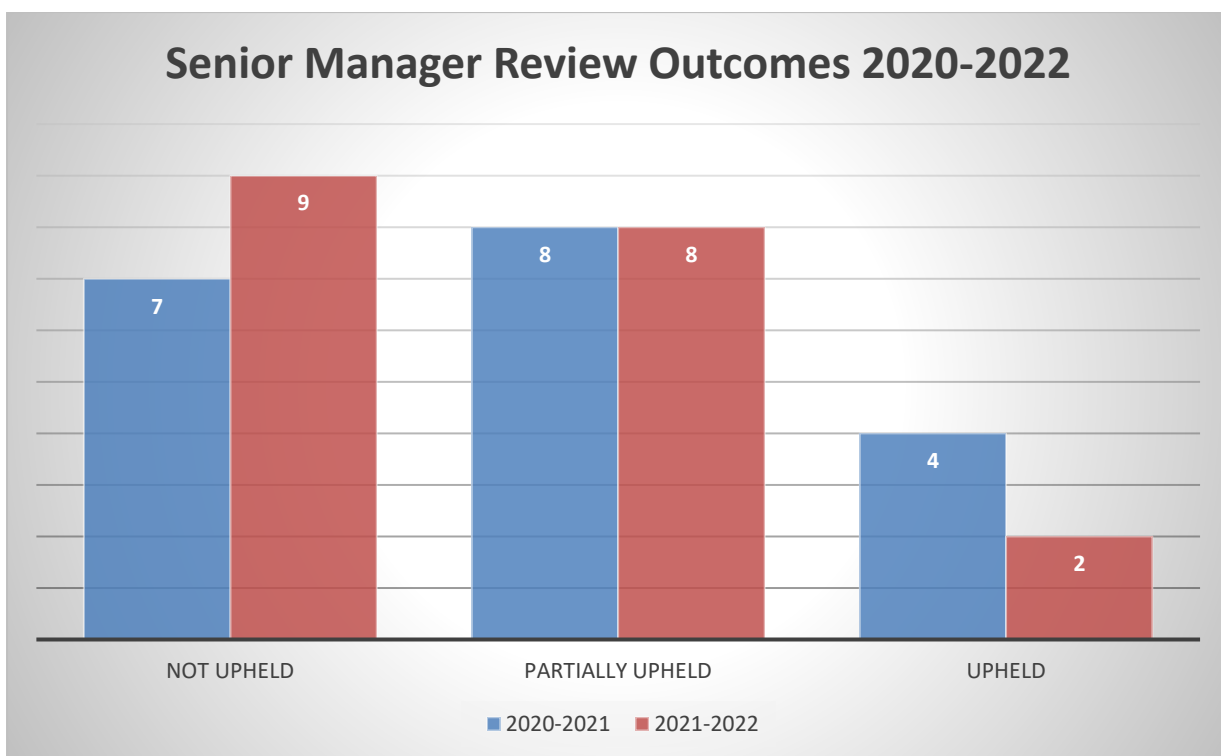


- 18.13 Of the 14 (22%) complaints that fall under the pursued via a different route category, these included routes such as legal, insurance and when a decision has been made to escalate the complaint straight to the second and concluding part of the adult social care complaints process.
- 18.14 12 (18%) of complaints were closed due to the concerns being resolved prior to the formal investigation concluding in such instances, with agreement from the complainant, the complaint is closed.
- 18.15 There are occasions when complainants will raise a complaint, however, when the Customer Care Team have tried to contact the complainant to ascertain more information there has been no response. In such instances, when all contact details have been attempted, a letter is sent advising that we are closing the complaint. There were 10 instances this reporting year where complaints were closed on this basis.
- 18.16 16 (25%) of the complaints which were closed, fell under the 'other' category. This category includes: complaints that were closed as the matters being raised related to complaints that had previously concluded the council's complaint process; complaints that raised historical matters i.e. typically 12 months after the events that are being complained about occurred which are not taken forward for investigation and finally cases where the person we support has not consented to the complainant raising the concerns on their behalf in which case, following careful consideration, we need to close some complaints.

## 19.0 Senior Manager Review

- 19.1 Where complainants are not satisfied with the first response to their complaint, a number of options may be pursued such as offering a meeting, providing further information or a Senior Manager carrying out a review of the complaint.

- 19.2 A Senior Manager Review is the second and concluding part of the adult social care complaints process. The final response letter will conclude by signposting the complainant to the Local Government Social Care Ombudsman with any further dissatisfactions in relation to their complaint.
- 19.3 For consistency, the Customer Care Team report on completed Senior Manager Reviews rather than those requested or those that are ongoing within a reporting year.
- 19.4 In 2021-2022, there were 19 Senior Manager Reviews completed. This the same number of reviews that were completed in 2020-2021. The number of Senior Manager Reviews over the last 5 reporting years has only fluctuated slightly, with the mean number of Senior Manager Reviews since 2016 to present being 15.
- 19.4 Figure 11 below, shows the outcome of the Senior Manager Reviews completed this reporting year in comparison to 2020-2021:



- 19.6 As visible in the graph above, there has been a 29% (2) increase in the number of cases not upheld and a 50% (2) decrease in the number of upheld Senior Manager Reviews.
- 19.7 The Senior Manager Review process offers the complainant reassurance that the complaint has been scrutinised by another officer with more seniority within the authority. Therefore, any increase in the number of Senior Manager Reviews is not necessarily a cause for concern, what would be more of a concern would be a significant increase in the number of upheld reviews. In addition, this process can prevent the escalation to the LGSCO, or where they have been escalated to the LGSCO, there is a higher proportion of findings where the LGSCO are satisfied that the council have remedied effectively in the first instance ([see details in 17.8](#)).
- 19.8 Reviewing the number of cases decided by the LGSCO over the last 24 months, it suggests that less than half of complaints that have concluded the Senior Manager Review process go on to be fully investigated by the LGSCO.
- 19.9 Of the 2 upheld Senior Manager Reviews, 1 related to debt recovery where it was established that due to a combination of an error by a bank and some systems issues in the debt recovery team, a payment had not been allocated correctly.



- 19.10 The second upheld Senior Manager Review related to charging following discharge from hospital into a residential setting. It was acknowledged that there had been a delay in the completion of the person we supports social care assessment which fell below expected standards.
- 19.11 Of the 8 partially upheld Senior Manager Reviews, the key issues related to: delays in the completion of financial assessments; issues with Disability Related Expenditures (DRE); the handover of information at point of discharges; appropriate sharing of information and delays in the allocation of a social worker or completion of care assessments.
- 19.12 9 (50%) Senior Manager Reviews were not completed within the three-month allotted timescale. It is acknowledged that this falls short of the service complainants should expect and is not in line with the adult social care complaints policy. The Customer Care Team keep complainants informed of delays and offer explanations for the reasons causing the delay. However, this does not detract from the awareness that any delay in the complaints process is understandably going to add to a complainants frustration.
- 19.13 To address this, the Customer Care Manager and Core Management Team have established a process whereby delays are escalated to the respective Assistant Director to review and source appropriate resource to reduce the risk of breaching the timescales set out in our policy. The Customer Care Team will continue to support managers with reminders and request updates in a timely manner regarding explanations of the delays.

## 20.0 Local Government Social Care Ombudsman complaints and enquiries

- 20.1 For adult social care, the LGSCO are the one-stop shop for complaints about publicly and privately funded services, and they see the issues that have not been resolved locally; the real-life experiences of people who use services and the challenges faced by councils and care providers.
- 20.2 Although the council always strive hard to resolve a complaint, there are cases where a customer is unhappy with the responses received about their complaint from the council and they can exercise their right to involve the LGSCO. The Ombudsman will investigate cases where a customer has exhausted the council's own complaints process and feel that their case has not been appropriately heard or resolved.
- 20.3 Complaints that include health as well as social care issues are investigated by the joint Parliamentary Health Services Ombudsman (PHSO) and the LGSCO investigation team. In this reporting year there were no joint investigations.
- 20.4 As discussed in [section 17](#) above, each year, in June/July, the Local Government and Social Care Ombudsman (LGSCO) issue an annual review to each council. In his letter he sets out the number of complaints about the council that his officers have dealt with and offers a summary of statistics to accompany this. The annual review statistics are publicly available [here](#).
- 20.5 It may be helpful to explain that when reviewing the performance statistics published by the LGSCO for Cambridgeshire County Council there may appear to be discrepancies between the LGSCO figures, and the figures mentioned in this report. There are several explanations that account for these variances, for example the LGSCO report on the total number of 'upheld' decisions for all of the council's services, which will include complaints that fall outside Adult Social Care, for example Highway's complaints. The LGSCO also group service areas within their 'Adult Services' categories that this report does not, for example Blue Badge complaints.
- 20.6 The LGSCO do not proceed to what they refer to as a 'detailed' investigation with all complaints they receive and will occasionally carry out initial assessments with a local authority and complainant in the first instance in order to determine if they will proceed with a full and detailed investigation. This will usually involve the LGSCO's

Assessment Team requesting the council's views, copies of the council's complaints correspondence and social care records. The LGSCO Assessment Team carry out the initial investigations, which from the council's perspective, are usually similar in style and process to a full investigation. In this report we will cover both detailed LGSCO investigation decisions as well as initial LGSCO assessment decisions.

- 20.7 LGSCO complaint investigations can span more than one reporting period. To provide consistency, the Customer Care Team report on completed detailed investigations only and not those that have been referred or are still in progress.
- 20.8 In 2021-2022 there were 5 adult social care decisions delivered by the LGSCO. This compares to 4 adult social care decisions being published in 2020-2021 and 6 final decisions being delivered in 2019-2020.
- 20.9. In the [first case](#), the LGSCO found the Council was at fault for not properly considering a complainant's concerns about her safety in the community, which the Council apologised for at the time. The Ombudsman found no fault in the way the Council assessed the complainant's client contribution but found the Council had provided unclear and inaccurate information about what the complainant owed which was fault. The Council apologised and waived the debt and will ensure it discusses with the complainant how her contribution is paid in future. The Council also reviewed how social care locality teams communicate with the Adult Finance Team (AFT), to improve the accuracy of invoices and to ensure these are not sent unnecessarily.
- 20.10 In the [second case](#), the LGSCO found fault in the council's complaint handling for not formally investigating a complaint where consent was not received from the person we support and that was raised outside of 12-month complaints timescales. Going forward the council will evidence the advice obtained from the Ombudsman on applying their discretion for complaints that fall outside of the remit of the adult social care complaints policy.
- 20.11 In the [third case](#), the LGSCO found the council at fault for errors and delays in the assessment of a service user's finances which caused an injustice. The council apologised for these failings and made a payment to the complainant in recognition of the avoidable time and trouble this resulted in for them. The council also reassessed the service user's finances. The financial assessment team have increased resources in the team to address delays with assessments as outlined in [section 6 above](#).
- 20.12 In the [fourth case](#), the LGSCO found fault in the standard of care and treatment provided by a Council commissioned care provider. Although the Council's safeguarding investigation had already found that the provider had failed in multiple aspects in the provision of the care they provided and reimbursed costs in recognition of the injustice caused, the Council offered a further amount in recognition of the significant distress the complainant suffered as a result of the poor standard of care. The Council implemented a Home Improvement Plan (HIP) as a result of its contracts monitoring with the provider and continue to work with the provider and monitor the HIP to ensure the improvements in the standards of their services are maintained.
- 20.13 In the [fifth case](#) published by the LGSCO in 2021-2022, the LGSCO agreed with the Council's findings in that there was fault due to a delay in reporting the findings of its safeguarding investigation to a late service user's son as well as taking too long to complete the investigation of his complaint. The LGSCO found that the Council had already offered a proportionate remedy to the late service user's son in respect of those delays. The LGSCO investigation found no evidence the safeguarding investigation itself was flawed.
- 20.14 As outlined in [section 17](#), where fault had been found the LGSCO were satisfied that the council had fully complied with all their recommendations.
- 20.15 The LGSCO share the issues and themes from their investigations on their website and with other councils to help all councils learn and to avoid the same mistakes occurring again. They do this through reports and other resources they publish. The council adopts a positive attitude towards complaints and works constructively with the LGSCO to remedy injustices and implement the learning from other adult social care cases they have

investigated. Learning from other local authority cases is also shared at Senior Manager Team meetings and on a wider scale by workshops run by the Principal Social Worker and the Quality and Practice Standards Team in order to improve services.

## 21.0 Complaint Themes

21.1 This reporting year the key themes gathered from feedback received by the customer care team were:

- The tone and content of debt recovery letters.
- The allocation of payments against invoices
- The timeliness and accuracy of both invoice and debt recovery correspondence
- Delays with the financial assessment process and poor communication
- Dissatisfactions with the outcomes of financial assessments, particularly where financial contributions increased or there is a dispute as to when the financial threshold was met
- Dissatisfactions with social care assessments. The majority of these related to the content within the assessment, which was felt to be insufficient, inaccurate or not completed in a timely manner. Learning has been taken from this as discussed below.
- Dissatisfactions with the outcomes of social care assessments, particularly when the outcome has resulted in a reduction of eligible needs and/or funding.
- Delays with the complaints process and dissatisfactions with decisions not to investigate complaints, for example if consent is not received or if they are outside of complaint timescales.
- Complaints about the conduct of staff, for example the manner in which they spoke or the way in which they delivered a message to a person we support.

21.2 Although not the primary issue for complaining, communication issues continue to be a theme in complaints. These issues include: not returning calls in a timely manner; failing to provide information on progress at regular intervals; not providing sufficient, timely or clear information; and concerns about the lack of communication between services both within the council and with organisations outside of the council. The importance of following the council's communication charter is shared as a reminder to all social care staff.

21.3 Standard of care provision by a commissioned care provider, also remains a theme in complaints. The types of complaints that fall within this category include complaints about the timeliness of care calls, concerns around the way in which tasks in the care plan are, or are not, being carried out for example the type of meal prepared and insufficient time allocated for tasks to be completed within. All complaints about adult social care commissioned services is shared with the Head of Service for Contracts as well as with the care provider directly, in order that they are both aware of the concerns and where appropriate take action to address the concerns in a timely manner.

## 22.0 Conclusions

22.1 More compliments were received than any other type of feedback this reporting year

22.2 35% of formal complaints related to the provision of care by council commissioned care providers.

- 22.3 There has been an 8% increase in the number of formal complaints this reporting year
- 22.4 There has been little variance in the number of Senior Manager Reviews and LGSCO investigations that were concluded over the last two reporting years.
- 22.5 Care assessments and charging account for the top two reasons for complaints.
- 22.6 3.5% of people receiving adult social care services formally complained
- 22.7 The LGSCO uphold rate for Cambridgeshire County Council is 8% lower than their overall average uphold rate (72%) for all local authorities in England.

## 23.0 Recommendations

- 23.1 Adults and Health Committee to approve this report for publication on the external website in line with the 2009 Department of Health (DOH) regulations.
- 23.2 Customer Care Team to continue to work with colleagues across the organisation to embed learning identified from complaints and compliments thereby improving the experience of people we support and ensuring that the number of upheld or partially upheld LGSCO investigations remains low.

**Please contact the Customer Care Team [CustomerCare@Cambridgeshire.gov.uk](mailto:CustomerCare@Cambridgeshire.gov.uk) or telephone: 01223 703535 if you require this information in a different format.**

## Appendix 1

The definitions for compliments, comments, representations and complaints are set out below.

**Compliment:** A formal expression of satisfaction about service delivery by a Service User or their representative.

**Enquiry:** Any suggestion or remark made formally by a Service User, their representative or a member of the public.

**Representation:** A comment or complaint about County Council or Government resources or the nature and availability of services.

**Complaint:** A concern or complaint is 'any expression of dissatisfaction that requires a response'. It is how the person raising a concern/complaint would like it addressed that helps define whether the expression of dissatisfaction requires an 'informal' or 'formal' response. It is therefore not always the complexity or severity of a concern/complaint that defines its formality or informality.

**Informal Complaint:** It is how the person making the complaint/concern would like it addressed that helps to define whether the expression of dissatisfaction requires an 'informal' or 'formal' response. It is therefore not always the complexity or severity of the complaint/concern that defines its formality or informality.

**Formal Complaint:** any formal expression of dissatisfaction or disquiet about service delivery by a Service User or their representative.

**Corporate Complaints:** Corporate complaints are outside the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and refer solely to the behaviour of a named County Council employee. A corporate complaint is investigated and responded to by the line manager of the person who is being complained about.

## Appendix 2 – Acronyms

AAT	Adult and Autism Team
AEH	Adult Early Help
AFT	Adults Finance Team
ASCMT	Adult Social Care Management Team
CCT	Customer Care Team
CCG	Clinical Commissioning Group
CPFT	Cambridgeshire and Peterborough Foundation Trust
DHSC	Department of Health and Social Care
EDT	Emergency Duty Team
FAT	Financial Assessment Team
PHSCO	Parliamentary & Health Services Ombudsman
LDP	Learning Disability Partnership
LGSCO	Local Government Social Care Ombudsman
MASH	Multi Agency Safeguarding Hub
MCA	Mental Capacity Assessment
MP	Member of Parliament
NFA	No Further Action
OP	Older Peoples Services
OT	Occupational Therapy
PD	Physical Disabilities Team
RBT	Reablement Services
SS	Sensory Services
TEC	Technology Enabled Care
ToC	Transfer of Care

## Appendix 3 – Case Studies

### Case study one – Older Peoples Services

Mr X complained that the council did not undertake a proper safeguarding investigation into his concerns about the treatment of his late father Mr A at a care home. Mr X felt the council did not take seriously his concerns that an unregistered nurse was working at the home; that the care home failed to give his father proper nutrition and hydration; that it did not respond appropriately to safeguarding concerns raised by paramedics; that he had requested confirmation that the safeguarding had concluded and a copy of the outcome of the safeguarding investigation on several occasions and had not received these and Mr X was also dissatisfied that the complaint process had been protracted.

The investigations into Mr X's complaints determined there was no evidence that the council failed to conduct a proper safeguarding investigation. The council's records show that all relevant information was obtained in order to reach a conclusion about the allegations. It was acknowledged that there were failings in the administrative process as staff failed to update Mr X on the progress of the safeguarding investigation and issuing of paperwork was not completed in accordance with the expected standards. There was also a delay in sending the final report to Mr X even after staff had promised to do so. Furthermore, it is acknowledged that there were delays in the council's investigation of Mr X's complaint and as a result of those delays Mr X suffered considerable frustration and was unable to obtain a satisfactory conclusion to his concerns. The delays in the complaint process were exacerbated by the investigation being paused while there is an ongoing safeguarding and due to the safeguarding not concluding in a timely way, the complaint process was protracted. The council offered their sincere apologies to Mr X and offered a sum of £500 which is proportionate to the injustice suffered. The council also instituted measures to prevent a recurrence of the sort of delays seen here by arranging a training event to encourage good practice in respect of safeguarding investigations.

### Case study two – Financial Assessment Service

Ms X complained the council incorrectly assessed her mother, Mrs Y's finances and as a result required her to make contributions towards the cost of her care, which she could not afford. Ms X also complained that the council failed to carry out financial assessments annually and that when it did, the assessments were based on the same incorrect information regarding the level of Mrs Y's pension.

The complaint investigations determined that there were errors in the way the council assessed Mrs Y's finances and by using the figures from her savings account in 2015 rather than 2016, the council had wrongly calculated Mrs Y's capital. The discrepancy meant Mrs Y's capital would have been below the upper threshold at an earlier date, and she would have been eligible for assistance towards the cost of her care and support at an earlier date. The investigations also highlighted that the council had incorrectly calculated Mrs Y's means test contribution from her assets. The council calculated Mrs Y's income based on the amount she should have received, rather than the amount she did receive. Mrs Y was eligible for a state pension, and although it is unclear why, the

DWP stopped paying this. The council were initially unaware the DWP had ceased the state pension payments. In the absence of any bank statements or evidence to indicate otherwise it was appropriate for the council to assume Mrs Y still received the payments she was entitled to. However, as the council accepts, when it received copies of Mrs Y's bank statements in 2019 it should have identified the state pension payments had stopped. The council has apologised for the delay in carrying out financial assessments and for not identifying sooner that Mrs Y was not receiving state pension payments. The council also offered to pay £250 in recognition of the time and trouble she had been put to as a result of this. In addition, the council agreed to reassess Mrs Y's finances to determine when her capital fell below the upper threshold, and what her contribution towards the cost of her care should have been in each of the following years.

### **Case study three – Adult and Autism Team**

Miss X complained that the council failed to support her properly. In particular, that it failed to find her a replacement support worker, did not support her with getting her shower fixed and did not address her concerns about her safety when leaving the house. Miss X complained that this meant her eligible needs were not being met which caused her distress. In addition, Miss X was unhappy that the council were charging her a contribution towards her care costs when she considers she is not getting the support she needs.

The complaint investigations determined that the council properly assessed Miss X's care needs and identified she had an eligible need for care and support. The support plan proposed Miss X receive six hours of support per week. Although the investigation found the council had not provided that, there was no evidence that it was due to council fault. The evidence showed Miss X found accepting care difficult and she found it difficult to build up a relationship with support workers. The council sought to introduce the care slowly, with a view to increasing support as the working relationship developed. The council identified two care providers but in both cases the care stopped at Miss X's request, after she raised a concern about the behaviour of the support workers. The support workers denied Miss X's allegations and there is no way to establish exactly what happened therefore it is not possible to investigate those particular points further.

The findings established that the council properly reviewed Miss X's support plan when the care ceased, and the social worker continued to correspond and assist Miss X as necessary. The evidence showed that the council were actively seeking a new support worker for Miss X and were seeking to identify a new provider through its framework of agreed providers and outside the framework when this was unsuccessful, but it had been unable to source care. In the interim period the Adult and Autism Team had continued to provide support when required to meet Miss X's needs including getting her medication and attending a GP appointment with her.

In relation to the council charging for care and support, it was determined that the council had calculated Miss X's client contribution to her care charges in line with the relevant statutory guidance and regulations. The council also considered her disability related expenditure and there was no fault in the way it carried out the financial assessment. However, it was found that the information the council continued to provide to Miss X about the care charges was confusing and unclear which was fault. The council sent a bill to Miss X in October 2021 when she was not receiving care. This was fault.



The council apologised and advised Miss X to ignore this. However, at the time the officer noted Miss X had a debt and there is no evidence that the council highlighted this to Miss X at that time. The council also sent a 'letter before action' which related to invoices covering periods when Miss X did not receive care and advised that the debt would be referred to debt recovery agents if it was not paid. This was fault. The council apologised to Miss X for the distress caused by the unclear and confusing financial information it had provided to her and agreed to waive the debt. In addition to this, the council agreed to review how the social care teams communicate with the finance team to help improve the accuracy of invoices and to ensure these are not sent unnecessarily.

#### **Case study 4 – Debt Recovery**

One complainant advised they had received several debt recovery notifications when there were no outstanding arrears on the account and there was insignificant detail in the debt recovery notifications for the complainant to identify what this was in relation to. The debt recovery service had advised the customer that there had been an error and to disregard the recovery notifications. The complainant wanted to know why they were receiving these letters incorrectly in the first instance as it was wasting their time and causing them unnecessary distress.

Following an investigation, it transpired those payments had been allocated incorrectly onto the account. It was identified that when another service user was making a payment, they were stating the incorrect reference number and their payment had been automatically allocated to the incorrect account and invoices by the financial system in place. To ensure this issue was rectified and the necessary corrections were made, the complainants invoices were reopened, and the incorrect payments were moved to the correct person's account which resulted in the invoices showing as outstanding. Unfortunately, the system issued automatic debt recovery letters before a hold could be placed on the reopened invoices. It was acknowledged that contact should have been made to the complainant at the time the error was identified to inform them that they would receive debt recovery letters as they are automatically generated, however, debt recovery action would not follow. Unfortunately, this was not the case and the debt recovery manager addressed this internally and apologised for the issue and the distress caused. It was further acknowledged that when the complainant first contacted the debt recovery team to make enquiries, they should have explained why the letters had been issued and offered reassurance to you that debt recovery action would not be taken.

Lessons identified from the complaint resulted in processes between the Debt Recovery Team and the Income Processing Team being reviewed to ensure that when errors are identified on a person's account, and where the council are aware that the debt recovery letters are going to be automatically issued, that contact is to made to the person we support or their financial representative to ensure they are aware of this. The Income Processing Team now have a process in place to inform the Debt Recovery Team if such an error has occurred and will ask for a hold to be placed on reopened invoices for one month whilst this is communicated to the person we support. In addition to this, amendments to the debt recovery letters are being introduced to include more information on the letters to show more clearly the invoices that attributed to the balance.