

# **ADULT AND COMMUNITY BASED SERVICES COMMITTEE AGENDA**



**Thursday 18 July 2024**

**at 10.00 am**

**in the Council Chamber,  
Civic Centre, Hartlepool**

MEMBERS: ADULT AND COMMUNITY BASED SERVICES COMMITTEE

Councillors Allen, Boddy, Buchan, Cook, Hall, Little and Roy

1. **APOLOGIES FOR ABSENCE**
2. **TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**
3. **MINUTES**
  - 3.1 To receive the Minutes and Decision Record in respect of the meeting held on 25 January 2024 (*previously circulated and published*)
4. **PRESENTATION**
  - 4.1 Introduction to Adult and Community Based Services Committee – *Executive Director of Adult and Community Based Services*
5. **BUDGET AND POLICY FRAMEWORK / KEY DECISIONS**

No items.

## **CIVIC CENTRE EVACUATION AND ASSEMBLY PROCEDURE**

In the event of a fire alarm or a bomb alarm, please leave by the nearest emergency exit as directed by Council Officers. A Fire Alarm is a continuous ringing. A Bomb Alarm is a continuous tone.

The Assembly Point for everyone is Victory Square by the Cenotaph. If the meeting has to be evacuated, please proceed to the Assembly Point so that you can be safely accounted for.

**6. OTHER ITEMS REQUIRING DECISION**

- 6.1 Adult Social Care Quality Assurance Report – 2023/24 – *Executive Director of Adult and Community Based Services*

**7. ITEMS FOR INFORMATION**

- 7.1 Annual Report of Adult Social Care Complaints and Compliments 2023/24 – *Executive Director of Adult and Community Based Services*

**8. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT**

FOR INFORMATION

Dates of forthcoming meetings:-

Thursday 5 September – 10.00 am  
Thursday 7 November – 5.00 pm  
Thursday 23 January – 5.00 pm  
Thursday 20 March – 10.00 am



# ADULT AND COMMUNITY BASED SERVICES COMMITTEE

18 July 2024



**Subject:** ADULT SOCIAL CARE QUALITY ASSURANCE  
REPORT – 2023/24

**Report of:** Executive Director of Adult & Community Based  
Services

**Decision Type:** Non-Key

## 1. COUNCIL PLAN PRIORITY

### Hartlepool will be a place:

- where people are enabled to live healthy, independent and prosperous lives.
- Where people will be safe and protected from harm.

## 2. PURPOSE OF REPORT

- 2.1 To present to members the Annual Adult Social Care Quality Assurance Report covering the period 1 April 2023 to 31 March 2024.

## 3. BACKGROUND

- 3.1 The White Paper: People at the Heart of Care sets out a ten-year vision based on three objectives:
- People have choice, control and support to live independent lives.
  - People can access outstanding quality and tailored care and support.
  - People find adult social care fair and accessible.
- 3.2 Along with a range of other measures, the White Paper introduces a duty for the Care Quality Commission (CQC) to independently review and assess local authority performance in respect of its duties under the Care Act.

- 3.3 The assurance framework for adult social care is currently being rolled out across all Councils with the expectation that a baseline assessment of all Local Authorities will be completed within two years.
- 3.4 The White Paper makes clear that the focus is on supporting local authorities' activities in meeting individuals' care needs, through:
- maintaining oversight of the whole social care workforce in their local area, across public and provider organisations, though supporting staff retention and professional development;
  - managing transitions between services – for example, between health and social care, and the transition from children's to adults' services;
  - preventing people from requiring social care in the first instance – for example, by supporting and developing community organisations working on prevention and reablement;
  - carrying out their safeguarding duties;
  - ensuring good outcomes for people through effective leadership;
  - managing their commissioning and contracting responsibilities;
  - shaping the care market to meet people's needs with diverse and quality provision, enabling choice and independence;
  - meeting the needs of unpaid carers; and
  - assessing the needs of people who may be eligible for care and supporting them to access what they need, whether or not they receive local authority support or will fund their own care.

#### 4. ANNUAL REPORT

- 4.1 The Adult Social Care Quality Assurance Report (attached as **Appendix 1**) provides an overview of quality assurance activity undertaken within adult social care during 2023/24 related to the areas outlined in 3.4. Areas of work covered in the report include: feedback from carers and people who use services; case audits; peer review; and feedback from the workforce.

#### 5. OTHER CONSIDERATIONS/IMPLICATIONS

<b>RISK IMPLICATIONS</b>	The risks associated with CQC assurance range from reputational damage and impact on staff morale if the outcome achieved is not as positive as expected, to Secretary of State for Health and Social Care intervention if a local authority is identified as having significant failings.
<b>FINANCIAL CONSIDERATIONS</b>	There are potential financial considerations associated with adult social care assurance as there is limited capacity within existing staffing structures to prepare for CQC assurance. All Local Authorities received a one off grant of £26,730 in 2023/24 to support with the new burden of preparing for CQC assurance.

<b>SUBSIDY CONTROL</b>	Not applicable.
<b>LEGAL CONSIDERATIONS</b>	The White Paper forms the basis of primary legislation to reform adult social care and the current legal framework for adult social care provided by the Care Act 2014, is being amended by the Health and Social Care Bill.
<b>CHILD AND FAMILY POVERTY</b>	No child and family poverty considerations identified.
<b>EQUALITY AND DIVERSITY CONSIDERATIONS</b>	There are no specific equality and diversity considerations identified. A national equalities impact assessment has been completed in respect of the White Paper.
<b>STAFF CONSIDERATIONS</b>	There are no staff considerations identified at this point in time but it may be necessary to invest in additional staff capacity to support the assurance agenda.
<b>ASSET MANAGEMENT CONSIDERATIONS</b>	No asset management considerations identified.
<b>ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS</b>	None identified.
<b>CONSULTATION</b>	There is no consultation required in relation to this report. Staff are involved in quality assurance work via case file audits, Practice Month and the Health Check and receive feedback via staff newsletters and staff briefings.

## 6. RECOMMENDATION

- 6.1 It is recommended that the Adult and Community Based Services Committee approve the Adult Social Care Quality Assurance Report 2023/24 and note the work that has been undertaken to ensure the quality of practice and to understand the views of people with lived experience and the workforce.

## 7. REASON FOR RECOMMENDATION

- 7.1 The Adult & Community Based Services Committee has responsibility for adult social care provision and should seek assurance about the quality of services being provided.

**8. CONTACT OFFICERS**

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Sign Off:-

Managing Director	Date: 10 June 24
Director of Finance, IT and Digital	Date: 10 June 24
Director of Legal, Governance and HR	Date: 10 June 24



# **ADULT SOCIAL CARE**

# **QUALITY ASSURANCE** **REPORT**

**April 2023 – March 2024**

## 1. **INTRODUCTION**

This report summarises activity undertaken during 2023/24 to assure the quality of adult social care services and covers a range of quality assurance activities including:

- Survey Feedback
- Safeguarding Adults Quality Framework
- Practice Month
- Assurance Visit – May 2023
- Audit Activity
- Performance Benchmarking
- Continuous Professional Development
- Feedback from the Workforce
- Celebrating Successes
- Review of Complaints and Compliments

Quality Assurance is overseen by the Continuous Improvement Group with actions agreed in response to any activity undertaken and progress monitored.

## 2. **SURVEY FEEDBACK**

As part of the national Adult Social Care Outcomes Framework (ASCOF) all Local Authorities are required to undertake an annual survey of people who use their services, and a similar survey every two years for carers. The results of these surveys are published which allows regional and national comparisons.

The most recent survey of people who use services was undertaken in 2023/24.

Performance improved in seven of the eight measures compared to the results for the previous year, and reduced very slightly for the remaining measure. The measures where there have been the most significant improvements are:

- Overall satisfaction of people who use services with their care and support (improved from 66.8% to 71.3%).
- The proportion of people who use services who say that those services have made them feel safe and secure (improved from 92.6% to 94.3%).

The only measure where performance had decreased is 'The proportion of people who use services who find it easy to find information about services'. This had reduced from 84.5% to 80%, which is still expected to compare very well regionally and nationally. An action plan is in place to review the current Information and Advice offer following completion of a maturity assessment, and improving accessibility is a key priority.

The most recent survey of carers was undertaken in 2023/24 and covers five measures. Performance improved in four of the five when compared to the previous year, and reduced very slightly for the remaining measure.

The measures with the most significant improvements are:

- The proportion of carers with as much social contact as they would like (improved from 36.9% to 42.4%).



- Overall satisfaction of carers with adult social care services (improved from 52.1% to 57.9%).
- The proportion of carers who find it easy to find information about services (improved from 77.8% to 80.7%).

There was a slight decrease in performance for the proportion of carers who had been included or consulted in discussions about the person they care for, from 80.1% to 78%. Although 78% still represents above average performance this is an area that will be followed up through designated carer leads in each of the social work teams.

Hartlepool consistently performs well in these surveys with performance ranking highly regionally and nationally. The 2023/24 data that allows for these comparisons has been published at the time of writing this report.

### **3. SAFEGUARDING QUALITY FRAMEWORK & ACTION PLAN**

The Tees Safeguarding Adults Board (TSAB) uses a Quality Assurance Framework (QAF) to assess how organisations perform against the following standards:

1. The organisation has a Safeguarding Adults Policy / Strategy in place and a senior staff member that has the responsibility to 'champion' safeguarding.
2. Safeguarding Practice is safe, effective and person centred.
3. Your organisation has a focus on the need for preventing abuse and neglect.
4. Your organisation has written guidance & procedures for handling complaints and allegations against staff which is clearly accessible to all staff.
5. Your organisation can assure the Board that the learning, recommendations and key findings from Safeguarding Adult Reviews (SARs) and Other Reviews are effectively implemented within your organisation and disseminated to the appropriate staff.
6. The organisation's staff supervision policy and reflective practice supports effective safeguarding. It recognises that skilled and knowledgeable supervisions focused on outcomes for adults is critical in safeguarding work and enable staff to work confidently and competently with difficult and sensitive situations.
7. All staff and elected members (where appropriate) working within the organisation should receive appropriate training and work within an environment to enable them to competently respond to safeguarding concerns and meet the needs of adults at risk.
8. Service provision commissioned by partners meets the individual needs of adults who are most at risk of abuse or neglect.

As a statutory partner of the TSAB, the Council is required to complete the QAF every two years. The latest self-assessment was submitted in September 2022 and was reported in the Quality Assurance Annual Report 2022/23.

In addition to the TSAB QAF, there is a Safeguarding Quality Assurance Framework and Action Plan within Hartlepool Borough Council, which tracks progress at a local level and is monitored through local safeguarding surgeries and the Continuous Improvement Group.

The HBC QAF and surgeries with managers focus on:

- data recording, reporting and analysis;
- learning from audits and peer review;
- learning from safeguarding adults reviews;

- practitioner learning and local practice; and
- Making Safeguarding Personal.

Hartlepool data is shared with TSAB and has been used to monitor performance against four key indicators in 2023/24:

1. Percentage of Section 42 enquiries that involved an adult with a previous enquiry in a rolling 12 month period. TSAB target is 25%, HBC performance is 30.5% (target not achieved).
2. Percentage of those involved in safeguarding enquiries who were asked their desired outcome. TSAB target is 95%, HBC performance is 98.5% (target exceeded).
3. Percentage of those involved in safeguarding enquiries who were satisfied with their outcome. TSAB target is 90%, HBC performance is 97.5% (target exceeded).
4. Percentage of those involved in safeguarding enquiries where risk was reduced or removed. TSAB target is 90%, HBC performance is 97.5% (target exceeded).

The percentage of people with repeat referrals has reduced during 2023/24 but remains higher than the TSAB target of 25%. Analysis shows that 5% of repeat referrals relate to one care facility where there are no Hartlepool residents. A regional approach is being taken to provide additional oversight in this service. Targets relating to Making Safeguarding Personal have all been exceeded which is positive.

#### Achievements in 2023/24

- Supported TSAB 'spotlight on' campaigns raising awareness of Modern Slavery, Sexual Exploitation and Sexual Abuse and National Safeguarding Adults Week.
- Partnership working continues to grow along with citizen involvement. There are positive trends in terms of increased engagement and the three main awareness campaigns have been very well received.
- The Safeguarding Champions scheme was promoted widely during the campaigns generating a 66% increase in safeguarding champions.
- A new Power BI performance tool has been developed allowing analysis of real time data, which is used to spot trends, improve consistency and quality and provide partners with intelligence.
- An escalation in the number of repeat referrals relating to people placed in the area by other placing bodies was highlighted by Power Bi and data has been used to inform a Regional Oversight Group and secure a commitment from the NHS to provide enhanced support and oversight.

## **4. PRACTICE MONTH**

Practice month took place in November 2023 and included case file audits, observations and feedback from people who use adult social care services. There was a random sample of 29 cases from across services with all cases having had a review or assessment within the previous three months, and a completed support or care plan. An algorithm was applied to ensure that the sample was proportionate in terms of reflecting age group, gender and team caseload.

In addition to the audits completed as part of practice month, Social Work Team Managers and Assistant Team Managers audited 42 cases during the period July to October 2023 as well as collating feedback from people who use services and undertaking direct observations of staff. Feedback from these audits has been included within the Practice Month report.

### Audit Process

During practice month, case file audits were completed using the audit tool template alongside the social worker. The practice month model allows for any concerns about individual practice to be followed up with team managers. Similarly, comments about good practice are passed on to team managers and examples of excellent practice shared across teams.

There is a dual purpose to the process, the intention being both to assure the quality of work and to influence front line practice by facilitating reflection on case direction, work undertaken and case recording. Comments and feedback are provided to practitioners on an individual basis (copied to team managers) to encourage learning.

### The Feedback Learning Loop

Collection of this wealth of information needs to be purposeful and useful in providing a feedback loop to improve practice, identifying strengths and weaknesses so that we can respond to themes that emerge. Shortfalls in practice identified during practice month have already been fed back to team managers with feedback given about the judgements that

### Findings from Case File Audits

The majority of the workers could tell the story of the person in detail. Auditors commented on the obvious competence and commitment of workers who are striving to achieve the best possible outcomes for people. There was evidence of a good rapport, trust and openness between the worker and the person receiving services / carer.

Assessments were person centred and strength focused with people's wishes and feelings identified and their voice evident. There was evidence of improvement around the use of professional language and acronyms although this is an area that needs further work and there was limited evidence of workers explicitly referring to the wellbeing principle.

Support plans were proportionate, person led, strength based and accessible. There was an improvement in plans being jargon free and goal focused with some evidence of good links to Community Hubs and community services. Options were explored with people and a wide range of informal and formal support was evident. Auditors noted increased evidence of support plans being shared and signed appropriately.

There were relatively good links between the assessment and support plan but it was also evident that there was some duplication and often long timeframes between the assessment being completed and the support plan being signed off. Whilst we acknowledge that this could be for a number of reasons, including delays in financial assessments, this does need further exploration.

There was continued evidence of good compliance with the Care Act, with reviews taking place at least once a year. However, for those people who have been known to services for a while, there was limited evidence that new opportunities for people had been considered. The auditors found a lack of questioning as to the relevance of the support plan that was in place with limited evidence of any curiosity around options that might now be available that weren't in place when the original support plan was implemented.

That said, auditors did identify that reviews continued to be person centred, identified outcomes well and responded to needs and wellbeing. There were still examples of language being used that is overly professional.

### Support for Carers

There was evidence that the needs of carers were considered when completing assessments and plans. There was also evidence of the input of carers and their views when workers assessed the person being cared for. However, there needed to be stronger evidence that carers have been offered assessments and support in their own right.

### Support for Staff

There continues to be very positive feedback in relation to staff support. Formal supervision was recorded and staff spoke positively of the informal support available from managers and other decision making processes throughout the department. Staff reported that they felt that there was a focus on their wellbeing both in their formal supervision and in more informal ways within the teams.

### Feedback from People Using Services

Auditors collected feedback from 16 people who use our services and support. The feedback remains extremely positive with people reporting that they felt respected, listened to and treated with dignity. It is evident that staff have developed positive relationships with people and are seen as being responsive - keeping in touch with people and following up on queries or concerns.

### Analysis and Lessons Learned

Evidence from the case file audits and feedback from people using services suggests that the quality of practice remains good. Front line practice generally is person-centred, strength based and least restrictive which is supported by good supervision and informal support from management, teams and peers.

Some of the issues that were raised in relation to practice are similar to those identified last year so further work is needed to address these. Issues include:

- Language - although there was some evidence of improvement in the accessibility of documents, there were examples of jargon and acronyms being used, making assessments, reviews and support plans less accessible.
- Co-production – the 'voice' of the person using services was not always evident in documents.
- Wellbeing – consideration of wellbeing and associated outcomes needs to be made more explicit in documentation together with clarity on any costs relating to support. Whilst there was evidence of more community solutions being explored, it was not consistent.

- Reviews – limited evidence of new options being explored for those people who have been involved in services for a longer period of time.

### Response to Findings

An action plan will be developed to address the findings from Practice Month, covering the following areas:

- Language – drawing on the work and resources being developed as part of the Social Care Futures programme, we will explore with staff in staff briefings and in team meetings the impact of language and labelling on people who use our services.
- Accessibility – Team Managers and Assistant Team Managers will be asked to focus on ensuring that all documents supplied to people are person-centred, clear and understandable meeting the individual person's communication needs. In addition, a review of how we record and track the sharing and return of documents will take place to ensure transparency.
- Wellbeing – a review of assessment, support plan and review documentation will be undertaken to ensure the wellbeing principle is clearly stipulated, allowing workers to explicitly demonstrate compliance.
- Reviews – a new approach to reviews has been piloted for young adults in the Young Adult Transition and Learning Disability Team whereby a member of the Support Hub team has taken part in the review, providing a community led approach to the conversation. We will review the impact of the pilot and look at how we can implement a similar approach in other areas to assess the viability of community led approaches for people who have been receiving services for a number of years.
- Feedback from People Using Services – the sample size is relatively small which makes it difficult to identify themes. We will continue to gather feedback as part of the Practice Month and case file audit processes and this will be considered by the wider Continuous Improvement Group (CIG) alongside other sources of feedback that we gather from people who use care and support services and their carers.
- Consistency of Audits – an audit moderation process will be developed and sessions will take place with all auditors (including Team Managers and Assistant Team Managers) to reflect on completed audits and ensure a consistent approach to auditing.

The learning from this audit will be fed into the Continuous Improvement Group where progress on the actions identified will be monitored.

## **5. ASSURANCE VISIT – MAY 2023**

The North East Association of Directors of Adult Social Services (NE ADASS) commissioned Dr Carol Tozer, a former DASS, to complete annual conversations with the 12 North East Local Authorities to support Councils in their preparation for CQC Assurance. The annual conversation for Hartlepool took place in December 2022 and was reported in the Quality Assurance Annual Report 2022/23.

To supplement the annual conversation and provide further independent feedback on how adult social care operates in Hartlepool, an assurance visit or 'mock inspection' was commissioned (funded from the Regional Sector Led Improvement allocation). The visit took place from 15 - 19 May 2023 and focused on the quality of adult social care practice as well as views from partners, staff, providers and people who use services. Activity included

audit of 30 case files and meetings with front line staff across Adult Social Care, people with lived experience and carers, representatives from the VCS, local care providers, NHS partners and the council's Executive Leadership Team.

Feedback from the visit identified the following key strengths:

- **Ambition for people with care and support needs:** the determination to make a positive difference to people's lives, by working with them in strength based ways, is tangible across ASC. Very little sense of "othering" when describing the people who draw on care and support in Hartlepool, staff stress their connections to the people they serve.... "these people are my family, my neighbours".
- **A positive culture** – the most common words people working in ASC used to describe the organisational culture were: supportive; person centred; enabling; and proactive. Workloads were reported as busy, rather than unmanageable – with front line colleagues generally expressing confidence that managers took into account their skills set and existing workload when allocating work to them.
- **Accessible leadership within ASC** - managers, including senior leaders, were consistently described as approachable and responsive by people working in ASC. Many ASC colleagues described approaching managers (including Heads of service and above) to discuss case issues and help them define/refine the optimal responses. There were no descriptions of "rarefied leaders" in ASC: senior managers' open doors, and the authentic welcome they give, are noticed and appreciated by ASC colleagues.
- **Staff engagement** – people are proud to work for ASC and the wider council. Everyone asked stated that they would recommend working for ASC to families and friends.
- Services highlighted as best practice included the Integrated Single Point of Access (iSPA), Community Hubs and support for carers.

The following areas for development were highlighted:

- **Establish and embed co-production:** whilst there is a reasonable level of evidence regarding the use of strengths based approaches when working with individuals, there is little evidence of co-production being used consistently to develop ASC's key priorities or to drive ASC's ongoing improvements at more strategic levels. This compromises ASC's performance regarding strengths and asset based ways of working and could be identified by CQC as an area to improve.
- **Develop change/programme management capacity:** programme/change management capacity is limited in ASC and this is resulting in a lack of evidence detailing progress in improvement planning as well as change management. Corporate priority, therefore, should be given to securing the programme management capacity ASC requires, including additional staffing resources. ASC's deserved success in the forthcoming assurance of ASC by CQC could be compromised without it.
- **Analysis of Waiting Lists:** while waiting lists and times are reported monthly and are generally very low, the focus is on time waiting to be allocated and case file audits revealed that in some cases it took a long time for assessments/reviews to be completed after a case was allocated. This means that there is risk of a "false positive" assessment of performance in ASC – because people's lived experiences of waiting times for assessment and review will focus more on how long it takes for their assessment/review to begin and conclude.

The following actions have been taken in response to the review:

- Findings have been shared with all ASC staff as well as the Executive Leadership Team.
- An action plan is in place for 2023/24 overseen by the Continuous Improvement Group. Findings will also inform the ASC Annual Delivery Plan for 2024/25.
- A new Head of Service Transformation role has been created to increase change / programme management capacity.
- Development of the PowerBI tool has significantly improved how waiting times are monitored across all services including Social Work, OT, DFG and financial assessment. All Team Managers now have access to live data which is used to inform allocation and caseload management. Waiting times were highest for OT and financial assessment and additional capacity has been created in both areas using the MSIF.

## **6. AUDIT ACTIVITY**

In addition to case file audits, which are routinely undertaken each month by Team Managers, ad hoc audits are undertaken when issues arise.

In 2022/23 a Safeguarding Adult Review elsewhere in the region identified 15 minute care calls being used to provide personal care. This approach is not supported in Hartlepool and an audit of all care packages involving 15 minute calls was undertaken. This found that in all cases 15 minute calls were being used appropriately for reasons such as medication prompts. As a result of the audit a guidance note has been produced outlining when it is appropriate to consider 15 minute calls, and there is a process in place via Risk Panel to consider any exceptions to this guidance.

Planned audits of Pathway 2 activity within Discharge to Assess arrangements look at:-

- Variance between block purchased beds and spot purchase beds in other care homes.
- Number of people returning home from a Pathway 2 placement.
- Number of people remaining in 24 hour care following a Pathway 2 placement.
- Number of people in a Pathway 2 placement who go on to have a further assessment for NHS Continuing Healthcare funding.

A recent review of re-admissions to hospital has also been undertaken and further work is planned to look in further detail at the reasons people are not at home 91 days after being discharged from hospital in to reablement or rehabilitation services.

## **7. PERFORMANCE BENCHMARKING**

Our overall position in relation to Adult Social Care Outcomes Framework measures is very positive with performance in the top 10% across all Councils for 14 of the 25 ASCOF indicators. Experience of people who use services and carers compares particularly well based on survey feedback.

Regular Performance Challenge meetings take place with the Managing Director using local data as well as regional benchmarking information that is compiled through NE ADASS.

Rollout of reports using the Power Bi tool has continued and now includes a range of new interactive and dynamic Power Bi dashboards that allow managers to view real time data on a range of areas, including caseloads, waiting times, residential & nursing admissions and safeguarding activity.

A Power Bi Development Group meets regularly to prioritise delivery of new or amended reports, based on feedback from senior managers, as well as to share learning.

The Head of Strategic Commissioning chairs the NE ADASS Performance Group and has instigated a regional Power Bi Development Subgroup supporting information sharing and learning across all of the Councils in the region.

Work on performance benchmarking continues to develop and Hartlepool is currently leading on the development of a Power Bi dashboard for Tees Community Equipment Service, moving from a static, historic and non-interactive approach to a modern, dynamic, easily accessible tool that will allow partners to interrogate information in any required way.

## **8. CONTINUOUS PROFESSIONAL DEVELOPMENT**

The Council has a Workforce Development Programme which recognises that staff are motivated and committed when they are supported well and allowed to grow. This programme covers a range of areas including Equality, Diversity & Inclusion, Health & Safety, Management, Personal Effectiveness and Wellbeing.

There is also a comprehensive Learning & Development Programme for Adult & Community Based Services which includes a wide range of informal development opportunities such as bite size training on the Care Act, Direct Payments and Commissioning as well as more formal development opportunities. Learning & Development offered includes: Best Interest Assessor training and legal updates, Coaching in Practice and Supervision, Mental Capacity Act awareness and a range of Safeguarding Adult training commissioned via TSAB.

Staff have been supported to access a wide range of development opportunities through the Learning & Development Programme for Adult & Community Based Services during 2023/24 including:

- Functional skills in maths and English to enable staff to progress to higher level training.
- Level 4 Certificate in Preparation for Social Work – completed by 4 staff.
- Level 4 Lead Adult Practitioner Diploma – completed by 2 staff.
- Level 4 Diploma in Adult Care Apprenticeship – completed by 4 staff.
- Three staff have completed the Social Work Apprenticeship and are now working in qualified Social Work roles.
- Three Social Workers have completed their Assessed and Supported Year in Employment (which is a 100% success rate).



- Five staff have qualified as Practice Educators – Stage 1 and three as Practice Educators – Stage2.
- One member of staff has qualified as an Adult Mental Health Practitioner.
- 39 Best Interest Assessors have received a legal update.

The number of staff undertaking significant developments that support career progression evidences the commitment of the Council to developing the existing workforce within Adult Social Care.

Staff also have access to safeguarding training commissioned by TSAB on behalf of the four local authority areas via the Me Learning platform. Over 900 courses related to adult safeguarding have been accessed with a completion rate of over 95%.

Bespoke development opportunities are also considered when required and in March 2024, the Commissioning and Performance Teams completed a series of workshops with the National Development Team for Inclusion to consider implementation of a Community Led Support approach. The workshops focused on outcomes focused commissioning and services with an emphasis on how approaches can be co-produced. This resulted in an action plan to embed and further develop Community Led Support and co-production in 3 priority areas:

- Improving the quality and use of care homes.
- Supporting people living with dementia and carers in the community.
- Using data and intelligence to better support decisions.

## **9. FEEDBACK FROM THE WORKFORCE**

The Employer Standards Health Check is a national project involving an annual survey measuring how well employers deliver the Employer Standards for Social Workers, how employees perceive their working environment and what factors influence them to engage with their work and stay with the organisation.

The eight standards that are covered within the survey are:

- Strong and clear social work framework
- Effective workforce planning systems
- Safe workloads and case allocation
- Wellbeing
- Supervision
- Continuing professional development
- Professional registration
- Strategic partnerships

An additional section was incorporated in the survey this year looking at workplace experiences and actions taken by employers to encourage engagement of staff.

The results of the 2023/24 survey of social workers are scores out of a hundred and are categorised as either; relatively poor outcomes – a clear sign that improvement is needed (score of 0-50); moderate outcomes – room for improvement (score of 51-74); or good outcomes – to celebrated (score of 75-100).

All scores for Hartlepool were ranked as good outcomes which were to be celebrated. The average score against each standard ranged from 85-95 which is incredibly positive and is reflected in high retention rates within the social care workforce.

Areas where outcomes were particularly high related to:

- Access to team managers, senior leaders and professional leads
- Access to training and development
- Feeling safe in the workplace
- Access to supportive supervision
- Effective partnership working and relationships

The areas where outcomes were lowest (in the context of all outcomes being categorised as good outcomes to be celebrated) were:

- Managing increasing complexity and severity of need
- Being required to do more with less resources
- Proportion of time spent on administrative duties

The outcome of the Health Check is shared with the workforce along with feedback on actions being taken in response.

## **10. CELEBRATING SUCCESS**

Celebrating success and sharing positive feedback is really important in terms of staff morale and motivation and this is done through regular Adult Social Care newsletters and staff briefings that are held three times a year. Feedback has been provided on:

- performance against adult social care outcomes framework measures;
- financial performance of adult social care;
- staff successfully completing apprenticeships and qualifications; and
- outcomes of the assurance visit in May 2023.

Staff briefings were also used to seek views on the adult social care vision, values and priorities and to complete a self-assessment regarding co-production.

## **11. REVIEW OF COMPLAINTS & COMPLIMENTS**

A review of complaints and compliments received is carried out on an annual basis with a clear focus on learning from and responding to complaints that identify areas where improvements can be made.

The report for 2023/24 will be approved by the Adult & Community Based Services Committee in July 2024. During 2023/24 47 compliments were recorded and 16 complaints were investigated (the same number as in the previous year). 2 complainants contacted the Local Government and Social Care Ombudsman (LGSCO) in 2023/24 as they weren't happy with the outcome of their complaint to the Council regarding Adult Social Care. In both cases the LGSCO decided not to investigate and found no fault with the actions taken by the Council. The report provides a summary of the complaints investigated and actions taken as a result

Compliments received are routinely shared with the staff member or team concerned and feedback is shared more widely through staff briefings and newsletters.

## **12. CONCLUSION & NEXT STEPS**

There has been a significant amount of quality assurance work undertaken in 2023/24 and the overall picture is very positive in terms of the quality of frontline practice and the performance of Adult Social Care. It is particularly pleasing to see the positive feedback from people who are using services, and to note that performance remains so positive in the context of the challenges facing adult social care on a national basis.

Actions to address issues raised through Quality Assurance activities are monitored by the Continuous Improvement Group, and the Annual Quality Assurance Report is shared with the Executive Leadership Team and reported to the Adult & Community Based Services Committee.

# ADULT AND COMMUNITY BASED SERVICES COMMITTEE

18 July 2024



**Subject:** ANNUAL REPORT OF ADULT SOCIAL CARE COMPLAINTS AND COMPLIMENTS 2023/24

**Report of:** Executive Director of Adult & Community Based Services

**Decision Type:** For information

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## 1. COUNCIL PLAN PRIORITY

<b>Hartlepool will be a place:</b>
- where people are enabled to live healthy, independent and prosperous lives.
- where people will be safe and protected from harm.

## 2. PURPOSE OF REPORT

- 2.1 To present to members the Annual Report of Adult Social Care Complaints and Compliments 2023/24.

## 3. BACKGROUND

- 3.1 The Annual Complaints and Compliments Report provides information on the complaints for adults social care. It summarises information in relation to complaints that have been received and responded to, as well as compliments received during the reporting period.

## 4. PROPOSALS/OPTIONS FOR CONSIDERATION

- 4.1 The report is attached as **Appendix A** and provides an analysis of complaints and compliments and demonstrates learning that has occurred from complaints and actions implemented as a result.

## 4.2 The report includes:

- Complaints and compliments received in 2023/24
- Outcomes of complaints;
- Learning lessons and service improvement; and
- Complaints considered by the Local Government and Social Care Ombudsman in 2023/24.

**5. ADULTS SOCIAL CARE COMPLIMENTS/ COMPLAINTS**

5.1 During 2023/24, 47 compliments were received relating to adult social care.

5.2 A total of 26 complaints were received during 2023/24. The number of complaints received has increased by 2 from the previous year.

5.3 Of the 26 complaints received, 1 complaint was resolved within 24 hours and 9 complaints were not considered further leaving 16 complaints investigated. This is the same number of complaints investigated as the previous year.

5.4 Of the 16 complaints investigated in 2023/24, 15 complaints have concluded local statutory complaints processes and 1 complaint remains ongoing which will be carried forward to 2024/2025.

**6. OTHER CONSIDERATIONS/IMPLICATIONS**

<b>RISK IMPLICATIONS</b>	None
<b>FINANCIAL CONSIDERATIONS</b>	None
<b>SUBSIDY CONTROL</b>	None
<b>LEGAL CONSIDERATIONS</b>	None
<b>CHILD AND FAMILY POVERTY</b>	None
<b>EQUALITY AND DIVERSITY CONSIDERATIONS</b>	None
<b>STAFF CONSIDERATIONS</b>	None
<b>ASSET MANAGEMENT CONSIDERATIONS</b>	None
<b>ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS</b>	None
<b>CONSULTATION</b>	For information only

**7. RECOMMENDATIONS**

- 7.1 That members of Adults and Community Based Services Committee note the contents of the Annual Report of Complaints and Compliments 2023/24 and note that the report will be published online.

**8. REASONS FOR RECOMMENDATIONS**

- 8.1 It is a requirement that an Annual Report regarding complaints is prepared presented to the relevant Policy Committee and published on the Council's website.

**9. BACKGROUND PAPERS**

- 9.1 None.

**10. CONTACT OFFICERS**

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Sign Off:-

Managing Director	Date: 10 June 24
Director of Finance, IT and Digital	Date: 7 July 24
Director of Legal, Governance and HR	Date: 7 July 24



# **Annual Report of Adult Social Care Complaints and Compliments 2023/24**



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## 1. Executive Summary

In accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, this report sets out the complaints received by Hartlepool Borough Council's adult social care during the period 1 April 2023 to 31 March 2024.

How adult social care respond to complaints and any learning arising from them is an integral part of how we improve our services. This also aligns with being open, transparent and accountable.

The feedback we receive from compliments about our adult social care services is also included in this report. Compliments are seen as an indication of good outcomes for those who have used our services.

Both the complaints and compliments received in adult social care serve to provide wider lessons about the quality of our adult social care service.

### **Summary for 1 April 2023 to 31 March 2024**

- 85% of complaints were received electronically in 2023/24.
- 26 complaints were received in 2023/24 compared to 24 complaints in the previous year. This represents an increase of 2 complaints. However, 10 of 26 complaints received in 2023/24 did not progress to investigation leaving 16 complaints for investigation.
- Despite an increase of 2 complaints being received in 2023/24 compared to 2022/23, the same number of complaints were investigated in both respective financial years.
- 2 of the 16 complaints investigated in 2023/24 were managed and responded to jointly with health in accordance with statutory complaint regulations.
- 1 of the 16 complaints investigated in 2023/24 included an Advocate who supported the complainant with their complaint.
- 2 complainants referred their complaints on to the Local Government and Social Care Ombudsman in 2023/24.
- 1 of the 16 complaints investigated in 2023/24 remained ongoing as at 31 March 2024 and has been carried forward to 2024/25.
- 47 compliments were received about adult social care in 2023/24.
- This annual report will be published on the Council's website.

## 2. Introduction

In accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, this annual report covers the complaints received about adult social care services during the period 1 April 2023 to 31 March 2024. The feedback we receive from compliments about our adult social care services is also included in this report.

The annual report sets out:

- An overview of the complaints framework;
- An analysis of compliments and complaints received by adult social care services during the reporting period;
- An overview of the adults social care complaints adjudicated upon by the Local Government and Social Care Ombudsman during the reporting period; and
- Highlights the action taken and improvements made to adult social care services following complaint investigations.

The Council's adult social care encourage and welcome compliments and complaints as a means of continual assessment of the services we provide. Complaints are investigated and, where appropriate, redress made. Compliments and complaints are valued as an important source of feedback in helping to improve the quality of our adult social care services. Complaint outcomes provide evidence of the action we have taken to learn from the complaints received and drive continual improvement.

## 3. What is a complaint?

A complaint is an expression of dissatisfaction about any aspect of a service that is being delivered, or the failure to deliver a service. The Local Government and Social Care Ombudsman define a complaint as *“an expression of dissatisfaction about a council service (whether that service is provided directly by the council or on its behalf by a contractor or partner) that requires a response.”*

## 4. Who can make a complaint?

A complaint can be made by:

- A person who is in receipt of an adult social care service;
- A person who has been refused an adult social care service for which they think they are eligible for;
- A person who is, or is likely to be, affected by the action, decision or omission of the service which is the subject of the complaint; or
- A carer acting on their own behalf.

A person may choose for someone else to represent them in the matter of a complaint. With the person's signed consent, their representative can make a complaint and act on their behalf. In the case of a person who lacks mental capacity (within the meaning of the Mental Capacity Act 2005) to give their informed signed consent, a representative may make a complaint on behalf of the person but the statutory complaint regulations set out that the Council must be satisfied the representative making the complaint is acting in the person's best interests.

## 5. How can someone make a complaint?

There are a number of ways a person can make a complaint. Adult social care services has a publicly accessible Factsheet which outlines the various ways someone can make a complaint together with some information about the Council's adult social care complaints procedure. A complaint can be made:

- Verbally - in person or by telephone; or
- In writing - by letter or by filling in our complaint form and posting it to us;
- Electronically - by email or by filling in our online complaint form through the Council's website.

Every effort is made to assist a person in making a complaint and any member of staff can take a complaint. Most complaints are sent directly to the adult social care complaints team.

## 6. Method used to submit a complaint in 2023/24

For complaints received during 2023/24, 85% were received electronically. The method of contact is broken down as follows:



42.5% of complaints received were from someone who used the online electronic complaint form.



42.5% of complaints received were from someone who sent an email.



4% of complaints received were from someone who telephoned to make a complaint.



11% of complaints received were from someone who posted a complaint form to us.

## 7. Adult Social Care Complaint Framework

The adult social care complaint function sits within the Quality and Review Team under the management of the Head of Service (Quality and Review). The remit of the Complaints Manager's function is to:

- Develop, manage and administer the adult social care complaints procedure;
- Provide assistance and advice to those persons who wish to make a complaint;
- Oversee the investigation of complaints;
- Monitor and report on complaints activity; and
- Support and train staff.

Adult social care staff will always try to resolve problems or concerns before they escalate into complaints and this ensures that, wherever possible, complaints are kept to a minimum. The Council's adult social care complaints procedure aims to be as accessible as possible and is available for anyone to access on the Council's website. It is flexible to ensure that the needs of the complainant are paramount and allows for a complaint handling approach based upon the best way to reach a satisfactory resolution.

The adult social complaints procedure is underpinned by:

- Being fair, clear, robust and accessible;
- Support being available to those wishing to make a complaint;
- Timely resolution following a complaint investigation;
- Action taken following complaints to improve the quality of the service provided; and
- Monitoring as a means of improving performance.

Good complaint handling involves:

- Keeping the complainant informed and at the centre of the complaint process;
- Being open, accountable and transparent;
- Responding to complaints in a way that is fair and reasonable;
- Being committed to try and get things right when they have gone wrong; and
- Seeking to continually improve services.

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009:

- Sets a 12 month time limit from when the subject matter being complained about occurred or came to the attention of the person making the complaint, to when a complaint may be made. After this time, a complaint will not normally be considered although there is discretion to accept a complaint after the 12 month time limit if the Council is satisfied that the complainant had good reason(s) for not making the complaint within the time limit and it is still possible to investigate the complaint effectively and fairly.
- Places a duty on adult social care and NHS bodies to coordinate the handling of complaints received across their respective jurisdictions and provide a joint response;

- Sets a mandatory timescale of 3 working days to acknowledge receipt of a complaint; and
- Allows for a maximum 6 month timescale to investigate and respond to a complaint.

Some complaints can take considerably longer to investigate than others and the statutory timescale provides a flexible approach to complaint response times dependent upon the nature and complexity of the complaint. The person allocated to investigate a complaint usually seeks to negotiate the time period for responding to the complaint with the complainant wherever possible. There are a range of factors that can impact upon a timescale such as the number of points of complaint for investigation, the availability of key people and conducting interviews, reading material relevant to the complaint, consideration of all available information and writing a report or proportionate response.

If, at the end of the adult social care complaints procedure, the complainant remains dissatisfied with the outcome or in the way which their complaint has been handled, they may refer their complaint on to the Local Government and Social Care Ombudsman, the independent body who looks into complaints about Councils. The time limit for raising a complaint with the Local Government and Social Care Ombudsman is 12 months but, like Councils, the Local Government and Social Care Ombudsman may choose to waive the time limit if there is good reason to.

Learning from complaints is shared and discussed within relevant management forums to ensure that the improvements identified are cascaded throughout the workforce.

## 8. Compliments received in 2023/24

During 2023/24, 47 compliments were received relating to adult social care services.

The compliments received range from an expression of thanks and appreciation in the form of a thank-you card to written communication. They broadly reflect the work being delivered across adult social care with someone expressing their thanks for a piece of equipment which improve their daily living as well as a general appreciation of the social work teams who have made a difference to their lives.

The table below provides some examples of the compliments received during the reporting period.

Service area	Compliment
Occupational Therapy Team	<i>" .... I would really like to thank you from the bottom of my heart for all your help. To me you have gone over and above what is required of you .... As a person that has been independent and on the go all the time, needing to use a crutch to get about, has been really difficult to deal with, not only physically but mentally too. With all your help in getting me</i>

	<i>aids to assist me and make me feel more capable of doing these things by myself, is a total blessing to me, and I have you to thank for that."</i>
Preventative Mental Health Team	<i>"I don't know where me or my daughter would be without her or where we would be. She has stuck up for our rights so many times and she listens to me when I call her. Nothing ever is a bother to her, my daughter is autistic and she loves her social worker. She has a lot of difficulties that's how kind she is. She deserves platinum stars and many of them! We're just so grateful to her. I don't think she knows how grateful we are because of her we can now start our new life, we haven't had that for a very long time, she has never judged us once. I thank her for that."</i>
User Property and Finance Team	<i>"there's not many people these days that stand out and go that extra mile and your one of them. You're a credit to your department and the council."</i>
Locality Team	<i>"thank you for your help and advice with mam during this difficult time. Just a little note to say thank you for all your help and advice over the last couple of months. It is hard enough trying to come to terms with mams devastating illness but then you have all these decisions to make regarding mams future, with your help and guidance it was made easier. ..."</i>
ISPA	<i>"You know I like to give praise for where it's due. As you may know S helped to put care in place for my Mam. J quickly reached out to us as a family, the SPA girls were outstanding in getting her pain sorted then D put her care package together for her. This journey has been a pleasure to go along. It's not nice asking for help when you are not coping but your department and your employees are second to none, they are the brightest stars in the sky. ... I feel we are very fortunate as a town to have such a caring community around us at our time in need."</i>
Young Adults Transition and Learning Disability Team	<i>"We have found each individual involved to be extremely efficient and professional whilst maintaining a caring and understanding attitude toward our ward staff and most importantly, E. We have all worked together well and have swiftly achieved the best outcome for E."</i>

## 9. Complaints received in 2023/24

A total of 26 complaints were received during 2023/24. The number of complaints received has increased by 2 from the previous year.

Of the 26 complaints received, 1 complaint was resolved within 24 hours and 9 complaints were not considered further leaving 16 complaints investigated. This is the same number of complaints investigated as the previous year.

Of the 9 complaints not considered further, this was because:

- 4 complaints were not accepted for investigation because the person who was eligible to make a complaint had not provided their signed consent for someone else to act on their behalf and represent them in the matter of the complaint;
- 1 complaint was withdrawn by the complainant and therefore not considered any further;
- 1 complaint was withdrawn by the Council when the complainant did not communicate further despite repeated efforts by the Council to engage with the complainant;
- 1 complaint was resolved and not considered further when the complainant accepted a reassessment of their needs was a suitable outcome;
- 1 complaint was not accepted for investigation because the subject of their complaint related to matters that had happened some 8 years ago; and
- 1 complaint was not accepted because despite the subject of their complaint which related to matters that happened more than 12 months ago, there was nothing further the Council could add to its previous information to the complainant.

Of the 16 complaints investigated in 2023/24:

- 3 complaints were received directly from the person concerned, 1 of whom chose to have an Advocate to assist them with their complaint.
- 3 complainants who signed their consent for someone else to represent them and act on their behalf in the matter of the complaint;
- 3 complainants represented a deceased relative in bringing their complaint; and
- 7 complainants represented someone who lacked mental capacity within the meaning of the Mental Capacity Act 2005.

There were 2 of the 16 complaints investigated which spanned both health and adult social care. In these cases, a joint response to the complainants from the relevant NHS health body and adult social care were sent to the complainants in accordance with statutory complaint regulations.

Complaints which are assessed upon receipt and determined to be complex are usually investigated by someone independent of the Council. This adds credibility and demonstrates accountability in the complaint handling process. In 2023/24, 4 of the 16 complaints investigated were allocated to an independent investigator, the remaining 12 complaints were investigated and responded to internally.



The table below shows a breakdown of the complaints received by service area together with comparative data for the previous 2 years.

Service area	2023/24	2022/23	2021/22
Older Persons (including User Property and Finance)	10	10	9
Young Adult Transition and Learning Disability	1	1	2
Occupational Therapy	4	5	1
Preventative Mental Health, AMHP, DoLS and Adult Safeguarding functions	3	4	4
Commissioned Services	8	4	9
Carers	0	0	0
<b>Total number of complaints received</b>	<b>26</b>	<b>24</b>	<b>25</b>

Of the 26 complaints received in 2023/24, 10 complaints were received within the older person's service followed by 8 complaints about commissioned services, 4 complaints were received in occupational therapy and 3 complaints were received in the mental health/adult safeguarding area, leaving 1 complaint within the learning disability service area.

Whilst complaints received about the older person's and learning disability service areas have remained the same, complaints received about commissioned services has doubled in the past year whereas complaints received in the occupational therapy and mental health/adult safeguarding service areas have decreased by 1 complaint. There has been no complaints received from carers year on year.

Of the 16 complaints investigated in 2023/24, 15 complaints have concluded the adult social care complaints procedure and 1 complaint remains ongoing which will be carried forward to 2024/25.

## 10. Complaints referred to the Local Government and Social Care Ombudsman in 2023/24

There were 2 complainants who referred their complaint onto the Local Government and Social Care Ombudsman in 2023/24. Of these:

- 1 of the 2 complaints referred to the Local Government and Social Care Ombudsman in 2023/24 was investigated by the Council's adult social care in 2022/23. The Local Government and Social Care Ombudsman decided not to investigate the complaint because it was unlikely that further investigation would find evidence of fault or injustice.
- The remaining complaint which was referred to the Local Government and Social Care Ombudsman was the 1 of the 10 complaints which had not been



accepted for investigation in 2023/24, because despite the subject of their complaint which related to matters that happened more than 12 months ago, there was nothing further the Council could add to its previous information to the complainant. The Local Government and Social Care Ombudsman notified the Council's adult social care that they had closed the complaint.

## 11. Actions and improvements from complaints investigated in 2023/24

An integral part of complaints management is ensuring that when service delivery failures are identified, proportionate and timely action is taken to remedy any personal injustice to the complainant and action is taken to improve the quality of service being provided.

The table below provides some examples of the complaints received during the reporting period and the actions taken as a result.

Complaint	Actions taken
<p>The complainant (a representative of a service user) was unhappy with an investigation by a contracted provider and that safeguarding meetings has not been carried out appropriately.</p> <p>The complaint was independently investigated.</p>	<p>The independent investigator made some recommended improvements which included ensuring that all evidence for consideration in safeguarding meetings is circulated in a timely way and whether independent clinical advice is needed in cases where there is an injury.</p> <p>An apology was provided to the complainant for those areas of the complaint that was upheld.</p>
<p>The complainant (a representative of a service user) expressed that the service user's care and support had ceased and he was dissatisfied with this.</p> <p>The complaint was investigated internally. This element of complaint was jointly responded to with the relevant NHS body.</p>	<p>Although the complaint itself was not upheld as the service user's care and support being complained about had not ceased, it was recognised how the Social Worker's letter could have caused some confusion for the complainant's family.</p> <p>Social Work Teams were reminded of how information may be interpreted differently to others and consider whether a letter may require further clarity.</p> <p>Learning can be gleaned from complaints even when the main substance of the complaint is not upheld as in this case.</p>

<p>The complainant (who was supported by an Advocate) expressed that she believed she was being supported to move but was later told the move was not an option which has left her feeling upset.</p> <p>The complaint was investigated by a Head of Service.</p>	<p>It was found that although the complainant was informed at the outset formal approval was required, the events which followed led the complainant to believe it was a secure arrangement.</p> <p>An apology was provided to the complainant who expressed her satisfaction with other options which had been presented to her as an interim solution.</p>
<p>The complainant (a representative of a service user in a care home contracted with the Council) was unhappy with aspects of her relative's care.</p>	<p>The Social Worker and Safeguarding Officer met the relative and brought forward a review of her relative's care. This resolved the complaint with the complainant expressing she felt listened to and the matters she was unhappy about had been satisfactorily resolved.</p>
<p>The complainant (a relative of a service user) was unhappy with the outcome of an OT assessment and expressed that it did not take into account all the family's needs.</p>	<p>In discussion between the OT Lead and the complainant, an agreed way forward was found which would take into account the whole family's needs.</p> <p>This included a risk assessment being carried out and an explanation of the areas to be considered as part of the risk assessment was explained to the complainant who was agreeable with the approach as a resolution to the complaint.</p>

## 12. Conclusion

The Council's adult social care will continue to monitor its complaint handling process and performance so that we can further improve the experience for someone making a complaint and continue to make every complaint count as a learning opportunity to improve the quality of its adult social care service.