

Adult Social Care

Summary of complaints by theme (2021-22)

Complaints relating to dignity

X complained about the standard of care provided to Y whilst X had been in hospital. X returned to find Y in a spoiled bed and a spoiled mattress.

Having reviewed Y's case there is a pattern that Y refuses to have his continence products changed. We explained that staff have recorded on many occasions that Y declines personal care and pad changes. Y takes himself back to bed frequently, it is recorded that Y will say 'I'm going back to bed', or when staff go back to the next visit Y will be in bed. Y will take his pad off himself on occasions leaving it on the floor and this is generally when staff find that the bed is wet.

Complaints relating to communication

X complained we had not involved or invited them to any recent meetings. Y is forgetful and doesn't remember when a meeting is scheduled or its purpose.

We apologised if not inviting them to the meeting had caused unnecessary upset but this was not seen as a contentious meeting and it had been called by Health professionals. We invite family members to meetings and we will let family know of all meetings that will take place in relation to Y. However we cannot be in a position in which routine meetings are delayed because we are unable to accommodate a family member attending. We also drew their attention to reports from staff that one family member is regularly complaining and highlighted their hostile behaviour toward some staff which is unacceptable.

Complaints relating to timeliness of our decisions or actions

X raised concerns about the appropriateness of Y's placement in a residential home as their physical and mental health are deteriorating.

There was a lot of work taking place already at the time the complaint was made and Y returned home with a package of care shortly afterwards and is reported to be happy with carers.

Complaints relating to disagreements with our decisions or actions

X complained their direct payments and support had been cancelled due to their admission to hospital with no reason why.

We have sought to speak with X on a number of occasions about her direct payment support, but she has not engaged with us. If X engaged, it would have enabled us to share our ongoing concerns regarding their suitability as an employer of Personal Assistants and their responsibility in the management of the direct payment. We don't believe the arrangement is working as X is not complying with direct payment legislation. Personal Assistants will be paid for their work undertaken.

Complaints relating to charges applied or financial issues

X complained of mixed messages from recent assessments - either Y can return home or they require residential care. Y's home has been sold but they have received mixed communication re. costs.

We reviewed the case and found that Y liked it at the home they were in and wanted to stay as Y felt unsure about living in an apartment on her own. We respected Y's views so she was turned down for a Council care home. Y and family were advised about the implications of self-funding and the charges they were expected to pay. There have been plenty of conversations with family about the costs for all to make an informed decision as well as ample opportunity for family to explore other options.

Complaints relating to hospital discharges

X complained Y has been waiting to be discharged from hospital but there have been delays and some confusion whether Y's placement should be Section 117 aftercare funded or C.H.C. funded.

We explained the journey of our involvement from the time Y's case was allocated for discharge. This included the delays with the hospital ward completing the necessary paperwork, the complicated processes around Section 117 funding, EMI Nursing funding, Y's residence outside Flintshire and Health's preference for residence within Wales. There is currently an agreement in place for 50/50 funding between us and Health for the family's home of preference. We apologised for any unnecessary upset that we caused during this time.

Complaints relating to the quality of care from a home or carer

X complained about the home's lack of duty of care towards Y including: no consideration given to Y's deafness or poor eyesight meaning their behaviours deteriorated and Y became frightened. A safeguarding concern was also raised about over-sedation causing injury.

The home provided a comprehensive response including appropriate information was provided and documented in relation to Y's communication and mental health/behavioural needs, and the home communicated with the G.P. and Community Mental Health Team about her situation. We also shared the outcome of

a safeguarding investigation as X complained Y had fallen after being over-sedated and dragged from her bed on one occasion. There was no evidence of either allegation.

Complaints relating to a lack of support

X complained Y was being passed from pillar to post between Services without any regard for his mental wellbeing. X is trying to get the support that Y requires and without a diagnosis that is proving to be very difficult.

We apologised for her experience but advised the Integrated Autism Service was not a statutory service and could not assess/support anyone who had moderate to severe mental health difficulties. We recognised the complexity of Y's presentation and we issued a separate letter following consultation with a Health professional as to their findings and determining how future support should be delivered. More recently, we have again contacted the C.M.H.T. to offer consultation and a joint assessment which Y failed to attend.

Complaints relating to process issues

X complained we were blocking Y's discharge from hospital to a local home and he hadn't been given a reason why.

We explained the complexities of the current situation with X, advising Y should go into residential placement whilst family sourced live-in care. We explained that we need to try and get Y home directly in order to comply with her wishes. We explained the difficulties that we have in relation to retaining the package of care and that if we don't have a date for discharge, we can't ask Panel to extend the retainer on the package.

Complaints relating to the impact of COVID

X complained we weren't consistently applying respite care funding. Their respite was funded in June but not for August.

We explained no respite care was being provided for holidays given the pandemic except on an emergency/carer crisis basis (hence agreement to their June respite). Any respite arrangement made was seen as a private arrangement and would not be funded by ourselves.