

Adult Social Care

Summary of complaints by theme (2020-21)

Complaints relating to dignity

No complaints related to a lack of dignity during the year.

Complaints relating to communication

X complained that a carer whom she had complained about previously had turned up at her mother's home to provide care and support.

We apologised for this oversight and explained the team who organise such rotas advised this was a one off incident and was an oversight on their behalf. We asked for an immediate review of the rota system to ensure this doesn't happen again.

Complaints relating to timeliness of our decisions or actions

X complained about the length of time we were taking to complete an autism assessment with her.

We reiterated our original advice to X that there was a 28 week waiting list for an assessment. Lockdown had impacted on our work and assessments are now undertaken via video conference. In the meantime B.C.U.H.B. professionals sought to assess X, but she hasn't engaged with them or her Advocate. We have tried to engage with X when she has contacted the office but her language and behaviours have been unreasonable.

Complaints relating to disagreements with our decisions or actions

X complained she felt a scapegoat for her mother's package of care being withdrawn and she wasn't being listened to about concerns for her mother.

We explained we had no concerns about mother's care. Instead we brought to X's attention her own behaviour with carers which consistently jeopardises her mother's package of care (4 providers this year). We acknowledged that X is at odds with her family, but her mother has capacity to make a decision. The last provider was concerned of the risk X posed in terms of infecting their own carers and other clients as X is a risk working across a few hospitals.

Complaints relating to charges applied or financial issues

X complained of fraud committed against her vulnerable brother and questioned whether processes had been followed in terms of the matter.

This is the first instance of its kind and we have been working with partners including the Police and the C.I.W. We reassured that only X's brother's Appointee could access his main bank account but spending money was transferred into another account to promote their independence and this was where the concern was raised. X's brother now has a prepaid card so his Appointee can immediately identify any unusual transactions etc. The alleged criminal actions were not a failure of safeguards, but the action of a person intent on committing a crime. A review of practice will take place.

Complaints relating to hospital discharges

X complained about the length of time her mother was waiting for a package of care so she could be discharged from hospital.

Family had originally agreed then declined the offer of a temporary place in a local home. The original care package was passed back to us by the provider as they were unable to meet the increased hours. The usual procedure was followed and searches made by Brokerage but there was limited provision. Family instead agreed to a direct payment so they could arrange their own care.

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

X asked why her father was left for such a long time on his own whilst he was talking on the telephone to family with no staff checking on him. X also asked what steps were taken to encourage him to take his medication.

Regarding the telephone conversation, staff could hear father talking and would not interrupt or 'butt' into a conversation unless requested to by him. In terms of medication, we explained we do not just offer medication on the one occasion if refused. Staff will offer medication and attempt to encourage individuals to accept on a number of occasions. This approach will be based on individual circumstances and medication routine. Ultimately though and as stated within the Medication Procedure, it is an individual's right to refuse medicines.

Complaints relating to a lack of support

X complained of our lack of help and support with her brother's mental health situation, and the impact his living with their parents is having upon them.

We were sorry to learn of the family's circumstances and sympathised with X's situation. However, upon checking with the Community Mental Health Team, they confirmed Y was open and closed to them in December 2019. Safeguarding had also reviewed the situation and provided advice at the time. We advised X she needed to contact Y's G.P. to move this matter forward. A referral was also made to

the Housing Duty Officer on Y's behalf with a view to identifying alternative accommodation so he could move from his parents' home and reduce their current stresses and anxieties.

Complaints relating to process issues

X raised her concern about the new electronic diary system the provider was implementing. Although there is a portal that loved ones can access to view information, not everyone is tech-savvy meaning some may have restricted access to important information

The provider agreed to add a Family Communications sheets to Y's file and carers will be instructed to leave brief notes about Y's health and eating etc. The provider regretted the changes weren't communicated to X (who is not next of kin). Contracts Monitoring had also raised their concern with the Provider about the new system prior to the complaint and will monitor the situation as a whole as part of their ongoing work with the Provider.

Complaints relating to staff

X complained about the professionalism of a member of staff during a home visit several months ago which left her feeling anxious.

We reviewed the visit and although there had been a misunderstanding on the day of the visit, we believed the matter had been resolved that day. We would have resolved the matter sooner had X chosen to contact us about the matter at the time. We reassessed husband's needs in the meantime and await the outcome of the recommendations made.

Complaints relating directly to COVID

X complained what authority we had by asking and checking up on him about people visiting his home which he shared with his disabled wife.

We explained we were acting upon concerns raised that people were visiting the property on a daily basis. Given our duty to protect vulnerable people during the COVID crisis, we were following up these concerns with X's wife's best interests in mind. We were also concerned about possible contamination risks posed to carers supporting X's wife who also provide care and support to other vulnerable adults. We were trying to protect X's wife's package of care.