

Adult Social Care

Summary of complaints by theme (2019-20)

Complaints relating to dignity (3 complaints)

X complained their sister was only wearing a t-shirt, cotton blanket and elastic knickers when attended to by Paramedics following a fall in the home. There was a lack of dignity and it was also a cold night.

The home explained sister had been in bed with nightwear provided by family when she was found on the floor. Paramedics advised staff not to move her. When Y was transported into the ambulance a blanket was placed over her to keep her warm and maintain her dignity.

Complaints relating to communication (16 complaints)

X challenged our decision that their mother had deliberately deprived herself of her assets. X also complained the idea of the home caring for their mother had been mis-sold/mis-communicated to family as the home are no longer able to care for her.

We upheld our original decision about DoA as Reablement commenced before mother's house was sold and proceeds divided between her family. Family were informed about concerns with mother living at the home and that they could no longer meet her needs. Our message at the time would not have been it was 'a home for life' as suggested by family and this is reinforced with the Service User Guide that was shared at the time. There were delays moving mother because family had PoA and the desired home had no bed spaces (as well as the DoA issues to consider).

X complained of a lack of communication and misinformation with regards to charges for their mother. X couldn't understand why their mother required a further mental health assessment to inform the C.H.C. funding process.

We apologised if there had been a lack of clarity and that advised agreement could not be reached about C.H.C. funding for their mother. A C.P.N. assessment has been requested to inform the D.S.T. review so a final decision about C.H.C. funding can be reached. Funding in the meantime is 50/50 between us and Health, and mother will be charged for her residential fees as per her financial assessment.

Complaints relating to timeliness of our decisions or actions (8 complaints)

X complained about the waiting time for their assessment and at the poor communication when seeking updates from us.

We explained the part of the Service concerned operates a waiting list that was around 40 weeks (at the time). We were mistakenly advised that X was a service user with the C.M.H.T. As we do not duplicate work, we were waiting for C.M.H.T to complete an assessment. This was rectified and we apologised for any oversight. Process now in place whereby all cases referred to the part of the Service concerned are fully triaged

and if insufficient information is not included in the application, these will now be returned to the referrer to request accurate data. This enables this part of the Service to avoid situations such as what happened in this case.

X complained why their son's broken bath has been treated as a low priority for nine months. X was also concerned how long it will take for ourselves, the care provider and the housing association to agree who funds a new bath once assessed.

We explained the case was treated as low priority as son's carers were able to wash and clean him in another shower in his home whilst there were a shortage of O.T.s. A replacement specialist bath has been ordered but will be subject to the usual timescale for fitting etc.

Complaints relating to disagreements with our decisions or actions (8 complaints)

X complained against our decision to transfer their mother's care from Homecare to a private provider. They believed we provided a better standard of care and our carers were better skilled and experienced.

The package of care transferred as planned. We sought to reassure X and their mother that the provider was regulated, subject to contract monitoring visits and their carers can access our in-house training. The transfer was needed to free up resources so others could benefit with their support.

X complained the suggestions we were making about adaptations to their kitchen weren't meeting her needs due to her physical difficulties and height.

We reviewed X's circumstances and the suggestions made by O.T., but concluded the proposals made were proportionate and reasonable. They included lowering a wall mounted cupboard, repositioning electrical sockets and shelves so X could access them more easily.

Complaints relating to charges applied or financial issues (14 complaints)

X complained we had originally agreed by letter to fund their father Y care at a home following his discharge from hospital. However, we then went back on this agreement and the matter of funding hasn't been resolved in the months since.

Following receipt of Legal advice in which the Act stipulates assistance should be explored, we agreed to cover the residential costs incurred during Y's stay at a home in the form of a loan basis until family are awarded Deputyship. We can recover the costs then. Cases such as these will be reviewed on a case by case basis to ensure families will be in a position to repay the Local Authority.

X complained she hadn't been informed of emergency respite charges.

We could find no clear record of the emergency respite placement being explained to X as being chargeable. Although X's mother received chargeable day services, we could not assume X knew she would be charged for emergency respite as well. We therefore agreed to remove the charge

Complaints relating to hospital discharges (3 complaints)

Family complained their father had been waiting in hospital for several weeks for a package of care at home to be discharged. They believe there had been an initial mix up in communication meaning the planned package of support was withdrawn some weeks ago.

We explained the current situation and the wait for packages of care, particularly with double manned care, and unfortunately we couldn't give an indication how long identifying a suitable package would take. In the meantime, therapy staff have been working with father at hospital and he is making positive progress meaning a couple of visits can be single manned. Family will consider direct payments alongside reablement therapy. There was miscommunication from the hospital about father's discharge resulting in our cancelling his package of care.

X complained about the home's management of events during and after their mother's hospital stay. X was initially told their mother was critically ill but was then medically fit for discharge when they attended the hospital. X was then advised the home could not take mother back and they cancelled their contract breaching their agreement.

The home provided a comprehensive response that they communicated appropriately at the time of hospital admission. The home confirmed a nursing assessment and mental health assessment were requested as hospital reported they were struggling to manage mother's behaviour and they were also experiencing challenging behaviours. The home advised family they would need to undertake a reassessment as to mother's suitability to return there. Mother was subsequently assessed for EMI care and the family were advised mother's room would need be vacated in line with the terms of contract. We confirmed the home's response was appropriate.

Complaints relating to the quality of care from a home or carer (12 complaints)

X complained about the standard of care provided to their brother and was concerned about staffing levels at the home.

Although X's brother is a combination of self-funding and Funded Nursing Care, we sought to reassure X about the staffing levels and the home being clean and odour free. A Monitoring Officer is to complete a pre-arranged joint visit to the home with Health where X's concerns about his brother eating alone and being a choke hazard will be shared with Health to take forward.

X complained that their mother was clinically dehydrated upon admission to hospital which may have contributed to her cause of death. This complaint followed a report from Health following mother's admission to hospital.

The home responded with evidence that mother was continually offered drinks for the whole period up to her hospital admission. On her last night at the home fluids were

given overnight. Mother was later observed as confused but she was communicating clearly, though groggy. Her vital observations were recorded by the duty nurse and an ambulance called. The home believed they did everything to support mother up to her hospital admission and we had no further observations to make about the records the home provided.

Complaints relating to process issues (13 complaints)

X complained about the unsuitability of their mother being placed at a local home as part of a step down, the appropriateness of completing an assessment whilst her mother was in hospital and the lack of communication during this stressful period.

We reassured X we followed process in terms of the step down and there was no evidence to suggest the home was unsuitable. Their mother had capacity and was agreeable to the proposal. Mother was deemed to be medically fit and able to make a decision according to Ward Sister prior to her discharge. Although there was good communication throughout most of the case, the issue of admin. staff leaving messages for social work staff has been revisited with them.

X complained we had taken over as their nephews' Appointee without their knowledge or say so.

We met with family to explain the Appointeeship process and the reasons behind our actions. We explained that as their nephews' former Appointee had suddenly passed away we had to act quickly to safeguard their finances and ensure they had access to money. We also had to safeguard their nephews as vulnerable adults.

Complaints relating to staff (7 complaints)

X complained their support worker was stealing money from them.

We reviewed the case and confirmed staff did not have direct access to X's monies and there were no unaccounted purchases from reading bank statements. Appointees oversee X's accounts and no concerns have been raised about staff before. X has history of making similar allegations.

X complained about the way we treated and spoke with them whilst they were in receipt of our services.

We explained to X we had never raised a voice to them. We have had to have honest conversations with them and we had to give X information and advice that they may not have liked. However, our conversations have always been respectful. Our role is to help individuals weigh up financial decisions, and as part of this we need to give individuals all of the information available.