Creating a learning culture in social care

What can we learn from local authority complaints reports?

August 2019
Introduction

As part of our commitment to Quality Matters, a sector-wide initiative aimed at improving social care, Healthwatch seeks to build a culture of learning from feedback and complaints in care services.

To support this work, in early 2019 we began a project investigating what the 152 local authorities in England, who have responsibility for commissioning social care services, are learning from feedback and complaints.

Each local authority has a duty to produce an annual complaints report. We conducted a desk-based audit of local authority annual complaints reports to:

- Find out how many complaints councils are receiving and what they are about.
- Establish to what extent councils are communicating the action they have taken to improve services in response to complaints.
- Identify common themes which could be shared across the sector to help other councils learn and prevent problems occurring in the first place.

This briefing summarises our findings and encourages local authorities to handle complaints with openness and transparency, treating complaints reports as an opportunity to tell a powerful story of learning and improvement.

Key messages:

- Reports are becoming less accessible to the public
  
  When we first reviewed local authority complaints reports in 2017, we were able to find reports online for half of the 152 councils in England. When we repeated the exercise in early 2019, we were only able to find them for a third of local authorities.

  Of the reports we found, half were available as freestanding documents which were relatively easy to find. Others were more time consuming to locate, often found in the appendices of committee papers or agendas.

  It is worth noting that the regulations governing complaints reports for local authorities do not require councils to publish their report, only to make the information available on request. However, in our view, all local authorities should make these reports easily accessible online in the interest of openness and transparency.

- Reports focus on numbers not learning

  In most reports we looked at, the emphasis was on the number of complaints received during the year and whether they were processed within the council’s agreed timeframes. Having more complaints than the previous year was often seen as a ‘worse performance’.

  As Healthwatch has emphasised previously, more complaints can be an indication of a more open culture around feedback and a negative view of complaints is not helpful for complaints managers or service users.
While many of the reports state that they aim to support learning from complaints, only a handful referenced the actual learning outcomes, with even fewer reporting how they intended to fix underlying issues.

In their current form, local authority complaints reports represent a missed opportunity for sharing learning about how to improve social care and demonstrating how people’s experiences can drive that improvement.

A shift away from focusing exclusively on process and towards an emphasis on what has been improved in response to complaints would help councils get better value from their complaints function and encourage others to speak up.

- Local government needs a more consistent approach

When looking at local authority complaints reports, it is very difficult to compare like for like. There is no consistency in what they cover. The structure and even the taxonomy vary considerably between councils.

Greater consistency in how councils record and report complaints would make it much easier to understand national trends and issues in social care. This could be helped by introducing national oversight of local authority complaints data.

**Why look at local authority complaints reports?**

Local complaints reports should be an opportunity for local authorities to demonstrate improvement and highlight how feedback and complaints support learning.

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 require local authorities to produce an annual report on complaints about adult social care, and to make it available to people on request.

In the NHS there is national oversight of complaints, with hospital trusts and GPs required to report quarterly complaints data to NHS Digital. This means that complaints processes have a national profile. By contrast, social care complaints are reported only at a local level, so there is no national data set. The Local Government and Social Care Ombudsman publishes annual data about the cases it investigates, but this only covers complaints which have reached the highest stage.

Without consistent, accessible information from across the country it is difficult to identify trends, or to share lessons learnt from dealing effectively with feedback and complaints.

We want to make the case for the vital role that complaints managers and local authority leaders can play in turning reporting into an opportunity to demonstrate how responsive local authorities are to the needs of their residents.

**What we did**

In January 2019, we searched for the 2017/18 adult social care complaints report of each local authority with responsibility for social care. We reviewed these reports and analysed key aspects of their effectiveness.
We also compared our findings with data from a similar review of 2015/16 local authority complaints reports conducted in May 2017. This has allowed us to comment on how things have changed over time.

Additionally, we tracked whether the reports contained each of the five elements essential to annual complaints reports according to the statutory regulations.

What we found

How easy were the reports to find?

The Regulations do not compel local authorities to publish their reports online, only to make them ‘available to any person on request.’ However, making complaints reports freely available suggests a culture of openness, and maximises the opportunity for councils to share what they have learnt and changed because of complaints.

While several local authorities choose to make their complaints reports available online as stand-alone publications, others are less easy to find.

We were able to locate 72 reports for 2015/16. This number dropped to 55 for the year 2017/18.

<table>
<thead>
<tr>
<th>How easy were reports to find?</th>
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<tbody>
<tr>
<td>Local authorities with responsibility for adult social care</td>
<td>152</td>
</tr>
<tr>
<td>Reports located for 2015/16</td>
<td>72</td>
</tr>
<tr>
<td>Reports located for 2017/18</td>
<td>55</td>
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Of the reports we located, approximately half were free-standing documents, while others were reports to councillors and/or council committees, which required significant effort to locate.

What did the reports cover?

We found that the content of the reports varied, which made it hard to compare outcomes and identify themes.

Some said that they were written specifically to meet the local authority’s duty to comply with Regulations; others were more general reports on feedback and complaints across individual departments or the entire local authority. Reports ranged in length from 5 pages to 60 pages.

A number of reports were local accounts, including at least some data about complaints in adult social care. One was a more general consumer insight report. These were likely not compiled with the Regulations in mind, but we decided to include them in the apparent absence of a statutory report.

Lack of a common language on complaints

Although the authorities are all subject to the same Regulations, they use many different phrases to describe their complaints handling processes. We found that taxonomy varied across:
• The ‘classification’ of the complaint (e.g. formal/informal, statutory/corporate, concern/comment)
• Whether a complaint was upheld, not upheld or partly upheld
• The different stages/risk levels assigned
• The ‘themes’ raised by complaints

The lack of a common taxonomy to describe services, the status of complaints, and the themes they cover limits the potential for learning from complaints through analysis across local authority boundaries.

A focus on process

Most of the reports focused on counting complaints. A few mentioned costs - whether to do with the cost of the complaints function or compensation spend.

A higher number of complaints was generally seen as negative, and fewer as positive. Similarly, having fewer examples of positive feedback was perceived negatively. However, numbers tell us little about the quality of services or how well the complaints function itself is working.

Timeliness

Most reports included data on the timeliness of complaints processes. While getting the process right – including a timely response – is important, focusing on numbers and timescales alone risks missing intelligence about the quality of services and the experiences of people using them.

Benchmarking

Several reports benchmarked their number of complaints or complaints rate with nearby or similar local authorities.

Without context, benchmarking against other bodies reveals very little about the experience of local people or the quality of service in any one area. There are a wide variety of possible explanations for why more complaints are recorded in one place than another, which are not necessarily linked to the quality of the service. Helping to identify how useful comparisons could be made is one area where the Healthwatch network could play a role.

Most reports (80%) complied with the letter of the Regulations by reporting at least some learning from complaints. Below we will discuss the high degree of variation in how this was approached.

Who complains?

Some of the reports we found provided a breakdown of complainants by demographics (45%). Very few mentioned the route by which people made complaints or how complaints were received (i.e. by phone, e-mail, face to face, post etc.).

Learning from this data can help continually adjust processes to ensure they are user friendly and accessible.
Advocacy

Local authorities commission advocacy for people who need support to make a complaint about the NHS, but there is no equivalent statutory duty for social care complaints advocacy.

However, some local authorities went beyond their statutory duties, noting the provision of advocacy support for social care complaints:

- **East Sussex** noted the total number of complaints made with advocacy support
- **Bournemouth** reported three complaints via an advocate
- **Waltham Forest** had commissioned Citizens Advice to provide advocacy to all local adult social care service users and carers.

Individual providers

Over half (57%) of the reports we located broke down complaints received by service type. One report, from Thurrock, clearly broke down complaints by council-run providers and external providers, who the council had commissioned to provide a service.

When reports did mention external providers, they often cited concerns about home care provider agencies. For example, **North East Lincolnshire** report that home care services receive the greatest number of complaints of any service area. Their report highlights how the council has responded to and acted on complaints about home care services. **Buckinghamshire** council highlighted in their 2015/16 report that they were upgrading their standard home care contract to include complaints, and how they expected providers to record and respond to complaints made to them.

Many complaints about home care focus on the quality, consistency and training of care workers. Complainants regularly cite missed appointments, lack of training in medication management and poor communication as their key concerns with home care services.¹

Integration with the NHS

Given the national ambition to integrate health and social care services, we looked for discussion of joint health and social care complaints policies and procedures in the reports we reviewed.

While this was not made explicit in most reports, several local authorities did mention joint complaints procedures, including:

- **Lancashire, Leicestershire** and **Poole** who mentioned a joint complaints protocol, approach or procedure with the NHS
- **Leeds** who wrote about their membership of a citywide Complaints Managers Group, chaired by Healthwatch Leeds, working with NHS and local advocacy partners to promote best practice and learning on complaints handling

¹ Healthwatch England highlighted similar themes around the home care workforce in the insight we heard from the public in our 2016 report: [https://www.healthwatch.co.uk/report/2017-08-24/home-care-services-what-people-told-healthwatch-about-their-experiences](https://www.healthwatch.co.uk/report/2017-08-24/home-care-services-what-people-told-healthwatch-about-their-experiences)
• Oxfordshire who listed joint complaints with the NHS in their report
• North East Lincolnshire, which included complaints referred to the PHSO

As health and social care integration progresses, we would expect to see increasing emphasis on shared complaints processes and learning between health and social care services.

How did the reports comply with the Regulations?

We tracked whether the reports contained each of five elements essential to annual complaints reports according to the statutory regulations. Although we found fewer reports when compared with our initial review in 2015/16, a greater proportion of these reports were fully compliant with the regulations.

<table>
<thead>
<tr>
<th>How did the complaints reports comply with the Regulations?</th>
<th>2015/16 Number/Percentage compliant according to our review (of 72 reports located)</th>
<th>2016/17 Number /Percentage compliant according to our review (of 55 reports located)</th>
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<tbody>
<tr>
<td>Number of complaints about adult social care</td>
<td>70 (97%)</td>
<td>55 (100%)</td>
</tr>
<tr>
<td>Number of adult social care complaints upheld</td>
<td>42 (58%)</td>
<td>46 (84%)</td>
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<tr>
<td>Number of adult social care complaints referred to the LGSCO</td>
<td>63 (88%)</td>
<td>48 (87%)</td>
</tr>
<tr>
<td>Identified themes/subject matter of adult social care complaints</td>
<td>58 (81%)</td>
<td>44 (80%)</td>
</tr>
<tr>
<td>Identified learning from adult social care complaints</td>
<td>59 (82%)</td>
<td>44 (80%)</td>
</tr>
<tr>
<td>Fully compliant with the Regulations in our judgement</td>
<td>32 (44%)</td>
<td>39 (71%)</td>
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</table>

Number of complaints received about adult social care

All the reports we found for 2017/18 recorded the total number of complaints received.

As well as counting complaints, reports counted a range of other contacts, from concerns to enquiries from MPs and councillors.

We have decided not to include any analysis of the total number of complaints reported because:

• Our research was not able to find data for all councils in England
• The inconsistency in reporting makes it difficult to compare between councils and even between different years for the same council

• We want to encourage councils to move away from reporting numbers and to concentrate more on how learning from complaints is supporting quality improvement

**Number of complaints upheld about adult social care**

When a complaint is made, the complaints team investigates and decides whether something went wrong. A decision is made about whether the complaint should be upheld, partly upheld, or not upheld.

Most reports (84%) reported the number of adult social care complaints that were upheld, though some reported this only as a percentage of total complaints.

Several local authorities used different terminology to describe whether complaints were upheld.

**Number of adult social care complaints referred to the Local Government and Social Care Ombudsman**

87% reports mentioned the number of complaints that had been referred to the Ombudsman, although sometimes they talked about ‘enquiries’ from the Ombudsman which made figures hard to compare.

**A summary of subject matter (themes) from complaints on adult social care**

Four in five reports (80%) identified the themes or ‘subject matter’ of their adult social care complaints.

Others either only identified themes for LGSCO cases, did not break them down for social care specifically, or did not identify themes for all their adult social care complaints.

The following were some of the most common themes that reports identified:

• Communication
• Quality of service, particularly home care services
• Delay/refusal/lack of provision of service
• Assessment
• Financial (including fees and charging)
• Staff conduct

It was difficult to compare like for like as local authorities used different taxonomies.

**Learning from complaints**

The level of detail about learning and implementing lessons from complaints varied widely across the reports we read - from a few mentions of minor changes or notes that staff are to receive training, to detailed tables of action taken and changes implemented.

**Positive examples of councils demonstrating learning**
• **Kent’s** report includes a detailed section demonstrating lessons learnt and key themes arising from complaints they received. Section seven of the report, *Learning the Lessons* explains their approach to complaints:

  “A complaints procedure is only as good as the culture in which it operates so it is important to maintain an open and learning culture that is receptive to feedback from customers.”

The report focuses on service user insight and highlights the practical steps the council has taken to improve their service because of complaints received. For example, in response to complaints about how well safeguarding procedures were being communicated to families, the council implemented the ‘Making Safeguarding Personal’ initiative and created new public facing factsheets to help explain the process more clearly.

• **Northumberland County Council’s** annual complaints report clearly sets out the key thematic areas for complaints that they received over the last year and what they did in response.

• **Hertfordshire County Council** also set out thematic complaint areas, but instead of just laying out the simple practical steps they had taken, they set out key strategic policy decisions and taken as a result of the insight gathered.

• In **Oxfordshire**, one complaint led to the introduction of a new electronic monitoring system, where staff now use a handheld electronic device to immediately know when a person has eaten, drunk, or received personal care. The authority was encouraging wider use of this system and was aware that other care homes already had it in use.

• **Cambridgeshire** have introduced a system called GovMetric, a customer satisfaction rating system, to monitor feedback and measure improvement.

**Leeds City Council – why learning from complaints matters**

Judith Kasolo, Head of Complaints at Leeds City Council, is passionate about the need to make the most of learning from complaints.

The Leeds Complaints Team contacts the complainant on receipt of their complaint, keeps them up to date throughout the investigation, and follows up with a satisfaction survey once the person has had a response.

All contracted providers must:

• Submit a monthly return with summary information about each complaint, its outcome and the lessons learnt;

• Risk assess all complaints and notify the Council immediately of any medium or high-risk complaints;

• Comply with a Quality Standards Assessment whereby Adult Social Care Contracts Officers monitor complaints and compliments as a measure of performance.

Judith’s team are finding that complex complaints are on the rise, due to the integration of health and social care as well as the range of complex needs they need to meet. In response to this the Council has invested significantly in training and supporting its frontline staff, also commissioning training for:
• Managers and deputies who deal with complaints;
• Frontline workers so they understand the process and their responsibilities;
• Advocates who support service users, their carers, family members and representatives to make complaints.

The training is also made available to commissioned service providers’ staff. The training aims to build capability and capacity in resolution of complaints which are made directly to the providers about services commissioned by Leeds City Council.

Leeds City Council play an active role in the local complaints managers group coordinated by Healthwatch Leeds, and including representatives from the NHS and local advocacy service. The group works to improve peoples’ experience of complaints handling across health and social care, for example by developing a shared approach to consent that removes the need to delay investigations while people sign multiple consent forms.

John’s Story – the impact of not listening to complaints

After John’s mother had a stroke, she required 24-hour nursing care. But the care home was unable to meet her multiple health needs, and unsuitable equipment meant she was not living in in a dignified way. Like many people, John’s mother lived her final years at the nursing home, and the poor quality of care provided made her experience - and that of her family – very distressing.

Unhappy with how his mother was treated, John raised his concerns with the care home, but didn't get a response to his questions. Deciding to take the issue further, John contacted his local MP, who agreed to bring his case to the attention of Parliament.

After two parliamentary debates, a response from the Prime Minister and eight years of campaigning, John and his MP spoke with a care minister to discuss his experiences of social care and how it can be improved. He believes what his mother experienced could have been prevented if somebody had listened.

“What I experienced happens to thousands of families every year. Social care services need to listen to our concerns and make real changes.” - John

Despite John’s tireless campaigning, he believes his questions have remained unanswered. It’s important that more people do not find themselves in John’s position where they feel their concerns have gone unheard.

Conclusions and next steps

A missed opportunity for learning

Complaints reports offer local authorities an opportunity to demonstrate how responsive they are to feedback and how seriously they take continued learning and improvement. Yet currently this opportunity is too often being missed.

We were able to locate fewer than half of 152 local authority complaints reports. Of those we found, just over half were available as free-standing documents. Others were less easy to access, requiring time-consuming searches through committee agendas and minutes. While
most reports we did find met the letter of the regulations, the effort needed to find some of them did not suggest that transparency was a priority.

Reports focused on numbers and process rather than output from complaints. Having more complaints than last year was frequently seen as ‘worse’ performance. But more complaints could be a sign of a better-functioning feedback system, giving people the confidence to speak up.

Local authorities could get more value from their complaints function if they focused on the positive changes resulting from people’s complaints. Such an approach would drive improvement, encourage more people to speak up, and tell an empowering narrative about progress within the council.

When looking at reports, it was difficult to compare like for like as the taxonomy for recording complaints was so variable.

More consistency in local authority complaints reports, including national oversight, could make it easier to understand national trends in the quality of social care provision.

**How can local authorities promote a learning culture in complaints management?**

1. **Be transparent**
   We were able to locate only 55 out of 152 complaints reports. While regulations do not require local authorities to publish their complaints reports online, we believe local authorities should publish them in the interest of openness and transparency, as well as to maximise learning opportunities.

2. **Work towards standardisation across councils**
   We support the National Complaints Managers Group’s efforts to develop a common taxonomy for complaints about social care. Without this, meaningful comparisons, identification of trends and national learning will be limited.

3. **Remember what reports are for**
   Local authorities should focus on improving people’s experiences rather than counting complaints. Shared learning may also save local authorities money by helping to get services right the first time.

4. **Think about how health and social care structures are changing**
   We would like to see increased collaboration around complaints across health and social care. Local authorities should work with the NHS at an STP/ICS level to ensure shared learning and consider producing a joint annual report on learning from complaints.

5. **Work with your local Healthwatch**
   Complaints reports should be shared with stakeholders, including local Healthwatch, so that organisations can understand and respond to the feedback given about local services.

Take a look at our [toolkit](#) designed to help local Healthwatch scrutinise local complaints systems, make recommendations based on findings and follow through on the improvements they ask for.
About Us

Healthwatch is the independent champion for people who use health and social care services. We exist to ensure that people are at the heart of care.

We listen to what people like about services, and what could be improved, and we share their views with those with the power to make change happen. We also help people find the information they need about services in their area.

We have the power to ensure that people’s voices are heard by the government and those running services. As well as seeking the public’s views ourselves, we also encourage services to involve people in decisions that affect them. Our sole purpose is to help make care better for people.

Role of local Healthwatch

There is a local Healthwatch in every area of England. They provide information and advice about publicly-funded health and care services. They also go out and speak to local people about what they think of local care, and share what people like and what could be improved with those running services. They share feedback with us at Healthwatch England so that we can spot patterns in people’s experiences, and ensure that people’s voice are heard on a national level.