Glasgow City Health and Social Care Partnership

Social Care Complaints Report April 2021 – March 2022

Index:

		Page
Section 1	Executive Summary	2
Section 2	Complaints processes and report format	4
Section 3	Statistical information and commentary	6
3.1	Overall volume and volume by stage	6
3.2	Demographic factors	9
3.3	Timescales overall and by service area	10
3.4	Complaints by client group overall and by service area	12
3.5	Complaints by issue	13
3.6	Complaint outcomes	16
3.7	Stage 3 Referrals to Scottish Public Services Ombudsman	18
3.8	Service Improvements / customer outcomes	28

Section 1 Executive Summary

1. Executive Summary

1.1 This report covers complaints about social care services in the period April 2021 – March 2022 considered under the GCHSCP complaint procedure. This consists of three stages of: Stage 1: 'Front-line resolution' (timescale 5 working days that may be extended); Stage 2: formal Investigation and written response (timescale 20 working days); stage 3: Scottish Public Services Ombudsman (independent review that may lead to formal investigation, decision and recommendations or to a decision not to take matters further).

1.2 Figures are given separately for social work (including Homelessness) and care service complaints (home care, residential and day care) as these are processed within two different information systems ('C4' for social work / homelessness and 'Lagan' for most care services). While previously anticipated that these complaints would be fully integrated by this point, as complaints systems remain separate and significant development is still required on a solution, greater alignment will not be possible until complaints systems are replaced with a common system across all complaints.

1.3 Volumes of social work complaints increased substantially in 2021-22, rising by 26% from 393 to 496. Care Services complaints, however, fell by 13% from 315 to 275.

1.4 There has been little change in the distribution of social work complaints proportionately between the localities. Almost all care service complaints focus on home care, with more in South locality than the other localities, but this is in line with the greater population and scope of services.

1.5 While the number and proportion of homelessness complaints fell in the previous year, reversing a trend of the previous three years, the number of complaints has increased slightly this year. The proportion, however, has fallen further. Continued measures to provide more emergency accommodation and reduce rough sleeping in the wake of the pandemic are likely to have been a contributory factor in the rise in preventing a more significant rise in the number of homelessness complaints.

1.6 Performance against timescale for stage 2 investigations of complaints has reduced in 2021-22, following a marked improvement in 2020-21. In 2019-20, only 52% of social work stage 2 complaints had been investigated and responded to by CFIT within the 20 working day time limit, but this rose to 84.3% in 2020-21, before falling again this year to 70.8%. While this represents a significant decrease in compliance, this still meets the target of 70% compliance. This fall is attributed to the increase in volume of complaints, and also to a significant increase in the volume of work unrelated to complaints handled by the team in relation to the Subject Access process.

1.7 Timescales for stage 1 complaints were not met for social work complaints (except in North East locality). 64.2% of these were in time across GCHSCP, up fractionally from the year before. The target was, therefore, not met for complaints across both stages, with only 67.5% of all responses being within deadline.

1.8 Section 3.4 summarises the particular client groups submitting complaints, with the majority of complaints relating to Children and Families involvement – this is typical, and directly related to the general dissatisfaction that many complainants feel towards social work involvement in their family lives.

1.9 Section 3.5 summarises the main issues raised by service users across social work complaints and across care services complaints.

1.10 There has been a noticeable rise in social work complaints concerning alleged failures to respond to service users. This may be related to staff absences or other staffing issues relating to Covid. The proportions of other complaint types have remained similar, with the exception of a decrease in complaints of a financial nature.

1.11 For Care Services the top three issues were quality of service, competency of staff and failure to arrive. Complaints about failure to arrive, late arrival or failure to complete tasks have risen (numerically) from a combined 28 in 2020-21 to 34, but remain well below pre-pandemic levels of 112 (32.7%) in 2019-20. Conversely the combined number and proportion of complaints about staff competency and attitude has fallen from 108 (40.6%) to 84 (36.5%), despite the overall fall in complaints.

1.12 A larger proportion of both social work and care services complaints have been upheld or partially upheld in 2021-22 than in the preceding year, however while Social work complaints upheld or partially upheld have increased from 23.5% to 35.3%, care services complaints upheld or partially upheld have increased only fractionally, from 58% to 59.6%. As overall numbers of complaints have also increased across both areas, more complaints have been upheld than in the previous year, however 2020-21 is noted as representing a particularly exceptional year where fewer complaints were upheld or partially upheld that in any preceding year.

1.13 23 cases were considered by the Scottish Public Services Ombudsman (SPSO) at stage 3 of the complaints process. Cases summaries and outcomes are presented at section 3.7 of this report. One case was upheld, and one other was partially upheld.

1.14 In addition, one case previously upheld by the SPSO was reviewed and the decision subsequently overturned, following representations made by both SWS and GCC Legal.

1.15 The remaining cases were not upheld, or not taken further by the SPSO following initial assessment, which equates to agreement with the stage 2 response issued to the complainant. This generally gives reassurance that the internal complaints process is functioning correctly at the second stage, although complaints handling was specifically criticised in the upheld and partially upheld cases, leading to learning points for the team.

1.16 For social work complaints that were upheld, there is good evidence that actions were then taken to offer redress to complainers and improve the services to them. These were largely confined to improvements at an individual case level, but were nevertheless important from the customer's perspective, often involving increased financial and other support, improved engagement or the expediting of services. Relevant actions are listed in full at section 3.8 for 116 cases where this applied.

Section 2 Complaints Processes and report format

This report covers social care (social work, homelessness and care services) delivered by GCHSCP during the period April 2021 to March 2022. Operational care services subsume home care and related services previously managed by Cordia LLP, together with Day Care and Residential Services that have always been managed by GCC Social Work Services.

During 2021-22 these complaints were all subject to the GCHSCP Social Work Complaints Policy and Procedure. This procedure is scheduled to be replaced by a new GCC Local Authority Complaints Handling Procedure, as directed by the Scottish Public Services Ombudsman Complaints Standards Authority. Changes to process will however be relatively minor and this will continue to involve three stages of complaint:

- Stage 1: 'Front-line resolution'. This has a timescale 5 working days that may be extended to 15 working days at the discretion of the service manager, if there is valid reason to do so. As this extension will be formally revised to 10 working days under the new procedure, during 2021-22 we have adopted this 10 day limit for extended Stage 1 complaints. This part of the process is managed locally, is focussed on resolution of the issue and may or may not involve a degree of formal investigation and written response.

- Stage 2: Formal Investigation. This has a timescale 20 working days and always involves written response. It is managed by the central Complaints, FOI and Investigations Team (CFIT). A formal investigation may follow from an unresolved stage 1 complaint. Alternatively, a complaint may be immediately escalated to stage 2 based on complexity or seriousness of complaint or at the request of a complainer. If a complaint is made at both stage 1 and stage 2 it will be counted as two separate complaints for reporting purposes rather than the continuation of a single complaint.

- Stage 3: Scottish Public Services Ombudsman (SPSO) review. This is an independent review with no fixed timescale that may or may not lead to further formal investigation, decision and recommendations by that body. Again, for reporting purposes, stage 3 complaints are treated as separate from any preceding stage 1 or 2 complaint, rather than as a continuation of a complaint.

Following transfer of home care and some related services from Cordia to GCHSCP, complaints about those services have continued to be managed at stage 1 of the process by Operational Care Services management. Data for these complaints is stored on the Lagan I.T system. Complaints about residential and day care, as well as all stage 2 complaint about home care are recorded and managed by CFIT on the C4 system used for all other social work and homelessness complaints. Because of this difference in management and recording, data is presented separately within this report for care services and for social work and homelessness complaints. Those complaints relating to residential and day care have however been added to the Home Care figures to give a complete picture of complaints related to Care services.

It is anticipated that at some point during or after 2022-23, both Lagan and C4 will be replaced by a system common across GCC so that all complaints across the Council family are managed and recorded under a common procedure and on a common information system. This will result in the data for these areas being more fully integrated for the annual report, however development is ongoing and there is no implementation date set for any new system as yet.

In this present report, care services stage 1 complaint figures are produced directly from the reporting function of the Lagan system. Social work and homelessness figures are produced by a process of manual coding of raw C4 data records downloaded into a spreadsheet. Considerable effort has gone into validating the data against the original records. Figures are presented on overall activity, timescales, client group, issue and outcome for the HSCP as a whole and by four localities - North West, North East, South and Centre.

Social work complaints are often complex but for the purposes of this report complaints are assigned to a primary service area and primary and secondary complaint issues only. Care Services complaints are categorised only against a single main issue.

There are separate sections on third stage complaints considered by the Scottish Public Services Ombudsman (SPSO) and on service improvements for the social work complaints and those care services complaints dealt with by the central team at second and third stage. Unfortunately, no figures are available for service improvement in care services at stage 1. The Lagan system does not capture this information particularly well and the majority of service improvements in that part of the service comes from interventions by the Care Inspectorate in terms of their investigations of complaints and inspections, rather than from direct complaints from service users

Section 3 Statistical information and commentary

3.1 Overall volume and volume by stage and locality

There has been an increase in complaints received for social work services. 496 complaints were received in relation to social work and homelessness services in 2021-22, a significant increase on the previous year, but still the second lowest total over the last decade. In 2019-20, 393 complaints had been received, so volume has increased by almost 26%. Chart 1 below shows the 10-year trend in complaints received.

Chart 1: Trend in Social Work complaints activity 2012-2022



Of the 496 complaints, 243 (49%) were dealt with at stage 1 (local resolution), 231 (46.6%) at stage 2 (formal investigation). 22 (4.5%) were stage 3 complaints referred to CFIT by SPSO.

For care services 252 new complaints were received and managed locally at stage 1, of which 22 were withdrawn or deemed invalid and 230 were accepted as complaints within procedure and responded to. This does not include any complaints received prior to 1st April 2021 that were still being dealt with in the current year having been carried forward. In addition, CFIT dealt with 23 complaints relating to Care Services - 22 stage 2 and 1 stage 3. This makes a total of 275 new complaints relating to Care Services, 253 of which completed the complaints process.

In 2019-20 care services management had dealt with 581 complaints, of which 138 were withdrawn or 'invalid' and 443 accepted and responded to at either stage 1 or 2 (none at stage 3). In 2020-21, volumes dropped dramatically, by 46%, to 315 total complaints. In 2021-22 we have seen further reduction in numbers received by 13%. Table 1 below summarises these volumes and contrasts with the previous year.

Table 1: Total volume of complaints in GCHSCP at each stage 2020-21 vs 2019-20

	Social Work & Homeless		Care Services[1]		GCHSCP Total	
Stage	20-21	21-22	20-21	21-22	20-21	21-22
1 Local Resolution	160(40.7%)	243(49%)	285(90.4%)	252 (91.6%)	445(62.9%)	495 (64.2%)
2 Investigation	210(53.4%)	229(46.6%)	27(8.6%)	22 (8%)	237(33.4%)	253 (32.8%)
3 SPSO / ICO	23(5.9%)	22(4.5%)	3(1.0%)	1 (0.4%)	26 (3.7%)	23 (3.0%)
Grand Total	393	496	315	275	708	771

[1] For Care Services Stage 1 complaints in the table above includes those deemed invalid or withdrawn

The slight increase in received complaints overall may indicate the beginning of a return to 'pre-pandemic' levels. Last year's report speculated that a factor that may have been partly responsible

for the sharp drop in complaints received in 2020-21 compared to 2019/20, was that customer expectation had changed in light of the pandemic, and therefore that the propensity to complain had reduced.

Other factors in the dramatically reduced number of complaints received in 2020-21 were identified as: 2019/20 representing an unusually 'high benchmark'; changes in management around complaints; and service developments undertaken by the GCHSCP in relation to the pandemic, alongside the continuance of initiatives and developments already commenced.

Table 2 below gives social work and homelessness complaints activity by locality in comparison with the whole previous year. As can be seen, the overall number has increased, and there has also been some change in proportional distribution between localities and centre. There is now a more significantly higher proportion of complaints in South Glasgow contrasted with other localities, which is now more pronounced than in previous years, however there are population and demographic differences in South (see section 3.2) that may partially account for this. These overall figures are also presented in graphical form in chart 2.

Table 2: Social Work Complaints by Service area 2021-22, compared with 2020-21

Locality	Complaints					
	Stage 1 n	Stage 2 n	Stage 3 n	Total n	%	% 2020-21
Centre	36	38	2	76	15.3	25.7
N. East	64	68	5	137	27.6	22.6
N. West	49	52	6	107	21.6	23.2
South	84	68	8	160	32.3	27.7
Not Known	10	5	1	16	3.2	0.8
Grand Total	243	231	22	496		

Chart 2: Number and Percentage of social work complaints by Locality 2020–21



The 76 centre service area complaints in the table and graph above encompass a range of teams. These are set out below in order of decreasing volume. The number and percentage of all centre and of all GCHSCP complaints is indicated after each:

- **Homelessness** – not including fieldwork (done by the area teams) but including prison throughcare, TADS, HAC and emergency accommodation, Asylum and refugee support: **Complaints = 28** (36.8% of Centre complaints, 5.6% of all complaints).
- **Business Development** – including the CFIT team and welfare rights: **Complaints = 14** (18.4% of centre, 2.8% of all complaints).
- **Children and Families** – including fostering and adoption and some residential care: **Complaints = 11** (14.5% of centre, 2.2% of all complaints).
- **Social Care Direct/Standby OOH Complaints = 8** (10.5% of centre complaints, 1.6% of all complaints)
- **Centre Criminal Justice** – including Prison-based SW, MAPPA and specialist resources: **Complaints = 5** (6.6% of centre, 1% of all complaints)
- **Finance** - including issues of invoicing, deprivation of assets and agreement of DRE waivers: **Complaints = 5** (6.6% of centre, 1% of all complaints).
- **Care services** – including residential care and complaints not accepted: **Complaints = 5** (6.6% of Centre, 1% of all complaints)
- **Addiction services: Complaints = 1** (1.3% of centre complaints, 0.2% of all complaints).

The Business Development group includes 7 complaints relating to delays in the handling of subject access requests (SAR), and 1 complaint regarding communication, all in respect of work undertaken by the CFIT team itself. In addition, 2 complaints were received regarding handling of data, which were investigated by CFIT. Four of the complaints concerning SAR handling were upheld, and two were partially upheld. This is a notable increase in complaints of this nature, however is an expected increase due to a dramatic increase in numbers of SARs received by CFIT as a result of the Scottish Government's Redress Scheme, whereby applicants are being advised by the Scottish Government to submit SARs to Local Authorities to access information to support their applications for Redress. Such complaints may continue to rise in 2022-23. This category also includes complaints dealt with by CFIT that are not about any Business Development Team but have no other relevant service area – for example complaints about services and staff that were, on investigation found to be misdirected and not be about GCC services or employees.

Homelessness and Finance complaints have continued to fall both numerically and as a proportion of all complaints, as have centre Children and Families complaints. Changes in the other groups are negligible.

The distribution of complaints about care services in terms of service and locality is shown in table 3 below. This excludes complaints that were withdrawn or deemed invalid. Complaints are focussed on home care, as was the case in 2019-20, with only one complaint about other care services. The highest proportion of complaints were in South Glasgow, consistent with figures for the previous three years, however this area represents the largest Home Care Service in terms of geography, number of service users and staff so a higher number of complaints in South is proportional to scope of operations. It should be noted, however, that complaints have reduced by 6.5% in the South of the city compared to the previous year.

Table 3: Care Services Complaints by service area and locality 2021-2022

Valid Care Services complaints 2021-22		
Service Area	**Count**	**%**
Transport and Support Services	1	0.4
Home Care - North East	86	33.7
Home Care - North West	68	26.7

Home Care - South	100	39.2
Total	**255**	

No stage 1 complaints are logged on the Lagan system against Residential Care and only one (of the five recorded in the 'Centre' service area complaints, above) was reported directly to CFIT during the course of the year. As with the figures last year, this seems very low. It is possible that any other customers who did complain did so formally to the Care Inspectorate, which is not data captured within this report, however it is recommended that Care Services Management look into this to ensure that all stage 1 complaints are in future captured and either recorded on Lagan or reported to the central team for recording on C4.

3.2 Demographic factors

Complaint activity should be considered in terms of the demographic profile and performance activity and strategic developments of GCHSCP. This is fully set out for the period ending March 2022, in reports that can be found at: https://glasgowcity.hscp.scot/performance-and-demographics and https://glasgowcity.hscp.scot/publication/annual-performance-report-2021-2022.

This section does not intend to cover the full range of service developments, demographic factors and performance indicators covered in these two reports, which are extensive, but highlights some that might be of particular relevance in the context of complaints about social work, care services and homelessness.

Demographics

In terms of demographic profile, there is an uneven distribution of population between the three localities within GCHSCP, with South having 36.1% of the Glasgow population, followed by North West (35.3%) and then North East (28.6%). North East has however the highest number and proportion of zones listed within the SIMD 20% most deprived data zones in Scotland. North East locality contains 128 such data zones indicating deprivation (58.4% of all zones in North East), with South having 112 (40.1% of South's zones) and North West 99 (39.9% of North West's zones).

North West population has the highest share of Glasgow's the adult population aged 16-64 and 74.4% of North West's population fall into this group. Only 13.4% of North Wests' population are children and 12.2% older people aged 65 or older. By contrast, 17.2% of South's population are children and 14.3% older people. The figures in North East are 17% and 13.9% respectively.

A higher percentage of people aged 65+ with high levels of care needs live at home in Glasgow (42.8%) than in Scotland overall (35.0%). The numbers of carers is not however distributed evenly, with 11.0% of adults in North East providing unpaid care compared to 14.6% in North West and the highest in South (17.2%). 38.3% of all Glasgow residents age 65 and older reside in South Glasgow.

The looked after children rate is 2.1% in Glasgow (far higher than the Scotland rate of 1.3%) but varies between localities:1.9% for South; 1.8% for North West and 2.5% in North East. Similarly the rate of children on the Child Protection Register in Glasgow (2.8 per 1,000 population) is higher than the Scotland rate (2.3) with locality rates again varying: 2.8 for South; 2.7 for North West and 3.6 for North East.

As children and families and older persons have consistently been the two client groups most associated with complaints over many years, and together account for over 60% of all complaints in the reporting period, then areas with higher proportions of these age group in their population would be expected to have higher level of complaint. The fact that South has a generally higher population overall and North-East higher deprivation might also lead to an expectation of a higher level of complaint in those areas than in North West.

Generally speaking therefore, South and North-East would be anticipated to have a higher number of complaints than North-West, given these demographics. More specifically one would expect to

see a higher number of complaints overall in South Glasgow, particularly related to older people, carers, BEM clients and to home care services. One would expect to see a lower number of complaints overall in North East than in South but with a high proportion of those complaints relating to children and families work as opposed to services to adults and older people. One would expect the overall number of complaints in North West to be lowest of all but proportionately higher than both other localities in terms of adults aged under 65 with disability.

This is however only true to the extent that complaint volume might be expected to increase in line with underlying population size, age profile and social issues, rather than some other cultural factor – for example affluence and education - driving propensity to complain at an individual level.

3.3 Timescales overall and by service area

Performance targets are that 70% of complaints should be dealt with within the specified time period for each stage. That is a standard of 5 working days for stage 1 (or up to 10 working days with local management approved extension) and 20 working days for stage 2. There is no set timescale for resolution at stage 3, as that is a matter for SPSO, so stage 3 complaints are excluded from the figures given in this section.

In 2020-21, 177 of 210 stage 2 complaints (84.3%) were investigated and responded to by the central team within the required 20 working days. The mean response time was 17 working days and the median 18 working days. Compliance has reduced in 2021-22, with 179 of 253 stage 2 complaints (70.8%) investigated and responded to within the required 20 working days, with a mean response time of 21 days and a median 19 working days.

This decline in performance is partly attributable to the increase in overall complaints numbers – the team have actually responded to two more complaints than the previous year - and partly as a result of competing demands on the resources available to the team. A dramatic and ongoing increase in the number and rate of Subject Access Requests being received by the team has had a significant impact on the ability of the team to meet all deadlines.

Table 4 shows the performance against timescale for stage 1 complaints by locality. The target of 70% of complaints responded to within the relevant time was not met for GCHSCP, being only 64.2%. The mean response time at stage 1 across all GCHSCP social work complaints (excluding care services) was 7.2 working days and the median was 5 working days. Average response times for stage 1 responses have improved since the previous year, and the percentage of total complaints responded to within the relevant time has improved slightly since the previous year, however further improvement in this area is necessary. As only 335 of the 496 total complaints (67.5%) were responded to in time, the target was not met overall, despite stage 2 compliance along meeting target. Stage 3 (SPSO) complaints are excluded from these figures as they have no indicative timescale.

Table 4: Timescales for social work complaints at stage 1 by locality 2021–22

Locality	Within time		Total Stage 1
	n	%	n
Centre	20	55.6	36
N. East	48	75	64
N. West	32	65.3	49
South	47	56	84
Not Known	9	90	10
GCHSCP	219	64.2	243

This profile of performance at stage 1 for localities is broadly the same performance as in the preceding year, Only North East locality met the target for timescales on stage 1 responses in both years. There remains a failure to apply the extension available to stage 1 complaints, and this has been consistent since the introduction of this facility, and CFIT will look to identify ways to increase

use of this facility to increase the number of complaints that are responded to within appropriate timescales.

This has been an issue noted in previous years' complaints report and in many quarterly performance reports, as the ongoing failure of local teams (and those at centre) to anticipate the need to apply an extension and notify the complainer accordingly has an ongoing negative impact on performance figures. Extensions cannot simply be unilaterally applied to all stage 1 complaints that have exceeded timescale as this involves (a) the local service manager deciding that an extension applies and (b) advising the complainer of the extension before 5 working days elapse. This therefore cannot be applied retrospectively at centre and must be actioned by relevant local teams in good time.

While it was anticipated that this issue would further impact on performance against timescale when the maximum allowable extension reduced to 10 working days under the new procedure, as we have introduced this in advance of the new procedure being finalised and fully implemented, we have not seen a dramatic change – teams are still not applying extensions in the majority of instances where it would be appropriate, and therefore the length of extension has not proven particularly relevant.

It has previously been suggested that ,if local managers wish to improve complaint performance they must either turn around stage 1 complaints more quickly, or apply appropriate extensions in line with the terms of the Complaints Handling Procedures, or both. A further option for local managers to consider to improve stage 1 performance is whether or not stage 1 complaints allocated to them are, in fact, appropriate for frontline resolution.

All complaints are triaged by CFIT prior to being allocated to appropriate teams for action, and CFIT staff will assess whether a complaint is appropriate for stage 1, and therefore appropriate for resolution within five-ten working days. However, where it is clear to local staff that any complaint directed to their team for a stage 1 response is not suitable for early resolution, and will require a full investigation and detailed written response, it is appropriate to refer these back to CFIT for action under stage 2 of the CHP, provided the relevant service manager or senior CFIT staff are satisfied that this is necessary. Where stage 1 responses are subject to excessive delay, it may be that the matter should simply have been referred back to CFIT for stage 2 investigation, and so in addition to the application of extensions, local managers should also be aware of this option and apply it where appropriate.

The overall performance for stage 1 care service complaints was that 70.4% of complaints were dealt with in time, improving from 59.7% in the previous year. Table 6 below shows the stage 1 timescale compliance for individual care service teams. This excludes invalid and withdrawn complaints.

Table 6: Timescale compliance for care services complaints by service area 2021–22

Stage 1 Valid Care Services complaints 2021-22		
Service Area	n	% in time
Home Care North East	77	70.1
Home Care North West	60	63.3
Home Care South	92	73.9
Transport and Support North East	1	100
Total Complaints	**230**	**70.4**

3.4 Complaints by client group overall and by locality

Chart 3 and table 7 below first gives a summary of complaints by client group and then by client group for each locality. These are abbreviated as Addictions (AD), Children and Families (CF), Criminal justice (CJ), Homelessness (HOM) Learning Disability (LD), Mental Health (MH), Older People (OP) and Physical Disability (PD). Not known (NK) is used where the complainant is not a service, user, or where the complaint does not relate to services used by the complainant, and in

other circumstances where no suitable client group can be correctly applied. There is no client group breakdown for care services complaints. This is not a data field reported within the LAGAN system, however the majority of clients will be older people and adults with disabilities.

Chart 3: HSCP S1/S2 Complaints excluding care services by client group 2021–22



Table 7: Comparison of S1/S2 social work complaints by client group and locality 2021–22

Client group	Locality									
	Centre		NE		NW		S		Tot	
	n	%	n	%	n	%	n	%	n	%
AD	0	0	7	5.3	3	3	6	3.9	16	3.4
CF	19	22.6	60	45.5	40	39.6	79	52	198	42.2
CJ	4	4.8	4	3	5	5	2	1.3	15	3.2
HO	31	36.9	8	6.1	13	12.9	13	8.6	65	13.9
LD	0	0	11	8.3	9	8.9	7	4.6	27	5.8
MH	4	4.8	10	7.6	5	5	6	3.9	25	5.3
OP	8	9.5	27	20.5	17	16.8	20	13.2	72	15.4
PD	1	1.2	5	3.8	9	8.9	19	12.5	34	7.2
NK	17	20.2	0	0	0	0	0	0	17	3.6
Total	84		132		101		152		469	

While total volumes of complaints have increased, the proportional distribution of complaints between client groups is similar to previous years – within 2% of 2020-21 distribution in each client group.

3.5 Complaints by issue

The number of issues exceeds the number of complaints. Complaints with more than two presenting issues are summarised in terms of the main two issues only for Social Work and Homelessness Services and by the main presenting issue alone for Care Services. There is a degree of subjectivity involved by complaints handlers in categorising these issues.

Social work and homelessness complaints are categorised into thirteen separate headings in four groups. This allows an analysis of the relative balance of complaints about (1) policy or (2) financial issues, (3) complaints linked to direct engagement with staff or their management of cases and (4) issues of general service quality or those that may be linked to resource availability such as waiting lists, delay and refusal of service. Care Services complaints are categorised under 12 headings.

The relevant headings for Social Work and Homelessness are as follows:

P = A policy issue F = A financial Issue

C = Issues linked to staff performance subdivided as:
C1 – Attitude or conduct of staff
C2 – Lack of response to the customer
C3 – Poor quality/errors in information/communication
C4 – Breach of confidentiality / data protection
C5 – Discrimination / breach of human rights

Q = Issues linked to resource or general service quality subdivided as:
Q1 - Poor quality of service
Q2 – Poor level or quantity of service
Q3 – Short term delay e.g. waiting in office
Q4 – Long term delays e.g. waiting for assessment
Q5 – Incorrect process / process not followed
Q6 – Refusal of service / not eligible / service withdrawn

For Care Services they are:-

Arrived late
Failed to arrive
Failed to complete task
Failure to stay allocated time
Quality of service
Level of service
Consistency of care
Staff attitude
Staff competency
Admin error
Vehicle issue
Organisational policy
Poor communication
Lack of information

Tables 8 and 9 show the relative percentage of each issue as a percentage of all issues and compares them with annual figures 2020-21, first for Social work and homelessness and then for care services. Charts 4 and 5 then show this data visually.

Table 8: Main social work issues complained of 2021–22 compared with 2020-21

Issue	**N 2021-22**	**% 2021-22**	**% 2020-21**
Finance	**23**	**3.1**	**7.5**
Policy	**4**	**0.5**	**0.9**
Attitude/Conduct	157	21.4	**20.4**
No response	93	12.7	**4.2**
Info/Comm	113	15.4	**15.0**
Confidentiality	26	3.5	**4.9**
Discrimination/Rights	5	0.7	**3.1**
All Staff	**394**	**53.8**	**47.6**
Quality	94	12.8	**12.7**
Level	42	5.7	**5.1**
Wait	2	0.3	**0.5**
Delay	56	7.6	**6.1**
Process	103	14.1	**15.5**
Refused/withdrawn	15	2	**4.2**
All Gen Qual	**312**	**42.6**	**44.1**
Total of main issues	**733**	**100.0**	**100.0**

While the proportion of complaints about staff has fallen slightly, numbers of complaints about staff have actually risen. This has to be placed in a certain context, however - a noted in reports of previous years, a high proportion of complaints focussing on issues related to staff is an ongoing feature of social work complaints. The fact such complaints are made should not be assumed to indicate generally unacceptable performance or personal conduct on the part of staff. There is a tendency on the part of some service users to focus their complaints on the person with whom they are engaging, even if the circumstances to which they are objecting stem from policy and procedure or decisions and actions taken collectively. This is particularly true in cases where the relationship is an enforced one such as in criminal justice, child and adult protection cases. It remains the case that the majority of such complaints are not upheld.

Table 9: Care Service complaints by issues 2021–22, compared with 2020-21

Valid Care Services complaints 2021-22			
Issue	**n**	**%**	**% 2020-21**
Arrived Late	1	0.4	0.4
Failed to arrive	32	13.9	8.6
Fail complete tasks	1	0.4	1.5
Failure to stay allocate time	1	0.4	0
Quality of service	85	37	36.1
Level of service	1	0.4	2.6
Consistency of care	9	3.9	6.0
Staff attitude	24	10.4	13.2
Staff competency	60	26.1	27.4
Admin error	0	0	1.5
Vehicle issues	7	3	1.5
Organisational policy	0	0	0.4
Poor comms/info	1	0.4	0.8
Lack of information	1	0.4	0
Not classified	7	3	0
Total closed	**230**	100.0	100.0

This table omits invalid and withdrawn complaints. When compared with 2020-21, complaints about quality of care have decreased numerically but remain the greatest issue complained of proportionately, at much the same proportion.

Complaints about failure to arrive, late arrival or failure to complete tasks have risen slightly (numerically) from a combined 28 in 2020-21 to 34, but remain well below pre-pandemic levels of 112 (32.7%) in 2019-20.

Complaints about both staff competency and attitude have decreased slightly both numerically and proportionately, and these represent a very small proportion of all home care clients and visits.

Chart 4: Number of social work complaints by issue 2021–22

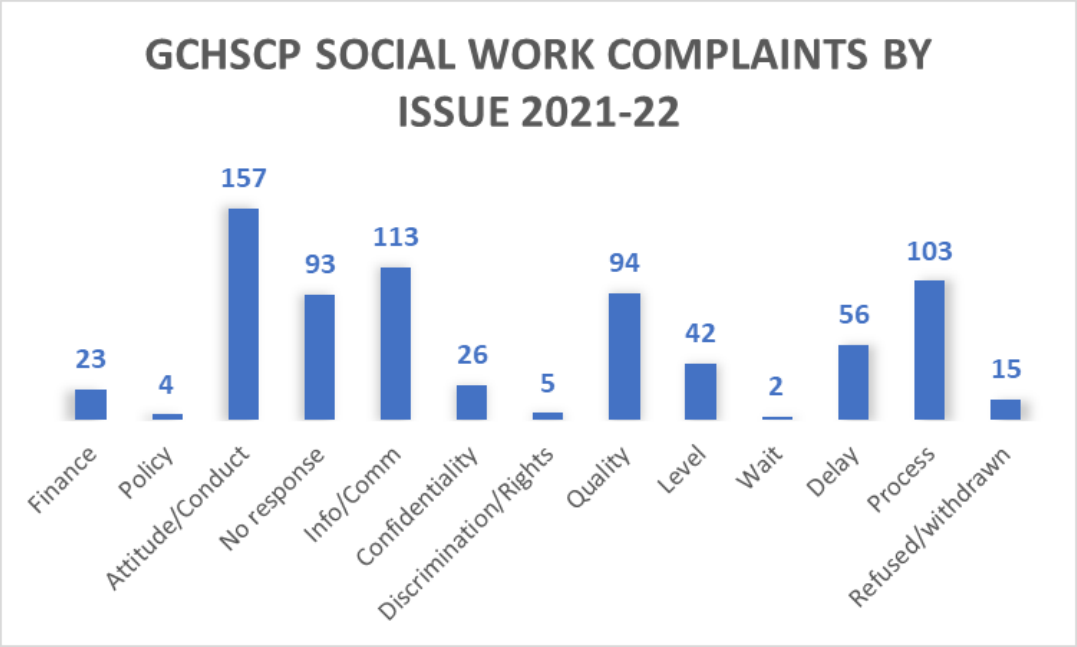
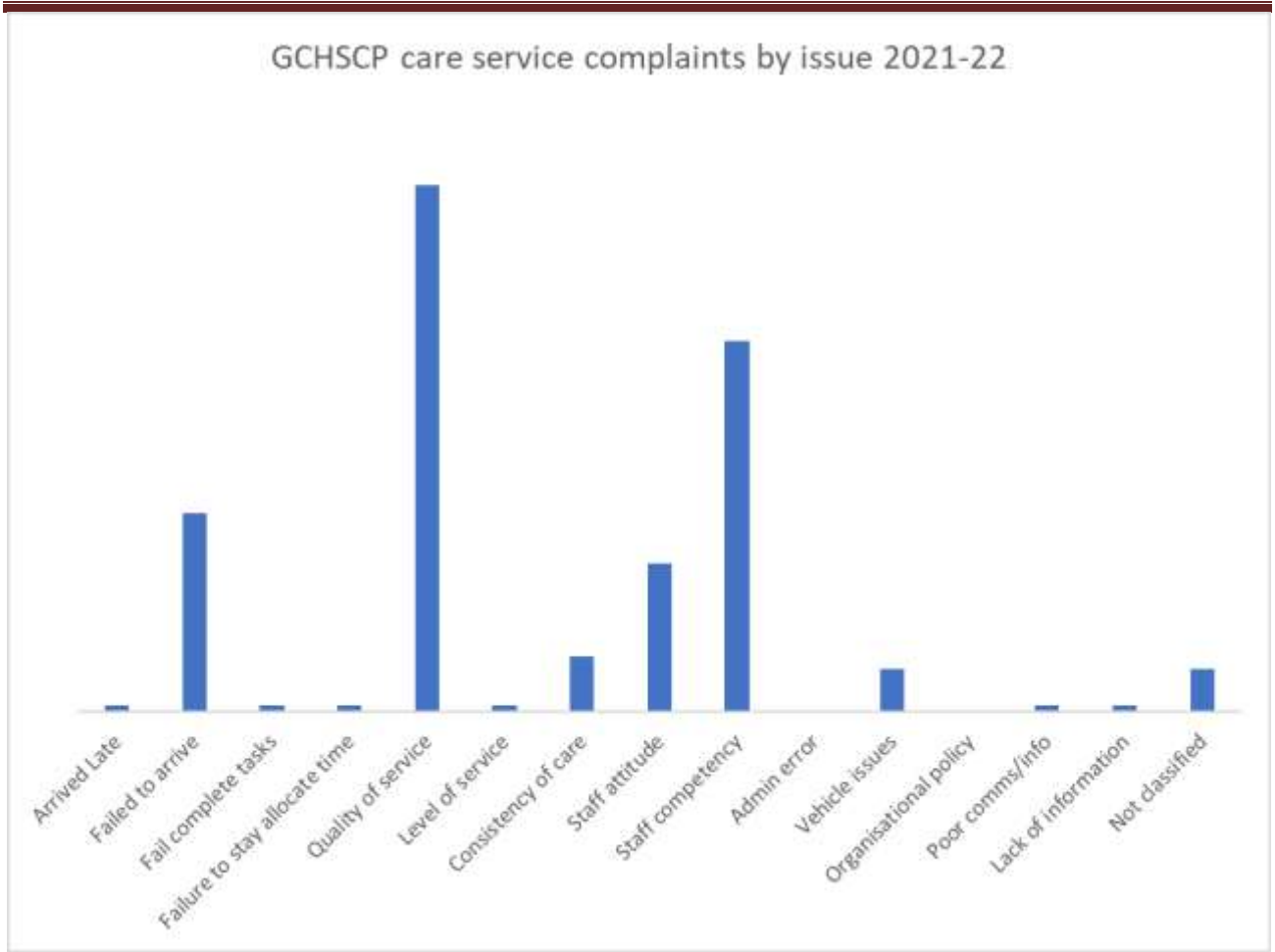


Chart 5: Number of care service complaints by issue 2020-21



3.6 Complaint outcomes

Table 10 and Chart 6 below show the outcomes of social work complaints in terms of whether they were upheld for stages 1 and 2. Table 11 shows the outcomes for care services. Third stage SPSO complaint outcomes for GCHSCP as a whole are given in section 3.7. Complaints that do not complete the process are those that are withdrawn, repeated or vexatious complaints, those addressed through other processes (claims, legal, HR, Child and Adult Protection) or fall within the complaints procedure of a different body. These can be considered a specific category of 'Not Upheld' complaints, in that they are not valid and cannot be upheld. They are equivalent to those that are recorded as 'withdrawn/invalid' for care services.

Table 10: Social Work Complaints Outcomes 2021–22

Outcome	n	%
Transfer To Other Process	12	2.4
Not Accepted	46	9.3
Informally Resolved	8	1.6
Not Upheld	238	48
Partially Upheld	**111**	**22.4**
Upheld	**64**	**12.9**
Withdrawn	11	2.2
None (failed to respond)	6	1.2
Grand Total	496	100.0

Where locality teams fail to respond within a reasonable timescale and without reasonable explanation, complaints may be closed as having no outcome – these complaints are then escalated to stage 2 for response by CFIT due to the locality failure to respond.

In 2020-21, 23.5% of complaints were upheld or partially upheld, and 56.8% not upheld. In the present year, the total upheld or partially upheld has increased to 35.3%, which is a return to a similar level as 2019-20 (35.5%). It should be noted, however, that 2020-21 represented the a very low number of complaints received, and the lowest number of upheld complaints for at least 10 years – due primarily to a combination of factors relating to the pandemic, resulting in service failures for which SWS could not reasonably be considered responsible in complaints terms.

Chart 6: Social Work Complaints Outcomes 2021-22



Table 11: Care Services Complaints Outcomes 2021-22

Valid Care Services complaints 2021-22							
Service Area	**Total**	**Not Upheld**		**Partially Upheld**		**Upheld**	
		n	**%**	**n**	**%**	**n**	**%**
Home Care North East	77	24	31.2	25	32.5	28	36.4
Home Care North West	60	38	63.3	8	13.3	14	23.3
Home Care South	92	30	32.6	12	13	50	54.3
Transport and Support North East	1	1	100	0	0	0	0
Total	**230**	**93**	**40.4**	**45**	**19.6**	**92**	**40**

Table 11 above shows care service stage 1 complaints by outcome overall and by service area for those that were valid, not withdrawn and closed in 2021-22. The total percentage upheld or partially upheld is 59.6%. The equivalent figure in 2020-21 was 58.1%, and in 2019-20 was 87.7% upheld or partially upheld. The marked reduction in upheld or partially upheld complaints seen last year has therefore been maintained into this year, despite the increasing service delivery post-pandemic.

In October 2019 new guidance was applied on the management of complaints, including the way in which complaints are managed at the point of contact or within five working days. The development of systems such as Caresafe Scheduling and Monitoring, and increase in access by former Cordia staff to Carefirst 6, has provided managers with tools that can be used to determine the validity of complaints and to reach a more evidenced-based outcome. This has meant that complaints that might have otherwise been upheld on face value in previous years, based solely on the account given by customers and staff, have not been upheld when wider facts were established. The involvement of the central complaints team in stage 2 investigations has also meant a greater degree of scrutiny and assessment of evidence when determining outcomes.

3.7 Stage 3 Referrals to Scottish Public Services Ombudsman

Across Social Work, Care Services and Homelessness Services, 23 complaints were recorded as the subject of decisions advised by the SPSO during 2021-22. Regardless of whether these proceed to full investigation they generate a great deal of work for the complaints team in terms of communication with SPSO and responding to their information requests. These can often be over a span of months or years and involve more than one information request, or even cases being closed and the reopened months later.

The disposition of these cases is as below followed by a brief summary of each case. One of the SPSO cases was upheld following investigation, and one case was partially upheld. In each case, complaints handling was found to be at fault, however these cases were both long-standing, repeat complaints and are considered to have been isolated incidents.

One case, having previously been upheld by the SPSO at investigation, was overturned on review by the SPSO.

In the remaining cases, SPSO either did not uphold the complaint following formal investigation or decided not to take the matter further following a preliminary screening assessment. This would usually be on grounds of proportionality, i.e. that the stage 2 response issued by GCHSCP has been satisfactory and nothing further could be achieved by SPSO investigation.

The fact that so few complaints are escalated to SPSO and upheld, or even subjected to a full investigation, would appear to indicate that the second stage of the process is generally operating in correct manner - identifying failings and offering redress when these are accepted and otherwise stating a full and well-evidenced rebuttal of the complaint.

Case A: SPSO reference 202105805

Main focus: GCHSCP handled homelessness case incorrectly

Summary of the case: This complaint was made by a repeat complainer, who did not provide sufficient detail in terms of identifying specific failures of service. Their complaint was fully investigated, and no fault was found in terms of the handling of his case, with it becoming apparent during the investigation that Homelessness had, in fact, provided a higher level of service than might ordinarily be expected.

It was determined that the complainant's own actions, and unreasonable expectations, were the causes of their dissatisfaction, and not any failure on the part of Homelessness Services.

SPSO findings / outcome: Not taken forward following assessment. SPSO declined to further investigate this matter further, citing the stage 2 response provided by SWS as a reasonable one which clearly addressed the points raised.

Case B: SPSO reference 201909331

Main Focus: SWS had failed to support individual and failed to communicate appropriately with them

Summary of Case: The complainant was managed under the Council's Unnacceptable Actions Policy (UAP) at the time of complaint, following a history of unacceptable behaviour and contact with services. This had initially been applied in February 2019.

The complainant had submitted a wide-ranging complaint regarding SWS via an advocacy service, and a full and detailed response was provided, which did not uphold any substantive point.

SPSO Findings / Outcome: Not taken forward following assessment. SPSO declined to further investigate this matter after review of the complaints file provided by GCHSCP. It was noted that the complainant had consistently disagreed with the views of staff who had engaged with them, but that this was not itself sufficient grounds to uphold any complaint.

Case C: SPSO reference 202008534

Main Focus: Failure of GCHSCP to act appropriately following raising of CP concerns

Summary of Case: Grandparent complained as actions had not been taken in line with his requests and expectations in relation to the care of their grandchild. They further complained that information relating to them was shared inappropriately. GCHSCP investigated and did not uphold any of the issues raised, with two responses ultimately being issued to the complainant following a secondary complaint submission.

SPSO Findings / Outcome: Not taken forward following assessment. SPSO declined to further investigate this matter further, citing the stage 2 response provided by SWS as a reasonable one which clearly addressed the points raised.

Case D: SPSO reference 201905921

Main Focus: Failure to discharge duty under Social Care (SDS) (Scotland) Act 2013

Summary of Case: This complaint was originally made by MECOPP on behalf of the complainant, regarding GCHSCP's alleged failure in 2018 to facilitate a transfer from thier current care provider to a new provider of their choice. This was not upheld at stage 2 in January 2019.

SPSO Findings / Outcome: Not taken forward following assessment. SPSO declined to further investigate this matter after review of the complaints file provided by GCHSCP on the grounds that the response and actions of GCHSCP had been reasonable and a good investigation had taken place.

Case E: SPSO reference 201909093

Main Focus: Delay in processing request to change from SDS option 2 to option 1

Summary of Case: Complainant was complaining that GCC had not agreed to change their sibling's support from a commissioned provider to direct payments. This complaint was not upheld at stage 2.

There had been irregularities in the information provided by the complainant that they had not subsequently clarified. A fresh assessment was proposed in August 2019 but the family cancelled services and withdrew from engagement with HSCP before that could happen.

SPSO Findings / Outcome: Not taken forward following assessment. SPSO declined to further investigate this matter after review of the complaint file provided by GCHSCP. This was on the grounds of proportionality and as the the stage 2 response provided by SWS had been a reasonable one.

Case F: SPSO reference 201908491

Main Focus: GCHSCP put false information in a Child Protection Order application

Summary of Case: Parent complaining that the case put to Court had unfairly represented their actions/behaviour/character, and seeking disciplinary action to be taken against staff. A stage 2 response was issued that did not uphold any part of the complaint.

SPSO Findings / Outcome: Not taken forward following assessment. SPSO declined to further investigate this matter, noting the stage 2 response, and highlighting that the complaint included issues that had already been determined by a Court and therefore were outwith the jurisdiction of the SPSO's powers of review.

Case G: SPSO reference 202006792

Main Focus: Complaint about quality of services/level of support provided to parent and child

Summary of Case: This complainant sought to complain about a lack of support at a time over three years prior to the submission of their complaint. This was refused outright as time-barred under the terms of the CHP.

The complainant cited correspondence submitted via their Elected Member as evidence of attempts to raise a complaint at an earlier date. This was not accepted as accurate, as these had not been presented as complaints at that time, with no mention of complaint coming from either the member or their constituent at the time of initial contact.

SPSO Findings / Outcome: Not taken forward following assessment. SPSO declined to further investigate this matter, agreeing that no complaint had been made via an Elected Member, and concurring with the decision to time-bar the complaints. The SPSO noted that they may, in cases where they consider there to have been 'special circumstances', consider a complaint that had breached the time limit, but did not consider that to be appropriate in this case.

Case H: SPSO reference 201907760

Main Focus: GCHSCP failed to provide emergency accommodation and complainant sought reimbursement for cost of hotel stay

Summary of Case: The complainant had two elements to their complaint – firstly, a complaint regarding a failure to accept a homeless application, and secondly, a complaint regarding the subsequent (perceived) failure to compensate the complainant.

The first part of this complaint was accepted and upheld at stage 2, following investigation that determined that the individual in question was firstly kept waiting for an excessive period of time before being turned away from the Homelessness office, and was then later refused service as they had erroneously been identified as failing the DWP's habitual residency test.

The second part of this complaint, however, was not upheld nor accepted as valid under the CHP. Requests for compensation are not valid complaints under the CHP, and the complainant was directed to submit a claim to GCC's Claims Team for any compensation they believed they were due. Their request for compensation was subsequently refused.

SPSO Findings / Outcome: Not upheld following initial investigation. SPSO reviewed information provided by both complainant and GCHSCP regarding this matter, and subsequently accepted the position of the Partnership, and that the response had been reasonable. No further action was taken by the SPSO, other than to advise the complainant to seek legal advice should they wish to further pursue the matter of compensation.

Case J: SPSO reference 201910161

Main Focus: Homecare worker did not prevent service user's fall & later falsely stated they were not present at time of fall

Summary of Case: Complainant claimed that a home care worker failed to prevent their parent's fall and subsequent injury. The service user later died in hospital. This complaint was not upheld, and the stage 2 response identified that the worker had not been present at the time of the fall, had acted quickly and appropriately on discovering the service user had fallen, and that the complainant had not been present and had not witnessed the fall or whether or not the worker had been present at the time of the fall. This matter had already previously been rejected by the SPSO, however they chose to reopen this case following further correspondence between the complainant and the Partnership.

SPSO Findings / Outcome: Not taken forward following assessment. SPSO declined to further investigate this matter any further on grounds of proportionality and that GCC properly investigated and gave satisfactory response in October 2020.

Case K: SPSO reference 202100656

Main Focus: Accusation of fraud at Kinship for the Future North

Summary of Case: This complaint was not upheld, as GCHSCP has no role in the management of the accounts of the organisation in question.

SPSO Findings / Outcome: Not taken forward. SPSO declined to further investigate this matter without requiring further input from GCHSCP. This was on the grounds that GCHSCP's response to the complaint appears reasonable, provided a clear and detailed response.

Case L: SPSO reference 202003799

Main Focus: GCHSCP failed to comply with ASP guidance, failed to provide advocacy support

Summary of Case: Complainant sought to raise multiple issues around actions taken by GCHSCP in relation to ASP concerns raised, and around the manner in which staff had communicated with them.

SPSO Findings / Outcome: Not taken forward following assessment. SPSO declined to further investigate this matter after reviewing information provided by the complainant and GCHSCP. The Partnership response to the points of complaint raised was considered to be accurate, reasonable and evidence based.

Case M: SPSO reference 202004000

Main Focus: Requested documentation not provided by GCHSCP on request, and information shared without consent

Summary of Case: This complaint was submitted by the same complainant as 'L', above, and included nine further points of complaint in addition to those listed above. The further points of complaint related to various actions in relation to the care management of the complainant's parent, who was the service user in this case, and in relation to the complainant's own carers' assessment.

SPSO Findings / Outcome: Not taken forward following assessment. SPSO declined to further investigate this matter due to the Partnership response being reasonable, and also because the data-related matters raised would be for the ICO to address, and not the SPSO. In relation to the nine other points of complaint, they identified these as incompetent for their consideration as they had not yet been raised at any earlier stage of the complaints procedure and had therefore not received a final response from the Partnership.

Case N: SPSO reference 202102368

Main Focus: HR issue

Summary of Case: The complainant sought to raise issues regarding workplace bullying and a failure to provide an 'acceptable duty of care' before and during workplace absence due to stress. This had not previously been raised as a complaint, nor would it have been accepted as such, as this would not be a competent matter under the terms of the CHP, and the complainant would have been directed to the appropriate channels for raising such issues.

SPSO Findings / Outcome: Not taken forward as outwith SPSO jurisdiction. SPSO declined to further investigate this matter, as the SPSO cannot consider personnel matters.

Case P: SPSO reference 201907915

Main Focus: Inadequate care budget

Summary of Case: Solicitors acting for service user had originally complained about level of care package in 2018. The complaint was not upheld. In June 2020 SPSO enquired about the case and representations were made that this should be time barred. In May 2021 SPSO made further enquiries and set out a focus of complaint including a new element - that information had not been shared with and decisions not communicated to the service users representatives. These representatives were now The Advocacy Project and not the solicitors who had originally complained. Further representations were made that the complaint should be time barred, contained new elements and had no bearing on current care arrangements, which had been reviewed and the care package substantially increased in January 2021.

SPSO Findings / Outcome: Resolved. In July 2021 SPSO advised that the complainer no longer wished to pursue her complaint and they considered the matter resolved.

Case Q: SPSO reference 201705735

Main Focus: GCHSCP unreasonably failed to offer all SDS options to the service user

Summary of Case: The service user's Guardian, who chose to care for them at home despite a recommendation that only a residential nursing care placement could adequately meet their needs, disputed the adequacy of the care package put in place and questioned whether GCC was compliant with the requirements of SDS legislation. This was a particularly complex and long-standing complaint, which had originally been raised in 2017-18 and had received a very comprehensive response in January 2018, taking into account a series of prior complaints stretching back 5 years. SPSO considered the case and initially advised in April 2018 that they were declining to take the matter further.

SPSO then re-opened case February 2019 on the basis of unspecified 'new information'. Further information was sent to SPSO in March 2019 and a provisional decision upholding the complaint was issued in June 2019.

Due to serious concerns with the content of the SPSO's provisional decision, comments were submitted by GCC Legal in July 2019 challenging both supposed facts underpinning the decision and the SPSO's process. SPSO did not respond to Legal as requested but issued their final decision letter in January 2020, upholding the complaint in full and making 3 recommendations for implementation by 17th February 2020.

SWS requested review in March 2020 and GCC legal separately complained about the SPSO's handling of the case. Rosemary Agnew responded in person on 23rd October 2020 advising she had set aside the original decision and now intended to reinvestigate the whole complaint.

SPSO Findings / Outcome: Not Upheld. A second provisional decision was issued in February 2021 and the decision ultimately finalised on 30th March 2021, with no part of the complaint upheld. SPSO cases rarely seem to result in a 'Not Upheld' decision once they reach investigation stage, as their 'preliminary assessment' stage of investigation will often dismiss a 'not upheld' complaint without 'full' investigation.

Case R: SPSO reference 202100552

Main Focus: Complaints regarding the outcome of Financial Assessment and the refusal of a request for family property to be disregarded from assessment process

Summary of Case: Complainant was resident in their parent's home when the parent was admitted into long-term care. They wished for their parent's property to be disregarded from the financial assessment process, as they were living in the property.

SPSO Findings / Outcome: Not taken forward following assessment. SPSO declined to further investigate this matter after reviewing information provided by the complainant and GCHSCP. This was on the grounds that GCHSCP's response was a reasonable a clear one addressing all concerns raised in the complaint.

Case S: SPSO reference 202000424

Main Focus: Failed to carry out reasonable assessment & meets needs. Failed to respond to complaint

Summary of Case: The complainant had complained that the HSCP had failed to carry out a reasonable assessment and make appropriate recommendations to meet their needs, and had submitted this complaint via their solicitors. There was subsequently a failure to respond to this complaint within a reasonable timescale, and a response was ultimately not issued until over two years after the original complaint was received, although additional elements of complaint had been added in the intervening period.

The then Business Development Manager identified themselves as having been personally responsible for the delay, and provided a detailed and thorough response which addressed the complaint in full. In addition, that response highlighted that the issues raised had, in fact, been addressed on several occasions under a previous CHP, up to and including consideration by a Complaints Review Committee, as was the process under the CHP at that time. The re-raised complaints, and new elements, were not upheld, although apology was given for the excessive delay in responding.

SPSO Findings / Outcome: <u>Partially upheld.</u> The SPSO did **not uphold** the first part of the complaint, identifying that their special adviser's view was that the assessments of the complainant's needs were reasonable and evidenced that the complainant's views and those of their carers were taken into account. The SPSO accepted that the HSCP are entitled to review care arrangements and consider how they use their resources. The SPSO decided that the second part of the complaint, regarding delays to the response, should be **<u>upheld</u>**, and cited the excessive delay and some inconsistencies in the position given in relation to that delay – they identified the current complaint as likely to represent a new complaint, and not a repetition of a previous complaint. While they acknowledged that an apology had been made, they requested a further, unqualified apology be issued in line with the SPSO's guidance on apology. A further apology was then issued to the complainant.

Case T: SPSO reference 202000236

Main Focus: GCHSCP failed to carry out a reasonable assessment and make appropriate recommendations to address the service user's needs, and the complaint was not reasonable responded to

Summary of Case: The complainant, via their solicitor, complained that the HSCP failed to carry out a reasonable assessment of their needs and make appropriate recommendations to meet their needs. There was then a further complaint raised regarding the failure to respond.

A full response was issued, at the ultimate request of the SPSO due to the failure to respond within appropriate timescales, and this response addressed the complaint regarding the assessment of needs, although it was highlighted that in the intervening period between the complaint and the response a new care package had been put in place and that the matter complained about would therefor appear not to require the attention of the SPSO, with care management having overtaken the complaints process.

The response covered the extensive case and complaint history from the complainant and ultimately partially upheld the complaint regarding assessment, on the basis that that there were some flaws in the assessment paperwork, but that these did not amount to a fundamentally flawed assessment or support plan. The complaint regarding the budget was upheld, and the increase to the budget identified as having already taken place. The failure to respond within an appropriate timescale was accepted and the complaint in this regard upheld, with the then Business Development Manager accepting direct responsibility for this.

SPSO Findings / Outcome: Upheld. The SPSO upheld this complaint in full. They found that GCHSCP failed to carry out a reasonable assessment of the service user's needs and make appropriate recommendations to meet their needs. They identified a failure to properly record and consider the views of the service user, and stated that although the assessment was reasonable, not all SDS options were offered. Finally they, upheld the complaint that the HSCP had failed to reasonably respond to the complaint, stating that they had found significant delays with complaints handling and several issues with the response itself. The SPSO made three recommendations: (1) That the HSCP should apologise to the complainant and service user for not considering all options under SDS legislation, that we should apologise to the services user directly for the delay in responding to the complaint, and that we should confirm that any future assessment of the service user's needs will include consideration of all SDS options. (2) That the HSCP remind relevant staff of the importance of considering all options under SDS legislation. (3) That the HSCP provide evidence of how the learning from this complaint have been used to improve the GCHSCP complaint management process. Final confirmation of the implementation of these recommendations was subsequently provided to the SPSO.

Case U: SPSO reference 202102475

Main Focus: Breach of Contract

Summary of Case: Third case taken to SPSO by same complainant as 'L' and 'M', above. On this occasion, the complainant claimed that the Council had failed to comply with regulations and had breached a contract with their parent, who was a service user. They had also sought access to records in relation to this matter

SPSO Findings / Outcome: Not taken forward as matter not appropriate for third stage consideration. SPSO declined to further investigate this matter after determining that the complainant had attempted to escalate the matter to the SPSO prior to receiving the response to their stage 2 complaint. The SPSO closed the case, and advised the complainant to contact them again if they were dissatisfied with the final response from the HSCP.

Case V: SPSO reference 202102354

Main Focus: Service user unhappy with result of appeal against decision to discharge duty, and that property was let to another service user prior to the result of the appeal

Summary of Case: The complainant had sought appeal against the decision by Homelessness to consider duty to them discharged, following their refusal of an offer of accommodation. Following the result of this appeal – itself a form of stage 2 response - they approached the SPSO, as they were unhappy the offered property had not been kept available to them until the decision had been made.

The complainant was specifically dissatisfied that the offer of accommodation made to them had not remained open to them throughout the appeals process. The findings of the review were that the Council had been correct to consider duty discharged, advising that the reasons given by the complainant to support their refusal of the property were not sufficiently accurate or relevant to consider that the decision by the Council had been in error.

SPSO Findings / Outcome: Resolved. SPSO asked GCHSCP to consider making a further offer of accommodation, regardless of the decision that duty had been discharged, in order to resolve the complaint without finding fault on the part of GCHSCP. Homelessness services agreed to make a further offer of accommodation.

Case W: SPSO reference 202008003

Main Focus: Poor level of homeless support, racist remarks by worker, evicted without notice

Summary of Case: The complainant raised a series of complaints about Homelessness services, which related to them being evicted from their Temporary Furnished Flat (TFF), their perception that they had received a poor general level of support, and their belief that they had been discriminated against and that staff had been racist towards them.

These complaints had previously been raised across two separate stage 2 cases, and had been responded to in full. The Partnership had accepted that there had been some failures around the management of a specific temporary accommodation, but no other element of the complaint was upheld..

SPSO Findings / Outcome: Not taken forward following assessment. SPSO found that the responses of the HSCP had been reasonable and declined to take further action on grounds of proportionality.

Case X: SPSO reference 202105850.

Main Focus: Poor level of support. Inappropriate remarks made by staff

Summary of Case: This complainant has made a number of complaints over the years on their own behalf and on behalf of their friend, with at least 7 complaints in the three years preceding this case. This referral to the SPSO concerned complaints made in 2021 about a general lack of support and remarks allegedly made to them by staff, many of which had been raised in previous complaints. The complaints made were not upheld. The complainant and their friend have a history of seeking support to access new accommodation, and refusing any other supports offered or assessment, before complaining about lack of support.

SPSO Findings / Outcome: Not taken forward following assessment. SPSO decided not to progress the complaints further on the basis that GCHSCP had carried out a reasonable investigation and provided a reasonable response. They did however ask GCHSCP to note that no acknowledgement of the stage 2 response had been issued and the response was delayed. Findings were disseminated to senior managers and the points made by SPSO acknowledged to them.

Case Y: SPSO reference 202100582

Main Focus: Complainant unhappy with the processing of their ASP self-referral

Summary of Case: Individual had self-referred requesting and Adult Support and Protection referral due to concerns they had about their own well-being and safety. They were found to to meet the adult at risk criteria, and their referral was downgraded and passed to the local team for review, before the complainant was directed back to another local authority from whom they were already receiving supports.

Their complaint – that the decisions made were not correct, and that there was a related data breach when SWS enquired about the complainant's circumstances with their university – was not upheld.

SPSO Findings / Outcome: March 2021. Not taken forward following assessment. SPSO declined to further investigate this matter after reviewing information provided by the GCHSCP. This was on the grounds that the HSCP's position was reasonable, and that some terms of the complaint were hypothetical and did not relate to events as they actually occurred.

3.8 Service Improvements / Customer Outcomes

CFIT is responsible for checking and updating complaint records as regards outcomes for the service user. A service improvement is defined as either some tangible outcome for the customer consistent with their objectives in making the complaint, or a more systematic organisational benefit, learning or improvement process generalised throughout the particular team or whole service. There is a satisfactory level of data capture of these outcomes because of the specific effort made by CFIT. Whilst the Lagan system contains a field for service improvement, no such improvements were identified in the Lagan report for Care Services. Service improvements are only therefore recorded in respect of care services complaints that have been managed via CFIT.

Across all three stages of complaints logged by CFIT, 65 complaints were fully upheld and 112 partially upheld. All of the fully upheld complaints resulted in a formal apology and 54 also resulted in the recording of a service improvement action (83%). Of the 112 partially upheld, apologies were given for the relevant elements upheld and service improvements were recorded in 55 instances (49%). Service improvement was also recorded against 1 informally resolved, 5 not upheld complaints, and 1 withdrawn complaint. This is a total of 116 service Improvements / positive customer outcomes, summarised in the table below which concludes this report.

Service improvements usually involved individual interventions reflecting complaints that are often highly individual, complex and specific. Whilst some actions may appear quite limited in scope, they demonstrate that valid complaints are acted upon and generate more for the customer than an apology and explanation. However some improvements of more general application were taken forward, through professional governance groups or the direct action of managers. These included:

- Guidance to be issued to staff regarding the handling of requests for family members to act as paid carers. NW HOS will "highlight issue through SDS with the citywide SM's, consider our current policy and link with OP and Adult Core leadership meetings and thereafter governance."New guidance for staff on recording of cases managed outwith Self-Directed Support. This is cited as a service improvement in two unrelated cases.
- Staff training to advise on how to progress requests for review of homelessness applications. Correspondence amended to update more accurate and relevant information.

- Review of various aspects of the decisions and processes around the Rowandale closure, to include operational aspects such as the moving of residents, identifying of placements etc. to improve our processes for the future if this situation were to occur again.
- Process of restricting and unrestricting records of staff and family members on the CareFirst System has been reviewed and more robust process put in place to prevent removal or restriction without proper authorisation.
- Review of how work is re-allocated to ensure continuation of planned care, when longer term absence is anticipated.
- Communication channels improved to keep service users and families updated on the status of referrals to the Supported Living Service.
- Service to review practices in relation to point of contact for Service Users attempting to contact staff who are out of the office or on term sick leave, and to review temporary furnished flat transfer requests procedures.
- In-house customer service training within South area reviewed.
- Welfare Rights to arrange to support complainant with appeal of their PIP award.
- Homelessness requested that Business Support Services explore additional lines being added to ensure service users can get through, cited in two service improvements.
- Protocol for joint working between SWS MH teams and the Environmental House Cleaning Service to be brought before the Service Managers city wide meeting for update.
- Written protocol to be agreed citywide for how best to support Day Care users who refuse to attend on any given day.
- Homelessness Service Managers to make changes to current procedures around requesting retention of belongings when someone has passed away.
- Additional resource being sought to reduce Subject Access Request (SAR) backlog caused by Scottish Government's Redress Scheme.
- NW AS Duty to review procedures for sending out OBSP/care plan documents to ensure that there is an standard understanding of which documents should be sent across the duty team.
- SPSO made some comment (not a formal recommendation) as to the manner in which the case had been documented (Case 'Q' in 3.7, above). It was recorded as though managed under SDS, legislation when SDS did not apply. Heads of Service to take this forward in the form of a staff briefing linked to the published case and will also raise at Governance Groups. This will ensure that those rare cases not managed under SDS will contain clear statements within the main record and any OBSP clearly indicating that fact.
- Escalation procedure introduced for overdue complaints.

Reference	Outcome	Service Improvement Type	Service Improvement Description
GCC55333	Partially Upheld	Service Provision	Specific family member not to be considered for kinship care role in future
GCC55011	Partially Upheld	Service Provision	Complainant provided with apology and minutes requested, team to provide minutes in future following any LAC reviews
GCC58915	Partially Upheld	Service Provision	Staff have been made aware that communication should be responded to within relevant timescales even if communication is considered to be vexatious and response is minimal
GCC55721	Partially Upheld	Service Provision	Allocated suitable accommodation i.e. a TFF.

GCC56906	Partially Upheld	Process & Procedures	Pre-birth Assessment to be provided and Post-birth CPCC docs to be provided ASAP by locality
GCC52728	Upheld	Process & Procedures	Guidance to be issued to staff regarding the handling of requests for family members to act as paid carers. NW HOS to highlight issue through SDS with the citywide SM's, consider our current policy and link with OP and Adult Core leadership meetings and thereafter governance.
GCC55801	Partially Upheld	Staff Issues	Staff training to advise on how to progress requests for review of homelessness applications. Correspondence amended to update more accurate and relevant information.
GCC52817	Upheld	Process & Procedures	Address details removed from AWI Case Conference minutes.
GCC54304	Not Upheld	Process & Procedures	SWS to voluntarily provide parent with copy of actions from Core Group Meetings
GCC59316	Upheld	Service Provision	Review carried out to ensure that an incident like this [loss of possessions held in termporary storage due to homelessness] does not happen again.
GCC57250	Partially Upheld	Service Provision	Minutes to be provided in relation to CP investigation
GCC54072	Partially Upheld	Process & Procedures	Guidance issued to staff on use of mandates
GCC52982	Upheld	Service Provision	Staff-specific issues raised in the complaint have been raised with the staff in question and extra training regarding catheter care has been recommended.
GCC57256	Partially Upheld	Service Provision	Service user offered a meeting to discuss their application.
GCC53631	Upheld	Service Provision	Complainant given the SM's direct contact details to prevent any further communication issues. Complainant now recognised as appropriate person to arrange family visits to their parent in the care home.
GCC57085	Partially Upheld	Service Provision	Multi-Disciplinary Meeting to be convened to ensure a coordinated response to service user's care across care groups inclusive of housing. All further care provision will be assessed and progressed as necessary by services already involved in service user's care.
GCC53105	Upheld	Process & Procedures	Admin processes reviewed and updated
GCC57153	Upheld	Service Provision	Budget increase processed.
GCC54523	Partially Upheld	Service Provision	New worker allocated.
GCC53628	Partially Upheld	Service Provision	Service Manager to take lead in finding a housing solution for complainant.

GCC52885	Upheld	Service Provision	Case allocated to Care Manager to start assessment process.
GCC53317	Partially Upheld	Process & Procedures	SWS will reassess service user. Second instance relating to matter raised at Service Manager Citywide meeting regarding relatives being employed as paid carers - highlighting COVID as an exceptional circumstance.
GCC52793	Upheld	Service Provision	Service seeking provider for interim support and case to relevant Older Persons Team for a full assessment through Self Directed Support (SDS).
GCC54094	Upheld	Service Provision	Duty team supporting service user through their housing and welfare issues. Worker to be allocated to screen for a personalisation assessment.
GCC55102	Not Upheld	Process & Procedures	Instruction on accessing medical records and social work records provided within the response.
GCC55527	Partially Upheld	Process & Procedures	Ongoing communication to continue with complainant to ensure they are kept informed
GCC53130	Not Upheld	Service Provision	Social Worker to contact family to arrange for appropriate assessments.
GCC54035	Partially Upheld	Service Provision	Duty worker to undertake an Interim Review of current Package of Care. Agreed to full SNA.
GCC55631	Upheld	Process & Procedures	Social Care Worker allocated
GCC52974	Partially Upheld	Process & Procedures	Incorrect information addressed during subsequent meeting and documented in relevant minute.
GCC54511	Partially Upheld	Service Provision	Social Worker allocated to complainant, is supporting them to engage with the finance team.
GCC54945	Upheld	Service Provision	Review of various aspects of the decisions and processes around the Rowandale closure, to include operational aspects such as the moving of residents, identifying of placements etc. to improve our processes for the future if this situation were to occur again.
GCC57659	Upheld	Service Provision	Worker to contact complainant within two weeks to carry out a SNA.
GCC55069	Partially Upheld	Service Provision	SWS to discuss care plan with service user to ensure clear understanding and queries addressed
GCC55206	Partially Upheld	Service Provision	CFIT provide full explanation regarding delays to SAR processing
GCC57063	Partially Upheld	Process & Procedures	Meeting offered to improve communication and ensure positive working relationship going forward. Complainant to be provided with a separate written record following LAAC Reviews.

GCC57142	Upheld	Service Provision	Screening Assessment to take place and lead to SNA if appropriate
GCC54810	Upheld	Service Provision	Disabled Parking Bay application processed.
GCC55207	Upheld	Service Provision	Duty worker allocated to carry out screening assessment
GCC54402	Upheld	Service Provision	Case allocated to a worker in the Homelessness Service to progress homelessness application and work with OP/PD services to ensure support is in place for service user
GCC54433	Upheld	Staff Issues	New staff member allocated.
GCC57790	Upheld	Service Provision	A copy of current SNA provided to complainer.
GCC51396	Partially Upheld	Process & Procedures	Process of restricting and unrestricting records of staff and family members on the CareFirst System has been reviewed and more robust process put in place to prevent removal or restriction without proper authorisation.
GCC51447	Partially Upheld	Process & Procedures	Staff-specific communication issue addressed with member of staff. Apology offered.
GCC54557	Partially Upheld	Process & Procedures	Communication channels improved to keep service users and families updated on the status of referrals to the Supported Living Service.
GCC54191	Upheld	Service Provision	Urgent screening to determine which team would be the most appropriate to undertake the Support Needs Assessment.
GCC55267	Informally Resolved	Service Provision	Dates arranged for contact between siblings over a 6 month period (the absence of which had been the substantive complaint made).
GCC57845	Upheld	Process & Procedures	Respite provision rearranged
GCC54711	Partially Upheld	Service Provision	New worker assigned to carry out assessment.
GCC54381	Upheld	Service Provision	Worker allocated to carry out a SNA
GCC55530	Partially Upheld	Service Provision	New shirt purchased for service user.
GCC55609	Upheld	Service Provision	Locality team reminded about the SDS and Direct Payment process so they are clear what information they must give to service users/families. New worker to be allocated.

GCC54963	Partially Upheld	Process & Procedures	Relevant member of staff to be re-trained in procedures for processing Parking Bay applications.
GCC55640	Partially Upheld	Process & Procedures	SWS to contact complainant to advise referral received, action taken and to ascertain if they can offer the help/support they are seeking. In future, SWS to contact complainant where they determine a significant update has occurred and it is appropriate to do so.
GCC56902	Partially Upheld	Process & Procedures	Review of how work is re-allocated to ensure continuation of planned care, when longer term absence is anticipated.
GCC55859	Partially Upheld	Service Provision	Case to be review/reassessed. Information written about service user's mental health will be given additional context and SU's dissent regarding their reported mental health issues will also be noted in future records.
GCC57003	Upheld	Process & Procedures	Correct process for transferring calls to the Duty Team electronic clipboard reiterated to staff.
GCC57082	Partially Upheld	Service Provision	Service has been reinstated for the 25/12/21, 26/12/21, 1/1/22 & 2/1/22.
GCC57848	Upheld	Service Provision	New worker allocated, prospects appointment arranged
GCC51545	Upheld	Service Provision	Duty worker to contact service user to discuss service
GCC54521	Upheld	Service Provision	Worker allocated to carry out a full assessment.
GCC53038	Upheld	Service Provision	Worker allocated to carry out assessment.
GCC53465	Upheld	Service Provision	Concerns about service users being unable to get through on phone lines raised with Business Support Services, request that service explore additional lines being added.
GCC53792	Upheld	Service Provision	New worker allocated to progress assessment.
GCC55456	Partially Upheld	Service Provision	Referral made to appropriate team for reassessment.
GCC54556	Partially Upheld	Service Provision	Worker allocated to carry out an assessment.
GCC55650	Upheld	Process & Procedures	Staff to review processes and complete training to identify areas for development/improvement. Assessment prioritised, worker identified to make contact with service user and undertake assessment.
GCC57083	Partially Upheld	Service Provision	SM highlighted expected standards to admin management.

GCC52789	Partially Upheld	Service Provision	Staff-specific issue discussed with worker.
GCC55750	Partially Upheld	Service Provision	Staff member provided feedback on discussing supports applicable to service user when carrying out support needs assessment.
GCC53204	Upheld	Service Provision	Service to review practices in relation to point of contact for Service Users attempting to contact staff who are out of the office or on term sick leave, and to review temporary furnished flat transfer requests procedures.
GCC53410	Partially Upheld	Service Provision	Service will liaise with Chara Centre to ensure communication issues do not occur when service users move on.
GCC55817	Upheld	Service Provision	Inhouse customer service training will be reviewed.
GCC53636	Upheld	Service Provision	Visit arranged to review case and ensure appropriate aids are supplied. Welfare Rights to arrange to support complainant with appeal of their PIP award.
GCC55168	Upheld	Service Provision	Copy of SNA provided. Day Care options identified. Previous referral will be chased up by allocated worker.
GCC55329	Partially Upheld	Service Provision	All staff within the team reminded of the importance of keeping the service user updated in terms of how long it will take to deal with their enquiry.
GCC55361	Upheld	Service Provision	Bathroom hoist fitted.
GCC55574	Upheld	Service Provision	Occupational therapist to arrange a suitable time to visit to assess situation.
GCC56922	Partially Upheld	Process & Procedures	Measures put in place to ensure complainant contacted in writing prior to any further review to explain the purpose of the contact
GCC52775	Upheld	Service Provision	Overcharging issue resolved.
GCC53237	Upheld	Service Provision	Homelessness have requested that Business Support Services explore additional lines being added to ensure service users can get through
GCC55186	Upheld	Service Provision	Support arranged for complainant, including additional supports from Educational Psychologist.
GCC56950	Upheld	Service Provision	Duty Team Leader to contact complainant to discuss concerns and to inform them of the findings of the assessment undertaken.

GCC54814	Partially Upheld	Service Provision	Service user offered permanent accommodation.
GCC57648	Upheld	Service Provision	Social Worker allocated to carry out a SNA.
GCC57086	Upheld	Service Provision	Protocol for joint working between SWS MH teams and the Environmental House Cleaning Service to be brought before the Service Managers city wide meeting for update.
GCC55748	Upheld	Service Provision	MHO to complete assessment.
GCC57361	Partially Upheld	Service Provision	Email address provided as alternative contact route to busy phone line, assessment carried out and new equipment now in use.
GCC53645	Upheld	Service Provision	SW staff to provide extra support during period of staff/driver shortage in HCS, to include SW staff providing transport if necessary.
GCC54491	Partially Upheld	Service Provision	A new worker has been allocated as requested. Complainant also provided with direct access to the Team Leader responsible for managing the case.
GCC57394	Partially Upheld	Service Provision	Staff will be reminded about ensuring that spaces are cleaned after care/support has been provided.
GCC54858	Partially Upheld	Service Provision	New worker allocated and home visit made.
GCC57533	Partially Upheld	Process & Procedures	Staff training to ensure medical knowledge is up to date, reminder to maintain accurate and full record of engagements
GCC57559	Partially Upheld	Process & Procedures	Requests for cleans from C&FM will be required to be made in writing and local managers will be informed of any requests submitted which may have a longer timeline than expected.
GCC53641	Upheld	Service Provision	RASG will be arranged asap and complainant allocated a new social worker.
GCC57603	Partially Upheld	Process & Procedures	Service to communicate with complainant by email where possible
GCC53113	Upheld	Service Provision	TL apologised directly regarding delays in communicating
GCC54463	Partially Upheld	Service Provision	All service users should have a care and treatment plan with which they agree and contribute to. MAT standards are being implemented nationally and locally. Local processes will be cascaded to all staff once reviewed and agreed.

GCC55070	Upheld	Service Provision	Complainant's allocated worker is a part time member of staff; alternative contact details provided for their non-working days.
GCC57769	Upheld	Process & Procedures	Written protocol to be agreed citywide for how best to support Day Care users who refuse to attend on any given day.
GCC57062	Upheld	Service Provision	Team Leader met with service user directly and outlined the O.T plan moving forward.
GCC58908	Not Upheld	Process & Procedures	Staff reminded of customer case standards
GCC58911	Partially Upheld	Process & Procedures	Service Managers to make changes to current procedures around requesting retention of belongings when someone has passed away.
GCC58961	Partially Upheld	Service Provision	Service Manager apologised for that lack of contact and assured complainant that SWS will look at how we keep service users updated if their allocated worker is not at work.
GCC59077	Partially Upheld	Process & Procedures	Managers reminded to provide update where complaint deadline cannot be met, and where third party confidentiality needs to be maintained, to consider what information can be shared in effort to provide satisfactory response.
GCC59350	Withdrawn	Process & Procedures	Team agreed to review content of report and implement changes in any future reports. Meeting offered to discuss concerns with complainant. Staff reminded of the need to include only what is necessary, relevant and proportionate particularly re. third party data
GCC59158	Partially Upheld	Service Provision	Additional resource being sought to reduce SAR backlog. Complainant's SAR to be re-processed.
GCC54844	Upheld	Service Provision	Response to emails now provided.
GCC57053	Partially Upheld	Service Provision	It was arranged with the Heritage Hotel for complainant to have contact with their child for a few hours each day. Re-settlement plan now complete.
GCC59335	Upheld	Service Provision	Additional resource being sought to reduce SAR backlog.
GCC59382	Partially Upheld	Service Provision	NW AS Duty to review procedures for sending out OBSP/care plan documents to ensure that there is an standard understanding of which documents should be sent across the duty team.
GCC59384	Partially Upheld	Service Provision	Information sent out by SCD has been updated.

GCC57674	Upheld	Service Provision	Referral to YPeople made. Allocated worker's handling of the request will be reviewed through staff supervision.
GCC53899	Not Upheld	Process & Procedures	SPSO made some comment (not a formal recommendation) as to the manner in which the case had been documented. It was recorded as though managed under SDS, legislation when SDS did not apply. Heads of Service to take this forward in the form of a staff briefing linked to the published case and will also raise at Governance Groups. This will ensure that those rare cases not managed under SDS will contain clear statements within the main record and any OBSP clearly indicating that fact.
GCC54328	Partially Upheld	Process & Procedures	Escalation process introduced for overdue complaints. Learning points fed back to complaints team.
GCC54330	Upheld	Process & Procedures	Escalation procedure introduced for overdue complaints. Lessons re complaints handling fed back to complaints team. Lessons re offer of SDS options fed back to local staff and raised at Governance Groups (Adults and OP).