SOCIAL CARE COMPLAINTS REPORT

April 2022 – March 2023



Glasgow City Health and Social Care Partnership

Social Care Complaints Report

April 2022 – March 2023

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Section 1 Executive Summary

1. Executive Summary

1.1 This report covers complaints about social care services in the period April 2022 – March 2023 considered under the appropriate complaint procedure for Social Work Services. This consists of three stages of: Stage 1: 'Front-line resolution' (timescale 5 working days that may be extended to a maximum of 10 working days in certain circumstances); 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 Services complaints (primarily home care) as these are processed within two different information systems ('C4' for social work / homelessness and 'Lagan' and other supporting systems 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 Despite the delays to a fully integrated solution, Business Development staff and Care Services staff are currently considering options for improved complaints recording and reporting across services.

1.4 Volumes of Social Work complaints increased slightly in 2022-23, rising by 6% from to 496 in the previous year to 528. Care Services complaints, however, fell by 10.9% from 275 to 245.

1.5 There has been little change in the distribution of Social Work complaints proportionately between the localities. Almost all Care Services 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.

1.6 Performance against timescale for stage 2 investigations of complaints has reduced in 2022-23, following a trend from 2021-22 after previous 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 in 2021-22 to 70.8%. This has fallen again in 2022-23 to 60.5%. This represents a significant decrease in compliance, and falls below the target of 70% compliance. This fall is attributed to the increase in volume of Stage 2 complaints, and also to the ongoing challenge of 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 in any area of the city. 51% of these were in time across GCHSCP, down considerably from 64.2% the year before. The target was, therefore, not met for complaints across both stages, with only 56.3% of all responses being within deadline, down from 67.5% the year before.

1.8 Development work is currently being undertaken to improve recording around the reasons localities are failing to meet timescale targets, as a further step towards addressing this ongoing issue.

1.9 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.

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

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 have risen noticeably from 32 in 2021-22 to 70, but remain well below pre-pandemic levels of 112 (32.7%) in 2019-20. Complaints about staff competency have decreased slightly, and these represent a very small proportion of all home care clients and visits.

1.12 It is relevant to note the context of the number of visits undertaken by Care Services over the period when considering the very small number of complaints generated by those visits. 4,444,793 visits were undertaken during the year across Care Services, so in that context, only 0.005% of care visits generated any sort of complaint.

1.13 A smaller proportion of Social Work complaints have been upheld or partially upheld in 2022-23 than in the preceding year, with Social Work complaints upheld or partially upheld having decreased from 35.3% to 32.4%. Care Services complaints upheld or partially upheld have increased only fractionally, from 59.6% to 60.4%.

1.14 19 cases were considered by the Scottish Public Services Ombudsman (SPSO) at stage 3 of the complaints process. Case summaries and outcomes are presented at section 3.7 of this report. One of the cases considered by the SPSO was upheld following investigation and one case led to the SPSO asking SWS to take minor action to avoid further SPSO involvement.

1.15 Additional details are also included in relation to one further case, which had initially been raised with the SPSO prior to this reporting period, but that took some considerable time for the SPSO to come to a determination on. This is included as it was also upheld in part following investigation, and the result was not capture in the previous year's report.

1.16 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, both in relation to the small percentage of complaints that reach the SPSO, and the small proportion of those that lead to any action by the SPSO.

1.17 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.

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 2022 to March 2023. Operational care services subsume home care and related services, together with Day Care and Residential Services.

During 2022-23 these complaints were all subject to the model Complaints Handling Procedure, as directed by the Scottish Public Services Ombudsman Complaints Standards Authority. Changes to process in comparison to the previous GCHSCP Social Work Complaints Policy and Procedure are relatively minor and complaints handling continue to involve three stages of complaint:

- Stage 1: 'Front-line resolution'. This has a timescale 5 working days that may be extended to 10 working days at the discretion of the service manager, if there is valid reason to do so. 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.

Due to arrangements predating the 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, and in supporting systems. 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 Home Care services and for Social Work and Homelessness complaints.

It is anticipated that at some point after 2023-24, 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 firm implementation date set for any new system as yet, however it is hoped that this will be in placed for 1st April 2024 to allow for the 2024-25 recording and reporting to be managed under the new system.

In this present report, Care Services Stage 1 complaint figures are produced by Operational Care Services staff. Social Work and Homelessness figures are produced via reporting arrangements based on C4 data 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 and Care Services 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.

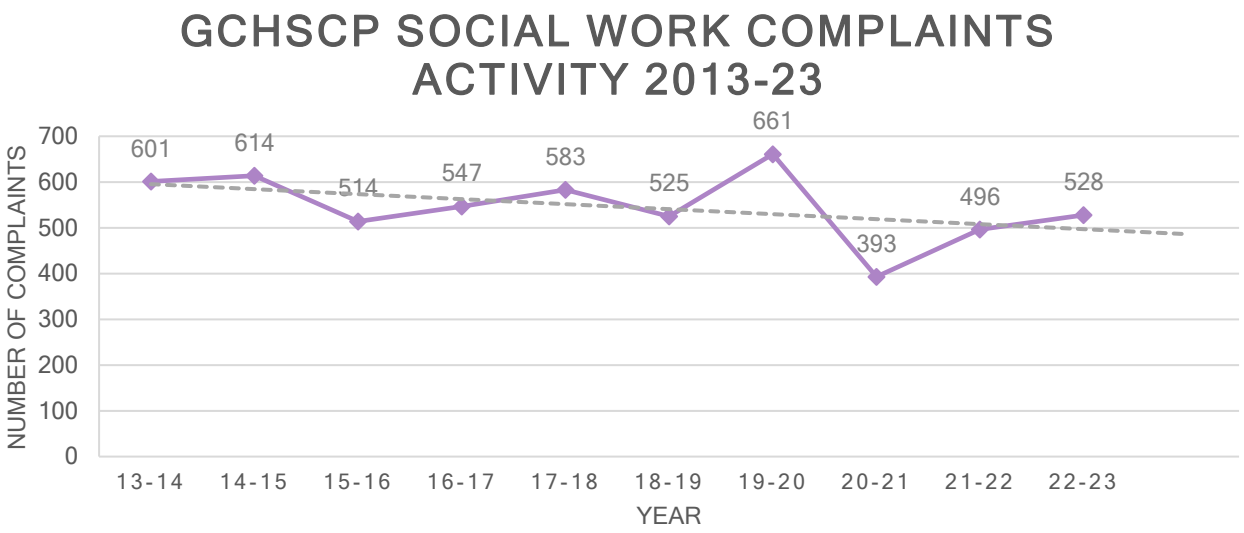
There are separate sections on third stage complaints considered by the Scottish Public Services Ombudsman (SPSO) and on service improvements for the Social Work complaints and those Care Services complaints dealt with by the central team at second and third stage. Due to recording and reporting limitations, no figures are available for service improvements in relation to Care Services Stage 1 complaints. The Lagan system does not capture this information particularly well and the majority of service improvements in that part of the service come 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. 528 complaints were received in relation to Social Work and Homelessness services in 2022-23, a slight increase on the previous year, but still the fourth lowest total over the last decade. In 2021-22, 496 complaints had been received, so volume has increased by around 6%. Chart 1 below shows the 10-year trend in complaints received.

Chart 1: Trend in Social Work complaints activity 2013-2023



The slight increase in received complaints overall appears to indicate the continuation of a suspected trend whereby complaints numbers are returning to 'pre-pandemic' levels. The 2020-21 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. While the general trend remains downwards, as seen by the 'linear forecast' line in Chart 1, the incremental increases since 2020-21 are continuing as expected.

Of the 528 complaints, 215 (41%) were dealt with at stage 1 (local resolution), 294 (55%) at stage 2 (formal investigation). 19 (4%) were stage 3 complaints referred to CFIT by SPSO. This is a substantial increase in Stage 2 complaints, both as a count and as a percentage over the previous year, when only 47% of complaints were Stage 2, a total of 231 complaints.

Table 1: SWS Stage 1 and 2 Complaints by service area and locality 2022-2023

Locality	**Stage 1**	**Stage 2**	**Total**
Centre	65	92	157
North East	42	58	100
North West	44	56	100
South	64	66	130
Homecare (CFIT)	0	22	22
Total	215	294	509

Of 157 'Centre' service area complaints received, there is variation in the specific areas these relate to as 'Centre' encompasses a range of teams. These are set out below in order of decreasing volume.

- **Homelessness** – not including fieldwork (done by the area teams) but including prison throughcare, TADS, HAC and emergency accommodation, Asylum and refugee support: **Complaints = 60**
- **Business Development** – including the CFIT team and welfare rights: **Complaints = 41**
- **Finance** - including issues of invoicing, deprivation of assets and agreement of DRE waivers: **Complaints = 19**
- **Care services** – Residential care, not including homecare etc: **Complaints = 14**
- **Social Care Direct/Standby OOH Complaints = 10**
- **Children and Families** – including fostering and adoption and some residential care: **Complaints = 9**
- **Not known –** one further Stage 1 and two further Stage 2 complaints were not related to specific services: **Complaints = 3**
- **Centre Criminal Justice** – including Prison-based SW, MAPPA and specialist resources: **Complaints = 1**

The Business Development group includes 15 complaints relating to delays in the handling of subject access requests (SAR), up from 7 the year before, each of which were upheld or partially upheld. This is a notable increase in complaints of this nature, however is an expected increase due to the continuing high volume 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. It was expected in advance that such complaints would continue to rise in 2022-23, and this trend is expected to continue into 23-24. 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 Social Work services or employees.

For Care Services 245 new complaints were received and managed locally where they were accepted as complaints within procedure and responded to. This does not include any complaints received prior to 1st April 2022 that were still being dealt with in the current year having been carried forward. In addition, of the 292 Stage 2 complaints handled by CFIT, 28 were complaints relating to Care Services, up from 23 the previous year. CFIT were also involved with four stage 3 complaints related to Care Services. This makes a total of 277 new complaints relating to Care Services.

In 2020-21, there were 315 total complaints. In 2021-22, we saw a reduction in numbers received by 13%, for a total of 275 complaints. There has been only a very slight rise this year. The Care Services complaints are broken down by service area/locality in Table 1, below. Complaints are focussed on Home Care, as has been the case in previous years, with seventeen complaints about other Care Services. The highest proportion of complaints were in South Glasgow, consistent with figures for the previous four 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.

Table 2: Care Services Complaints by service area and locality 2022-2023

Valid Care Services complaints 2022-23		
Service Area	**Count**	**%**
Alarms	13	5.3
Assessment & Review	4	1.6
Home Care - North East	63	25.7
Home Care - North West	45	18.4
Home Care - South	120	49
Total	**245**	

No Stage 1 complaints are logged on the Lagan system against Residential Care and only seven of the 'Centre' service area complaints were Residential Care complaints reported directly to CFIT during the course of the year. As with the figures in previous years, 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 further investigation is recommended 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 2023, in reports that can be found at: https://glasgowcity.hscp.scot/performance-and-demographics.

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 36.2% of the Glasgow population, followed by North West (35%) and then North East (28.7%). 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 adult population aged 18-64 and 71.9% of North West's population fall into this group. Only 14.3% of North West's population are children and 13.8% older people aged 65 or older. By contrast, 18.3% of South's population are children and 16.1% older people. The figures in North East are 17.9% and 15.8% respectively.

A higher percentage of people aged 65+ with high levels of care needs live at home in Glasgow (42.1%) than in Scotland overall (38.1%). 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%). 38.6% of all Glasgow residents age 65 and older reside in South Glasgow.

The looked after children rate is 1.9% in Glasgow (far higher than the Scotland rate of 1.2%) but varies between localities: 1.3% for South; 1.8% for North West and 2.3% in North East. Similarly the rate of children on the Child Protection Register in Glasgow (2.7 per 1,000 population) is higher than the Scotland rate (2.2) with locality rates again varying: 2.1 for South; 2.9 for North West and 4.0 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 57% 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. While South does have a higher volume of complaints, North East and North West are reporting at the same level for this period.

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, BME 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 social or cultural factor or localised service issue 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.

While consideration has been given to increasing the 70% performance target, following previous committee feedback, it has been determined that while there would be value in introducing a higher performance target, any such change will not be introduced until a future date. There are multiple reasons for this. Chief among those reasons is that there have been multiple changes around complaints handling over recent years, including the introduction of a new Social Work CHP, the subsequent removal of that CHP to be replaced by a GCC-wide CHP, and the forthcoming proposed introduction of Child Friendly Complaints Handling Procedures and it is felt that it would be more beneficial to increase training and support around complaints handling in advance of introducing more aspirational targets.

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. Compliance reduced in 2021-22, with 179 of 253 Stage 2 complaints (70.8%) investigated and responded to within the required 20 working days. In 2022-23, 178 of 294 Stage 2 complaints (60.5%) were responded to on time.

In percentage terms, this appears a decline in performance, however the number of complaints responded to within time has remained roughly constant over the past three years. The apparent reduction is partly attributable to the increase in overall complaints numbers – the team have actually responded in time to only one fewer complaint than during the previous year - and partly as a result of competing demands on the resources available to the team. An exponential increase in the number and rate of Subject Access Requests (SARs) being received by the team has had a significant impact on the ability of the team to meet deadlines across all workstreams – Complaints, SARs and FOI requests. In addition, significant staffing changes have led to periods throughout 2022-23 during which there were vacant posts within the team, and the overall capacity of the team was therefore significantly reduced. Within these contexts, the maintenance of the volume of Stage 2 investigations completed within time is a marker of the success of the combined efforts of the team, within increasingly challenging contexts, rather than indicative of a failure to improve on previous performance despite the apparent performance decrease in percentage terms.

Table 3 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, with only 51% of Stage 1 complaints responded to within timescale. This is a further reduction in performance from the previous year, and cannot be explained by an increase in volume, as volume of Stage 1 complaints has reduced since the previous year.

Table 3: Timescales for social work complaints at stage 1 by locality 2022–23

Locality	Within time		Total Stage 1
	n	%	n
Centre	42	64	65
N. East	27	64	42
N. West	21	48	44
South	20	31	64
Total	109	51	215

This profile of performance at Stage 1 for localities illustrates a decline in performance compared to the preceding year. North East locality met the target for timescales on stage 1 responses in both 2020-21 and 2021-22, however no area met target in 2022-23 and there was a significant and concerning decrease in performance in the South area. 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 continue to look to encourage locality use of this facility to increase the number of complaints that are responded to within appropriate timescales.

As only 285 of the 506 total complaints (56.3%) were responded to in time, the target was not met overall. Stage 3 (SPSO) complaints are excluded from these figures as they have no indicative timescale.

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.

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. Given the decrease in the number of Stage 1 complaints, and the increase in the number of Stage 2 complaints, it is possible that early escalation is being considered more readily and more frequently, however it is clear that this has not had a significant effect on improving Stage 1 performance, as this has continued to decrease.

As part of our quarterly reporting processes, we look to identify reasons for decrease in performance in locality areas, and it has been determined that there is insufficient data capture around these issues to reliably inform the reasons for failure. There may also be issues with recording in relation to timescales, such that the information we have in relation to compliance may not be entirely accurate. We are therefore in the process of reviewing the data capture processes in locality areas to better identify issues leading to delayed complaint responses. While within CFIT, the reasons are readily recognised, in the wider business there can be multiple reasons for delay – staff absence, lack of time/resource, administrative error, difficulty contacting relevant individuals at short notice, delays to senior management sign-off and many other potential issues. The aim is to better capture the reasons, and areas, of delay to determine whether failures are systemic and to identify process improvements or training opportunities that will address the reasons for these delays.

The overall performance for Stage 1 Care Service complaints was that 89.8% of complaints were dealt with in time, improving from 70.4% in the previous year and 59.7% the year before. Table 6 below shows the stage 1 timescale compliance for individual Care Service teams. This excludes invalid and withdrawn complaints.

Table 4: Timescale compliance for care services complaints by service area 2022–23

Stage 1 Valid Care Services complaints 2022-23			
Service Area	Number in time	Outwith timescales	% in time
Alarms	12	1	92.3
Assessment & Review	4	0	100.0
Home Care - North East	55	8	87.3
Home Care - North West	43	2	95.6
Home Care - South	106	14	88.3
Total Complaints	**220**	**25**	**89.8**

3.4 Complaints by client group overall and by locality

Chart 2 and table 5 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, as the client group is broadly consistent across Care Services complaints. While this is not a data field reported within the Lagan system, the majority of complainants will be older people and adults with disabilities, or their representatives.

Chart 2: HSCP S1/S2 Complaints excluding care services by client group 2022–23

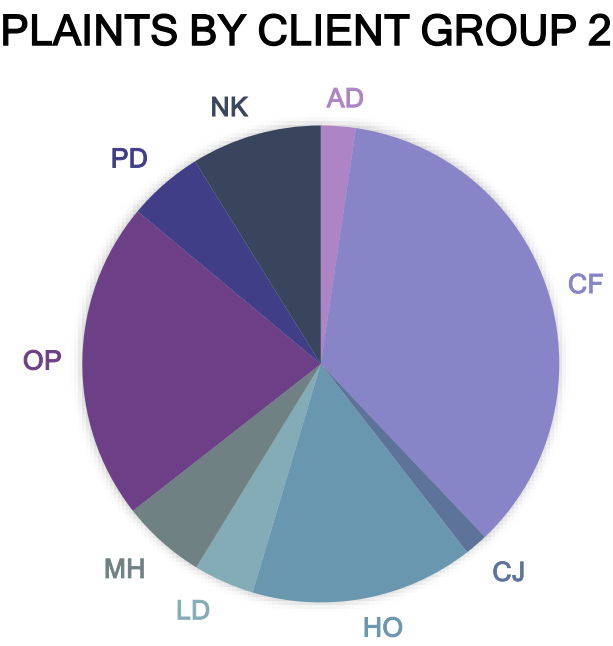


Table 5: Comparison of S1/S2 social work complaints by client group and locality 2022–23

Client group	Locality				
	Centre (inc Centre Care)	NE	NW	S	Total
AD	0	4	4	4	12
CF	16	48	51	66	181
CJ	2	2	3	1	8
HO	60	2	7	8	77
LD	1	9	2	9	21
MH	3	11	10	5	29
OP	50	15	16	29	110
PD	5	8	7	6	26
NK	42	1	0	2	45
Total	179	100	100	130	509

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:-

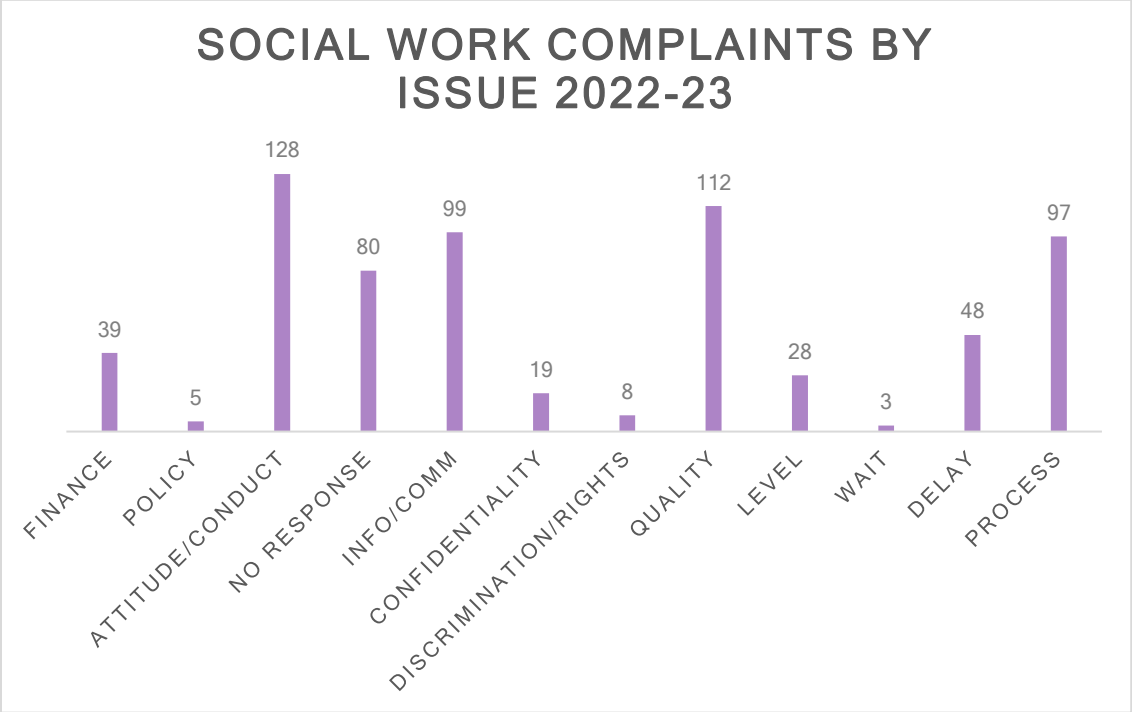
- Arrived late
- Failed to arrive
- Failed to complete task
- Failure to stay allocated time
- Quality of service
- Level of service
- Consistency of care
- Staff attitude
- Staff competency
- Admin error
- Vehicle issue
- Organisational policy
- Poor communication
- Lack of information

Tables 6 and 7 show the relative percentage of each issue as a percentage of all issues and compares them with annual figures 2021-22, first for Social Work and Homelessness and then for Care Services. Charts 3 and 4 then show this data visually.

Table 6: Main social work issues complained of 2022–23 compared with 2021-22

Issue	N 2022-23	% 2022-23	N 2021-22	% 2021-22
Finance	**39**	**5.8**	**23**	**3.1**
Policy	**5**	**0.7**	**4**	**0.5**
Attitude/Conduct	128	19	157	21.4
No response	80	11.9	93	12.7
Info/Comm	99	14.7	113	15.4
Confidentiality	19	2.8	26	3.5
Discrimination/Rights	8	1.2	5	0.7
All Staff	**334**	**49.5**	**394**	**53.8**
Quality	112	16.6	94	12.8
Level	28	4.2	42	5.7
Wait	3	0.4	2	0.3
Delay	48	7.1	56	7.6
Process	97	14.4	103	14.1
Refused/withdrawn	8	1.2	15	2
All Gen Qual	**296**	**43.9**	**312**	**42.6**
Total of main issues	**674**	**100.0**	**733**	**100.0**

Chart 3: Number of social work complaints by issue 2022–23



Both the proportion of complaints about staff and the number of complaints about staff have fallen this year. This is despite the context, as noted in reports of previous years, of a high proportion of complaints focussing on issues related to staff being a typical 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.

While staff-related complaints have fallen slightly, both number and proportion of Finance-related complaints have risen noticeably. This may, to a degree, reflect the external factors of the challenging economic climate and the ongoing cost of living crisis. Within this context, it might be expected that service users would be more inclined to dispute financial matters. As with complaints related to staff, and indeed complaints as a whole, the majority of Financial complaints were not upheld.

Table 7: Care Service complaints by issues 2022–23, compared with 2021-22

Valid Care Services complaints 2022-23				
Issue	**n**	**%**	**N 2021-22**	**% 2021-22**
Arrived Late	2	0.8	1	0.4
Failed to arrive	70	27.2	32	13.9
Fail complete tasks	3	1.2	1	0.4
Failure to stay allocate time	1	0.4	1	0.4
Quality of service	82	31.9	85	37
Level of service	1	0.4	1	0.4
Consistency of care	3	1.2	9	3.9
Staff attitude	25	9.7	24	10.4
Staff competency	55	21.4	60	26.1
Breach of confidentiality	3	1.2	0	0
Vehicle issues	12	4.7	7	3
Organisational policy	0	0	0	0
Poor comms/info	0	0	1	0.4
Lack of information	0	0	1	0.4
Not classified	0	0	7	3
Total closed	**257**	100.0	230	100.0

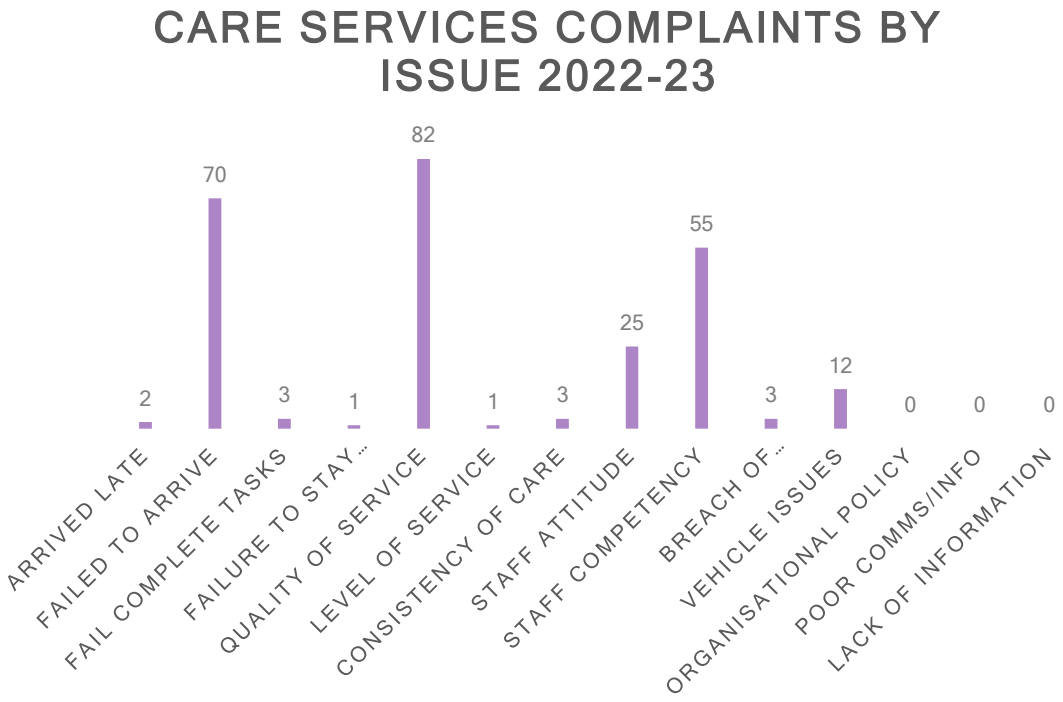
This table omits invalid and withdrawn complaints. When compared with 2021-22, complaints about quality of care have again decreased numerically but remain the greatest issue complained of proportionately, albeit as a noticeably smaller proportion of total complaints.

Complaints about failure to arrive have risen noticeably from 32 in 2021-22 to 70, but remain well below pre-pandemic levels of 112 (32.7%) in 2019-20. Nevertheless, this increase does mean that the proportion of overall complaints that are complaints about a failure to arrive is now second only to quality of service complaints.

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

4,444,793 visits during the year across their services, and the Alarms Team took 28,584 responder calls, so in that context, only 0.005% of care visits generated any sort of complaint, and only 0.045 of responder calls led to any complaint activity.

Chart 4: Number of care service complaints by issue 2022-23



3.6 Complaint outcomes

Table 8 and Chart 5 below show the outcomes of Social Work complaints in terms of whether they were upheld for Stages 1 and 2. Table 9, below, 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 8: Social Work Complaints Outcomes 2022–23

Outcome	n
Transfer To Other Process	12
Not Accepted	44
Informally Resolved	11
Not Upheld	265
Partially Upheld	**96**
Upheld	**69**
Withdrawn	5
None (failed to respond)	7
Grand Total	509

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 2021-22, the total upheld or partially upheld has increased to 35.3%, a return to a similar level as 2019-20 (35.5%). As noted in previous reports, 2020-21 represented 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.

In 2022-23, 32.4% of complaints were upheld or partially upheld, which is a slight reduction on the percentage upheld in previous comparable years, despite the increase in volume of complaints.

Chart 5: Social Work Complaints Outcomes 2022-23

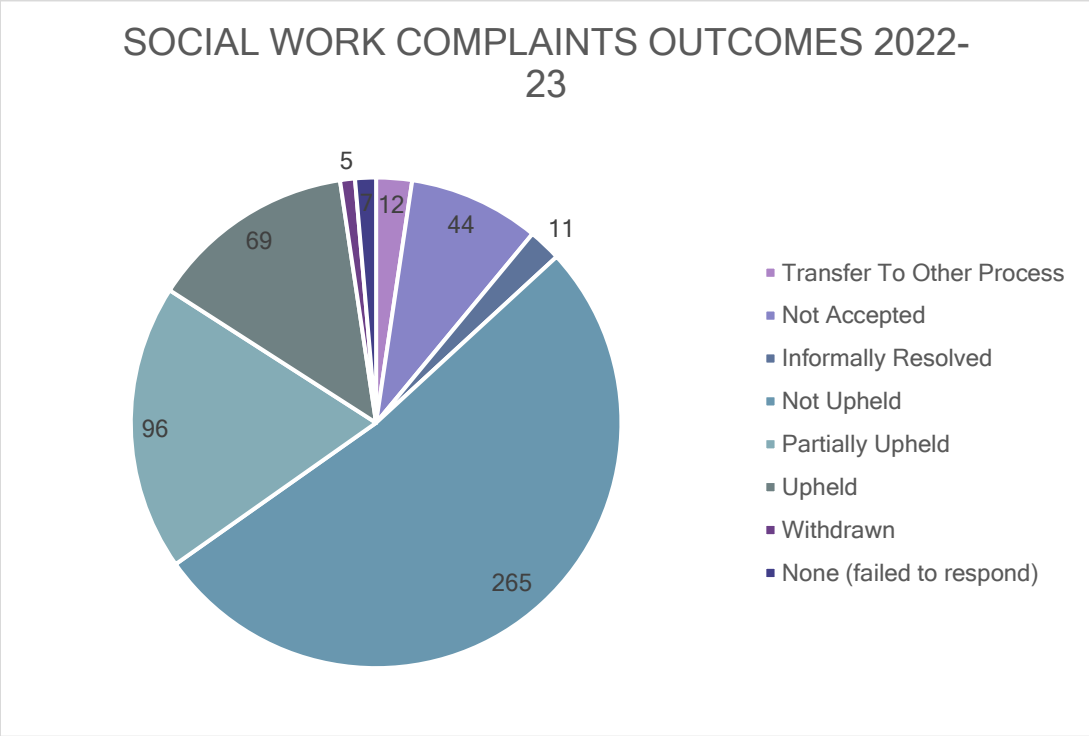


Table 9: Care Services Complaints Outcomes 2022-23

Service Area	Upheld	Not Upheld	Partially Upheld	Total
Alarms	7	4	2	13
Assessment & Review	1	2	1	4
North East	31	19	13	63
North West	11	29	5	45
South	60	43	17	120
	110	**97**	**38**	**245**

Table 9 above shows Care Services Stage 1 complaints by outcome overall and by service area for those that were valid, not withdrawn and closed in 2022-23. The total percentage upheld or partially upheld in 2021-22 was 59.6%, and the equivalent figure for 2020-21 was 58.1%. In 2022-23, this has risen slightly again to 60.4 upheld or partially upheld.

3.7 Stage 3 Referrals to Scottish Public Services Ombudsman

Across Social Work, Care Services and Homelessness Services, 19 complaints were recorded as being referred to the SPSO during 2022-23. 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 then 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 led to the SPSO asking SWS to more formally reiterate an apology already given, and for evidence of learning already identified to be provided.

Details are also included in relation to one further case (Case T), which had initially been raised with the SPSO prior to this reporting period, but that took some considerable time for the SPSO to come to a determination on. This is included as it was also upheld in part following investigation. This case relates to a complaint from a complainant who has submitted multiple complaints over a 2-3 year period and is considered to be an isolated matter.

In the remaining cases, SPSO 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 Ref 202105805

Summary of Case: Complainant raised data protection issues including an alleged data breach, and homelessness issues including dissatisfaction with Homelessness considering their duty to complainant discharged. Stage 2 response did not uphold any point of complaint, which were found to be without substance.

SPSO Findings/Outcome: SPSO decided that they would not take this complaint further for investigation as they were satisfied with the Stage 2 response issued.

Case B: SPSO Ref 202007515

Summary of Case: Complaint related to reports written by SWS which were for the Scottish Children's Reporter's Adminitration (SCRA) and the Sheriff Court. Most aspects of the complaint were not upheld however some aspects were upheld over inclusion of some personal information within some of the reports mentioned that was not relevant to the purpose of those reports.

SPSO Findings/Outcome: SPSO decided that they would not take this complaint further for investigation as they were satisfied with the Stage 2 response issued.

Case C: SPSO Ref 202111008

Summary of Case: Complainant unhappy that referral to Welfare Rights did not result in direct contact with staff or staff being allocated to case. This complainant referred their complaint to the SPSO advising that they were seeking to have the response outcome changed from 'not upheld' to 'partially upheld' as the response accepted that it could have been made clearer to them that no-one from Welfare Rights Service would make contact with them directly and that their decision was informed by a desktop exercise.

SPSO Findings/Outcome: SPSO declined to take further action on the basis that there was no service failure and actions of SWS were appropriate.

Case D: SPSO Ref 202101553

Summary of Case: Complainant had made multiple Stage 1 complaints, which were addressed, before complainant then submitted a series of further complaints at Stage 2 of the process. Each of these complaints related to the provision of care services to a parent, and the standard of those services. At Stage 2, the final outcome was a ‘partially upheld’ outcome, with some service improvement planned. The complainant remained dissatisfied.

SPSO Findings/Outcome: SPSO declined to take further action on the grounds of proportionality, on the basis that the Stage 2 response had been appropriate.

Case E: SPSO Ref 202100258

Summary of Case: Complaint regarding homecare provision. Complainant unhappy in relation to specific episodes characterized as failures of care which lead to health issues for service user. Complaint partially upheld in relation to communication matter.

SPSO Findings/Outcome: No further action by SPSO.

Case F: SPSO Ref 202109744

Summary of Case: Complaint regarding support provided to complainant’s former partner. Complainant’s former partner had left country, and complainant blamed SWS for their role in facilitating this. Complaint was not upheld.

SPSO Findings/Outcome: No further action by SPSO.

Case G: SPSO Ref 202103228

Summary of Case: Complaint in relation to care provided to service user (deceased). Complaint not upheld at Stage 2.

SPSO Findings/Outcome: SPSO declined to take further action on the grounds of proportionality, on the basis that the Stage 2 response had been appropriate.

Case H: SPSO Ref 202103379

Summary of Case: Complaint was in relation to the alleged conduct of a social worker who complainant advised had disclosed their personal information to their former partner which resulted in incidents of domestic abuse. In addition, they complained that SWS had failed to safeguard their child, and that there were failures to return calls. Outcome was partially upheld in relation to minor points.

SPSO Findings/Outcome: SPSO stated that the GCHSCP response appeared reasonable and suggested that a good investigation had taken place, and that there was therefore no further action required.

Case I: SPSO Ref 202202781

Summary of Case: Complaint in this case was not made fully clear in communication from the SPSO, with the subject of complaint not being clarified beyond that it allegations that SWS had failed or refused to disclose to the complainant alleged abuse by an unspecified person on an unspecified date regarding one of the complainant's children, not identified in the complaint.

SPSO Findings/Outcome: SPSO confirmed that they were not taking the matter further.

Case J: SPSO Ref 202104547

Summary of Case: Complainants unhappy with level of care provided leading up to hospital admission. Complaint was partially upheld, and review undertaken of documentation in care homes.

SPSO Findings/Outcome: SPSO requested that SWS provide formal apology to complainant and provide information on learning outcomes as a result of the complaint. SWS had already apologised, but agreed to do so again and to provide evidence of learning. SPSO subsequently satisfied with evidence of learning provided.

Case K: SPSO Ref 202107368

Summary of Case: Complainant disagreed with staff assessments of child's needs and how allocated budget should be managed. This complaint was not upheld at Stage 2.

SPSO Findings/Outcome: SPSO determined that no further action required as Stage 2 response was reasonable.

Case L: SPSO Ref 202106183

Summary of Case: Complaint in relation to SWS decision not to consider complainant an appropriate designated Kinship Carer. This complaint was not upheld at Stage 2.

SPSO Findings/Outcome: SPSO advised that they would not take matter further on grounds of proportionality.

Case M: SPSO Ref 202106196

Summary of Case: Foster carers complained about a lack of support and failures of service in relation to the breakdown of a long-term placement. Complaint about the lack of updates provided to complainants by SWS in relation to their previous foster children and the attitude and conduct of the allocated worker. This complaint was partially upheld due to the time taken to organise a Disruption Meeting.

SPSO Findings/Outcome: SPSO more fully upheld the complaint and made recommendations in relation to managing risk of breakdown in long-term fostering placements; ensuring appropriate support is provided to placement providers where a significant incident occurs; ensuring the views of children/young people are sought and clearly recorded in care plans; ensuring robust transition plans are in place where long-term fostering placements break down and in relation to ensuring Disruption Meetings are held within appropriate timescales.

Case N: SPSO Ref 202106448

Summary of Case: Complaint of incorrect charging of client contribution. This complaint was not upheld at Stage 2.

SPSO Findings/Outcome: SPSO to take no further action, as satisfied with content of Stage 2 response.

Case O: SPSO Ref 202110124

Summary of Case: Complainant dissatisfied that SWS had decided to take no further action in relation to their child, who was in the case of their former partner. Complaint not upheld at Stage 2.

SPSO Findings/Outcome: The SPSO concluded that consideration of complaint by SWS had been reasonable and no further action was required.

Case P: SPSO Ref 202205325

Summary of Case: Complaint regarding the management of a foster placement ended by SWS, including complaints regarding SWS failure to adhere to policies/procedures following allegations made by children and delay in holding CPCC. This was not upheld at Stage 2.

SPSO Findings/Outcome: SPSO advised that they intended to close the complaint, but would advise complainant that they could bring the complaint back to them once the ongoing Police investigation (into allegations made against the complainant) had concluded.

Case Q: SPSO Ref 202207253

Summary of Case: Complaint relating to personal matters between a member of the public and their partner/former partner, a SWS employee, that led to the member of the public being charged by the police. Complaint was not upheld at Stage 2.

SPSO Findings/Outcome: SPSO advise they are satisfied with SWS response and will not proceed to investigation.

Case R: SPSO Ref 202205407

Summary of Case: Foster carers disputing accuracy of information SWS reported to be from their fostering agency and the NHS.

SPSO Findings/Outcome: SPSO decision was that no further action was necessary, beyond that already outlined in Stage 2 response where SWS were to consider whether procedures could be made clearer for following up allegations made in relation to foster carers or professionals.

Case S: SPSO Ref 202209263

Summary of Case: Complaint regarding a perceived lack of support following contact with SWS and assessment. Main area of dissatisfaction was that the deep clean of complainant's home had not been completed. Complaint was not accepted as supports requested were not appropriate.

SPSO Findings/Outcome: SPSO have decided to take no further action in relation to this case.

Case T: SPSO Ref 202103225 (Outwith reporting period)

Summary of Case: Complainant had made a multi-element complaint, one part of which detailed their dissatisfaction with the level of support provided to them in their role as carer for a parent. Complaint was not upheld at Stage 2, as apology for error leading to 24 hour delay had already been made, and further failure to receive service was considered to be as a result of complainant's failure to engage with services offered.

SPSO Findings/Outcome: SPSO upheld the complaint regarding the failure to provide carer support over a period of four months, and made two recommendations: That SWS apologise to the complainant that confusion on the part of SWS staff caused some of the delay in the provision of carer support to the complainant between February and June 2021 and that SWS review and update their internal protocols, process flows and triage systems for carers assessments to ensure clarity, for staff and the public, regarding what staff are ultimately responsible for moving forward requests for carers support in a given circumstance. Both recommendations were actioned accordingly and evidence provided.

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.

Below is a table containing the summarised details of all of the service improvements and/or positive customer outcomes resulting from upheld or partially upheld complaints over the reporting period.

Service improvements usually involved individual interventions reflecting complaints that are often highly 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:

- Recommendations were provided to relevant service to improve management of urgent enquiries, including improved monitoring, use of automatic messages and updated messaging on websites where the inbox details were publicised.
- Legal advice was obtained regarding Power of Attorney and passed to Riverside staff.
- In some cases, Care Plans were reviewed or Support Needs Assessments carried out.
- Staff met with a complainant to ascertain their views and reach agreement about how sensitive historical information can best be presented when reporting current circumstances.
- A number of complaints relate to delays with Subject Access Request processing. There are a number of reasons for these delays, but the primary issue is that the volume of requests exceeds the capacity of the team to respond to them, however multiple actions have been undertaken to assist with reducing the backlog and improving performance. Steps taken to reduce waiting times tied to the SAR backlog include backfilling vacant posts and recruitment of 3x Grade 6 and 1x Grade 5 officers on a temporary basis; enlisting support from other staff on overtime basis; refinements to processing including seeking sibling names and dates of birth as a requirement before progressing requests to avoid undertaking multiple repeat searches per applicant; issues raised directly with the Council's DPO and Glasgow Life senior management regarding delivery of records. This is a long term and complex issue, but the team continue to look at improving processes and making best use of available resource in order to address these issues.
- Review of the management of enquires received into a specific team mailbox
- North East ADRS adopted further checks during their re-allocation process to ensure all prescriptions are forward planned appropriately when moving to a new care manager or prescriber.
- In two cases, invoices were cancelled, and in some other cases payments for supports were backdated to earlier dates where appropriate, however such action is rare and only takes place where there is serious error on the part of SWS.
- Invoicing processes have been amended to ensure staff details are not used when initiating debt recovery processes in relation to a service user's debt.

Reference	Outcome Description	Service Improvement Type Description	Service Improvement Details
GCC59479	Not Upheld	Service Provision	Information updated in personal record in line with expressed requirements.
GCC59519	Upheld	Process & Procedures	Expedited - SARs allocated to a Senior Officer
GCC59570	Partially Upheld	Service Provision	Request sent to Service Manager that service provider reminded that any payment issues should be addressed with SWS directly and not with individual.
GCC59586	Partially Upheld	Service Provision	Staff will be made aware of Sect 38 as it relates to homelessness. This will make sure any future enquiries are not delayed in the same way.
GCC59633	Partially Upheld	Service Provision	Staff - staff to be reminded of all tasks associated with the care plan and to ensure that these are carried out on a regular basis.
GCC59652	Upheld	Service Provision	ARC Manager, will discuss with staff the application process and the response service user received. Allocated worker will also help service user to complete the new Autism Alert Card so there are no further delays.
GCC59750	Upheld	Service Provision	The SM has discussed the situation with involved staff to ensure that circumstances such as this are escalated to a manager immediately.
GCC59789	Upheld	Service Provision	Expedite - Senior Officer assigned to progress the SAR as a priority.
GCC59795	Partially Upheld	Service Provision	Apology issued as complainant had to re-submit emails which she had previously sent in due to mishandling of previous correspondence
GCC59840	Upheld	Process & Procedures	Allocation - Case allocated to complete assessment
GCC59858	Informally Resolved	Service Provision	Referral to children with disabilities has been completed, and planning meeting has been arranged to create a plan of support
GCC59946	Partially Upheld	Service Provision	Poor communication discussed with allocated worker and TL.
GCC60013	Not Upheld	Process & Procedures	Engagement - agreed to meet complainant at a time suitable to them to discuss personal care Referred - referral made for shower
GCC60035	Partially Upheld	Process & Procedures	Service Manager advises issues with phone lines and call back times have been addressed with staff.
GCC60235	Partially Upheld	Service Provision	Provided recommendations to reduce the number of urgent enquiries being responded to as they were being emailed to the non-urgent Care Services inbox, including improved monitoring, use of automatic messages and updated messaging on websites where the inbox details were publicised.
GCC60249	Upheld	Service Provision	Complainant moved to a Temporary Furnished Flat.

GCC60277	Partially Upheld	Service Provision	Staff will be reminded of their responsibility to check the address and details with Service Users when arranging a visit. Staff reminded of the need to have clear and regular contact with Services Users to ensure they are kept up to date with progress of referral.
GCC60325	Partially Upheld	Process & Procedures	Process regarding the inclusion of background information in reports to be reviewed
GCC60376	Upheld	Service Provision	Taxi bookings only to be changed by Team Leader, to prevent impact on others.
GCC60391	Partially Upheld	Service Provision	Team advised to inform Service Users if an allocated worker is on leave for extended period.
GCC60397	Upheld	Staff Issues	Staff - reminded to consider language used
GCC60416	Upheld	Service Provision	Recruitment ongoing to resolve delays.
GCC60442	Partially Upheld	Service Provision	Recruitment ongoing to address delays/backlog.
GCC60506	Upheld	Process & Procedures	An alternative date for delivery has been organised. Learning for RSBi is in relation to the notification of households were appointments require to be cancelled.
GCC60513	Partially Upheld	Service Provision	Member of the Occupational Therapy team to contact complainants to arrange appointment for assessment once they have returned from their holiday.
GCC60517	Upheld	Service Provision	Apology offered and updated invoice sent.
GCC60664	Partially Upheld	Service Provision	Allocated SCW is on sick leave so complainant provided with alternative contact details for homelessness services staff.
GCC60786	Partially Upheld	Staff Issues	Legal advice regarding PoA passed to Riverside staff.
GCC60790	Partially Upheld	Staff Issues	Discussions undertaken with staff to ensure service user's wife is not asked to support carers in other carers' absence.
GCC60795	Partially Upheld	Service Provision	Address updated and referrals made to North East Adults Duty Team and the Local Area Co-ordinator to identify supports and colleges in the local area. Supported to make an application to homelessness service.
GCC60901	Partially Upheld	Service Provision	Service user's care plan to be reviewed.
GCC60918	Upheld	Service Provision	Garden maintenance on this property will be completed in the next couple of weeks.
GCC61056	Upheld	Service Provision	SW are now funding preferred service as well as respite.
GCC61071	Upheld	Staff Issues	Localities have been asked to look at their processes to ensure that a service user's case is better managed when they move between localities.
GCC61101	Partially Upheld	Service Provision	TL will ensure that communication with the family is improved.

GCC61114	Partially Upheld	Staff Issues	Discussion with staff member re level of communication with service users.
GCC61119	Upheld	Service Provision	There were initial problems with payments however this has been resolved and backdated payments will be made this week and regular monthly payments made forthwith.
GCC61174	Partially Upheld	Service Provision	Asylum and Refugee Services asked to consider adding generic team email address to GCC website so as to offer members of the public an alternative contact option in light of recent issues around telephone contact with the team.
GCC61176	Upheld	Service Provision	SW assigned to carry out SNA.
GCC61190	Partially Upheld	Service Provision	Investigation undertaken to identify the reason why individuals are not able to get through on the main number. Direct contact number provided.
GCC61191	Partially Upheld	Staff Issues	Staff to meet with complainant to reach agreement about how historical information can best be presented when reporting current circumstances.
GCC62452	Upheld	Process & Procedures	Riverside to review procedure for ensuring mail is passed to representatives in a timeous manner
GCC62489	Upheld	Process & Procedures	Steps taken to reduce waiting times tied to SAR backlog: 1) Recruitment of Grade 7, 3x Grade 6 and Grade 5 officers 2) Ongoing discussions with DPO and Glasgow Life senior management to try and unblock suitably sized deliveries of records 3) Sibling names and DOBs being required before progressing requests so as to avoid re-work.
GCC62534	Partially Upheld	Process & Procedures	Documentation held in the home to be updated and made available to all carers. Staff to be reminded to complete care diary to an appropriate standard.
GCC62688	Partially Upheld	Staff Issues	Due to suspected data breach (reported), staff now address complaint responses after they have been approved, double checking the address before sending to BA for posting
GCC62776	Partially Upheld	Service Provision	SW allocated to carry out assessment.
GCC62862	Partially Upheld	Process & Procedures	Review - Team agreed to review and update information in future reports Information - Service Manager to add clear note to child's record re paternity
GCC62924	Partially Upheld	Service Provision	Investigating what led to this set of circumstances and why this information was not communicated directly to the SU.
GCC62994	Upheld	Service Provision	New SW allocated.

GCC63001	Partially Upheld	Service Provision	Practice issues identified and will be incorporated into an action plan to reduce the risk of recurrence of these particular issues.
GCC63005	Partially Upheld	Staff Issues	Issues identified with management of SAR to be raised with 3 members of the team
GCC63034	Partially Upheld	Process & Procedures	Staff - reminder to staff of 2wk requirements following IASPCC
GCC63062	Partially Upheld	Process & Procedures	Process Improvement - Review of the management of enquires received into team mailbox
GCC63076	Upheld	Service Provision	Case will be allocated during the next allocation round and the free personal care element of the funding will be backdated to the 3rd May 2022.
GCC63134	Upheld	Process & Procedures	In order that there is no repeat of these circumstances, and associated delays in making contact, we have revised the part of the process on how we manage an enquiry where contact cannot be made at initial stages.
GCC63190	Partially Upheld	Service Provision	Review date should have been communicated. This has now been done.
GCC63201	Upheld	Service Provision	To allocate a community worker to complete assessments more quickly within the context of high demand.
GCC63251	Upheld	Service Provision	Chased up with Welfare Fund and home visit will be arranged to organise a date for the home clean.
GCC63262	Upheld	Service Provision	North East ADRS have adopted further checks during their re-allocation process to ensure all prescriptions are forward planned appropriately when moving to a new care manager or prescriber.
GCC64306	Not Upheld	Service Provision	Further preparation required as a management activity.
GCC64333	Partially Upheld	Staff Issues	1) Team Leader who had followed CHP incorrectly advised how to do so in future. 2) Social Care Worker given training on preparing for telephone calls where changes to a care plan were being proposed. 3) Issue of missed call backs raised with issue Operations Manager, measures will be put in place to ensure any caller receives a call back if requested.
GCC64358	Upheld	Staff Issues	Additional staff being recruited and trained to process SARs to address the backlog. In addition, existing staff have been granted overtime to work on SARs.
GCC64389	Upheld	Service Provision	Discussed with worker to ensure issue does not happen again.
GCC64423	Upheld	Service Provision	Issue raised with the Equipu stores. Complainant advised to phone office is unsure of contactor in future.

GCC64448	Upheld	Service Provision	Window sensors isolated which should resolve the problem.
GCC64500	Upheld	Service Provision	TL will remind staff to double check the details of transport requests.
GCC64555	Partially Upheld	Service Provision	Agreed to refund £150 for bedding.
GCC64624	Upheld	Service Provision	Admin staff reminded of the correct departments to forward enquiries to.
GCC64632	Upheld	Service Provision	Staff to receive guidance on communication at supervision. Placed on waiting for allocation.
GCC64641	Upheld	Service Provision	Advised of new central number to phone and assessment to be updated.
GCC64644	Upheld	Service Provision	Staff to receive guidance on communication at supervision. Correct guidance forwarded to staff.
GCC64712	Not Upheld	Service Provision	A new placement has been provisionally agreed.
GCC64715	Upheld	Process & Procedures	The debt collection agency was notified on 04 January 2023 that this should not be pursued, and the outstanding invoice cancelled. As a result, complainant will not receive any further correspondence regarding this.
GCC64716	Upheld	Process & Procedures	The debt collection agency was notified on 18 January 2023 that this should not be pursued, and the outstanding invoices cancelled.
GCC64822	Partially Upheld	Service Provision	Support need to be reviewed. A new SW may be allocated.
GCC64944	Upheld	Service Provision	Due to the DP being delayed parent had to buy an interim bed. Team Leader has agreed with Service Manager that a payment can be made in respect of this.
GCC65036	Partially Upheld	Service Provision	It has been agreed that staff will call complainant at pre-set times so that she knows when to expect to hear from us. SW will also explore training on how to use a direct payment. SW will look at waiting lists for social care support.
GCC65043	Upheld	Process & Procedures	Senior managers working overnight to check service user's medication and record sheets every night, staff undertake an additional PDP and further medication training.
GCC65091	Partially Upheld	Staff Issues	Relevant report to be reviewed
GCC65135	Partially Upheld	Service Provision	Apology given and service user transferred to the CAAS.
GCC65144	Upheld	Service Provision	Additional staffing and resources brought in to address delays.
GCC65146	Upheld	Service Provision	Additional staffing and resources brought in to address delays.
GCC65164	Upheld	Service Provision	Offered suitable accommodation.

GCC65215	Partially Upheld	Service Provision	SW will make an assessment on deterioration in health.
GCC65246	Upheld	Service Provision	Issue will be addressed via supervision and management.
GCC65254	Upheld	Service Provision	Worker allocated to carry out assessment.
GCC65281	Partially Upheld	Process & Procedures	Engagement - AOM to return call Review/reassess - AOM to arrange reassessment Information - Policies and other info provided on the alarms service
GCC65289	Upheld	Service Provision	New process put in place to ensure that desired haircuts are logged and passed to the hairdresser.
GCC65293	Partially Upheld	Process & Procedures	Development and improvement plan implemented to improve communication.
GCC65298	Upheld	Service Provision	Agreed to allocate Temporary Furnished Flat.
GCC65335	Upheld	Service Provision	Worker allocated to carry out an assessment. Funding will be backdated to when request was originally received.
GCC65338	Upheld	Process & Procedures	Expediting - SAR response provided at same time as complaint response
GCC65366	Partially Upheld	Service Provision	TL to address with worker at supervision.
GCC65379	Partially Upheld	Service Provision	Self Direct Support Assessment is being carried out.
GCC65403	Upheld	Service Provision	Apology and worker assigned to carry out assessment.
GCC65404	Partially Upheld	Accessibility	Staff to ensure that some form of interpretation service is available for service users.
GCC65495	Partially Upheld	Service Provision	Staff to ensure relevant procedures are followed in relation to kinship. All assessments and paperwork to be completed retrospectively.
GCC65605	Partially Upheld	Service Provision	Staff to be reminded of the need for keeping up to date records of their interactions with service users.
GCC65624	Upheld	Service Provision	Worker allocated to carry out assessments.
GCC65664	Partially Upheld	Service Provision	Invoices paid and new budget agreed.
GCC65737	Partially Upheld	Process & Procedures	Clarified with worker the additional steps which must be taken prior to sending any final correspondence to service users or their families.
GCC65745	Upheld	Staff Issues	New SW assigned to complete Personalisation Review.

GCC65755	Partially Upheld	Process & Procedures	Review/Reassess - assessment will be carried out as soon as practicable in recognition emotional impact not previously considered Information - Decisions and reasoning provided to complainant Staff - reminder provided re. importance of recording and communicating updates
GCC65769	Upheld	Service Provision	City-wide problem with phones has now been fixed.
GCC65831	Upheld	Process & Procedures	Invoicing processes have been amended to ensure staff details are not used when initiating debt recovery processes in relation to a service user's debt.