

**ADULTS & COMMUNITIES
SCRUTINY & IMPROVEMENT COMMITTEE
TUESDAY 26TH JULY 2022 AT 14:00
CIVIC CENTRE, RIDLEY STREET, REDCAR, YORKSHIRE, TS10 1TD**



CONTACT

Rae Puggmurr
(01642) 771741
18 July 2022

CIRCULATION

Councillors Holyoake (Chair), Pallister (Vice Chair), Cawley, Davies, Dowson, Gray, King, Sandra Smith, Thomson, Turner, Watts, Wells and Wilson.

Councillors Kay, Lanigan, Ovens and Westbury (Cabinet Members - For Information)

All Members of the Council (For Information)

Corporate Director for Adults & Communities

Director of Public Health

The Press [except for Confidential item(s)]

A G E N D A

	<u>Pages</u>
1. Apologies for Absence.	
2. To confirm the Minutes of the meeting held on 14 th June 2022 and note the attendance matrix.	2-7
3. Declarations of Interest.	
4. Relevant Cabinet Reports.	
Would Members please bring their copy of the Cabinet Workbook with them to the meeting (these papers will follow)	
5. Responding to and Addressing Serious Concerns – Briarwood.	8-11
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14 June 2022

ADULTS & COMMUNITIES SCRUTINY AND IMPROVEMENT COMMITTEE

A meeting of the Adults & Communities Scrutiny and Improvement Committee was held on 14 June 2022 at the Civic Centre

PRESENT Councillor Holyoake (Chair),
Councillors Cawley, Dowson, Pallister, Thomson,
Turner, Watts.

OFFICIALS M Adams, F Anderson, A Pearson, R Puggmurr, P
Rice, V Wilson

IN ATTENDANCE Councillors Kay and Ovens

1. APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of Councillors King, Wells and Wilson.

2. MINUTES

AGREED that the minutes of the meeting held on 3 May 2022 be confirmed and signed by the Chair as a correct record.

3. DECLARATIONS OF INTEREST

Councillor Holyoake declared an interest in all matters relating to Guisborough Town Hall and Health Visitors as her daughter was a health visitor.

4. PUBLIC HEALTH UPDATE

The Corporate Director of Adults and Communities gave a verbal update on Public Health priorities, including health inequalities and social prescribing. The areas to note included:-

- Sector led improvement at a regional level was to be progressed with six areas of priorities, as a result of the publication of the Marmot review.
- Teams continued to prioritise inclusive employment, obesity and smoking cessation.
- Work had been undertaken with primary care networks, tackling neighbourhood inequalities.
- In terms of obesity, improved communication would connect people with a BMI over 30 and be offered social prescribing focusing on wellbeing.
- A bid for funding to use research to better understand locally the challenges on health and wellbeing had been submitted. If successful in the bid, communities would be fully consulted and

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involved in any policy making as a result.

As part of the ensuing discussions, the following comments were made:-

- A Member welcomed information around stop smoking measures from partners, given that performance was significantly down on previous years, and questioned whether funding for the service could be more effective.
- The Corporate Director for Adults and Communities advised that a broad range of recommendations stemming from the Carr review were considered, with an overwhelming acknowledgement that additional central funding was required. He agreed to review available statistics and share rationale at the next meeting.
- A Member felt there should be more wrap around support for children and their families from an early age, with increased education around better health. The Member felt that paid employment was the biggest change for an individual in terms of opportunities, and that locally, substance misuse was an issue in terms of homelessness, life expectancy and crime. A Member agreed that improved education in schools could be more in depth.
- The Corporate Director for Adults and Communities advised that research would not stop current support but would identify where resources could be better focused on inequalities, including working with Health as a major employer in the Tees Valley.
- A Member suggested that residents were unable to access GP's due to barriers when contacting surgeries, and that this could increase the number of A&E attendances.
- A Member suggested that the stop smoking service should focus not just on residents moving from smoking to vaping, as the long term effects of this were still unknown. The Member also felt there were too many fast food venues and felt that the locations of these should be taken into consideration when planning applications were received.
- The Director of Public Health clarified that vaping was much less harmful than tobacco, and also that Public Health were looking into planning criteria for fast food venues in terms of locations to schools etc.

:-NOTED.

5. QUARTER 4 PERFORMANCE REPORT

The Corporate Director for Adults & Communities shared a presentation outlining quarter 4 performance which included:-

- Recognition that demand for services continued to grow;
- Recruitment and retention remained a challenge;
- Increased demand on Occupational Therapists due to discharge to assess. The process was more beneficial for the individual but meant an increase in the number of home assessments being

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- undertaken;
- An increase in Deprivation of Liberty Safeguards and safeguarding referrals had been received;
- Positively, 95% of adults desired outcomes were fully or partly achieved during 2021/22;
- Joint working with commissioning continued to strengthen transition from 16+;
- Interviews continued with both staff who were leaving the Local Authority and those who chose to stay to draw out any themes and act where appropriate;
- The target for the number of adults supported to remain in their home had been exceeded;
- The activity and wellbeing service had returned to pre-Covid levels;
- A new engagement project had commenced, to gather the voice of the adult;
- The Tees Safeguarding Adults Board priorities had been refreshed and would be shared with the Committee once ratified at the next Board meeting;
- In terms of Communities and Health most targets had been met. New targets when set would be more ambitious;
- Additional funding was secured for Teesport surveillance;
- 73 applications for Jubilee funding were received;
- Collaborative work had increased around 'You've Got This' to improve wellbeing and activities;
- Availability of temporary accommodation was a worry, compounded by the pandemic;
- Positively library use had seen a significant increase;

As part of the ensuing discussions, the following comments were made:-

- A Member noted the improvement in support to carers and acknowledged the increase in safeguarding alerts was to be expected. The Member shared concern around the challenge in the pressure around staffing for domiciliary care, Learning disabilities and social workers.
- The Corporate Director for Adults and Communities agreed to bring the annual safeguarding report to the next meeting so that it could be discussed in more depth.
- In terms of staffing pressure, a meeting had been held with both the Department for Work and Pensions and Anglo American, with a view to refreshing advertising to make working in the care sector more appealing.
- The Corporate Director for Adults and Communities gave assurance that options were considered including more flexible working for professionals when they notify of their intent to leave the Authority.
- A Member welcomed the benefit of free tickets for carers to Kirkleatham Walled Garden and felt that more outdoor activities would be welcomed for adults supported by services.
- The Corporate Director for Adults and Communities gave

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assurance that many services had provision for group outdoor activities when it was safe for the individual, and that promoting social inclusion was a priority for services.

- A Member sought further information on the number of people who returned to hospital following discharge due to being deemed as medically fit.
- The Corporate Director for Adults and Communities shared the process of assessment and advised that although people could be medically fit enough to leave an acute hospital setting, they were often still poorly with complex needs. Health were analysing current data with a view to implementing changes to reduce the number of people being readmitted to hospital.
- A Member sought information on funding to support asylum seekers and refugees.
- The Corporate Director for Adults and Communities confirmed that Thirteen Group were commissioned to offer wrap around support to these individuals and to refer them to services as appropriate.
- A member asked whether carers cards were still in use and whether the support number remained active? They felt that more could be done to educate unpaid carers around practical elements of care.
- The Corporate Director for Adults and Communities confirmed that the card was still used, and that agreements were in place between families and agencies which should include practical advice and support.
- A Member suggested that people think a carer was someone who was in receipt of a specific benefit, and asked how information was circulated to people who care but do not class themselves as a carer?
- The Corporate Director for Adults and Communities agreed to take this query to the carers working group for suggestions on how they could expand their information sharing.
- A Member shared concern over timeframes from discharge to assessment and ensuring that people had the correct adaptations and support in place at the right time.
- The Corporate Director for Adults and Communities shared an example of the process and gave assurance that a person would not be discharged with no care unless assessed as not requiring any.
- A Member noted the work undertaken to repair the roof of the Pavilion at Kirkleatham but shared concern that the café remained closed.
- The Corporate Director for Adults and Communities confirmed that a provider was being sought as a priority as part of our culture and tourism offer.
- A Member asked whether there were plans to increase the number of chatty café's in the borough? A Member also advised of a monthly dementia support group attended by a nurse at Farndale Square.
- The Corporate Director for Adults and Communities confirmed that

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teams would look at using spaces diversly to incorporate chatty café's and walk and talk opportunities.

- A Member asked whether data was available for the number of birds affected by the recent bird 'flu outbreak?
- The Corporate Director for Adults and Communities advised that the Environment Agency was now involved, and numbers were, as yet not confirmed.
- A Member asked whether it was possible to have a breakdown in calls made to households when a person tested positive for Covid?
- The Corporate Director for Adults and Communities agreed to share a breakdown of the age groups of people contacted during the track and trace process.
- A Member requested information on the dissemination of tourist information and development plans in the next performance report.
- A Member requested comparator data on the number of people supported by substance misuse services.
- A Member questioned the rationale in combining domestic abuse and substance misuse services?
- The Corporate Director for Adults and Communities advised that services were previously commissioned separately, meaning that frequently (although not always) individuals were having to tell their story each time they were referred for support. Joining the services had resulted in a more coordinated service offer.

:-NOTED.

6. EQUALITIES OBJECTIVES

These were not discussed as the Council's Strategic Policy Lead was not in attendance.

7. ACTION UPDATE

The Governance Manager presented an update on the progress made against outstanding actions from previous meetings of the Adults & Communities Scrutiny and Improvement Committee.

:- NOTED

8. ANY OTHER BUSINESS

A Member recognised the increase in complaints from residents with regards to GP performance and requested performance measures from the CCG and GP's are brought to the next meeting.

RESOLVED that the Corporate Director for Adults & Communities will request that TVCCG produce GP performance data for the next meeting of the Adult & Communities Scrutiny and Improvement Committee.

Adult & Communities Scrutiny Committee

ATTENDANCE RECORD - 2022/23

Surname	First name	14.06.22	26.07.22	dd.mm.yy	dd.mm.yy	dd.mm.yy	dd.mm.yy	dd.mm.yy	dd.mm.yy	dd.mm.yy	Total Meetings Attended / total possible
Holyoake	Shelagh	✓	Apols								
Pallister	Lynn	✓									
Cawley	Ceri	✓									
Dowson	Deborah	✓									
King	Karen	Apols 2									
Wilson	Margaret	Apols 1									
Thomson	Phillp	✓									
Gray	Tim	X									
Wells	Billy	Apols 2									
Lockwood	Mike	X									
Brook	Adam	X	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
Watts	Anne	✓									
Turner	Andrea	✓									
Smith	Sandra	n/a									

Substitutes

Key

✓	Attended
RA	Apologies Submitted (replacement attended)
Apols	Apologies Submitted (no replacement)
X	Did Not Attend (no apologies received)
C	Cancelled Meeting
n/a	Not a Member

Reason for Absence (NB Full details may not be provided for reasons of confidentiality)

1	Personal Commitment
2	Work Commitment
3	Illness/Medical
4	Conflicting Council Commitment
5	Other

Briefing Note

Briarwood Care Home



To: Adults & Communities Scrutiny & Improvement Committee

Date: 18 July 2022

From: Victoria Wilson, Assistant Director – Adult Care

Ref:

1.0 Purpose

1.1 To provide a briefing regarding the circumstances of Briarwood Care Home becoming subject to the *Teeswide Safeguarding Adults Board protocol for Responding to and Addressing Serious Concerns about a provider*, and the progress made by the home to date.

2.0 Summary

2.1 The Adults & Communities Scrutiny Committee held on 14 June 2022 requested that representatives of Briarwood Care Home be invited to a meeting of the Committee to discuss the quality of the care delivered to their residents. Briarwood Care Home has been subject to the *Teeswide Safeguarding Adults Board protocol for Responding to and Addressing Serious Concerns about a provider* (RASC) since 09 December 2021.

2.2 Briarwood Care Home is a privately run care home based on Normanby Road in Eston, Middlesbrough. The home is owned by Hillcare and provides support for up to 49 residents aged 65+ and is registered to deliver support for general residential care, dementia and nursing needs. The home's current occupancy as of 11 July is 16 residents.

2.3 On 07 December 2021, a meeting was convened consisting of adult social care professionals and external support organisations to discuss an increase in safeguarding referrals which had been received, and progressed, by the Redcar & Cleveland Borough Council Adult Safeguarding Team. Other professionals at the meeting included the Tees Managing Undernutrition Service (MUST), Medication Optimisation Team, Quality Assurance and Commissioning. Many of these concerns centred around the following areas:

- Poor and inconsistent standard of care being provided to residents
- Poor documentation
- Inadequate staffing
- Heavy reliance on agency staff usage.

2.4 It was unanimously agreed at this meeting that the home met the threshold for initiating the RASC protocol. An immediate embargo was placed on future placements into the home until such time that improvements could be made. A RASC review meeting was scheduled for 06 January 2022.

GOVERNMENT PROTECTIVE MARKING SCHEME

- 2.5 Following the initial professionals meeting, Redcar & Cleveland Borough Council contacted the Care Quality Commission (CQC) to ensure that the regulator was aware of significant concerns the Council had around the standards of care being provided at Briarwood Care Home.
- 2.6 Briarwood Care Home was offered support to maintain a safe level of care to the existing residents, and social care and health professionals reviewed the care and support plans for all existing residents to ensure their safety and wellbeing was maintained. All family members were informed of the home entering the RASC protocol by the provider.
- 2.7 Briarwood Care Home, in conjunction with health and social care professionals, put together an action plan based upon the concerns raised and reported back to individual support services and the RASC Chair on the progress being made.
- 2.8 Weekly meetings were held between health, social care and Hillcare management to monitor progress. District Nurses were also requested to visit the home to monitor nursing residents and inform of any actions to be taken forward by the home.
- 2.9 At the subsequent RASC meeting on 06 January 2022, it was identified that Briarwood Care Home had made some improvements with their documentation and were actively trying to recruit new staff to solve some of the staffing issues. However, it was agreed that there remained concerns around the following areas:
- Infection, Prevention and Control measures in the home
 - Medication administration
 - Staff training
 - Reliance on agency usage
- 2.10 As a result, the provider remained subject to the RASC process to allow time for actions on the multi-agency action plan to be taken forward.
- 2.11 Following an update by the Council, the CQC conducted an unannounced inspection at Briarwood on 19 & 20 January 2022. The CQC gave Briarwood an overall rating of 'inadequate' with the breakdown of the 5 Key Questions asked by CQC as follows:
- 2.12
- | | |
|----------------------------|----------------------|
| Is the service safe? | Inadequate |
| Is the service effective? | Requires Improvement |
| Is the service caring? | Inadequate |
| Is the service responsive? | Requires Improvement |
| Is the service well-led? | Inadequate |
- 2.13 The CQC requested that Briarwood produce a further action plan to demonstrate how they would address and improve the issues identified on inspection. This action plan was aligned with actions requested from the Council to create one unified multi-agency action plan which the provider would work to.
- 2.14 Further RASC meetings were scheduled each 4-6 weeks to review progress against the action plan. These meetings were held on the following dates:
- 18 February 2022
 - 29 April 2022
 - 27 May 2022
 - 04 July 2022

GOVERNMENT PROTECTIVE MARKING SCHEME

- 2.15 Weekly visiting rotas were set up as part of the RASC protocol to ensure professionals from Adult Social Care, Quality Assurance and Commissioning Teams would visit the home to give assurance on care being delivered, check progress and report any concerns throughout the months of February to May 2022. Any positive feedback for the provider or actions to be followed up were to be reported directly to the home manager on completion of the visit.
- 2.16 Redcar & Cleveland Quality Assurance officers also visited the home to conduct an audit of service quality and any actions identified were added to the multi-agency action plan to be addressed by the provider.
- 2.17 From February to May 2022 Briarwood Care Home made gradual progress on the action plan. To monitor progress closely, RASC sub-group meetings were held with the provider and a select number of professionals including Safeguarding, Quality Assurance and Commissioning Teams.
- 2.18 Despite gradual improvements with documentation, care planning and staff training, the provider continued to encounter staff retention issues, resulting in significant reliance on agency usage. The staff retention issues led to the provider having to issue notifications to the Care Quality Commission and the Council because of a lack of nursing provision on some night shifts within the home. The provider had to initiate contingency measures to ensure nursing care was maintained to an acceptable standard during these times. During this time Briarwood Care Home's Occupancy dropped to below 50%.
- 2.19 The Council's Commissioners initiated contact with Hillcare senior management to request a long-term plan for the stability of the home. Hillcare Managing Director, Mandy Vernon, met with Commissioners and offered assurances that significant resource was being dedicated to support Briarwood Care Home, to offer stability in the home, retain current staff, and build on the current employment base. This support came in the form of recruiting a new permanent manager, who commenced her post in June 2022, and presence in the home on a full-time basis from Hillcare Regional Manager Lesley Shepherd to ensure record keeping, staff training and care quality standards were improved and maintained.
- 2.20 Briarwood Care Home has continued to struggle with recruitment, as has the care sector nationally. Recruitment drives have been challenging and there has been a heavy reliance on agency staffing, particularly to cover night shifts. Fortunately, of late a number of posts have been appointed to and final clearances are awaited, with anticipated start dates week commencing 18 July 2022.
- 2.21 Regrettably, a serious incident occurred in June 2022 which is still subject to police investigation, where an agency staff member was reported to have allegedly assaulted a resident. This has attracted media attention and opened wider discussions on the use of agency staff, verification and quality checks.
- 2.22 As a result of the incident the Council initiated further reviews of existing residents by social care professionals which included communication with the next of kin of each resident to ascertain whether a move to alternative accommodation was required or requested. To date all residents have been reviewed by social care professionals and no serious concerns were raised by professionals or family members with regard to the standards of care being received. There have been no requests to move to alternative care provisions by residents or family members.

GOVERNMENT PROTECTIVE MARKING SCHEME

- 2.23 Senior and regional managers have engaged with the Council positively and are dedicated to continuing with their improvement journey. The suspension to admissions remains in place and Briarwood Care Home will remain subject to the RASC process until action plan items are complete and professionals are assured that care is safe, and residents are in receipt of a sustainable standard of quality care.
- 2.24 As at the last RASC protocol meeting on 4th July 2022, it was recognised that the provider had responded to all actions on the multi-agency action plan in an appropriate manner, and feedback from visiting professionals was consistently positive with regard to the quality of care being delivered. The only remaining outstanding action is for agency staff usage to be reduced, and staff retention to be increased within the home. It was acknowledged that this could not be ascertained until a cohort of staff who were recruited recently could begin work during week commencing 18 July 2022.
- 2.25 Staff rotas continue to be monitored on a weekly basis to ensure permanent, Hillcare staff are integrated into the rotas and agency reliance reliably depletes.
- 2.26 CQC announced that they were inspecting Briarwood Care Home week commencing 11 July 2022, the outcome of which is awaited.

3.0 Conclusions/recommendations

- 3.1 The Council and its partner agencies continue to closely monitor Briarwood Care Home's progress with regard to staff recruitment and retention in the coming 4 weeks. This should include a reduction in agency usage to ensure an employed, experienced carer and nurse are present on all shifts in the home. Until stability within the staffing structure can be demonstrated the home will remain under the RASC protocol and the embargo on further admissions to the home will remain in place.
- 3.2 Members of this Committee are invited to discuss the challenges that Hillcare have experienced in relation to standards of care at Briarwood Care Home, and acknowledge the intensive support that the Council and its partners have offered Briarwood Care home throughout the RASC process.

4.0 Further information sources

- 4.1 Most recent CQC report can be found here: [9fa71f1f-5363-4f7f-9482-675736d06902 \(cqc.org.uk\)](https://www.cqc.org.uk/public/inspections/2022/9fa71f1f-5363-4f7f-9482-675736d06902)



Adult Care: Complaints & Compliments

Annual Report

April 2021 to March 2022

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1.0 Introduction

This is the Adult Care Annual Complaints and Compliments report for the financial year 1st April 2021 to 31st March 2022. It covers activity in Adult Care relating to complaints received and handled through the Council's statutory complaints procedure.

Whilst our service works closely with adults and their families to ensure they understand what is happening or will happen when they receive care and support from us, there may be times where things go wrong. Our aim is to resolve and learn from those concerns raised to identify when we are not getting things right and what we need to do to improve our services to ensure it does not happen again.

This report provides an overview and analysis of the handling of feedback received in the form of complaints and compliments about Adult Care services. Its objectives are:

- To meet our statutory obligation to produce an annual report.
- To review the effectiveness of the compliments and complaints procedures.
- To provide concise comparable data on feedback received about our services.
- To identify service improvements from complaints and compliments and demonstrate learning to improve our practices and processes.
- To show our commitment to transparency and a positive approach to dealing with and learning from complaints.

Adult Care staff will always try to resolve a concern or issue before it is progressed through the complaints process however, there are occasions when we are unable to achieve this. Complaints in the year concerning communication were related to issues about the quality, accuracy, and timeliness of information, but primarily about how lack of information creates perceptions of adults feeling uninvolved in decisions affecting them.

Those complaints about staff attitude/conduct have been reviewed to gain a better understanding of the reasons behind those concerns. A common theme was that adults were unhappy with the way information had been given to them and the staff members' language used. It is important to note that complaints regarding staff attitude and behaviour were raised in conjunction with a complaint about a practice decision or action made by the member of staff.

It is common for a complaint to involve different services including for example the NHS, GP practices, and care providers. Each complaint is dealt with on a case-by-case basis with Adult Care taking the lead and liaising with those agencies to ensure the complainant receives one coordinated response.

On occasion there are safeguarding concerns raised within a complaint. Those concerns are referred directly to the Adult Care Safeguarding Team to be progressed through our statutory requirement to carry out enquiries to decide whether any further action should be taken.

2.0 Overview of the Statutory Adults Complaints Procedure

All councils in England who deliver an adult social care service have a statutory duty to investigate complaints about care under the Local Authority Social Services and National Health Service Complaints (England) regulations 2009.

The regulations provide a framework for those handling a complaint about social care services and any of our commissioned services.

Complaints can be made by the adult receiving the service from Adult Care or commissioned by the Council. A complaint can also be made by a representative acting on behalf of the adult such as a family member, where the adult has provided their written consent. The Council must be satisfied that the complaint being made by the representative is in the best interests of the adult.

In line with the statutory regulations, we will only investigate concerns raised within 12 months of the incident that is the cause of the complaint. The Council can apply discretion to investigate complaints over the time limit if there are extenuating circumstances.

Redcar and Cleveland Borough Council is required under statutory regulations, to report annually on the number of complaints received by Adult Social Care services.

Adult Care complaints are managed through a one stage procedure and have processes in place for all complaints and related feedback to ensure they are dealt with efficiently, effectively, investigated thoroughly, and any faults rectified quickly.

Should a complaint not be resolved through this process, a referral can be made to the Local Government and Social Care Ombudsman. The Ombudsman will independently review the complaint to determine if there is any fault and identify recommendations to remedy that fault. A complaint can only be referred to the Ombudsman after the final response is issued by the Council.

3.0 Accessing the Adult Care complaints procedure

Adult Care encourages adults and their carers who use our services to provide their feedback to us whether it is negative or positive on the care and support they have received.

Our complaints procedure and compliments, concerns and complaints form is readily available from our website and distributed to the public during our involvement with them. We have a dedicated webpage for feedback to adult social care which contains details of how to make a compliment, concern, or complaint to us.

We also have an easy read version of our complaints procedure which is aimed at adults with learning disabilities and those adults who may find it easier to understand a simplified version.

4.0 Role of the Complaints Officer

The Adult Care Complaints Officer oversees and provides complaint management to Adult Care. They offer training, advice, and support to staff in handling complaints and perform a quality assurance role

in the complaint process. The Complaints Officer will keep complainants informed on the progress of their complaints and provide advice and guidance to complainants about the Adult Care Complaints Procedure and referrals to the Local Government and Social Care Ombudsman.

At the conclusion of the complaint investigation, the Complaints Officer facilitates a lessons learnt meeting with key members of staff involved in the investigation, to capture the learning and improvements from the complaint. This is recorded and monitored by the complaints administration team to give assurance those improvements have been made and any agreed actions completed. Learning from complaints is shared in our Adults Practice Improvement Meetings on a bi-monthly basis to improve our service and practice quality.

5.0 Key Findings/Summary

- Adult Care supported 3,425 adults and their carers between 1st April 2021 to 31st March 2022. This includes all direct and commissioned services for short-term, one-off services and longer-term support.
- 62 complaints were received in the same period. This represents 1.8% of the total adults supported in this year.
- The most common theme for complaints was poor service delivery (43%) and staff conduct (25%).
- A total of 39 (63%) complaints had an outcome of upheld or partially upheld.
- 7 (12%) complaints were not upheld. 11(19%) complaints were handled informally.
- Compliments have increased by 51% when compared to the previous year.

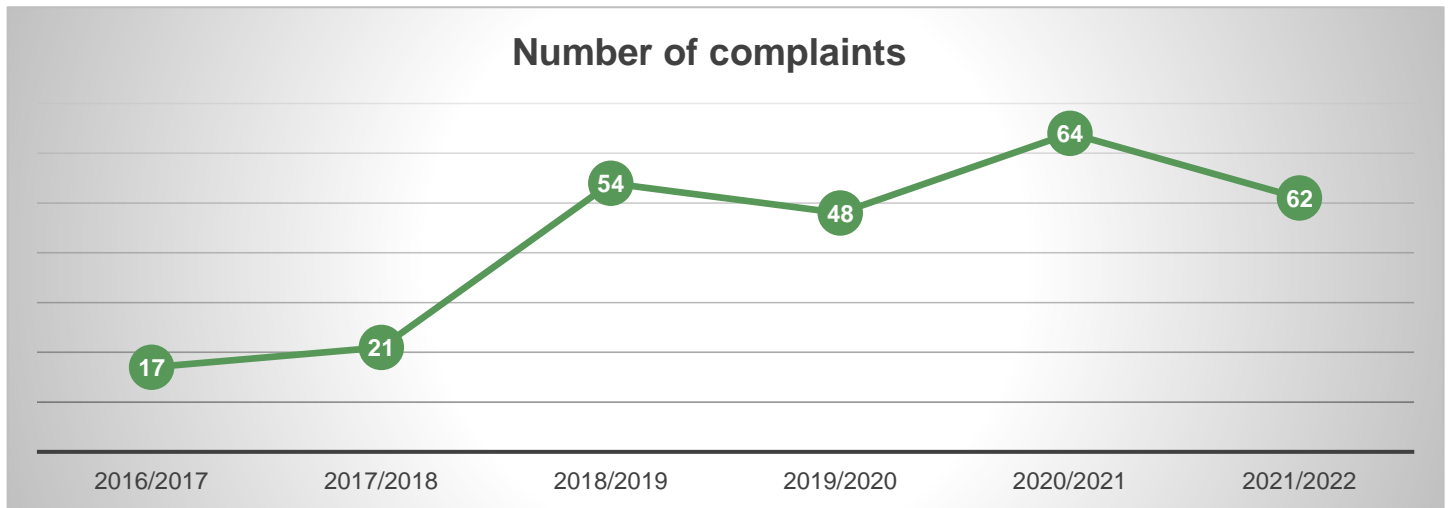
During the 2021-22 reporting period, Adult Care was operating in unprecedented times for a second year, with the priority and focus of our staff on vulnerable residents and ensuring appropriate support was provided.

The complaint outcomes from the period highlighted that there was still a need for workers to ensure that service users and family members received appropriate, relevant, and accurate information. This resulted in social workers being reminded across the service as part of team meetings, 1:1 supervision about the importance of recording decisions and when information is provided and to whom. This is also reinforced with case file audits that are conducted twice a year looking at a random sample across services.

6.0 Number of Complaints

62 statutory complaints were received during 2021/22. From the 62 complaints received, 11 were handled informally, and 3 were withdrawn during the investigation at the complainant's request.

The graph below shows the number of complaints received between 2016/17 and 2021/22.



The chart below shows quarterly comparative data for complaints for the last 6 years.



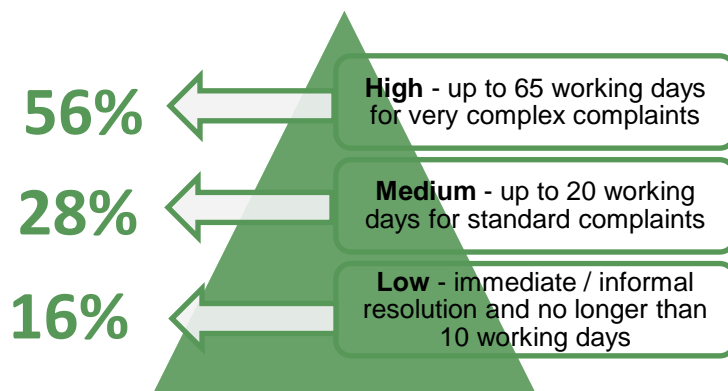
6.1 Time taken to respond to complaints in 2021/22

It is important to note that when something is wrong, we act quickly to remedy the issue to ensure adults and their carers are supported and safe; and we do not wait until the outcome of the investigation to put things right.

We have set a general target of twenty working days to provide a full written response to a complaint. In addition to this, Adult Care has an internal process for categorising complaints as low, medium, or high depending on the complexity of the complaint received, which can be extended with the complainant’s agreement. This is to ensure that each investigation can be tailored to allow for a thorough investigation and to endeavour to achieve the desired outcome of the complainant, which at

times can take longer than twenty working days. We do our best to categorise each complaint correctly based on the information we receive from the complainant, however, when the investigation is underway there are times when other issues emerge that mean further time is required to investigate all relevant issues, and reach a properly informed conclusion. The complainant is kept informed of the progress of their complaint and any causes for extension or delay. Other issues which can cause delay in meeting the allocated time frame for formal conclusion include absence of staff who need to be interviewed as part of the investigation and waiting for a third party to respond.

In 2021/22 the timescales to investigate and formally respond to low, medium, and high categories of complaints, and the percentage investigated in each complaint category, is illustrated below.



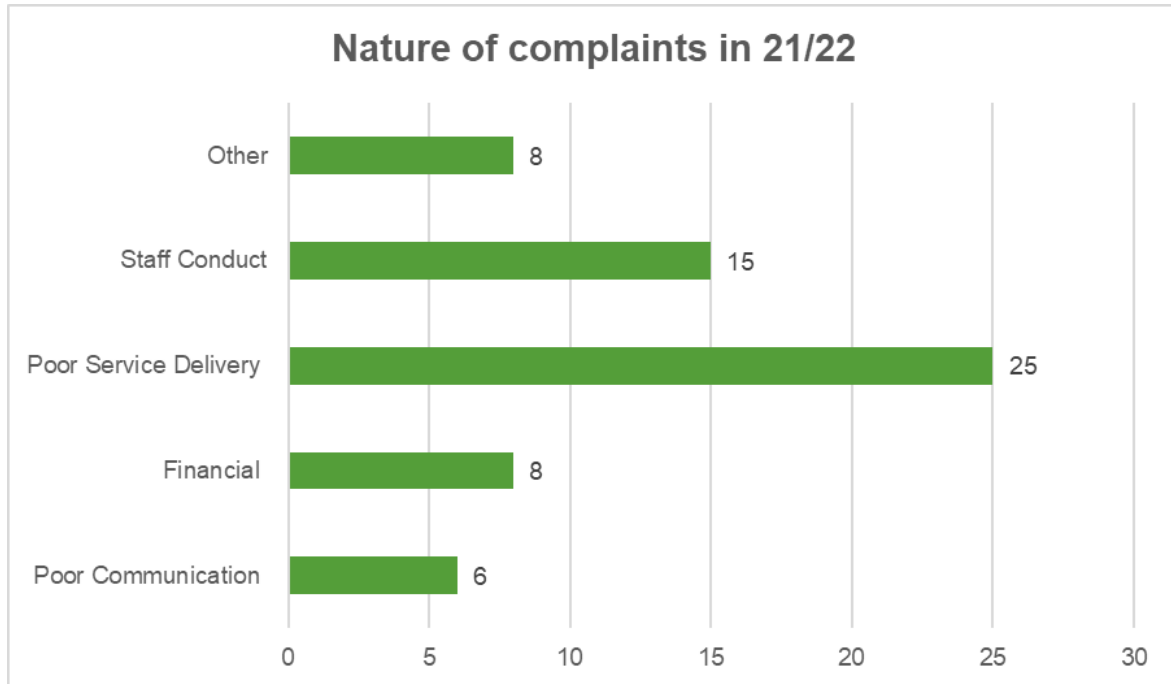
Although we categorised 56% of complaints as highly complex, the average length of time to conclude a complaint across all complaint categories was 24 days.

It was a challenging year with many of our staff temporarily focusing on COVID19 related activities and crisis management, to prioritise the safety and wellbeing of vulnerable adults and their carers. Our complaint response times in the year were impacted by the availability and pressures of our staff in their efforts to support those adults who were shielding during lockdowns and to continue to try to provide a service where adults feel supported, safe, and involved in decisions about their care. It is anticipated our response times will improve in the 2022/23 year as the pandemic eases and restrictions are lifted.

Despite the challenges and the refocus of our priorities within the reporting year, we continued our complaint investigations and strived to resolve issues in a timely manner. We demonstrated our commitment to ensure concerns and complaints were remedied and any actions were implemented through evidence-based learning to inform training and developmental requirements within the service, identify areas of improvement and celebrate areas of excellence.

6.2 Nature of complaints in 2021/22

Due to the complexities of the needs of the adults we support, complaints received by Adult Care will often raise more than one issue however, they are recorded by the “primary” area of concern as shown in the table below:



The categories identified above give an overview of the primary area of concern raised in a complaint. In the reporting year we received complaints about lack of notification of care charges, poor communication about their care planning after a hospital stay and lack of information around discharge to assess funding and associated funding streams.

Of the 8 complaints related to financial matters, all were associated with invoicing and perceived errors in calculations. Many of the key concerns were about the lack of clear information on the charging process following the implementation of the discharge to assess funding during the first part of the pandemic. This new funding model introduced 'up to six weeks' of NHS funded care for new discharges from hospital and rapid response services to prevent avoidable admission to hospital, which later changed to 'up to four weeks' as directed by central government. This change in funding arrangements contributed to a misunderstanding of social care costs and the arrangements following discharge for social care providers to finalise longer term care arrangements.

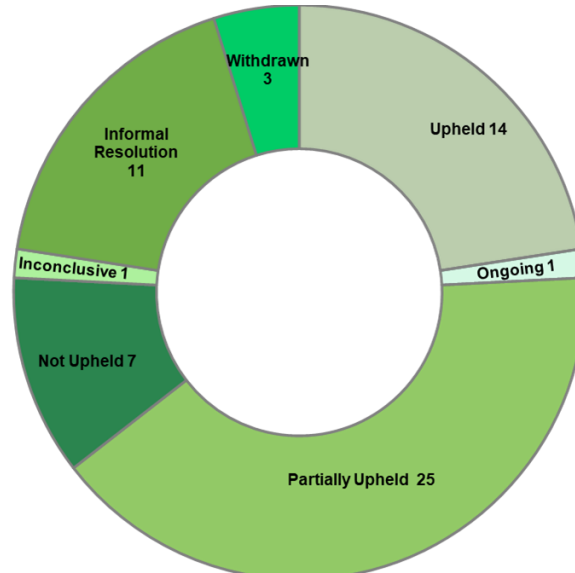
Several complaints were about poor service delivery as the Council experienced difficulties in sourcing new packages of care. This was due to the ongoing national workforce shortage issues which impacted on the local domiciliary care market and our reablement services. Whilst Adult Care strived to increase the number of hours and sourced care packages for those most in need, it is recognised that some adults and their families may feel they received a poor service from the Council as packages of care and choice of care were at times not as readily accessible as in previous years.

6.3 Complaint outcomes

When reaching a decision on the outcome of a complaint, we use one of the following definitions:

- Informal Resolution
- Not Upheld
- Partially Upheld
- Upheld

Adult Care complaints are frequently multi-faceted and cover several elements with often multiple resolutions. It is therefore expected some of those complaints will have a mix of outcomes. The below graphic shows the number of outcomes of complaints investigated in the reporting year.



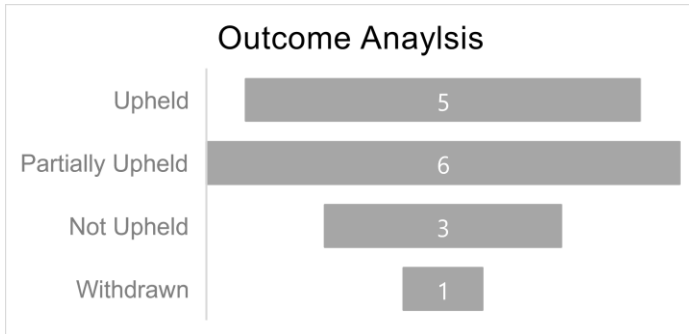
The percentage of 'upheld' complaints was 23%, 'partially upheld' 40% and 'not upheld' complaints were 12%.

- Withdrawn complaints (5%) were resolved informally to the complainant's satisfaction.
- One complaint decision (1%) was 'inconclusive' as no determination could be made based on differing version of events.
- One complaint remains under investigation from last year which represents 1% of the overall figures.
- 18% of complaints were resolved informally and did not progress through the complaints process, they are still included within our overall figures as the themes are fed into organisational learning.

6.4 Breakdown of complaints by service area

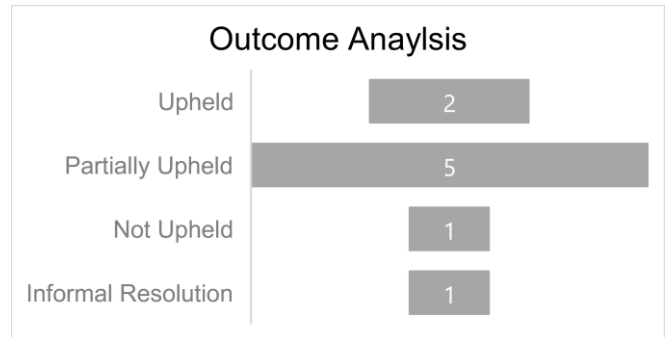
Detailed below is a breakdown of complaint determinations per service area.

Learning Disabilities & Mental Health Social Work Services



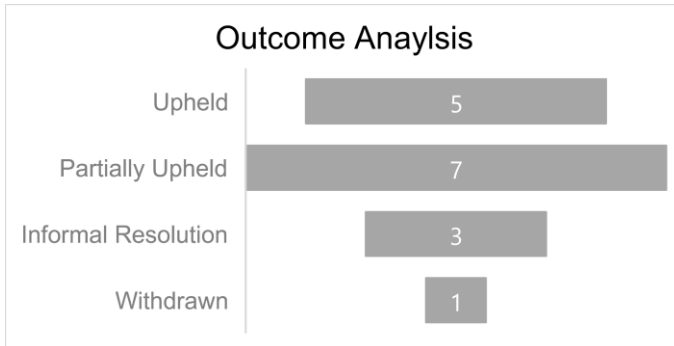
The service area covers social work for Adult Mental Health, Older Persons Mental Health, Adults with Learning Disabilities, and Deprivation of Liberty Safeguards.

Social Work & Safeguarding



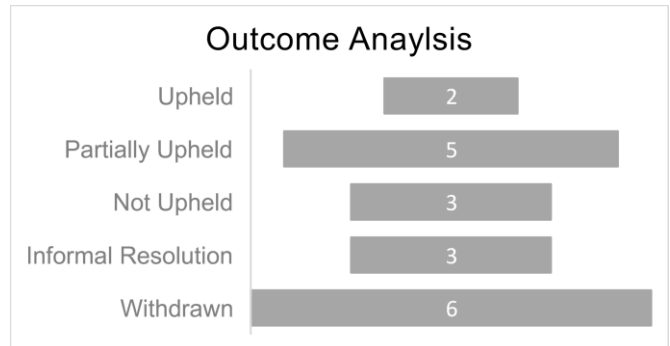
The service area covers social work for Adult Access, Locality Assessment Teams, and the Hospital Social Work Team.

Occupational Therapy, Partnerships & Provider Services



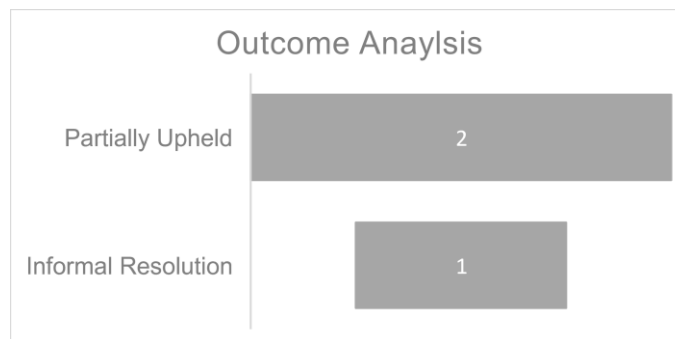
The service area covers the Occupational Therapy Team, Pathways to Independence Teams and other Provider Services.

Commissioning & Social Care Finance



The service area covers Commissioning, Brokerage, Social Care Income & Payments, and Property & Financial Affairs.

Other Service Areas



6.5 Complaints to the Local Government Social Care Ombudsman

The Local Government Social Care Ombudsman (LGSCO) investigates a complaint when it has not been resolved by the Council through our complaints procedure. The Adult Care complaints procedure is a one stage process for all Adult Social Care complaints in Redcar and Cleveland. Complainants can refer their complaint to the Ombudsman should they remain dissatisfied with the response received from us.

Four cases were referred to the Ombudsman during 2021/22. This represents 6% of the complaints received in this year.

In two cases, the Ombudsman decided not to investigate as the Council had apologised for any distress caused by poor communication and were satisfied the remedy had addressed any injustice.

For the remaining two cases, the Ombudsman found fault and recommended a financial remedy. The Ombudsman will recommend a remedy where there has been fault resulting in an injustice to the adult. A financial remedy is recommended only when the complaint has resulted in a quantifiable financial loss as a reimbursement or to acknowledge identified distress.

The two upheld complaints against the authority required actions to be completed and confirmed to the Ombudsman's office. Those remedies were:

Case 1 – Within one month of the final decision Adult Care were asked to apologise for distress and frustration caused and pay £250 to the complainant.

Case 2 – The Council were asked to remedy the outstanding injustice caused by their fault, and recommended £400 for distress caused, to ensure procedural guidance is followed in relation to assessment and any revisions to existing needs assessments are completed by the practitioner involved. Information sharing and communication with adults and their families should be completed in a timely manner.

The LGSCO confirmed the remedy had been completed and outcome satisfied in both cases. The total financial remedies as a result of an Ombudsman investigation in 2021/22 was £650.

7.0 Lessons learnt

The focus in dealing with all complaints is seeking a timely and satisfactory resolution, where lessons are learnt and where outcomes from complaints can inform service improvements. Learning from complaints gives us opportunities for improvement to be realised, for issues to be prevented where possible going forward, and to inform our future plans for service delivery.

Through our engagement strategy and activities, we identify a set of commitments and actions we will take to fulfil our promise to put people at the heart of everything we do in Redcar. We achieve this by listening and involving the adults we support as they are best placed to tell us about how we can make positive changes to our services. By analysing trends in complaints, we can use this

intelligence to inform our commissioning activities and service delivery. We share new developments/changes in guidance and practice updates, by disseminating through team meetings plus integrating within our quality assurance process. Individual issues and staff/team specific learning is addressed through training, reflection, and supervision.

In addition, further links have been established this year with the Principal Social Worker in order that any learning can be shared, actions are monitored and embedded into practice, and professional development activities for our staff. This open, transparent approach supports our key objective to help adults have longer and healthier lives and be independent for as long as possible.

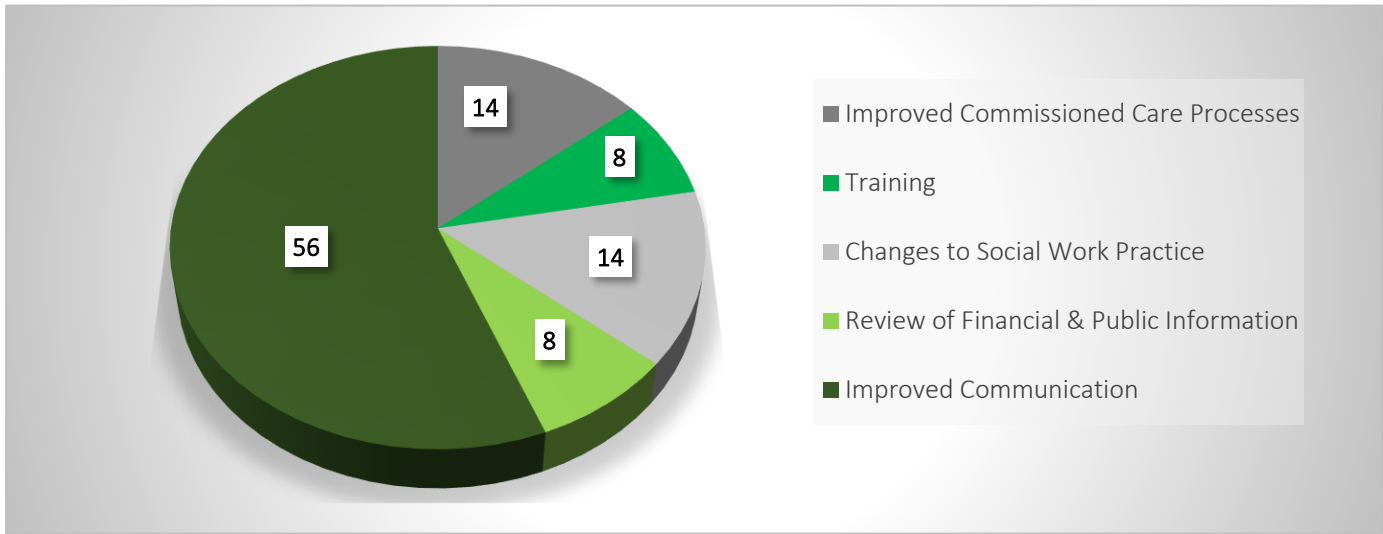
Examples of learning from complaints for this reporting year are detailed below:

Theme	Recommendation for improvement
Communication	Review of standard letters to adults and/or their representatives explaining the hospital discharge process, alternative contact details and for all appropriate information to be provided when being discharged from hospital.
	Where possible identify a named point of contact/named professional to improve communication between adult care staff and adults using our services.
	Ensure clear communication on the role of the trusted assessor and decision making around placement options.
	Communication improved during the discharge planning process, with relatives being informed about what would happen about long-term care planning and any temporary arrangements, for example discharge arrangements when there is a delay in sourcing a home care provider.
Quality of care	To remind care homes to ensure changes to an adult’s presentation is shared within social care staff at the earliest opportunity, so the suitability of the care placement can be checked, and a review undertaken where necessary.
	We have liaised with care homes to assess and implement safer ways to restrict residents from entering other resident’s rooms.
	Visits not taking place at the scheduled times impacting on important routines such as medication administration; mealtimes and bedtimes.
	Care home management staff were reminded of the importance of working with adults and their carers to ensure a person-centered care is provided, as family members are a vital part of the adult’s life.
Finance	Developed a frequently asked questions (FAQ) on the financial assessment process.
	All staff were reminded of the importance of discussing financial assessments and charges for services early when talking to adults and their families/carers about next steps after a needs assessment.
	Bitesize training to all teams regarding finance packs and reiterating the process.
	Ensure staff are clear about information relating to charging - referring to the finance pack.

Practice	Remind staff to ensure comprehensive case notes are written at time of assessment.
	Ensuring people have as much information as possible to hand, when making decisions about which provision to choose.
	The importance of evidencing decision making clearly has continued to be highlighted to teams.

Where a complaint concerns a commissioned service, this is addressed through contract management procedures with lessons learned fed back to the service by the Adult Care Commissioning Team. This shapes the work of the Commissioning Team to review working practices, procedures, policies, and contract compliance with providers to improve the quality of care provision across the social care sector within the borough. The quality of care is monitored by the team through those contract compliance mechanisms which includes quality assurance visits, working with the Care Quality Commission (CQC) where a provider is not meeting the standard of care or their regulated function, and following up on safeguarding concerns where appropriate.

7.1 Learning actions



Of the 62 complaints investigated last year, 34 investigations identified actions such as training for staff, improvements to our processes, changes to working practices and revision of our documentation to be implemented.

The table above shows an overview of the actions taken as a result of learning from complaints.

8.0 Equal opportunities monitoring

Whilst efforts have been made to monitor the ethnic origin of the Councils’ complainants many have elected not to complete the diversity questionnaire. Due to the limited data returned, a true and accurate reflection of equalities monitoring cannot be reported.

9.0 COMPLIMENTS

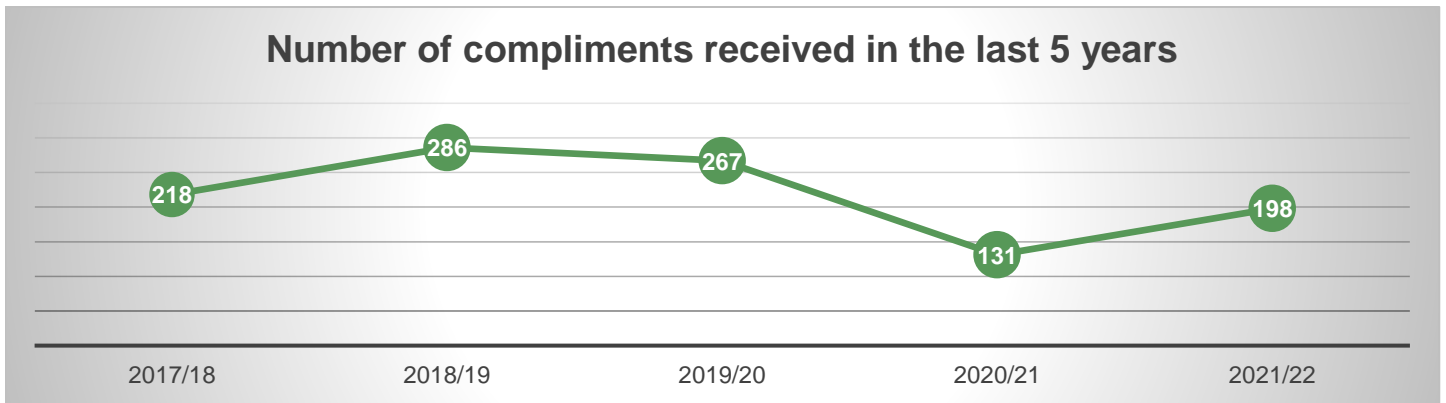
9.1 What is a compliment?

Redcar & Cleveland Borough Council’s Adult Care Complaints and Compliments Policy states a compliment is: *“When someone is happy with the service they have received and wishes to express their thanks or appreciation.”*

9.2 Number of compliments

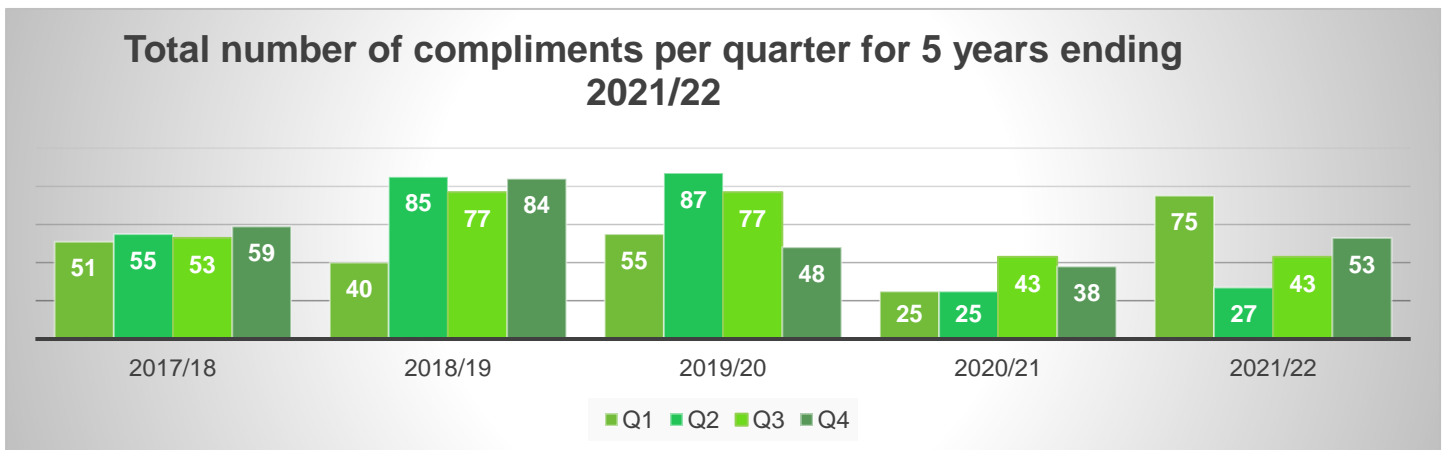
We received 198 compliments in 2021/22; compared to 131 in 2020/21. Compliments evidence how Adult Care is meeting the key qualities adults and their carers expect from a social care service such as being treated with dignity, respect, staff being caring, responsive to people’s needs, being effective and well-led.

The table below shows the number of compliments received over the last 5 years.

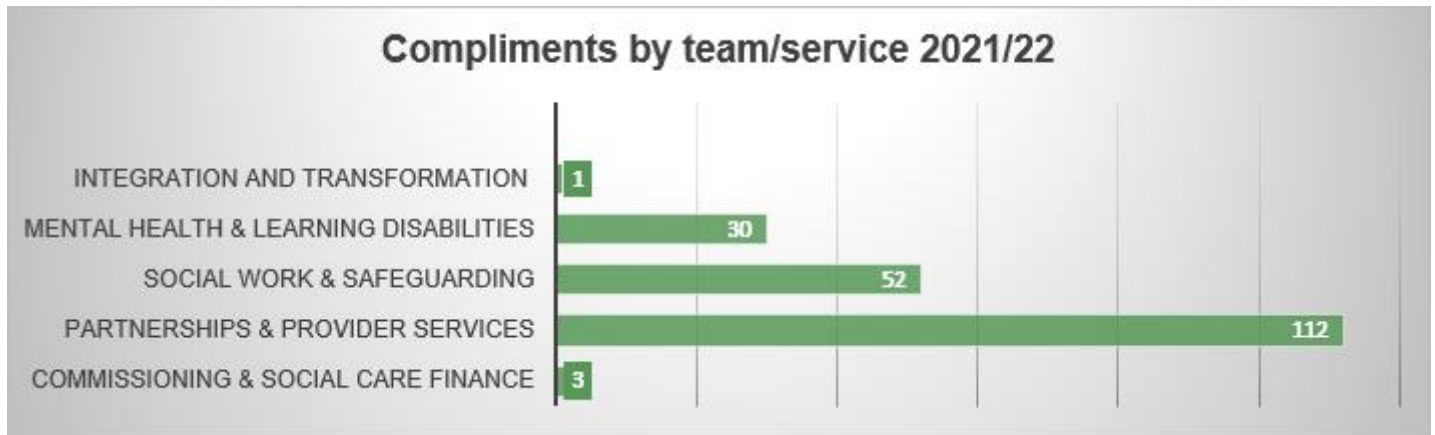


Compliments are received by letter, email, thank you cards and feedback forms. They are recorded and the members of staff involved are congratulated by the senior management team on their good practice. We use feedback received from compliments to affirm when services are working well and have made a positive impact on adults accessing our service.

The chart below shows the quarterly breakdown of compliments over the last five years.



9.3 Detailed analysis



Across the Adult Care service, the Reablement and Independence Team within our in-house Provider Service continues to receive by far the highest number of compliments from external parties.

The next section shows ten anonymised quotes from compliments we have received in the reporting year.

10.0 Adult Social Care 2021/22 Compliments

“I wish to thank X for the help she provided related to my mother-in-law’s move to X Care Home. X provided excellent service with keeping us informed and advised through what could have been a difficult time. She showed care and respect for my mother-in-law and ensured that she fully understood her options and so was able to make an informed decision about her care”.

“I am wanting to just make you aware of the amazing progress X has made so far with one of our residents at X Care Home. We have struggled for some time, to ensure we get his support right. X came in for a visit last week, has made such a positive impact to this gentleman and we are most grateful.”

“To all the staff at X, a very big thank you for all of the care and support I have received from a fantastic team.”

“I feel I need to take this opportunity to express my appreciation of X. X is a fantastic social worker; she is so invested in the people she supports. She is a credit to your team. Extremely efficient, and reliable.”

“All the staff are lovely. I have changed my life completely. I have hope. I am not frightened.”

“During a consultation meeting held with X Care Home yesterday, the manager expressed her gratitude and wanted to specifically acknowledge the support that you have provided.”

“Thank you for your support and getting things moving very quickly after your assessment. It was very much appreciated by all the family and prevented me from having to make a formal complaint relating to the lack of communication and timescales of assessments. We need more people like you working with families having to deal with difficult situations.”

“Just writing to say thank you for all your help with my mum’s care. It was a difficult time for us, so it was nice to deal with someone as caring as yourself. I know you will probably say you were only doing your job, but we appreciated everything you did for us.”

“The service & help was 1st class when my wife suffered following two separate falls. The care worker went above her line of duty to make possible my wife’s entry into X Care Home for respite.”

“Can I say a massive thank you to X who went above and beyond to help me with the help in getting my mum an adjustable chair that is as fully supported and cushioned so that she could be hoisted out of bed and have some quality of life in her twilight year. X was amazing she never gave up on my mum and her needs never minded my phone calls and met me at the care home to go through mums needs with myself and staff.”

11.0 Conclusion

Adult Care has continued to see complaints as an opportunity and a valuable resource to continuously improve our service. Our complaints and compliments procedure aims to offer adults and their families with a process to solve problems or disagreements as well as provide an opportunity to make positive suggestions, comments, and compliments. All feedback is welcomed to ensure we keep the person at the heart of everything we do, and do our utmost to provide the best service possible.

We acknowledge our complaint response times were affected during the pandemic at the start of the year. Many of our services were closed or reduced as we focused on supporting vulnerable adults and those shielding. Our staff completed welfare checks and regular calls to those residents to ensure they had the required support. However, as restrictions were easing in 2021/22, our response times improved as we started to return to a normal service delivery as the impact of the pandemic showed signs of lessening.

We are committed to involve, engage, consult and work with adults and their carers, to help them understand what we do, to voice their opinions on our services, know how to get involved and have access to information and advice about care and support.

Within Adult Care we are reviewing our engagement approach to enhance the adult's experience by introducing new communication features and developing a new engagement platform to publish and promote all consultations in a single, easily accessible point. This new site will aim to give residents an opportunity to take part in consultations through online surveys to help us target resources smartly and reinvest in our services to deliver excellent value for money and achieve better outcomes for residents. It is envisaged this open and transparent approach will identify what our service standards are, where advice can be sought, work collaboratively with our staff, our residents, and providers to gain insight to inform decision making when designing our transaction journey. A new two-way consultation process will further enhance this work by giving us the opportunity to use the site to inform the public how we acted on the results of those consultations and provide feedback to demonstrate we have listened to their views.

In addition to the engagement platform, we are implementing other service forums, groups, panels and focus groups for local people to get involved and have their say. We will use consultation methods that make best use of our resources and give the best results for the target audience. We will be prepared to try new ideas and different approaches to improve our approach to consultation and engagement.

We continue to refresh and improve our information portfolio to empower people to get consistent, quality, and accurate information about the services available, so they can make informed choices about their own health and wellbeing as well as those they care for and support.

We have collaborated with colleagues in our corporate communications team to revise our webpages by making it quicker and easier to access with improved navigation and search functions. Work has

also taken place to improve the relevance and consistency of content across the Adult Care webpages.

We will continually learn from complaints to improve monitoring of actions and make improvements to our service provision. We will do this by better monitoring of learning lessons through agreed action plans, open dialogue with our staff, and regular monitoring to the Adult Care management team and practice improvement meetings.

As we now return to a sense of normality, it is positive to see our teams recommence face-to-face social care contact, to have our frontline services such as day centres reopened, and for families to have contact with their loved ones. Adult Care has had some exceptional challenges in recent years, but we are confident we can continue to grow, learn, and improve from feedback to help adults and their families to achieve their desired outcomes and support them to make a difference to their lives and wellbeing.



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(By email)

Redcar and Cleveland Scrutiny Committee Board

Date: 18 July 2022

Dear Councillor Shelagh Holyoake

Crab Mortality incident in the North-East

Thank you for inviting Defra to appear before your Committee to give evidence on the 2021 mass wash up of dead crabs on the North-East coast. While a Defra representative won't be able to attend the Committee, I wanted to respond directly to your questions on the investigation.

Has the investigation concluded?

I can confirm that the investigation into the cause of the incident concluded in March 2022. The Environment Agency (EA) led the initial emergency response to the wash up with the support of partner agencies. Defra assumed responsibility for coordinating the ongoing investigation in December 2021 and multi-agency response involving the EA, Centre for Environment, Fisheries & Aquaculture Science (CEFAS), Marine Management Organisation (MMO), the North-East Inshore Fisheries and Conservation Authority (NEIFCA), the Food Standards Agency (FSA) and the UK Health Security Agency (UKHSA).

The EA, MMO, NEIFCA and CEFAS investigated a range of potential causes including licensed dredging activity, chemical pollution, the presence of algal blooms and aquatic animal disease. No single, consistent causative factor was identified. However, a harmful algal bloom present in the area coincident with the event was identified as of significance.

A multi-agency report on the investigation was published in May.

<https://www.gov.uk/government/publications/joint-agency-investigation-into-teesside-and-yorkshire-coast-crab-and-lobster-mortalities>

Is any ongoing monitoring happening and if so what?

Defra and partner agencies have established a recovery team to monitor recovery of the affected area and assess new reports of dead crustaceans.

A key focus is on understanding the impact the event has had on shellfish stocks in the region. We are also undertaking further testing that will help us to better interpret the scientific findings of the incident in 2021, increase the suite of analytical tools that we have to respond should any such incidents occur in the future.

Government technical leads met industry commissioned researchers to share knowledge gained from the work completed so far and to discuss planned university and Defra commissioned research. We will continue to share our findings when available and to work collaboratively with other experts. I have included further details below on the research and monitoring being carried out.

Cefas testing

Given previous indicative detection of pyridine in some of the impacted crabs and also in non-impacted crabs, Cefas are developing and validating a chemical detection test to measure the amounts of pyridine in crab tissues. Once completed, this test will be used to assess the levels of pyridine in environmental crab tissues associated with the impacted and non-impacted areas, which were collected and stored during the event last year. This validated test will also enable us to precisely measure any pyridine in crabs post-mortem, to test the theory that pyridine can be a natural by-product associated with the decomposition process in crabs.

The detection of algal toxins (Diarrhetic Shellfish Toxins (DST)) in many of the impacted crabs was also considered a significant finding. Cefas is setting up an exposure study with live crabs. The animals will be exposed to Diarrhetic Shellfish Poison (DSP)-positive food and DST-producing algae. These exposure studies will be carried out to high standards of animal care and welfare in accordance with Cefas' Animal Welfare policy. Once the studies are completed the information collected will be used to better understand the potentially harmful effects of toxins and/or harmful algae on crab health.

EA Sampling activities

The EA continues to monitor water in the Tees on a monthly basis as part of its national programmes. This includes chlorophyll and phytoplankton sampling as well as chemical sampling. Blue mussel samples for chemical analysis have also been collected as part of the annual mussel programme. As sample results become available, they will be published in the Water Quality Archive on data.gov.uk.

IFCA Monitoring

The North-Eastern IFCA continues to monitor the health of shellfish stocks throughout the affected area, following trends in catch and effort reporting, actively working survey pots, conducting observer trips onboard fishing vessels and on the quayside and supporting any additional biological sampling and testing work undertaken by other lead organisations. This monitoring programme is supported by active intelligence gathering and reporting from the ground, informed by daily engagement with fishermen, merchants and the general public, to identify any continuing and emerging issues. A working group has also been established with the fishing industry to facilitate communication and information sharing between regulators and key representatives. This group meets every four to eight weeks alongside operational meetings with key MMO leads and the wider response group.

Why was dredging ruled out as the cause?

As the report into the investigation makes clear, dredging has been ruled out as a likely cause of the wash up incident. Before a marine licence can be granted to allow dredged sediment to be disposed, samples of dredge material must be tested, and they must meet the highest international standards protecting marine life before they are permitted to be disposed of at sea. If samples analysed for contaminants do not meet the standards, the disposal at sea of that material will not be licensed.

Nothing in the testing of sediment prior to disposal or results from the wider EA environmental sampling, suggested that a chemical contaminant was the cause. The MMO manage an annual disposal site survey programme that provides field evaluation and ensures disposal operations conform with licence conditions at dredged material disposal sites around the coast of England. Fieldwork and testing of sediment at the Inner Tees disposal site took place in April 2021 and there was no evidence of significantly elevated contaminants in sediment at locations around and within the disposal site.

Sediment that is proposed to be dredged in the Tees Estuary is tested and sampled across the footprint of the area to be dredged at least every three years prior to disposal. Cefas completed an indicative 2D tracking model of the potential sediment plume from the Tees disposal site. The model indicates that the plume from material deposited at the Tees disposal site is relatively confined along the tidal excursion at the disposal site and does not have the same geographic extent consistent with the known mortalities.

The MMO uses the best available evidence to inform its decision making. There is no evidence to suggest that the disposal of dredged sediment was responsible for the crab and lobster mortality. Testing has been conducted in accordance with international (OSPAR – Oslo/Paris convention (for the Protection of the Marine Environment of the North-East Atlantic)) obligations.

Full details of marine licences and their conditions are available on the MMO public register. [Check the public register of marine licence applications and decisions - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/marine-licence-applications-and-decisions)

We recognise the impact this wash-up incident has had on the local community and remain committed to providing updates on both the research and monitoring currently underway.

Yours sincerely

A. Freeman

Anne Freeman

Deputy Director
Domestic Fisheries and Reform
Department for Environment, Food and Rural Affairs
Mobile: 07788 916798

Adult and Communities Scrutiny and Improvement Committee – Action list

Actions from 14 June 2022		
<p>RECRUITMENT AND RETENTION</p> <p>Marketing material to be shared with the Committee once prepared.</p>	<p>VW</p>	<p>This will be shared once prepared.</p>
<p>LOCAL TRACK AND TRACE</p> <p>Breakdown of age groups of people contacted through the local track and trace process to be shared with the Committee.</p>	<p>FA</p>	<p>This information has subsequently been circulated to the Committee.</p>
<p>TOURISM</p> <p>Tourist update to be included in the next performance report.</p>	<p>PR</p>	<p>This will be included within the next report.</p>