

Adult Social Care

Summary of complaints by theme (2023-24)

Complaints relating to dignity

X complained she found Y in an undignified state when she visited with family. Carers there didn't seem to grasp the distress or importance of the issue.

The provider apologised for the upset caused by family having to support Y with personal hygiene when there were staff in the house who are there specifically to support him and other residents with personal and environmental hygiene. Family were reminded how to use the call bell, which they can use to summon support. The provider met with the family and resolved issues they raised with them there and then. Y does frequently go to his bedroom and will dress and undress himself independently. The aim is for Y to maintain his independence and to give him his privacy and dignity. The provider advised that when Y goes into his room that he is checked so that his safety and wellbeing can be ensured.

Complaints relating to communication

X complained we had rearranged Y's package of care without consulting her or her brother, both of whom have Power of Attorney. Instead we spoke to another family member about the arrangements and implemented some interim changes.

We had previously discussed with X about the matter and acknowledged there was a lot going on at the time. With regard to the interim support the Community Support Team provide a short term care arrangement for individuals and they are time limited because of the demand for their service. This is why an alternative package of care was sourced for Y. At the time this was happening, we did try and contact X and her brother but to no avail so we instead informed another family member of the new care arrangements out of courtesy as he lives with Y. We apologised for any miscommunication or upset caused.

Complaints relating to timeliness of our decisions or actions

X complained about the length of time Y was waiting for a package of care so she could return home from residential care. Enquiries were also made by the Older People's Commissioner and Ombudsman.

We explained we want to support Y but unfortunately we don't have the resources needed to get her home with a suitable package of care at this time. We are continually sending out requests to all care agencies that cover Y's geographical area but given the size of the requested package of care and the area there remains no capacity at this time. A request has also been made to our inhouse Homecare Service but they have no capacity either. We sought to reassure that everyone concerned with Y is doing their best for a return home with an appropriate package

of care. However, challenges are being experienced across the social care sector at present, but Y is being well looked after at a local home. Y did return home with Reablement support followed by local provider support.

Complaints relating to disagreements with our decisions or actions

X disagreed with our decision not to place Y in a Local Authority care home but instead she receives day care at home.

We explained the criteria for considering residential placement. We assessed that Y's needs can be met not only through the provision of services but through other active support and assistance. Social stimulation and inclusion opportunities were offered by ourselves but declined by family. Y receives a package of care at home and she is relatively independent in daily tasks.

Complaints relating to charges applied or financial issues

X complained about the charges applied for Y's short term care charges. X believes the start point was when a Social Worker was allocated, not when the placement started.

We explained an eight week short term placement was arranged by ourselves to allow Y to recover to her optimum level in a suitable setting away from the hospital. Y's case was passed to the social work team during that period and we promptly visited. Y returned home. We did not believe there were any unreasonable delays in this case and therefore the charge for short term care remains payable.

Complaints relating to hospital discharges

X complained we weren't considering family's views and preferences re. Y's discharge from hospital to a residential setting.

We were continuing to work with family to find an appropriate care home placement for Y. We are satisfied that throughout Y's stay in hospital, we have followed process and procedures. We have approached all the care homes in Flintshire and beyond which might be suitable for Y's needs. We have tried to accommodate family wishes throughout, although finding a local home that can meet Y's needs which also has a vacancy is proving difficult. Financial assessment has started but can't be completed until a suitable home is found. A place eventually became available in a local care home that Y and family advised they were 'delighted' with and close to family and friends.

Complaints relating to the quality of care from a home or carer

X complained on a recent visit to the home, there was a strong smell of urine downstairs, there was no stimulation for residents, Y was found slumped in her chair in wet clothing, Y wasn't encouraged to drink and she was admitted to hospital a few days later with dehydration.

The home apologised if there was a strong odour as they have a very strict cleaning and odour management regime. In terms of Y being slumped in a chair the home

provided evidence of activities that week which she had participated in. At the time prior to the visit Y had spilt tea on herself and carers tried to support her into dry clothes, but Y was insistent it would dry and wanted her visit to go ahead. The home provided care and fluid charts for day of hospital admission.

Complaints relating to a lack of support

X complained of an overall lack of support from agencies involved with Y.

We sought to reassure X we were very much engaged with agencies to address concerns, which were primarily around Y's mental health. Y wasn't deemed to be safe at home given the challenging behaviour she was presenting. We needed to consider her own personal safety as well as others (e.g. residents) if she was placed in a residential setting. A package of care was requested, but we are experiencing challenges across the social care sector and sourcing suitable packages of care in a timely manner can prove problematic. Frequent allegations of theft against carers was also impacting on identifying carers. Medication has been prescribed for Y but it is not the responsibility of Social Services to administer this. We would only record medication in a care plan.

Complaints relating to process issues

X complained about the quality of her assessment and its outcome, and staff knowledge of Autism.

We explained we followed NICE guidelines when undertaking her assessment. They have utilised well recognised assessment models and observations to co-produce the report with X. At all stages throughout the process X was consulted and her narrative was recorded and included in the final report. We were disappointed X believed staff to be ignorant of autism and reassured her all Practitioners on the team are fully trained and have substantial experience of working with adults and assisting them with diagnosis or alternative formulations.