

# Adult Social Care Comments, Compliments and Complaints

Annual Report  
2023/24

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## Introduction

Feedback from customers is vital to any organisation in making improvements. BCP Council Adult Social Care (ASC) welcomes and encourages feedback by any means including complaints, compliments, comments, surveys, consultation, engagement and audits and uses this feedback systematically to make improvements.

Local authorities have a statutory responsibility to report complaints and other representations about health and adult social care under the Local Authority Social Services and National Health Service (NHS) Complaints (England) Regulations 2009. These require councils and NHS bodies to produce an annual report about the complaints they have received, issues that have been raised and any action that has been taken to improve services.

This annual report covers compliments, complaints and related learning for the period 1 April 2023 to 31 March 2024. It aims to review the management and performance of the statutory complaints and representations process in 2023/24 (including statistics, the nature of complaints and compliments received, and how the learning from these has been used to improve services).

## Executive Summary

In 2023/24 the total number of complaints for BCP Council Adult Social Care was **180**. This compares to a total of **196** in 2022/23. This is in line with the regional declining trends recorded by neighbouring authorities within the Southern area.

Communication, financial matters and delay have been highlighted as the most common themes from complaints:

- Complaints around communication was raised in 89 complaints
- Complaints relating to issues surrounding financial matters was raised in 79 complaints
- Issues relating to a delay in providing a service was found in 31 complaints

Of the 180 complaints brought, it was the council's view that, overall 22 were upheld, 51 were partially upheld and 107 were not upheld, however learning from any feedback is always considered.

Throughout the year 12 people made more than one complaint. Whilst the Complaints Team cannot investigate the same complaint for a second time or a complaint that has concluded the process, complainants may bring additional complaints about new issues, should the need arise.

A total of **228** individual concerns and enquiries were managed outside the complaints process. These individuals did not wish to pursue a complaint despite being offered the service, but felt they needed support to resolve a situation. These cases were dealt with in conjunction with Adult Social Care operational teams or signposting to the correct service, such as Safeguarding services.

In addition to the complaints and concerns received, a further **39** representations were received from MPs and Councillors on behalf of their constituents and residents. (during 2022/23 45 MP and Councillor representations were received).

It is important to note that BCP Council Adult Social Care also received **276** compliments and messages of thanks during 2023/24. 191 compliments were recorded in 2022/23. During 2022/23 we increased the number of ways good news stories may be recorded, such as verbal reporting forms, Our Journey's and Stories of Difference. These ways of recording continue to be used and have become embedded in the formal recording of compliments. By having alternative ways to record good news, it strengthens our culture of continuous learning.

Adult Social Care alone serves around 4170 adults and 6908 carers, out of a local population of **399000**.

Over the year, feedback and lived experience has also been sought via other Quality Assurance tools such as consumer surveys, staff surveys, consultations, and stakeholder engagement activity. These findings feed into quality assurance reporting to senior leaders for direction and to influence future planning.

## Complaints

It is stated in legislation that most complaints should be resolved by local resolution. This means trying to resolve complaints at the earliest opportunity and as close to the point of service delivery as possible. An in-depth investigation may be carried out if it is judged by the Complaints Manager to be the best way to respond to the issues raised, usually in complex cases. The complainant can also approach the Local Government and Social Care Ombudsman (LGSCO) at any stage of the complaints process. Read more about the statutory process at [Appendix 1](#).

### Summary of complaints activity in 2023/24

	2023/24	2022/23	Comments
Complaints received	180	196	There was a small decrease in complaints this year. Whilst this is in line with a regional trend the Complaints Team continue to monitor this. Learning from complaints is fed into other quality assurance activity to ensure that services remain accessible and supportive to people who draw on our services.
Complaints acknowledged within 3 days	98% (177)	97% (191)	Three complaint acknowledgements were delayed due to unexpected staffing absence and work pressures.
Resolved at local resolution	95% (187)	95% (187)	The percentage of complaints resolved at an early stage through local resolution remains high. However 25 complaints from this reporting year went to the Ombudsman for review. 10 of these complaints were accepted for investigation.

	2023/24	2022/23	Comments
Resolved within 20 days	62% (112)	74% (146)	Staff capacity was the most common reason for complaint responses being delayed, however complexity of the complaint and the need to involve more than one investigating officer was also a factor. Where delays were unavoidable, complainants were kept informed and updated of when they could expect a response by. Whilst 20 working days is considered to be our best practice, this is not a statutory timescale.
Formal/in-depth Investigations	1	2	In 2023/24, one case was investigated at stage 2 of the corporate complaints process.
The Unreasonably Persistent Complaints process	1% (1)	1% (1)	This year we have had to invoke the Unreasonably Persistent Complaints process on 1 occasion due to the protracted nature of the complaints. The Complaints Team are also engaging with a number of people in complex situations, and it is sometimes necessary to introduce communication plans to ensure equitable access to our services

## Complaints made to the Local Government and Social Care Ombudsman (LGSCO)

25 complainants referred their complaint to the ombudsman for an independent review during 2023/24. This is an increase from 2022/23 where 14 complaints progressed to the Ombudsman for consideration.

Common themes for investigation during 2023/24 were around delay in providing service, assessed needs and matters relating to financial assessments/charging for care.

The Ombudsman chose not to investigate 15 of the 25 referrals as either they had not yet gone via the Council's complaint processes or the Ombudsman could not find fault with the investigation undertaken by the Council and that everything had already been done to remedy the situation. The Council, Complaints team and responding managers have worked hard to ensure that robust responses are provided and resolutions are found at the earliest stage.

Therefore, **10 complaints** from reporting year 2023/24 were investigated this year, compared to 4 investigations in 2022/23.

- 2 decisions received were upheld but without recommendations
- 3 decisions received that were not upheld
- 5 remain under investigation at the end of year 2023/24

Nationally, the upheld rate for ASC complaints this year was **75%**, compared to the BCP Council ASC rate of **25%** in 2022/23.

Details of the referrals where there has been a decision can be found in [Appendix 2](#).

## Complaint themes

To enable detailed recording and identification of key areas of learning and improvement, complaints may have more than one theme recorded. In addition, the upheld rate recorded includes complaints partially and fully upheld.

Complaint theme	2022/23	2023/24	Upheld rate
Communication (perceived inadequate communication, information and advice)	119	123	49% (60)
Finance (decisions around funding, invoice disputes/delays, self-funders approaching the council for funding, financial assessment)	69	102	58% (59)
Delay in providing a service	46	31	58% (18)
Professional Practice (level of support and guidance, feeling involved/empowered in assessment process)	50	29	17% (5)
Decision around assessment and eligibility	39	29	62% (18)
Policy or process	21	27	37% (10)
Quality of domiciliary provision	17	11	36% (4)
Quality of residential or nursing home	17	7	14% (1)
Commissioning	2	6	33% (2)
Safeguarding process	5	4	0% (0)
Extra Care Housing	4	3	33% (1)
Hospital discharge process – with Health partners	3	2	50% (1)
Respite	0	2	50% (1)

## **Communication**

Many of the complaints around communication relate to providing information in a timely manner and families not feeling as involved as they would have liked to have been. Throughout 2022 Practice Standards relating to communication were rolled out and continue to be embedded throughout 2023/24. Managers review case files against the standards alongside practitioners to reflect and strengthen practice.

During 2023/24 there has been work undertaken relating to improve communication between teams via our staff survey results. Improvements have been undertaken to strengthen the information that the Council provides people. This has included updates to factsheets and the Council's website; greater inclusion within our service engagement groups and changes to literature provided to people wishing to access services from the Council.

## **Financial (funding issues, charges or fees)**

Individual complainants have challenged both national and local policy decisions in terms of funding eligibility. It was also identified that complaints had been received due to delays in raising invoices where a third party provider had delayed in invoicing the Council for services. Practice and supporting literature to both staff and clients have been reviewed to ensure that people remain well informed.

Learning from complaints around finance is shared with Finance Teams so actions for improvement can be considered, for example, this intelligence has been used to plan finance webinars to support staff.

## **Delay (in providing a service)**

Complaints around delays in providing Care Act assessments, the allocation of workers and provision from care providers have decreased in this reporting year. Targeted work has taken place to reduce people waiting for assessments and packages of care which has meant over the last 12 months we have reduced Care Act Assessment waiting by 40% and Carers Assessments waiting by 94%. Targeted work continues.

Several initiatives are in place to support the care provider market to improve availability of domiciliary care, including funding to support overseas recruitment and the Proud to Care campaign which has reached over 837,500 people online, with over 256,000 people viewing or interacting with the adverts. This means that as of April 2024, around 50 people per week wait for a package of care as opposed to 200 people waiting per week in April 2023.

## **The lessons we have learnt from customer feedback**

Desired outcomes to complaints are often specific to the case, but when there are organisational learning points that influence policy or procedure, they are acted upon. Individual case learning is dealt with directly with the complainant and more general issues are managed through supervision with team managers and reminders at team meetings. Please see the ASC Organisational Learning report for details which can be found here in [Appendix 4](#).

The ASC Performance and Quality Improvement Board oversees learning and quality improvement work that includes that which has been identified via complaints.

## **Monitoring the effectiveness of the complaints procedure**

A routine online feedback survey is sent to complainants after the process has closed, response rates tend to be variable with not everyone wishing to engage further with the process after their issues have been resolved. However, complimentary feedback has been received by the team, thanking them for their support and facilitation in managing complaints both by complainants and by managers responding to complaints.

## **Staffing of the complaints service**

Currently there are two full time officers in post who manage the day-to-day statutory complaints process. This includes acknowledging complaints, recording and documenting details, tracking and monitoring each case and quality assuring responses to make sure all elements of the complaints are answered. The team also ensure that complainants are kept up to date with progress on their complaints and facilitate meetings where requested.

## **Training**

There is an online complaints training module for practitioners to use across the whole of social care and has now been added to Adult Social Care Mandatory training schedule.

Bespoke workshops and team-focused complaints training has been delivered both online and in person by the complaints team. This training has been well received and strengthened the working relationship between the complaints staff and operational teams and creating a more robust service. This programme of training will continue through 2024/25 in readiness of the implementation of the new complaint handling code being introduced by the Local Government and Social Care Ombudsman. In addition, training has been given to our providers to support them in the complaints process, including the generation of templated letters for their use. The complaints team remain available to our providers and offer support and guidance during the complaints process.

An online staff complaints toolbox is available to provide support: the toolkit includes staff guidance, documents such as letter templates, language checklists, legislative information and LGSCO information.

## **Compliments**

People who draw on services and staff are encouraged to report feedback about services. Compliments are vital because they help to give us a complete picture of opinions about services. In addition to complaints, they can help us make changes to improve services further by identifying good practice.



In total, **276** compliments and messages of thanks were received.

<b>Service areas where the highest numbers of compliments have been received</b>	<b>2023/24</b>
Locality Teams	78
Learning Disability Team	27
Statutory Services and Safeguarding	18
Shared Lives	20
CMHT and AMHP Service	15
Direct Payments	15
Contact Centre	9

Themes of compliments (excluding thank you's)

<b>Themes of compliments received</b>	<b>2023/24</b>
Approach	81
Communication	62
Manner	64
Positive Relationship	37
Information provided	25
Carers Service (specific)	1

Compliments and positive feedback are shared with staff on a regular basis through the staff newsletter and ASC Intranet site. At the same time, teams are reminded to feedback comments from adults and carers and many teams now have a systematic way of doing this. During 2023/24 the complaints team are strengthened how learning was taken and embedded from compliments including the use of Our Journey forms. Moving forward into 2024/25, additional work exploring the themes of compliments and their impact will be fed into our quality mechanisms to ensure that we are embedding good practice amongst services.

A small selection of compliments are detailed below:

I would like to compliment you for your help, support and advice during the past year it has been tough for us all but you helped to make the process easier and gave us the advice which enable us to keep mum at home.

We both found T to be empathetic and professional. She has been extremely kind and supportive and followed up on the issues the suggestions she made to assist. In addition, her manager A who allocated the referral with such expedience because of the sense of urgency of B's situation.

You are extremely professional in your role as Practice Supervisor which is evidenced during my supervision with you and the learning opportunities you have given me. Including being able to attend a Mental Health Act assessment which I will remember forever as part of my journey with your amazing team.

I am delighted to nominate M for his outstanding contributions as a social worker. Marco possesses exceptional people skills that create a positive and welcoming atmosphere for everyone he interacts with. As a social work student, I have had the privilege of shadowing M, and the time spent with him has been invaluable to my learning experience.

It was our good fortune and pleasure to meet you and have you do our care plan. You are extremely good at the way in which you put us at ease. Kind and considerate and a very good listener too. A true gentleman in your profession for which we are very grateful.

## **Appendix 1 – the Joint Adult Social Care and Health Complaints Procedure**

### **What is a complaint?**

An expression of dissatisfaction or disquiet about the actions, decisions or apparent failings of a local authority's adult social care services provision which requires a response.

### **What is a representation?**

A comment, suggestion or compliment made about the service provided. Legislation states that if it is possible to resolve a lower level matter immediately or within 24 hours, there is no need to engage the complaints process.

### **Who can complain?**

An adult who is entitled to, or has a possible need for, a personal social service at any stage in their contact with the service. They also qualify if they are acting on behalf of the adult as their representative and acting in their best interests.

### **How the procedure works**

#### **a) Local resolution**

In the majority of cases, a problem-solving approach will be adopted to resolve complaints as close to the point of service delivery as possible. Most complaints are resolved using this approach and typically by the operational manager. Timescales for responding to complaints are agreed between the complainant and the Complaints Officer. Locally, complaints are normally responded to within 20 working days. If the complainant is not satisfied with the outcome of their complaint they have the option to ask for their complaint to be formally investigated or to request a further meeting, or they can ask the Local Government and Social Care Ombudsman to consider their complaint.

#### **b) Formal investigation**

In discussion with the complainant and Complaints Officer, an investigation can be invoked rather than using local resolution. The risk, complexity and seriousness of the complaint will be considered when making this judgement.

An in-depth examination of the complaint is completed by an investigating officer who is independent of the service area. A report will be compiled and forwarded to the Director of Service who acts as an adjudicator and will identify the Service Unit's response/decision on each point of complaint and any actions with timescales for implementation. Timescales are agreed between the complainant, the responding manager and the investigating officer.

#### **c) Local Government and Social Care Ombudsman (LGSCO)**

The complainant can approach the LGSCO at any time during the procedure or if they remain unhappy after the local authority's efforts at resolution have been exhausted. However, if the ombudsman considers that issues could be resolved at a local level, they will refer the complaint back to the local authority.

### **Complaints that have both health and social care elements**

There may be some occasions when complaints have elements of both health and social care services. If so, the Complaints Officer will look at the issues and decide whether the Protocol for Dealing with Joint Complaints needs to be adopted and the complaint progressed in accordance with this route.

## Appendix 2 – Local Government and Social Care Ombudsman (LGSCO) decisions received.

Date of complaint referral	Complaint summary	Complaint themes	Decision	Remedy/Learning
2023/24	The complainant stated the Council did not provide them with the support they needed. They also complained that they were not in receipt of a current assessment and that workers allocated to them had not been supportive or responsive.	Decision around assessment and eligibility; Delay; Professional Practice	Not upheld	The LGSCO determined that that the complainant did not have realistic expectations of the services available to them through Adult Social Care and that as a result frustrations became directed at the staff supporting them. The Ombudsman identified that there is no statutory timescale for completion of a needs assessment and the Council's decision to wait for the return of a worker known to the complainant was reasonable. The Ombudsman felt that there was no injustice caused by a waiting for the social worker and that there was no fault by the Council in the way it dealt with the requests for a reassessment of needs.
2023/24	The complaint centred around the Council's decision in regard to transport costs	Decision regarding assessment and eligibility; Policy; Invoice Dispute or Delay	Not upheld	The ombudsman did not find evidence that the Care Act, or the care and support statutory guidance, imposes any duties on councils when it comes to transport costs in relation to this persons situation. The Council therefore has discretion. The LGSCO identified that the Council went through correct channels, in terms of its own procedures.

Date of complaint referral	Complaint summary	Complaint themes	Decision	Remedy/Learning
2023/24	The complainant stated that the Council had not provided enough support to meet their needs since July 2022, causing avoidable distress	Decision regarding assessment and eligibility	Upheld without recommendations	The LGSCO felt the Council and the care agency could have worked more closely together to support the person. The Council had already recognised this and reassessed the complainant and has updated the care and support plan with them and the care agency. The care and support plan provided the same amount of care as before, and the Ombudsman identified that on this reassessment there was not enough evidence to say the complainant was caused enough injustice to warrant a remedy.
2023/24	The complainant had concerns regarding the care in place for their partner and the way the Council has provided care and support	Decision regarding assessment and eligibility; delay; professional practice; communication	Upheld without recommendations	The ombudsman felt that the Council acted appropriately in the way it had assessed and supported the clients care and support needs and communicated with the complainant. They did however, state that as the Council delayed carrying out a review of their clients care and support plan. The Ombudsman identified that this did not cause a significant injustice to the Council's client who was continuing to receive care and support from the Council.
2023/24	The complainant stated the Council had failed to allow them their Minimum Income Guarantee (MIG) by failing to consider their full Disability Related Expenses (DRE)	Financia assessment; Policy	Not upheld	The Ombudsman concluded that the Council had fully considered the evidence supplied by the complainant when making a decision relating to their DRE.

## Appendix 3 – Equalities information

Primary Support Reason	
Physical support - access and mobility only	21% (37)
Physical support - personal care support	19 % (35)
Learning disability support	14 % (26)
Not recorded	13 % (24)
Support with memory and cognition	11 % (19)
Mental health support	4 % (8)
Not recorded – corporate	4 % (8)
Social Support – support for carers	4 % (7)
Sensory support - support for visual impairment	3 % (6)
Not known - carer	2 % (4)
Sensory support – Support for dual impairment	2 % (4)
Sensory Support – support for hearing impairment	1 % (2)

Gender of Complainant	
Female	54% (98)
Male	38% (67)
Corporate	7% (13)
Couple	1% (2)
Gender of person drawing on services	
Female	57%(103)
Male	38% (67)
Couple	5% (10)

The gender percentage of people who receive services equates to **38%** male and **57%** female, which is not dissimilar to the proportion of people complaining.

### Ethnicity

<b>Ethnicity of complainants</b>	<b>2023/24</b>
White - English/Welsh/Scottish/Northern Irish/British	75% (134)
Not recorded	18% (35)
Any other white background	2% (5)
Asian/Asian British	1% (2)
Other ethnic group - Other	1% (1)
Mixed/multiple ethnic groups - Other	1% (1)
Mixed/multiple ethnic groups - White and Black African	1% (1)
Mixed/multiple ethnic groups - White and Black Caribbean	1% (1)

75% of the total people using services complained about told us they are White-English/Welsh/Scottish/Northern Irish/British, with a further 2% listed as Any other white background.

1% of people using services are recorded as Mixed/multiple ethnic groups – White and Black African. 1% of our complainants this year told us they were Mixed/multiple ethnic groups – White and Black African and a further 1% told us they were White and Black Caribbean.

1% of people using services are recorded as Asian/Asian British. 1% of our complainants this year told us they were Asian/Asian British.

This information will feed into our Equalities, Diversity and Inclusion review work.



## Appendix 4 – Learning from customer feedback

### Adult Social Care Organisational Learning Report

Learning from complaints and other quality assurance activity.

1<sup>st</sup> April 2023 to 31<sup>st</sup> March 2024



1 Introduction	
1.1	The quality of adult social care matters. It matters because people who use services should be able to expect person centred care that is safe, effective, caring, and responsive. This care should be supported by good leadership and sustained by good use of resources.
1.2	The dedicated Quality Assurance Team in ASC monitor and evaluate services to ensure the quality standards are met. Assurance can be achieved by undertaking audits and reviews, learning from each other and listening to those who receive support, including via complaints, compliments, survey feedback and direct engagement.
2 Learning from complaints	
2.1	3 complaints last year led to service wide improvements being made. 7 complaints led to improvements in process, procedure and practice at team level. There was learning for individual colleagues in a further 19 complaints, giving those colleagues opportunity to reflect, refresh their training and adjust practice where required.
2.2	<b>SERVICE WIDE IMPROVEMENTS</b> <ul style="list-style-type: none"><li>Following a complaint regarding delays in the DFG (Disabled Facilities Grant) application process, work has started with Housing colleagues, and ASC Principal OT to consider how we can work together more effectively to mitigate</li></ul>

delays. Improvements were made to our Adaptations factsheet, to give people more information regarding the DFG application process.

- Following a decision to change a person's domiciliary care provider, the complaint investigation accepted that multiple factors should be considered as part of the decision making process, and in this case, that had not happened. As a consequence, a decision support tool developed by Head of Service, to assist practitioners in giving due consideration to all important factors to be considered, has been introduced.
- A system error meant that there was a delay in generating invoices, which led to a complaint regarding late invoices for care received. Following the complaint investigation and resolution, a system report was designed to check for this issue, which means colleagues within the finance team can now mitigate against this happening again.

## 2.3

### TEAM LEVEL IMPROVEMENTS

- Following an omission of details regarding a complaint being sent to the responsible team, a review of how the complaints team contact services has been undertaken. A new daily log process was introduced, including timescales for completion to ensure that communication and tasks are not missed. Tasks are discussed on a daily basis and are removed from the daily log when actioned.
- A person was notified of an upcoming change in care provider by the domiciliary care by the agency, rather than the involved social care practitioner. The team was reminded about best practice in relation to good and timely communication with people and families.
- In a team, a process was introduced that means if a person contacts the team regarding an outstanding review more than once, they can speak directly with the team manager, so that they can discuss their concerns and work can be effectively prioritised.
- One team received reminders about ensuring out of office messages were appropriately set, with clear alternative contact details provided. This means that people contacting the service are able to contact the team if they need to.
- Following a complaint regarding a delay in allocating a social worker, team managers instigated and improved screening and allocation processes, giving managers better oversight of work outstanding.
- Delays in invoicing for care services led to a complaint from an individual who received a large bill in one lump sum. This was a complex case, and some of the delays were external to the council, which exacerbated the situation

further. Following resolution of the complaint, the team received training around billing, so should these circumstances occur again, practitioners understand the issues and can offer support to ensure invoices are issued in a timely way and individuals are supported.

## 2.4 LEARNING FOR INDIVIDUAL PRACTITIONERS

19 complaints were upheld regarding the actions of council colleagues, or commissioned provider who work on behalf of BCP Adult Social care.

- 7 complaints related to the expected standard of service received from social care practitioners
- 10 related to communication, or dissatisfaction of communication, from the allocated practitioners.
- 2 related to delay in action which had financial implications.

In addition to written apologies and appropriate restitution for complainants, managers ensured that practitioners were supported to reflect and learn from complaints, with some colleagues undergoing refresher training to ensure required standards of service are provided.

## 3 Learning from other quality assurance activity (audits, feedback and surveys)

- 3.1 Improvement work is identified by surveys, audits, feedback from professional partners, people and families, or from ideas from our colleagues as to how we can work more effectively to deliver good outcomes for people. In July 2023, the ASC Quality Assurance team began monitoring and tracking improvement work being undertaken across adult social care.
- By 31<sup>st</sup> March 2024, 72 pieces of improvement work had been tracked, with 42 pieces having implemented the learning. We are now monitoring to make sure improvements are embedded and where possible we measure the outcomes, for example, we re-audit to make sure situations improve or we monitor complaint themes to ensure that action we have taken has prevented situations reoccurring.
- 30 pieces of improvement work remains ongoing.
- ASC have also introduced a Quality Improvement Framework (QIF) which sets out our approach and principals for improving performance and quality of services, learning identified through QA activity feeds into these larger organisational pieces of work. QIF work is governed by our Performance and Quality Improvement Boards at Senior Management level and Executive level (which is chaired by the Council's Chief Executive Officer and the Leader of the Council and Portfolio Holder for Health and Wellbeing attends).

3.2	<p><b>Audit examples</b></p> <p><b>Supervision practice audit</b></p> <p>An audit of supervision practice was undertaken for a selected cohort of social work staff, assessing compliance against the ASC Supervision policy and the BCP Council Social Work Practice Standards. Results determined that the application of policy is not as consistent as we would like it to be and it was agreed that ensuring all managers should receive the bespoke training developed for managers in ASC, leading to a more consistent practice. All managers have been asked to ensure they undertake this training as soon as possible and the service is working towards all managers receiving the training by end of March 2025.</p> <p><b>Case tracking audit</b></p> <p>Over 100 cases were reviewed to understand a person's journey through adult social care and assess elements of practice against the BCP Council Social Work Practice Standards. This allowed for the celebration and sharing of person centred, holistic practice, and identified areas that would benefit from strengthening. This gave the Principal Social Worker and Principal Occupational Therapist themes to consider for their practice development work.</p>
3.3	<p><b>Colleague led improvement, leading to better outcomes for people who use services</b></p> <p><b>Direct Payment referrals process</b></p> <p>A targeted review of process took place by the Direct Payments team to manage a growing waiting list. The review focused on streamlining process, increasing practitioner knowledge and awareness, and publication of additional information and advice for the public. All of the above helped reduce the waiting list, from a 10-12 week wait, to a maximum 2 week wait.</p> <p><b>Supported Living Services action plan</b></p> <p>Following a staff survey, a number of changes were implemented to support staff in their role and improve the service to people living in the settings. This included developing a healthy eating initiative, and changing how information is recorded, to better support person centred care.</p> <p><b>Improving Safeguarding Triage process</b></p> <p>Colleagues from Safeguarding Adults First Response Hub (SaFeR) worked with our Contact Centre colleagues to improve knowledge and understanding over what referrals would meet threshold and should be passed to the SAFeR hub for triage/screening. Inappropriate referral for triage was resulting in higher waiting lists. With regular meetings and communication between the teams and providing a dedicated point of contact for officers who needed advice, the waiting list</p>

was reduced significantly. This allows SAFeR practitioners to increase their face-to-face visits and adhere to the principles of MSP (Making Safeguarding Personal). Contact centre colleagues also reported feeling more supported and have increased their knowledge and confidence in this area of work. Written triage standards were developed and published in November 2023.

3.4

#### Working with Partners

##### GP surgeries social prescribers

A large proportion of people we survey tell us that they seek information and advice about social care services from their GP surgery. Our Adult Social Care Information and Advice Officer now meets regularly with social prescribers from GP surgeries across the BCP Council area, answering questions, providing general support and advice, and arranging for colleagues to attend meetings when more specialist advice is required. Our first meeting in December 2023 saw 24 social prescriber colleagues attend and feedback has been positive, with similar attendance at subsequent meetings.

3.5

#### Feedback from people who use ASC services

##### SACE (NHS Digital Survey of Adult Carers in England) survey 2023/24

Detailed below are the findings from 5 key areas of the Survey of Adult Carers in England, 2023-24 (SACE). This national statutory survey takes place every other year and is conducted by Councils with Adult Social Services Responsibilities (CASSRs). The survey seeks the opinions of carers aged 18 or over, caring for a person aged 18 or over, on a number of topics that are considered to be indicative of a balanced life alongside their unpaid caring role.

BCP Council improved its score in all areas from the previous survey in 2021/22, and was either close to, or better than, the England average score.

BCP Council's Carers ASCOF (Adult Social Care Outcome Framework) results	BCP council 2023/24	England Average 23/24	BCP Council 2021/22
Quality of Life (max score 12) The measure is an average QOL score, which is a composite score based on the responses to six questions relating to occupation, personal care, safety, social participation and encouragement and support.	7.5	7.3	7.4

Care and Support Satisfaction One-third (33.3%) of respondents within BCP, stated that they had not received any care or support within the last 12 months from the council. The measurement is for those who did receive support from the council.	35.5%	36.7%	34.7%
Carer involvement the proportion of carers who stated they felt included and consulted in discussions around the person they care for.	65.1%	66.4%	61.8%
Social Contact The proportion of carers within BCP that have as much social contact as they would like.	32%	30%	24.7%
Information and advice One-third (33.3%) of respondents stated they had not tried to find information and advice from agencies and voluntary organisations within the last 12 months.  Measurement is for remaining respondents who did access information and advice, who reported that they either very or fairly easy to find.	60.2%	59%	59%

### 3.6

#### ASCS (NHS Digital Adult Social Care Survey ) 2022/23

The Adult Social Care Survey (ASCS) is a national statutory survey which takes place every year and is conducted by Councils with Adult Social Services Responsibilities (CASSRs).

The survey seeks the opinions of service users aged 18 and over in receipt of long-term support services funded or managed by social services and is designed to help the adult social care sector understand more about how services are affecting lives to enable choice and for informing service development.

(The results below are for the survey undertaken in January 2023; results were published in October 2023. Results from the January 2024 survey will not be ratified and published by NHS England until October 2024.) Improvements were made in all areas.

ASCOF results **	BCP Council 2022/23	England Average 2022/23	BCP Council 2021/22
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1A – Social care related quality of life* (*maximum score is 24)	<b>19.4</b>	19	19.2
1J - Adjusted Social care-related quality of life impact of Adult Social Care services – This measure is a composite measure using responses to survey questions covering the eight domains identified in the ASCOT; control, dignity, personal care, food and nutrition, safety, occupation, social participation and accommodation.	<b>0.415</b>	0.413	0.438
1B – The proportion of people who use services who have control over their daily life	<b>78.2%</b>	77.2%	76.5%
1I1 – The proportion of people who use services who report that they have as much social contact as they would like	<b>47.9%</b>	44.4%	42.7%
3A – Overall satisfaction of people who use services with their care and support	<b>69.7%</b>	64.4%	62.6%
3D1 – The proportion of people who use services who find it easy to find information about support	<b>68%</b>	67.7%	68.8%
4A – The proportion of people who use services who feel safe	<b>71.4%</b>	70.0%	70.8%
4B – The proportion of people who use services who say that those services have made them feel safe and secure	<b>89.5%</b>	86.6%	87.6%
** Source – LG Inform / NHS England			

Results from the two statutory surveys fed into wider organisational work such as the Carers Strategy and ASC Delivery plans. Comments left on the survey are themed and shared with relevant service areas so they can consider service changes or improvements. People who indicate on their survey responses that they would like to be involved in service development work are contacted and invited to take part in engagement activities such as focus groups, surveys or to be part of our ASC Co-production Board which is in development.

**Quality Assurance Team Manager**  
**Adult Social Care**  
**7<sup>th</sup> August 2024**