

# Supplementary Agenda

## West Dunbartonshire Health and Social Care Partnership Board Audit and Performance Committee

**Date:** Thursday, 16 September 2021

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**Time:** 10:30

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**Format:** Zoom video conference

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**Contact:** Email: [committee.admin@west-dunbarton.gov.uk](mailto:committee.admin@west-dunbarton.gov.uk)

Dear Member

Please find attached an updated Agenda for the above meeting. This is in addition to the Agenda issued on 13 September 2021 and with the agreement of the Chair, Rona Sweeney, includes the following additional report:

- Item 12  
Care Inspectorate Inspection report for an Older People's Care Home operated by the Independent Sector in West Dunbartonshire.

Please also see below Item 5 Appendix 2 for your attention, which was omitted in error from the Document Pack released on 13 September 2021.

Yours faithfully

**JULIE SLAVIN**

Chief Financial Officer of the  
Health and Social Care Partnership

**Distribution:-**

**Voting Members**

Rona Sweeney (Chair)  
Denis Agnew (Vice Chair)  
Jonathan McColl (WDC)  
John Mooney (WDC)  
Lesley Rousselet (GGC)  
Michelle Wailes (GGC)

**Non-Voting Members**

Anne MacDougall  
John Paterson

Chief Officer – Beth Culshaw  
Chief Financial Officer – Julie Slavin  
Chief Internal Auditor – Andi Priestman  
External Audit Representatives – Christopher Gardner, Zahrah Mahmood, Jack Kerr

Date of issue: 14 September 2021





**WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP  
BOARD AUDIT AND PERFORMANCE COMMITTEE**

**Report by Acting Head of Service - Community Health and Care Services**

**16 September 2021**

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**Subject: Care Inspectorate Inspection report for an Older People's Care Home operated by the Independent Sector in West Dunbartonshire**

**1. Purpose**

**1.1** To provide the Audit and Performance Committee with an up-date on a Care Inspectorate inspection report for one independent sector residential older peoples' Care Home located within West Dunbartonshire.

**2. Recommendations**

**2.1** The Audit and Performance Committee is asked to note the content of this report.

**3. Background**

**3.1** The Care Inspectorate now use Key Questions rather than the previous Quality Themes in their inspections. They continue to use the six point scale of 1 – Unsatisfactory to 6 – Excellent in grades awarded.

**3.2** The Care Inspectorate had temporarily amended the focus of their inspections to focus only on how well people were being supported during the COVID-19 pandemic rather than the range of Key Questions.

**3.3** They amended their quality framework for Care Homes to include a new Key Question; 'How good is our care and support during the COVID-19 pandemic?' This Key Question has 3 quality indicators:

- People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic;
- Infection control practices support a safe environment for both people experiencing care and staff; and
- Staffing arrangements are responsive to the changing needs of people experiencing care.

**3.4** The Care Inspectorate has recently resumed looking at the other Key Questions during inspections for Care Homes. As such their reports can now award grades for up to six Key Questions.

**3.5** The independent sector Care Home reported within this report is:

- Kingsacre Luxury Suites.

A copy of their inspection report has been published and can be accessed on the Care Inspectorate website: [www.scswis.com](http://www.scswis.com)

#### **4. Main Issues**

##### Kingsacre Luxury Suites

**4.1** Kingsacre Luxury Suites is owned and managed by Kingsacre Care Limited which is part of the Care Concern Group. They are registered with the Care Inspectorate for a maximum of 66 residents. As of 17 August 2021 there were 37 residents being supported within the Care Home, 22 are West Dunbartonshire residents.

**4.2** The Care Home was inspected on 12 July 2021 and the report issued on 21 July 2021. This was their first full inspection looking at all Key Questions since it was registered in July 2019. They had previously only been inspected against the Key Question ‘How good is our care and support during the Covid-19 pandemic’. The table below summarises the grades awarded to Kingsacre Luxury Suites over their last 3 inspections:

Inspection date	How well do we support people’s wellbeing	How good is our leadership	How good is our staff team	How good is our setting	How well is our care and support planned	How good is our care and support during the COVID-19 pandemic
07.07.21	4	4	4	4	4	4
Inspection date	How good is our care and support during the COVID-19 pandemic					
18.02.21	3					
18.01.21	2					

**4.3** The grades of ‘4 – Good’ recently awarded for all six Key Questions, show an improvement on the lower grades of ‘3 – Adequate’ and ‘2 – Weak’ awarded in their two previous Inspections. There were no requirements detailed in this inspection report for remedial action by the service. The Inspectors noted that improvements enacted by the Care Home and viewed by them in the February inspection had been continued and imbedded in practice.

**4.4** Kingsacre Luxury Suites has undergone a significant number of Management changes since it opened in July 2019. After the February inspection another new Manager took up post in the Care Home. In the most recent inspection report the Inspectors commented that the Care Home has progressed under the new Manager and were confident that the Care Home would continue to further improve.

## **5. Options Appraisal**

**5.1** Not required for this report.

## **6. People Implications**

**6.1** There are no personnel issues associated with this report.

## **7. Financial and Procurement Implications**

**7.1** There are no financial or procurement implications with this report.

## **8. Risk Analysis**

**8.1** Grades awarded to a Care Home after a Care Inspectorate inspection are an important performance indicator for registered services. For any Care Home assessed by the Care Inspectorate, failure to meet requirements within the time-scales set out could result in a reduction in grading or enforcement action. Consistently poor grades awarded to any Care Home would be of concern to the Audit and Performance Committee, particularly in relation to the continued placement of older people in such establishments.

## **9. Equalities Impact Assessment (EIA)**

**9.1** There are no Equalities Impact Assessments associated with this report.

## **10. Environmental Sustainability**

**10.1** Not required for this request.

## **11. Consultation**

**11.1** None required for this report.

## **12. Strategic Assessment**

**12.1** The West Dunbartonshire Health and Social Care Partnership Board's Strategic Plan for 2019 – 22 priorities' are:

- Early Intervention;
- Access;

- Resilience;
- Assets;
- Inequalities.

12.2 The strategic priorities above emphasise the importance of quality assurance amongst providers of care and the HSCP's commitment to work with providers within an agreed assurance framework.

### 13. Directions

13.1 Not required for this report.

**Name:** Fiona Taylor

Designation: Acting Head of Community Health and Care

Date: 17 August 2021

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**Appendices:** None

**Background Papers:** All the inspection reports can be accessed from [http://www.scswis.com/index.php?option=com\\_content&task=view&id=7909&Itemid=727](http://www.scswis.com/index.php?option=com_content&task=view&id=7909&Itemid=727)

**Wards Affected:** All



# Annual Complaints Report 2020/2021

[www.wdhscp.org.uk](http://www.wdhscp.org.uk)



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# Introduction

West Dunbartonshire Health and Social Care Partnership (HSCP) aims to provide the best services possible for our citizens, however there will be instances where people feel dissatisfied with, or let down by, the service they receive. As an organisation we value any and all feedback we receive. Making a complaint to the HSCP gives us the opportunity to put things right for individuals and to improve our services. By investigating complaints and looking at any trends or patterns in complaints received, we can identify areas for improvement, gaps in service provision, training needs within the organisation or where particular groups may be experiencing similar dissatisfaction with our services. Often complaints can give us a fresh perspective: identifying issues or problems which we, working within the organisation, have not fully considered from a service user's point of view.

How we handle our complaints is essential to restoring positive relationships with people who feel let down by our services. This report will outline how we handled complaints during the period 1st April 2020 to 31st March 2021.

## Model Complaints Handling Procedures

All public authorities in Scotland are required to produce, operate and report on a Model Complaints Handling Procedure (MCHP) in line with the Scottish Public Services Ombudsman's MCHP and Performance Framework.

Complaints about the functions and operation of West Dunbartonshire Health and Social Care Partnership Board are dealt with through the HSCP Board's MCHP which was developed during 2020/21 and was approved by the Board at their meeting on 26th November 2020. The HSCP Board's MCHP can be found on our website at [HSCP Board MCHP](#). The HSCP has a duty to report on any complaints managed under the HSCP Board's MCHP. There were no complaints received about the functions of the HSCP Board during 2020/21.

When a complaint is received by West Dunbartonshire HSCP about our services, and not the functions of the HSCP Board, a decision is taken whether to process the complaint under either West Dunbartonshire Council's MHCP or NHS Greater Glasgow and Clyde's MHCP depending upon which service areas are covered. For example a complaint about service provided by Children's Social Work Services would be managed under the Council's MCHP but a complaint about a Psychiatry service would be managed under the NHS MCHP. West Dunbartonshire Council and NHS Greater Glasgow and Clyde will include these HSCP complaints in their Annual Complaints Reports however in the interests of openness and transparency and to fully reflect on the HSCP's handling of complaints they will also be included in this report.

There are two stages to both the Council and NHS MCHPs:

### Stage 1 Frontline Resolution

We aim to respond to complaints quickly. This could mean an on-the-spot apology and explanation if something has clearly gone wrong, or immediate action to resolve the problem. We will respond to a stage 1 complaint within five working days or less, unless there are exceptional circumstances. If the person making the complaint is not satisfied with the response they are given at this stage, they can choose to take their complaint to stage 2.

### Stage 2 Investigation

Stage 2 deals with two types of complaint: those that have not been resolved at stage 1 and have been escalated to stage 2; and those complaints that clearly require investigation and so are handled from the onset as stage 2. For a stage 2 we will acknowledge receipt of the complaint within three working days and provide a full response as soon as possible, normally within 20 working days. If our investigation will take longer than 20 working days, we will inform the person making the complaint of our revised time limits and keep them updated on progress.

# SPSO Performance Framework

The Scottish Public Services Ombudsman (SPSO) have developed a standardised set of complaints performance indicators which organisations are required to use to understand and report on performance in line with the MCHP. The consistent application and reporting of performance against these indicators will also be used to compare, contrast and benchmark complaints handling with other organisations, and in doing so will drive shared learning and improvements in standards of complaints handling performance.

The SPSO required all MCHPs to be fully implemented by April 2021. Full year reporting of these indicators would therefore be anticipated to be required from 2021/22 going forward. To establish a baseline and identify any gaps in recording processes we have chosen to report the new indicators from 2020/21.

## Indicator 1: Learning From Complaints

Complaints are routinely reported to our Senior Management Team and through the HSCP's Clinical and Care Governance meetings. These reports cover volume of complaints, compliance with timescales and outcomes by service area. Further detail at this level is available at Appendix 1. Detail is also provided about the nature of each complaint by theme and any actions taken as a result of the complaint investigation and resolution.

During 2020/21 learning from complaints contributed to the following agreed actions:

- Complaint investigation highlighted the pressures on the Social Work Duty service and will contribute to the review of duty referrals and requests for assistance from other professionals going forward.
- Services to review communication with service users during the transition period from Child to Adult services.
- Additional support and the sourcing of learning opportunities for Health Visiting staff in terms of managing challenging parental behaviour.

More general learning which was agreed and was to be disseminated through team meetings and briefings was:

- Importance of reviewing processes to ensure efficient and fit for purpose.
- Importance of staff communicating timeously, clearly and respectfully with service users and family members.
- Importance of staff adhering to the General Data Protection Regulations, ensuring proper use of systems with accurate record keeping.
- The need to follow Data Protection Legislation in relation to sharing personal data with third parties.

Work was also begun to improve the complaints process itself. A quality assurance review of a sample of complaints is underway to identify where the process has worked well and where it has not worked well due to delays, information gaps, communication between teams. The quality of responses is also being considered and a suite of draft templates has been developed, adapting SPSO tools available online, to assist investigating officers with the investigation process and to give a full and structured response to complaints. Once finalised this will form a complaints toolkit for staff to access online.

Self-evaluation against the SPSO's Complaints Improvement Framework has also begun and this will be reviewed as part of our monitoring of the effectiveness of our improvements.

## Indicator 2: Volume of Complaints Received

This indicator counts all stage 1 complaints, whether they were escalated to stage 2 or not, plus all complaints which were treated on receipt as stage 2. West Dunbartonshire HSCP received a total of 83 complaints during 2020/21.

### Indicator 3: Complaints Closed Within Timescale

Stage 1 complaints: 34% were closed within 5 working days, 19 of the 56 received. For the remainder we have been unable to identify whether they have been closed within timescale and we will be improving our recording mechanisms during 2021/22 to more accurately report this figure. For those stage 1 complaints that were not referred through the Information Team, who manage complaints, but made directly with frontline services, it would be anticipated that most would be dealt with as they arose however we do not yet have the data to evidence this.

Stage 2 complaints: 47% were closed within 20 working days, 14 of the 30 received. Complex complaints that cut across services often take longer to co-ordinate a response. We endeavour to keep people informed of any extension to timescales required to make a full response however this has not been carried out in every case during 2020/21.

Complaints escalated from stage 1 to stage 2: Of the 3 complaints escalated, 2 were closed within timescale i.e. 67%

### Indicator 4: Average Time to Full Response

Stage 1 complaints: Due to the gaps in recording we are unable to report this for stage 1 complaints.

Stage 2 complaints: The average time to full response was 23 working days.

Complaints escalated from stage 1 to stage 2: The average time to full response after escalation was 17 working days.

### Indicator 5: Outcomes of Complaints

Stage 1 complaints: Due to the gaps in recording we are unable to report this for stage 1 complaints however those complaints which have not been escalated to stage 2 have been resolved in some way.

Outcome	Stage 2		Escalated to Stage 2	
	Number	%	Number	%
Upheld	1	3%	0	0%
Partially Upheld	7	23%	2	67%
Not Upheld	18	60%	1	33%
Unsubstantiated	2	7%	0	0%
Ongoing	2	7%	0	0%
<b>Total</b>	<b>30</b>	<b>100%</b>	<b>3</b>	<b>100%</b>

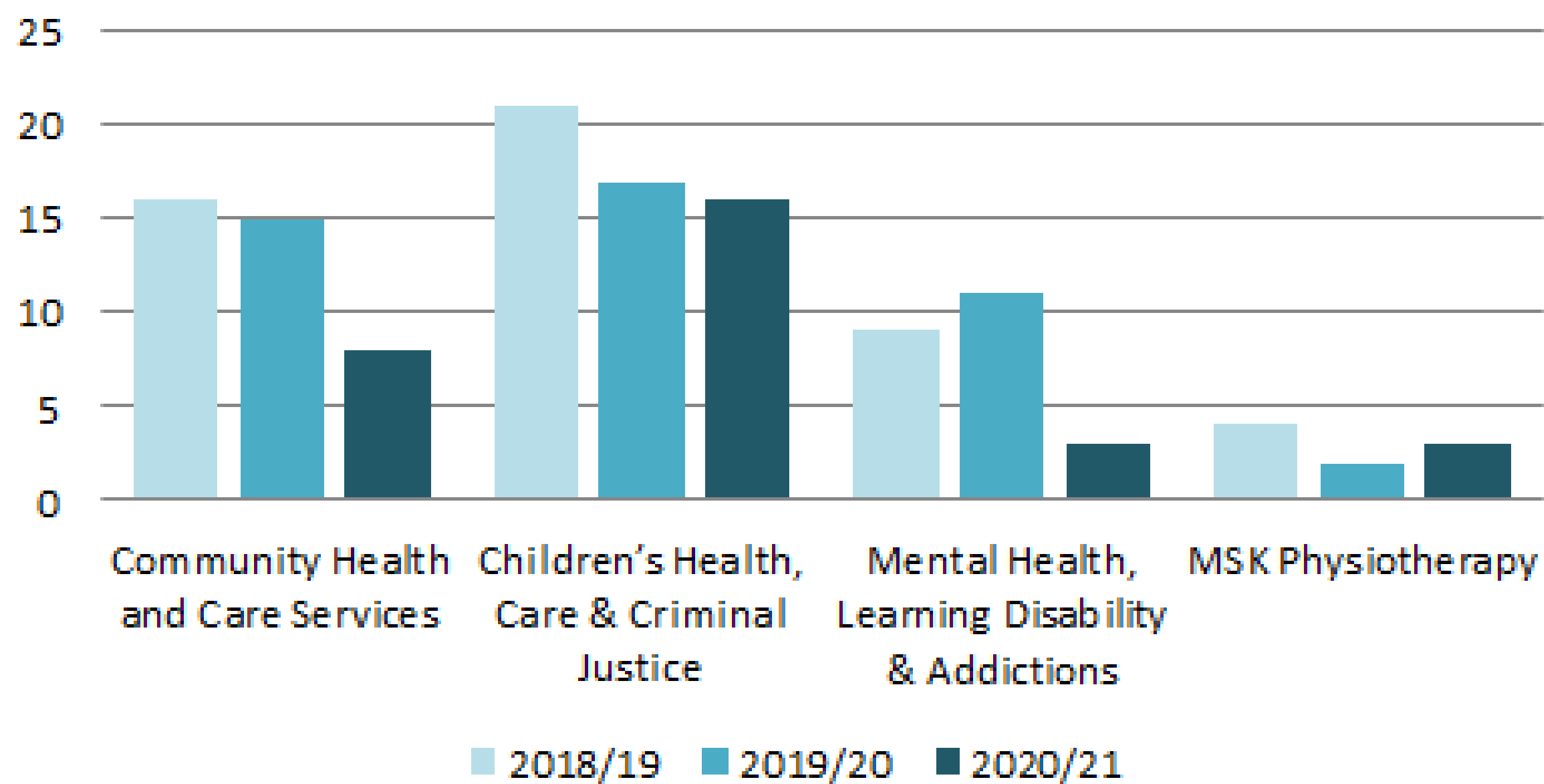
There are a further 3 indicators which are not required to be reported on but are recommended by the SPSO. These relate to raising awareness of complaints handling, lessons learned and identifying any barriers to making a complaint; staff training in frontline resolution, complaints handling and investigations; and customer satisfaction with their experience of making a complaint and their response.

The development work currently underway to review our processes and online and training resources should have an impact on these areas. We are also exploring ways to gather feedback on the complaints experience and whether this is feasible across both stage 1 and stage 2 complaints.

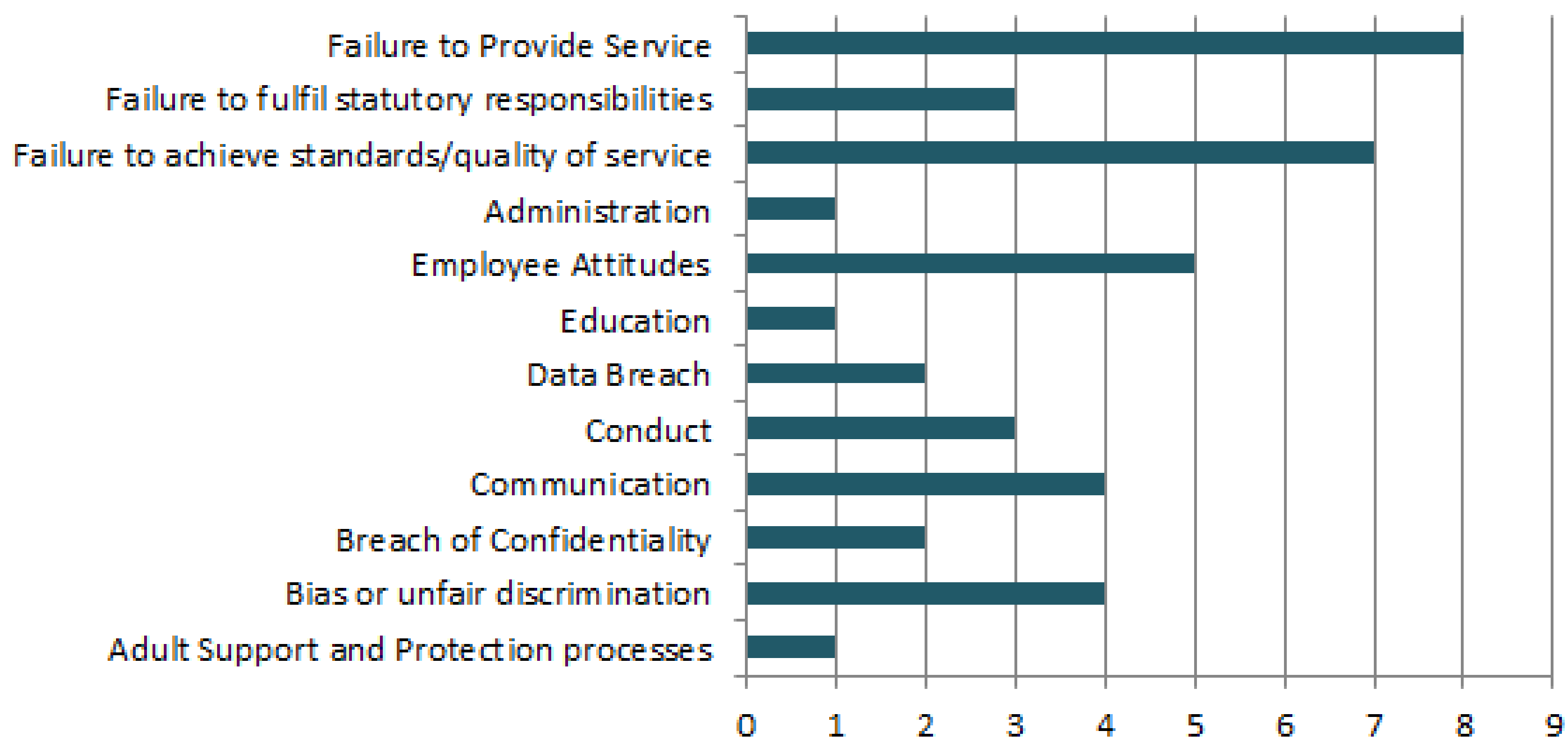
The HSCP is committed to making the complaints experience as easy and accessible as possible and to use our complaints as a valuable resource to improve services for the people of West Dunbartonshire.

# Appendix 1: Stage 2 Complaints

**Complaints by Service Area**



**2020/21 Complaints by Theme\***



\* More than one theme may apply per complaint.