



Adult Social Care Complaints, Compliments and Comments Annual Report

1 April 2010 to 31 March 2011

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Introduction

The purpose of this annual report is to inform service users, carers, the public, Council Members and Adult Social Care staff of the effectiveness of the Adult Social Care Complaints, Compliments and Comments procedure (the procedure).

On the 1 April 2009 the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 came into force following the consultation 'Making Experiences Count' by the Department of Health. The consultation found that the complaints processes for people receiving both health and social care services were overly complex and inflexible.

As a result the legislation introduced radically altered the way in which complaints are handled introducing a single joint complaints process for both social care and health services, with one stage as opposed to the previous three stage process used in relation to adult social care services. The regulations also introduced a duty for health and social care services to cooperate.

Darlington Borough Council implemented a new procedure on the 1 April 2010 providing a local framework to ensure complaints are handled effectively and in line with the regulations.

The procedure aims to:

- (a) Make it as easy and accessible as possible for service users and their carers to raise complaints;
- (b) Foster an organisational culture in which complaints are accepted, owned and resolved as efficiently as possible;
- (c) Ensure high levels of customer satisfaction with complaints handling;
- (d) Resolve individual issues when they arise and reduce the number of complaints referred to the Ombudsman; and
- (e) Enable the Council to identify topics and trends in relation to adult social care complaints and improve services as a result.

The Assistant Director of Adult Social Care and Housing is the responsible person for ensuring that the Council complies with the arrangements made under the regulations. They will act as the 'Adjudicating Officer', which means they will make any important decisions on complaints and ensure that action is taken if necessary in light of the outcome of a complaint.

The Complaints and Information Governance Manager (Complaints Manager) is the responsible person for managing the procedure for handling and considering complaints in accordance with the agreements made under the regulations.

Local Government Ombudsman (and Health Services Ombudsman)

Although complainants can refer their complaints to the Local Government Ombudsman (LGO) from the outset, the LGO will not normally investigate until the Council has conducted its own investigation and provided a response. Where it has not been possible for the complaint to be resolved to the satisfaction of the complainant they may refer the matter to the LGO (or Health Services Ombudsman for some joint complaints).

Information and Accessibility

We are committed to making sure that everyone has equal access to all our services, including the complaints procedure. To help make sure the Council's complaints procedures are easily accessible we have produced two leaflets (one for children and young people and one for adults) covering all Council services to reflect the single point of access for complainants within the Council. The leaflets are available in all Council buildings. They have been written in line with the Plain English Campaign standards. The title is written in the most commonly used community languages and it contains details on how to access the information in other formats, for example, large print, audio and Braille.

Information is available on the Council's website which contains an electronic form which people can use to make a complaint, pay someone a compliment or pass comment on Council services. People may make a complaint in any format they wish. This can be in writing, by email, via the web, over the phone, in person or by any other reasonable means.

The Complaints Manager can arrange advocates and interpreters (including British Sign Language interpreters) where appropriate.

Advocacy

The Council currently has a contract for the provision of advocacy services with Advocacy Together.

The Independent Mental Capacity Advocate (IMCA) service also provides advocacy on specific issues and reviews.

Specialist advocacy services for adults who are deaf, deafened, deafblind or visually impaired are provided by North Regional Association for Sensory Support (NRASS).

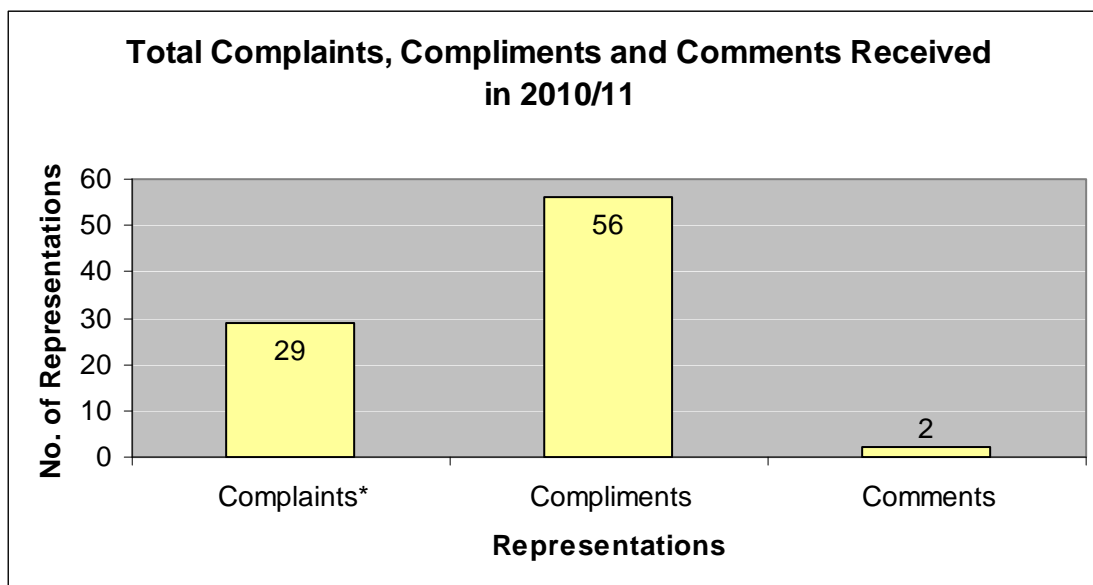
Summary of Representations and Achievements

- There has been an increase in overall feedback from the public from 66 representations in 2009/10 to 87 representations in 2010/11.
- There were 29 complaints dealt with under the procedure during 2010/11 (33.3% of all feedback), an increase from 26 in 2009/10.
- There were 56 compliments received under the procedure during 2010/11 (64.4% of all feedback), an increase from 39 in 2009/10.
- Two comments were received during 2010/11 (2.3% of all feedback).
- There were two complaints received which did not qualify to be dealt with under the procedure.
- One adult social care complaints was progressed to the LGO during 2010/11. In 2009/10 one complaint was also progressed to the LGO.

Review of the Year

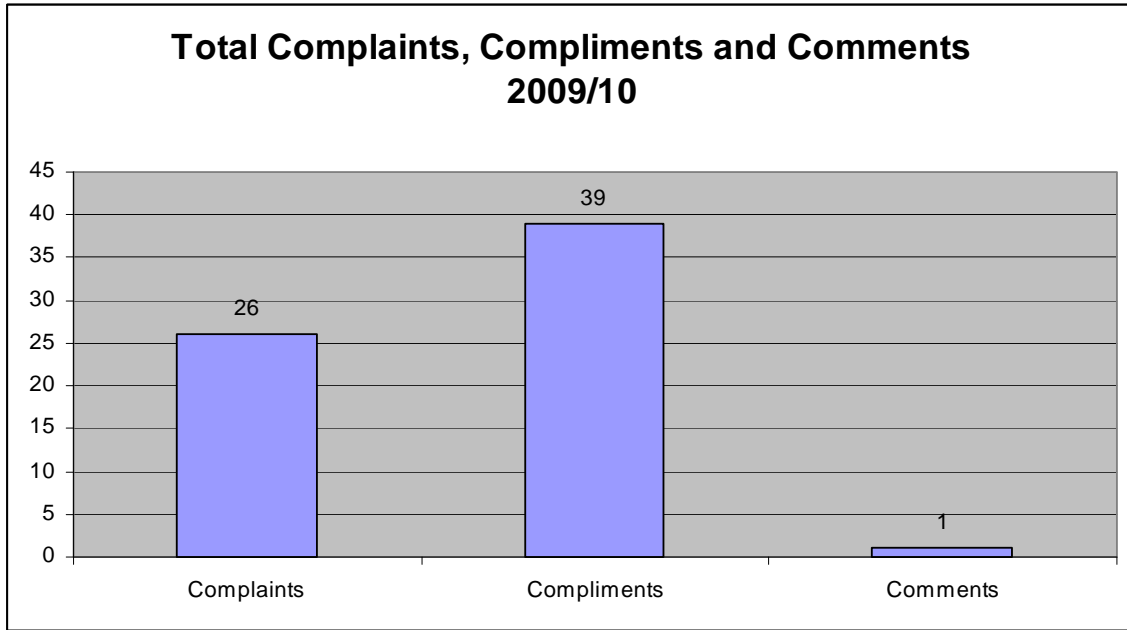
Breakdown of all Representations

A total of 87 representations were recorded during the year 2010/11.



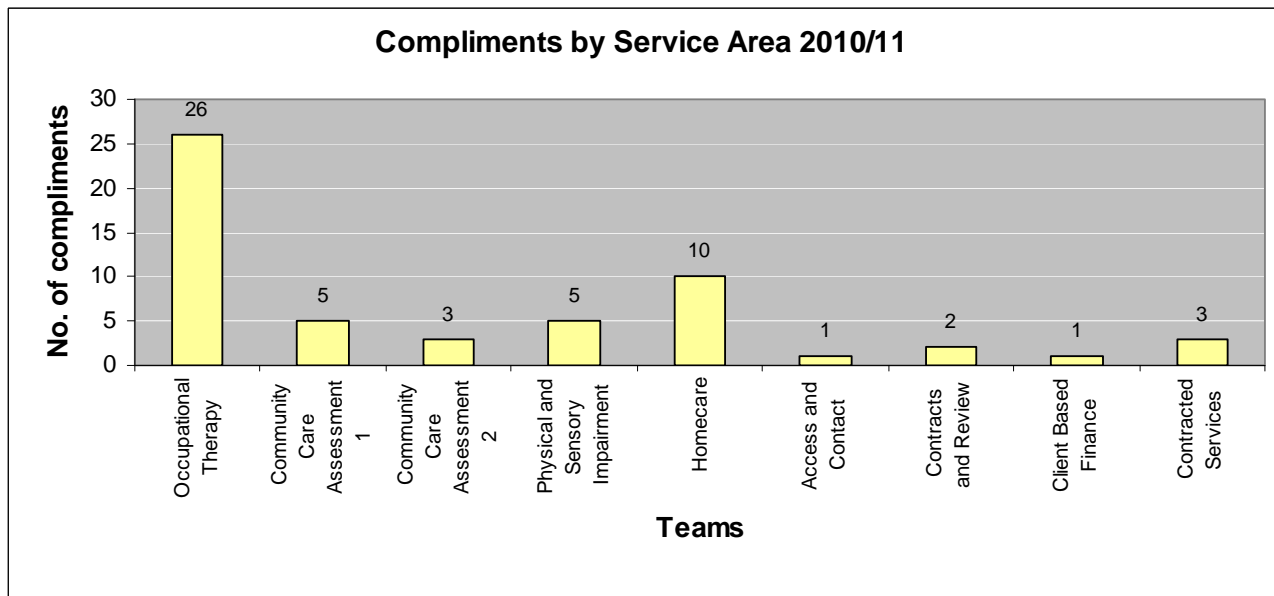
*Does not include 'non-qualifying' complaints

A total of 66 representations were recorded during 2009/10.



Breakdown of Compliments by Service Area

The number of compliments received in 2010/11 was 56.

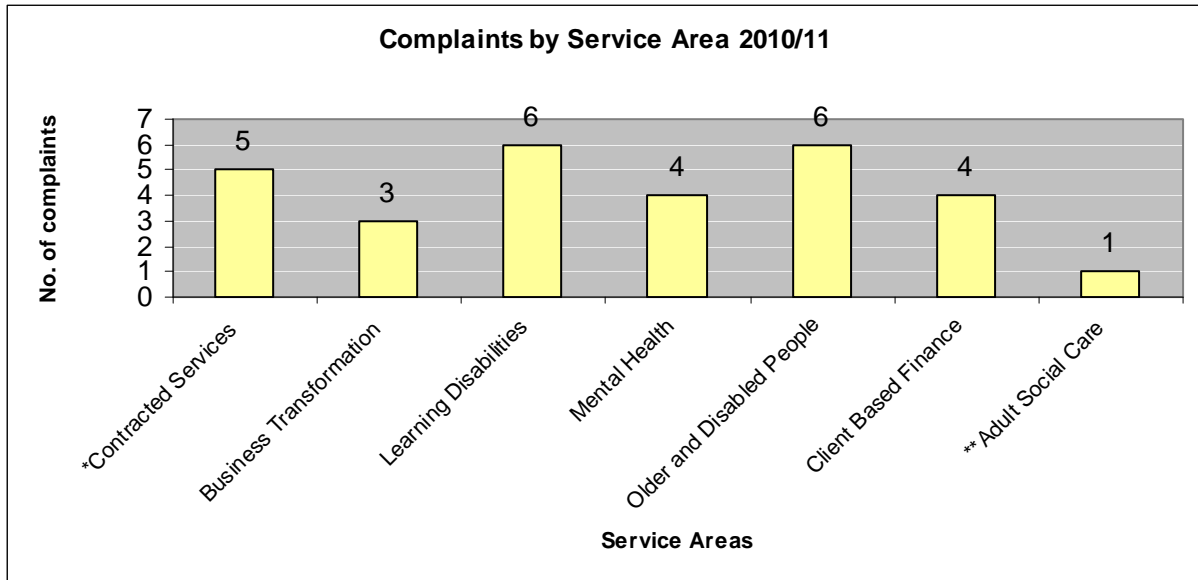


The reasons for the compliments received were:

- a) 46 Service provision (82.1%); and
- b) 10 Staff attitude (17.9%).

Breakdown of Complaints by Service Area

The total number of complaints received in 2010/11 was 29.



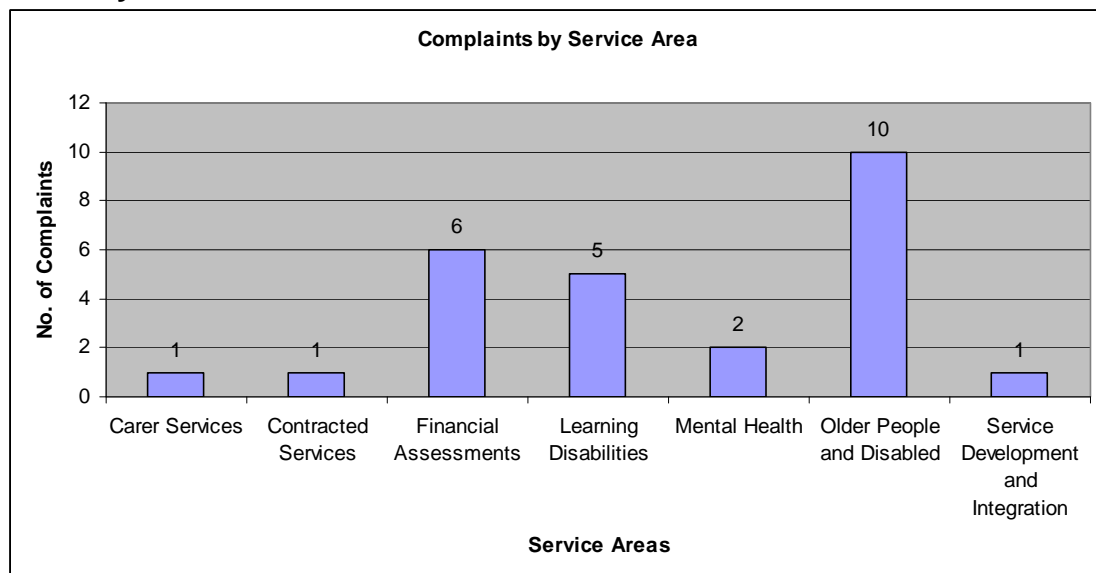
*These are complaints dealt with under the procedure and are not included in the separate monitoring exercise carried out in relation to contracted providers, detailed later in this report.

**This complaint was about how a change in policy was handled, as the policy affected all services it could not be attributed to any one team.

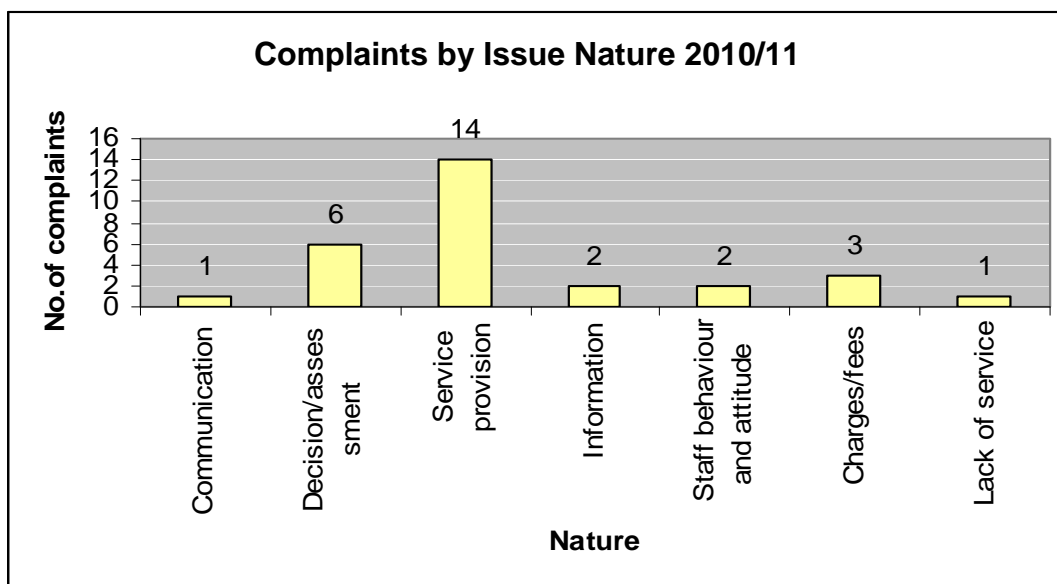
The three service areas that received the most complaints were:

- Learning Disabilities – 6 complaints (20.7%)
- Older and Disabled People – 6 complaints (20.7%)
- Contracted Services – 5 complaints (17.2 %)

Complaints by Service Area 2009/10



Breakdown of Complaints by Issue Nature



The following issues were the most complained about:

- Service provision – 14 complaints (48.3%)
- Decision/assessment – 6 (20.7%)
- Charges/fees – 3 complaints (10.3%)

Complaint Outcomes

Service Area/Team	Inconclusive	Not Upheld	Partially Upheld	Upheld	Withdrawn	Total
Contracted Services	0	0	2	3	0	5
Business Transformation	0	0	0	3	0	3
Learning Disabilities	0	0	1	2	3	6
Mental Health Team	1	1	0	0	2	4
Older and Disabled People	0	1	2	2	1	6
Client Based Finance	0	3	0	1	0	4
Adult Social Care	0	0	1	0	0	1
Total	1	5	6	11	6	29

LGO complaint outcome

This complaint concerned an alleged mistake on behalf of the Council in relation to an application for Disability Living Allowance (DLA). The LGO determined the complaint as 'Out of Jurisdiction' as a result of the time that had elapsed prior to the complaint being made. While this was the case the LGO did make the point that, 'Even if this restriction did not apply on the evidence available there seems to be no tangible injustice in this case. On this basis, the Ombudsman would not exercise discretion with this complaint'.

Organisational Learning

There were numerous actions taken and several service improvements were made following complaints received during 2010/11. Some examples are detailed below.

One complaint received was about a referral from a GP not being acted upon. As a result an agreement was put in place with our health service colleagues to ensure that in future all faxed referrals are followed up by e-mail to check they have been received.

One particularly complex complaint, covering issues dating back as far as 2005, came to the attention of the CIG Team in October 2010. The key issues in this complaint were record keeping/management and information security. Although the complaint had been investigated by the LGO officers had been unable to implement the resolution actions to the complainant's satisfaction. With extensive input from the CIG Team who worked closely with the Head of Adult Social Care the complaint was finally resolved to the complainant's satisfaction. This work highlighted a number of issues with Adult Social Care's records management protocol. The findings of this further investigation contributed to the decision to review all record keeping and information security practices within Adult Social Care.

A complaint about a care home was investigated by the Contracts Team and resulted in the following recommendations:

1. Care plans should be in place to meet current needs. Care plans should be agreed with the family/service user and the care plan agreement should be signed to evidence this. It would be beneficial to develop a written method of communication between staff to ensure that information is passed on.
2. The home should be able to demonstrate when cleaning tasks have been undertaken, this could take the form of rotas for cleaning tasks or cleaning audits.
3. The company needs to satisfy itself that the home is appropriately staffed to meet the need of the service users including those who may need extra observation and support.
4. There should be a policy and procedure for staff taking breaks. Staffing should be sufficient that staff breaks do not interrupt care being given.

5. Initial Assessment documents (CHAPs) should give a full picture of the person's life history, hobbies and interests. This should be transferred to the care plan and family/service users should be involved in this planning.
6. The company needs to satisfy itself that staff have the appropriate skills and training. It would be good practice for staff to have training in customer care.
7. Staff should be aware of the policies and procedure in relation to comments, compliments and complaints. All concerns should be recorded and actioned appropriately. Families should be given the option to pursue their concerns via the company's complaints procedure or should be advised of their right to complain to the Council.
8. The company may feel it is good practice to investigate cases where a family/service user is dissatisfied with the care in a home and chooses to move elsewhere.

Performance against the Procedure

The target for acknowledging receipt of complaints under the procedure is 3 working days.

Twenty two of the twenty six (84.6 %) complaints received by the Council were acknowledged within the 3 working day timescale. The other three were joint complaints which were received and acknowledged by our health service colleagues.

Where the acknowledgement target was missed this was because the complaint was complex and it took some time to determine whether or not the matter should be accepted as a complaint under the procedure. Practice has already improved in relation to this and now all complaints will be acknowledged within 3 working days, even if the acknowledgement is just to advise that we are considering whether the complaint is eligible for consideration under the procedure.

There are no longer any statutory timescales for complaint responses, except that complainants should receive a response within six months. Within the procedure there are three different types of investigation with varying timescales to ensure investigations are completed in a timely manner and within the maximum time allowed.

Not including the complaints investigated by health services and complaints withdrawn; the average length of time a complaint investigation took was 28 days. The longest investigation took 95 working days with the second longest taking 66 working days. The complaint which took 95 working days included a significant amount of time in initially progressing the complaint as there were difficulties in contacting the complainant and arranging a mutually convenient time to meet. The complaint was particularly complex involving a number of historical issues. A full response was provided to the complainant within the maximum time allowed under the regulations.

The complaint which took 66 working days was a complex joint social care and health complaint involving some unprecedented issues around joint remedies. A number of discussions between the Council and our health service colleagues took place in respect of

this matter. The complainant was kept informed of progress at all times and was satisfied with the remedy offered. Further work around reaching a consensus with our health service colleagues on appropriate remedies has taken place through the Health and Social Care Complaints Managers Group.

Equal Opportunities Monitoring

During quarter four of 2010/11 satisfaction and equal opportunities monitoring surveys were sent out 20 working days after a complaint was closed as opposed to at the end of the quarter. While this led to an increase in the number of surveys returned only five were returned during 2010/11. The Complaints Manager has reviewed the timing of surveys being sent in order to improve the response rate. The results of those surveys returned are as follows:

- **Ethnic Group** – (5) 100% White British
- **Gender** – (4) 80% Female (1) 20 % Not answered
- **Disability** – (3) 60 % No disability, (1) 20% Deaf/hearing impairment, (1) 20% Not answered
- **Age** – (2) 40% 45-64 years, (2) 40% 75+ years (1) 20% Not answered

Performance Targets for 2010/11

A number of local performance indicators (targets) were set for 2010/2011 following the introduction of the new complaints procedure.

LI2020 Percentage of those making a complaint satisfied with the handling of these complaints: Target for 2010/11 – 67.5%

Neither satisfied or dissatisfied (1) 20%

Fairly satisfied (1) 20%

Very satisfied (3) 60%

Actual (4) 80% - Target achieved ✓

Given the low return rate while the information gathered does provide an indication of satisfaction it is not possible to draw any meaningful conclusions from the data. The Complaints Manager has reviewed the timing of surveys being sent in order to improve the response rate.

LI2021 – Number of all complaints received under the Adult Social Care Complaints Procedure referred to the Ombudsman following investigation under the Council's procedure: Target for 2010/11 – 1

One complaint was referred to the Ombudsman following investigation under the Council's procedure.

Actual 1 - Target achieved ✓

LI2022 - Number of complaints submitted to the Ombudsman without consideration through the Adult Social Care Complaints Procedure: Target for 2010/11 - 1

There have been no complaints submitted to the Ombudsman this period without consideration through the procedure.

Actual 0 - Target achieved ✓

Monitoring

To ensure the effectiveness of the complaints procedure, all complaints are monitored by the Complaints Manager. All resolution and organisational learning actions identified as a result of complaints are assigned to a responsible manager and progress against those actions is also monitored by the Complaints Manager.

In addition, this report is taken to the Council's Chief Officers Board (COB), Cabinet and the Health and Well-being Scrutiny Committee. Quarterly internal performance reports are produced for senior management and quarterly/annual reports on Ombudsman complaints are taken to Cabinet.

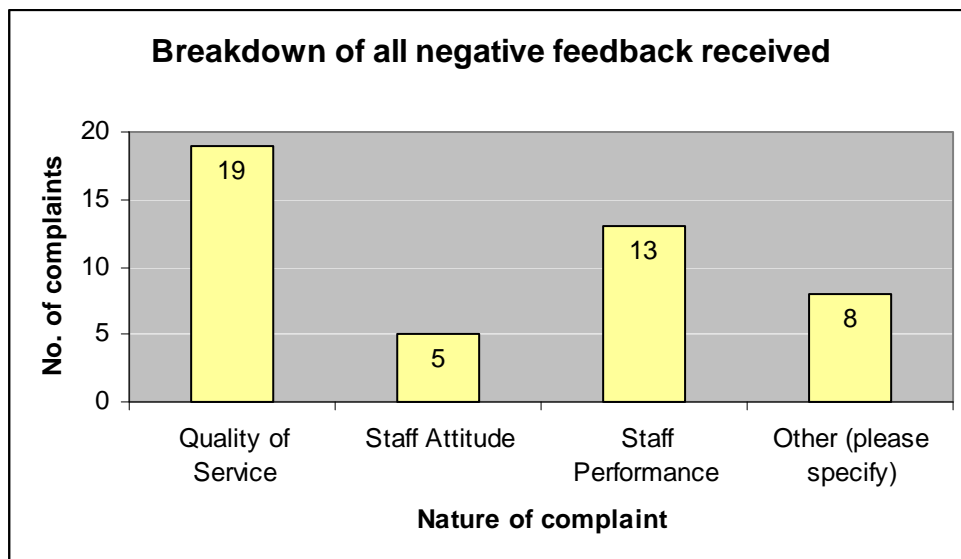
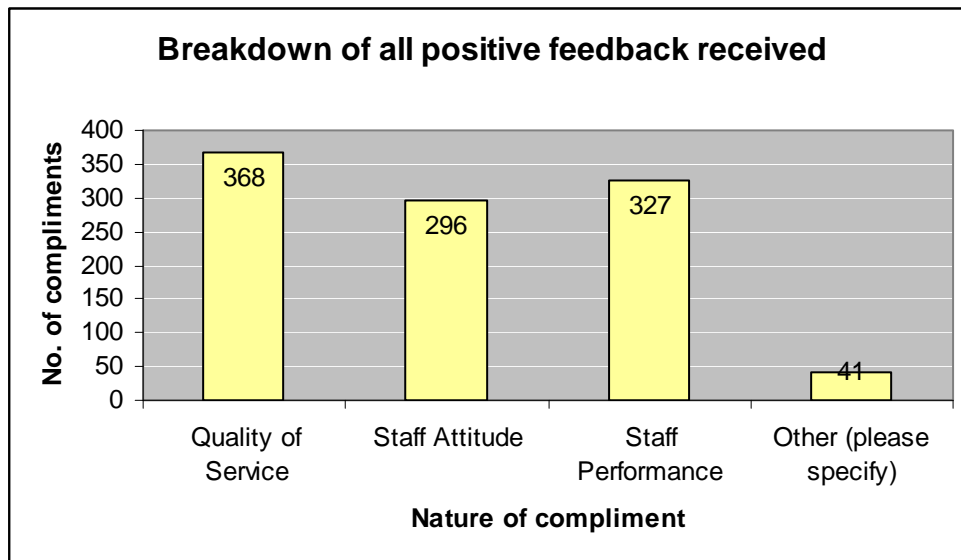
Contracted Services

All contracted providers carry out their own quality monitoring in addition to the monitoring carried out by the Adult Social Care and Housing Contracts Team. While people can use the Adult Social Care Complaints, Compliments and Comments Procedure in relation to the service provided, residential care homes and domiciliary care providers receive a number of compliments, comments and complaints directly which are not dealt with in accordance with this procedure.

The providers audit complaints and can evidence during monitoring visits what action they have taken as a result of the complaints received. Many homes keep copies of thank you cards and letters they receive. A break down of the compliments and complaints considered by care homes and domiciliary care providers is set out below.

Care Homes – Compliments and Complaints

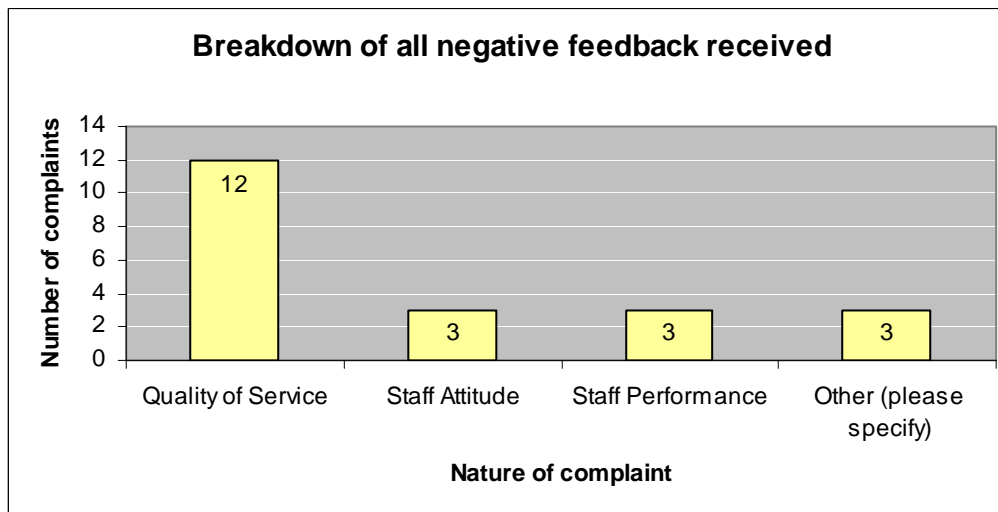
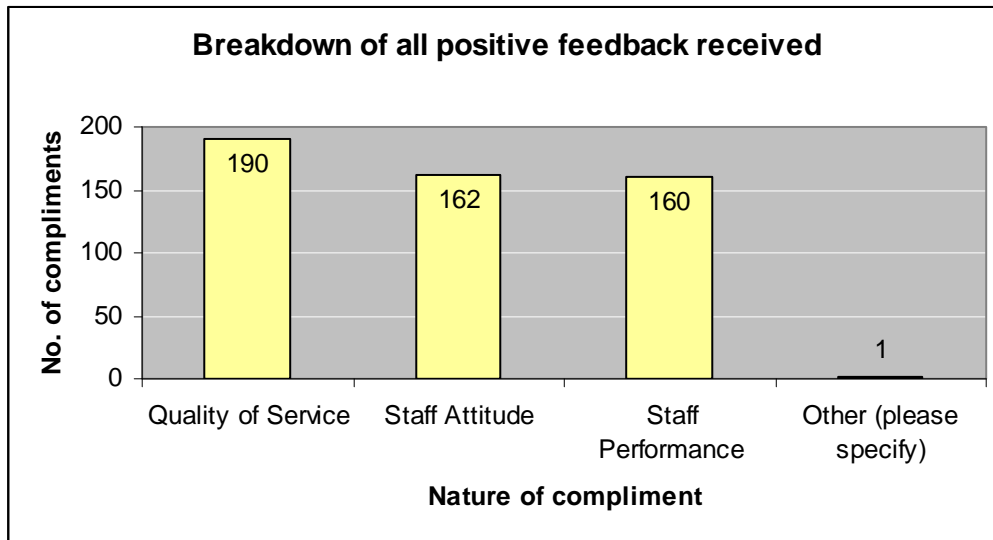
Darlington Borough Council currently contract with 22 residential care homes for older people with a total capacity of 1104 beds. As of the end of March 2011 the homes were not operating to full capacity with the occupancy level being 921 beds.



The following service improvements have been made as a result of the complaints handled directly by care homes:

- A Housekeeping Supervisor has been appointed in a home.
- A specific food complaint form has been developed.
- A near miss form has been introduced.
- Work has taken place to improve staff awareness.

Domiciliary Care Providers – Compliments and Complaints



The following service improvements have been made as a result of the complaints handled directly by domiciliary care providers:

- Started telephone monitoring service.
- Removed carers from service.
- Completed support and supervision.