

DURHAM COUNTY COUNCIL

SOCIAL CARE & HEALTH ANNUAL REPORT ON THE REPRESENTATIONS PROCEDURE

2004/2005

Making a difference where you live



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SECTION 1 - EXECUTIVE SUMMARY

1 Introduction

This Executive Summary contains a brief account of the key issues arising from the Social Care & Health Annual Report on the Representations Procedure, for the year ended 31 March 2005.

Legislation requires Social Care & Health to publish an Annual Report, which gives details about representations, in terms of Complaints, Compliments and Comments/Suggestions recorded during the year.

The Report also contains information about how Social Care & Health has responded to the representations received in line with national and local standards, for example timescales for completing or resolving complaints and summarises key learning outcomes for the service.

2 Summary of Key Findings

a) Data Analysis and Methodology

The data provided within this document is taken from the Social Services Information Database (SSID), which is a live database, as it is constantly being updated.

Caution is therefore urged on the accuracy of some of the data due to several anomalies in the system.

b) Number of representations, including complaints

During the year 2004/2005, 631 representations have been recorded from service users, their carers and/or representatives by Social Care & Health.

These comprise:

| | | |
|-------------|-------|-------|
| Comments | - 65 | (10%) |
| Compliments | - 302 | (48%) |
| Complaints | - 264 | (42%) |

The following table shows the number of Representations recorded for each Branch within Social Care and Health.

| Branch | Comment | Complaint | Compliment | Total |
|---|-----------|------------|------------|------------|
| Adults Commissioning | 31 | 137 | 88 | 256 |
| County Durham Care | 24 | 46 | 186 | 256 |
| Children's Services | 9 | 74 | 10 | 93 |
| Quality & Performance | 0 | 0 | 0 | 0 |
| Strategic Finance & Business Support | 1 | 4 | 4 | 9 |
| Strategic Planning & Health Improvement | 0 | 0 | 0 | 0 |
| Not Recorded | 0 | 3 | 14 | 17 |
| Total | 65 | 264 | 302 | 631 |

- The bulk of representations received relate to Adult Services either in respect of Adult Commissioning or Social Care & Health in house provider, County Durham Care.
- County Durham Care continues to receive the largest share of Compliments received within the Service as a whole, 61%.
- Complaints were mostly about services from Adult commissioning, a lack of service being the predominant cause.
- During 2004/2005 there were encouraging signs in the increased numbers of children and young people who actually accessed the Representations Procedure to make their complaints about Children's Services.
- This year has seen a rise in the number of complaints received, however the overall number of representations received has remained fairly typical and within the range of expectation. The number of representations received is affected by a range of issues such as staff changes, differing recording standards and methods, understanding of IT systems, and changes to service provision. Clearly this list is not exhaustive but is indicative of the factors involved.
- Social Care & Health provide services to people at difficult points in their lives, frequently in contested and emotionally charged situations. It is vital that service users and carers have a voice and that we listen to their views. Representations are a key form of feedback and an indicator that service users and carers feel able to express their views. Social Care & Health regard the complaints received as a positive measure towards understanding the needs and concerns of those who access our services. We positively encourage representations and any decline in the number of representations received could indicate that service users were either not able to access our representations process or not inclined to do so. In either

scenario we would perceive this as a negative step for our service development.

c) Who Complained?

- Most complaints in respect of Adult Services were made by relatives and others rather than service users themselves; influential factors involved may include fear of complaining, victimisation or fear of withdrawal of service.
- Detailed breakdowns 'Overview of Complaints' is provided as appendix 3.

d) Stages of the Complaints Handling Process & Performance Against Standards

- The number of Complaints resolved at the informal Stage 1 (238) has remained consistently at a high level.
- Approximately 10% of the total number of Complaints received, were registered for formal investigations under Stage 2 (26).
- **At Stage 1 (informal resolution)**, 58.6% in Adults Services and 29.5% in Children's Services of complaints were handled within 28 days. Strategic Finance & Business Support had 2 Stage 1 Complaints, which were completed between 15 and 28 days, and 1 complaint, which was not completed within that time scale.

There were 3 Complaints which did not have a Branch recorded. One of these was completed between 15 and 28 days, one between 29 and 90 days, and the other was not yet completed.

- **At Stage 2** legislation allows, for the investigation and response to a complaint about an adult service to be completed within a period of up to 3 months.
- Adult Services achieved this time scale in 33% of the complaints they dealt with.
- In Children's Services, a mandatory 28 day timescale exists for investigating and responding to complaints. Children's Services were however unable to complete any of their Stage 2 complaints within the usual timescales.
- Strategic Finance & Business Support had one Stage 2 Complaint. The Complaint was completed between 29 and 90 days

- In total 5 complaints progressed to **Stage 3 Review panels** and, allowing for delays beyond the County Council's control, review panels were held within the 28 days applicable, once convenient dates to hold the reviews were mutually agreed.
- Recommendations made by Review Panels at Stage 3 of the procedure in respect of the complaints reviewed are passed on to service managers. They are then required to follow through with the recommendations and ensure that the issues are addressed and where necessary changes are put in place which will have a positive impact on the services provided.

An overview of Stage 1 & 2 complaints & detailed breakdown is provided as appendix 4.

e) **Causes of Complaint**

- It should be noted that Complaints can have more than one cause, therefore these will exceed the number of actual complaints. (see appendix 5 for specific cases of complaints received)
- The top two causes identified within complaints received were, Conduct and Attitude of Staff (24%) and Lack of Service (23%). 25% of cases listed as causes of complaint are shown as "NOT RECORDED".
- General Social Work is by far the most complained about service area, with 86 complaints recorded regarding this service area. It is acknowledged, however, that this category covers a wide range of issues and therefore has a natural tendency for 'general' complaints to be recorded against it.
- Conduct or Attitude of Staff has a high number of complaints recorded against it, within the General Social Work service area there are 34 Complaints recorded. Lack of a Service also has a high number of total complaints, with many again in the General Social Work area.
- Meaningful analysis is made difficult by the fact that the largest cause of Complaint is 'Not Recorded', and a large number of Complaints are recorded as "Other"

f) **Equality & Diversity**

- 83% of representations came from people recorded as White/other
- 16% of representations received had no recorded "ethnic status"

- There were no complaints recorded specifically in relation to bullying, harassment and/or discrimination.
- It is worth noting though that, outside of the representations system, Social Care & Health reported under other arrangements, 5 Racist Incidents during the above period, and one of the incidents involved a member of staff.
- County Durham has a very low Black & Minority Ethnic population of approximately 1%. As not all of the Service Users recorded on the SSID system have a BME category listed it is difficult to determine whether a representative proportion of the population is accessing the Representations Procedure. Where the person making the complaint is not the service user the ethnicity of the complainant can only be determined if their details are fully recorded on SSID, for instance as a carer.
- There is a need to improve the quality of recording on SSID, a large proportion of Representations do not have the 'Gender' recorded. For example one Complaint had the gender of the complainant recorded, as both Male and Female!
- Female service users accounted for the highest percentage of Complaints and Compliments, but more Males than Females gave Comments.
- In terms of Gender recorded, 55% of representations received were made by Female and 35% were from Males.

g) Key Learning Points from Complaints, Comments & Compliments

Complaints and other representations are a key source of feedback for the service, which help us to identify any changes required in order to improve our services. Examples of areas where work is ongoing to address issues identified as a result of representations made to Social Care and Health include:

- Consideration where necessary for the need for temporary – if partial – solutions for issues that arise from Occupational Therapy assessments, as soon as it becomes apparent that no other immediate solutions are available.
- Social Care & Health liaise with district councils to help them respond quickly to the needs of service users awaiting adaptations in local authority housing. There is however, a need to further to improve joint working with District housing authorities across the county to ensure that Occupational Therapy recommendations are followed up, quickly. It is important to note that the time taken by a district council to implement an OT recommendation for adaptation is not under

the control of Social Care & Health and wherever possible complaints are passed on to the district council for their response to the service user. The work of the community equipment board and ongoing integration with promoting independence teams are longer-term solutions, which are also being pursued.

- Providing general written information about services, including Occupational Therapy Services.
- Communicating clearly, in writing and in a timely manner, about matters affecting service users, such as meetings, decisions and available options.
- Reminders being sent to staff about the need to consult senior Occupational Therapists about complex moving and handling situations; possible need for risk assessment and specialist advice (including external expert advice).
- Where complaints are received regarding independent sector care providers we need to be clear about who has responsibility for the complaint. Guidance should be sought in each instance to ensure that cases are investigated by Social Care & Health and/or referred to the Commission for Social Care Inspection (CSCI), as appropriate. CSCI has powers to investigate complaints where they relate to National Minimum Standards.
- Managers are required to ensure that information recorded by staff and shared with hospitals, when service users are admitted, is appropriate and accurate.
- Staff are required to ensure that families and anyone with sufficient interest in the welfare of service users are properly involved and communicated with when there is need to operate the Adult Protection Procedures. Improvement in this aspect and others must be considered as part of any review of the Procedures.
- Rigorous management case auditing processes have been introduced and embedded into Children's Services teams, and practice standards have been reviewed.
- The establishment of the Initial Assessment Team has enabled much speedier assessment of children and their families needs and therefore access to services for service users.
- Consultation forms have been introduced for parents, young people and carers in child protection conferences, and looked after reviews.

- Evidence Based Supervision and Appraisal (EBSA) programme has been updated and introduced across the service.

h) National & Local Developments of the Representations System

During 2004/2005 a number of developments have taken place.

Nationally:

- On 1 April 2004, the new Commission for Social Care Inspection (CSCI) was launched, in line with the Health and Social Care (Community Health and Standards) Act 2003.
- The Advocacy Services and Representations Procedure (Children) Regulations 2004 provide a statutory right for children and young people to have access to independent advocacy when making or intending to make complaints.
- Other reforms to social care complaints procedures for adults, children, including new arrangements for independent review panels have been the subject of ongoing consultation by the Government, the outcomes of which remain unclear at this point in time.
- "Every Child Matters: Next Steps" sets out the Government's agenda for improving outcomes, including from complaints, for every child, and outlined proposals for a new integrated Children's Service (merging social services for children and education services).

Locally:

- the new role for the County Council's Standards Committee, which involves elected members in the scrutiny of complaints handling by all Services, including Social Care & Health, at quarterly intervals.
- the introduction of a CRM (Customer Relationship Management) system to capture all customer contact with the Council.
- NYAS (National Youth Advocacy Service) currently provides free and independent advocacy, under a Service Agreement, to children and young people in County Durham.

Under a similar Service Agreement with Social Care & Health, The Representational Advocacy Service (RAS) provides free access to independent short-term representational advocacy to adults receiving social care services across County Durham. The Advocacy Service is managed by Durham Citizens Advice Bureau.

A new advocacy service free to adults is also being launched shortly to provide *Self Advocacy* and *Citizens Advocacy*. A Service Agreement with Social Care & Health will enable **Learning First** to deliver this service across County Durham.

i) Areas for Future Developments

Future long term plans will be largely dependent upon a number of factors, such as new requirements from national regulations and guidance on complaints handling, and any structural changes within the County Council and or Social Care & Health Service. Social Care & Health Representations Procedures are currently under review and this will certainly impact on the future structure of any investigations and reports.

Specific issues regarding the problems caused in poor recording systems and practice, for complaints, in particular, must be addressed as a matter of high priority.

There continues to be evidence of strength in the performance around complaints, particularly at Stage 1 of the process. However, we need to ensure that the Representations Procedure is not used simply as a tool to assess the performance of Social Care & Health, but also for learning and service improvement.

j) Conclusion

This Annual Report highlights aspects of the performance by Social Care & Health's in its handling and consideration of representations, including complaints, during the year 2004/2005.

The service receives a large number of representations each year. This is predictable given the nature of the services, which are provided at difficult times in people's lives, and representations are a valuable source of feedback to inform service improvement. This Annual Report indicates positive achievements in Social Care & Health's performance in the handling and consideration of representations, including complaints, during the year 2004/05.

The report highlights a number of areas for ongoing action:

- Define key roles and responsibilities of those involved with the management and operation of the Representations Procedure for children, adult and integrated services.
- Radical changes to the current IT system and practice for recording the process involved for receiving, responding to and learning from complaints.

- Managers ensuring that staff responsible for recording Representations on the SSID system actively do so, in order to ensure that information required is accurate and up to date when it is analysed for the purpose of identifying performance and trends.
- The importance of learning from complaints and other representations.
- The contribution made by users and carers, mainly through their views and feedback, are acknowledged in this Annual Report.

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Strategic Planning & Health Improvement
Social Care and Health
October 2005

SECTION 2 - ANNUAL REPORT 2004-2005

1. PURPOSE OF THE REPORT

This Annual Report provides details about the performance of County Durham Social Care & Health in respect of its handling and consideration of representations, (complaints, compliments, comments and suggestions), received from service users, their carers and/or representatives, during the year from 1 April 2004 to 31 March 2005.

2. BACKGROUND

The NHS & Community Care Act 1990 and the Children Act 1989 require Social Care & Health to have in place a Representations Procedure for handling and considering complaints, comments and compliments about the discharge of its functions.

Legislation also requires the publication of an Annual Report to inform services users, their carers and/or representatives, elected members, staff and other members of the general public, about how the Service has performed in meeting key national and local standards, particularly in respect of handling complaints.

3. MANAGEMENT AND OPERATIONS OF THE REPRESENTATIONS PROCEDURE

Overall management and operation of the Representations Procedure for Social Care & Health fall under the responsibility of the Designated Complaints Officer for the same.

Complaints Officers (1 in Children's Services and 1 in Adult Services), managed within respective Service Development Teams, assist with the handling, investigation and resolution of complaints and advise on other representations within their service branches.

The recording of information about complaints, compliments and comments is managed at several locations through Designated Administration Officers, including Personal Assistants attached to Senior Managers. The operation of the Social Care & Health computerised information system (SSID) for the recording and analysis of all representations, is overseen by Social Care & Health's Information and Communications Services section.

The responsibility for publicising and promoting information and related materials, leaflets and booklets about the Representations Procedure is co-ordinated by the Information to the Public Team.

4. AIMS OF THE REPRESENTATIONS PROCEDURE

The primary aims of the Procedure:

- To recognise and value the needs and rights of services users and others to express their views and concerns about the actions and decisions taken by Social Care & Health
- To enable individuals, who are eligible to make appropriate complaints, or other positive comments to have easy access to the Representations Procedure
- To enable and empower staff to listen to the experiences of service users and carers, take seriously their concerns and complaints and use best customer care practice to try and resolve or remedy any problems to their satisfaction
- To provide information about important lessons learned, from complaints in particular, to make quality improvements to performance and service delivery.

5. WHO MAY USE THE SOCIAL CARE & HEALTH REPRESENTATIONS PROCEDURE?

The Representations Procedure can be accessed and used by individuals who are in receipt of social care services, including their carers and or representatives. Legislation recognises the following:

- Any person to whom the local authority has a power or duty to provide, or secure the provision of, a service, and whose need or possible need for such a service has (by whatever means) come to the attention of the local authority
- Anyone representing or acting on behalf of a person, as described above, in any case where that person:
 - is a child or young person
 - has requested the representative to act on his/her behalf
 - is not capable of making the complaint by him/her self
- Individuals who have parental responsibilities, are carers, advocates and others, whom Social Care & Health consider as having sufficient interest in the person's welfare, will also be eligible to use the Procedure.

6. COMPLAINTS HANDLING

Legislation provides for complaints to be handled under 3 specific stages:

- Stage 1 allows for informal resolution, without the need for an investigation, at the nearest point where the complaint is made
- Stage 2 provides for a complaint to be formally registered, investigated and responded to in a considered manner. Such complaints do not necessarily need to have gone through Stage 1 in the first instance
- Stage 3 provides complainants with a right to have their complaint reviewed by an independent panel following Stage 2

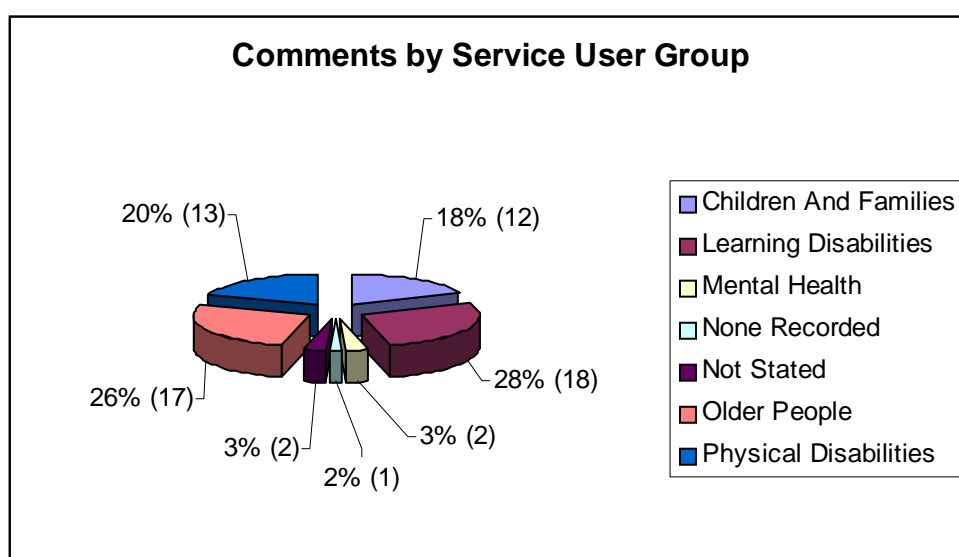
Beyond the 3rd Stage, individuals can be advised to pursue a complaint further through the Local Government Ombudsman.

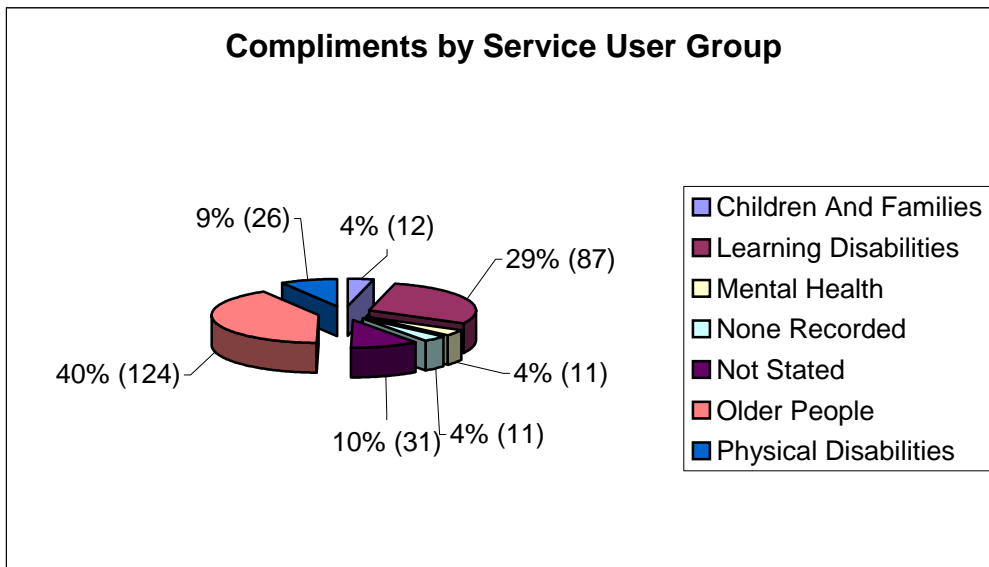
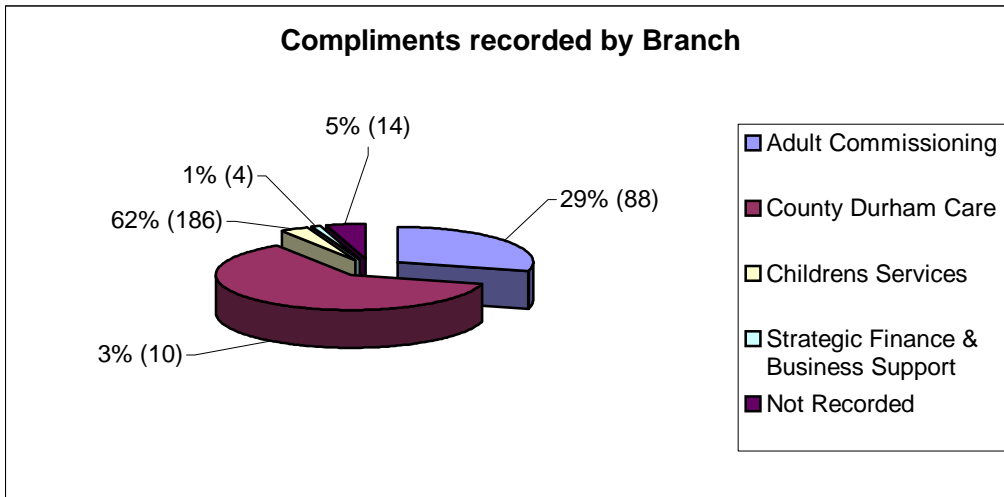
The handling and consideration of complaints is subject to a number of established national and local standards, and these are shown in detail as Appendix 1.

7. COMMENTS AND COMPLIMENTS RECEIVED FROM SERVICE USER GROUPS

- a) The following charts illustrate the breakdown of Comments and Compliments received from Service User Groups across the service.

It is noted that some of the Representations are listed as 'Not Stated' or 'Not Recorded'.



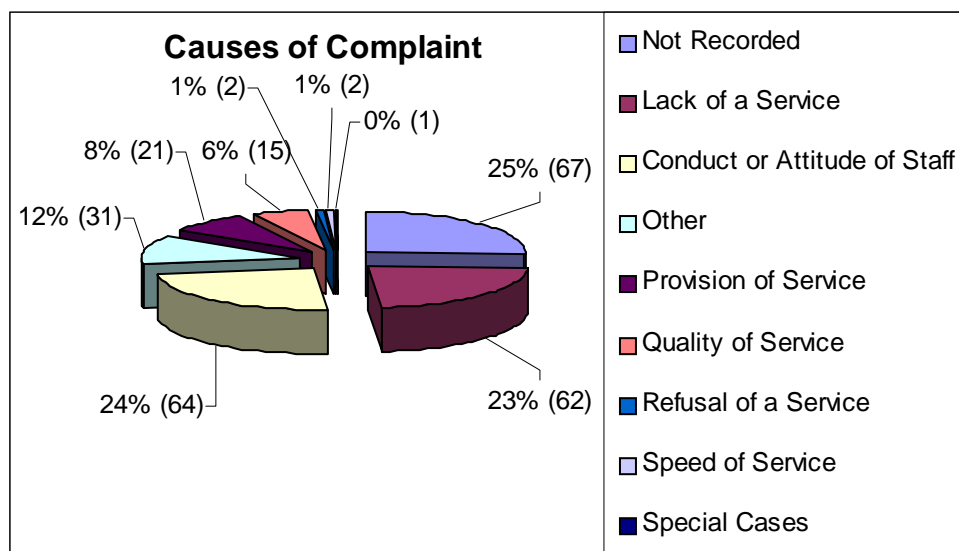


The highest percentage of compliments were received by Older People. The lowest number of compliments were received by Mental Health service users and those stated as None Recorded.

8. CAUSES OF COMPLAINTS TO SOCIAL CARE AND HEALTH SERVICE

Throughout the period from 1st April 2004 to 31st March 2005, Social Care and Health received complaints from Users and their representatives about a wide range of issues.

The pie chart below indicates a summary of the causes for Compliments received.



It should be noted that a Complaint could have more than one cause, therefore there are more Causes of Complaint than the total number of Complaints.

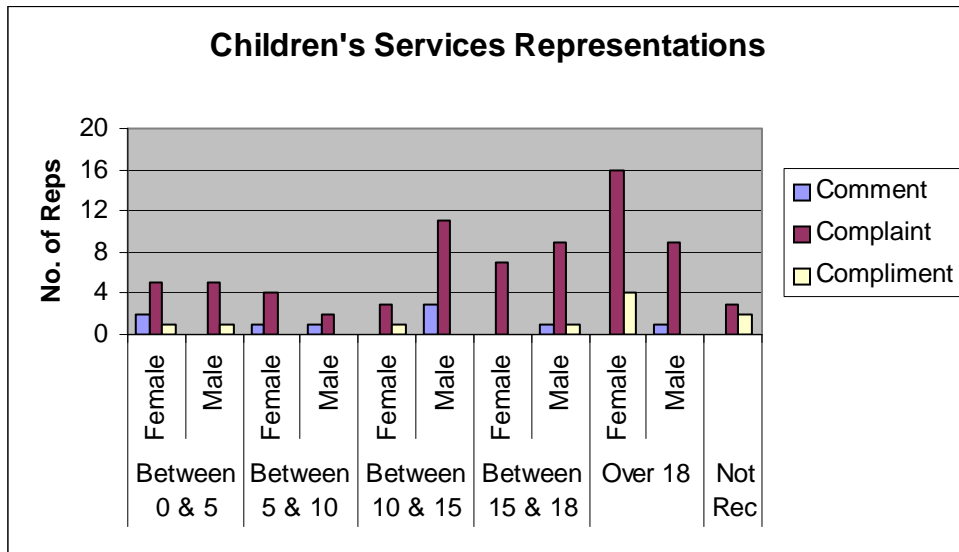
9. EQUALITY AND DIVERSITY ISSUES

a) Representations by Black and Minority Ethnic Groups

The numbers of recorded Representations received by ethnicity of the Service User involved in the Representation were:

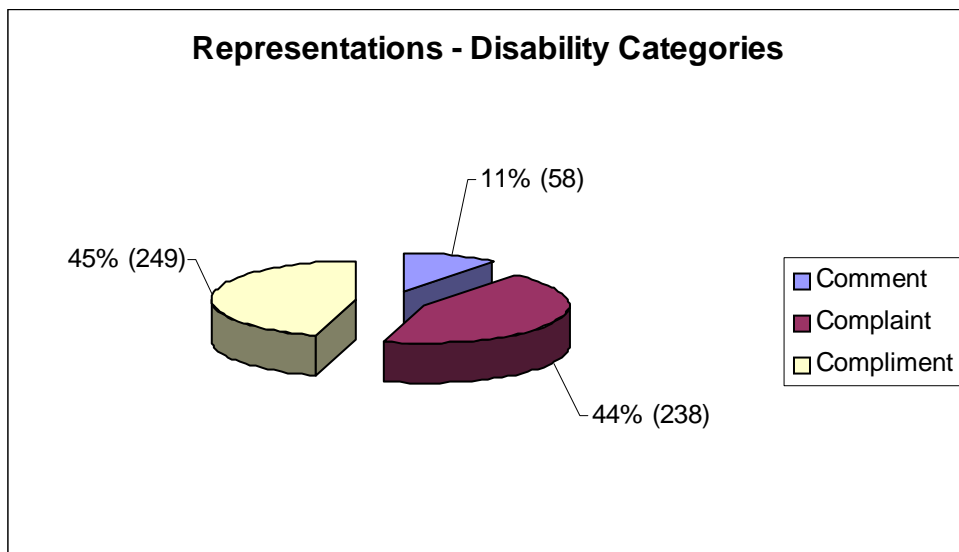
| BME GROUPS | Total Representations | Breakdown | | |
|------------------------|-----------------------|-----------|------------|-------------|
| | | Comments | Complaints | Compliments |
| White British | 525 | 54 | 229 | 242 |
| Any Other Ethnic Group | 7 | 2 | 2 | 3 |
| Not Recorded | 98 | 9 | 32 | 57 |
| White/Other Background | 1 | 0 | 1 | 0 |

b) Representations by Age



c) Representations by Disability Categories

The pie chart below shows the number of 'Disability Categories' which made Representations to Social Care & Health.



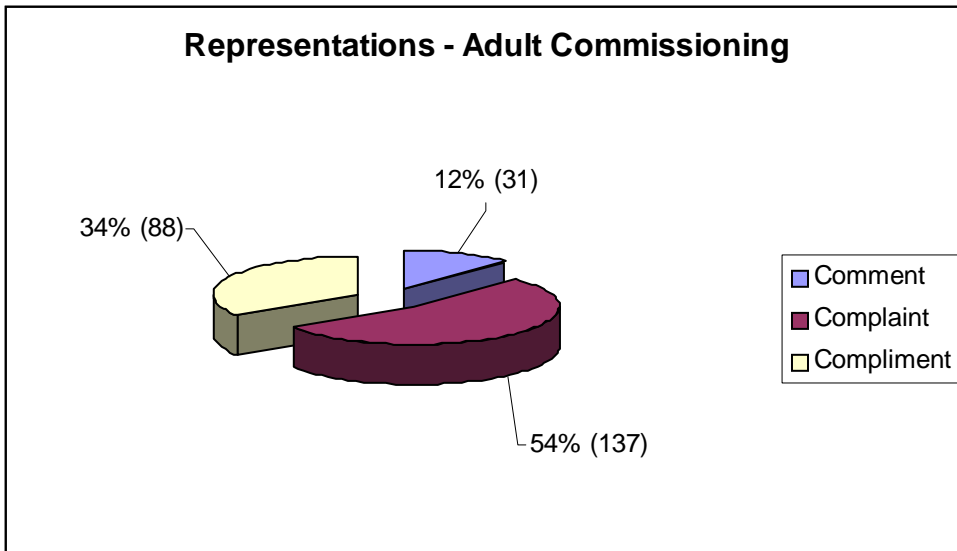
As a Service User can have more than one disability category recorded on record, the pie chart above does not give an illustration of how many Service Users with a disability made a Representation.

A detailed table in Appendix 6 gives a more detailed breakdown for the categories of disability recorded for Comments, Complaints and Compliments.

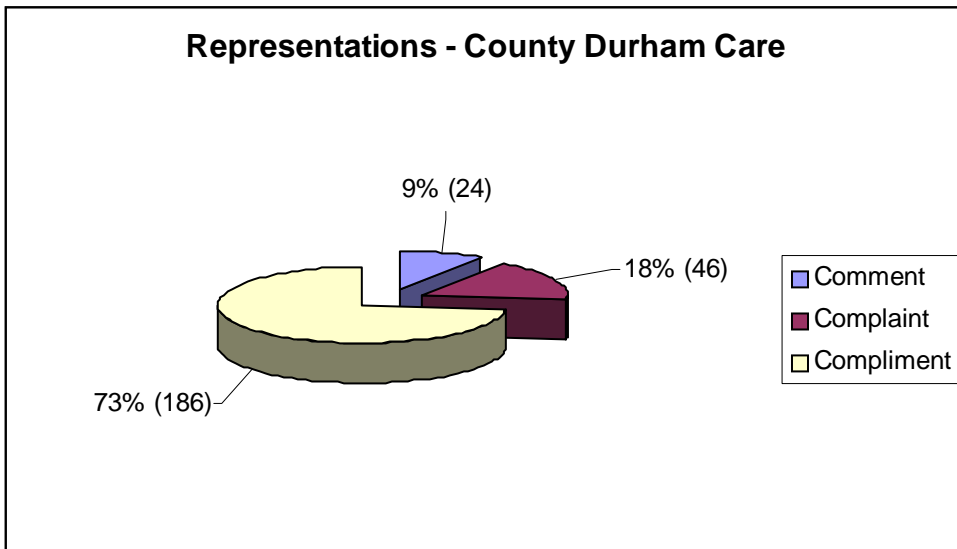
SECTION 3 - BRANCH ANALYSIS FOR ADULT SERVICES

1. Representations for Adult Services

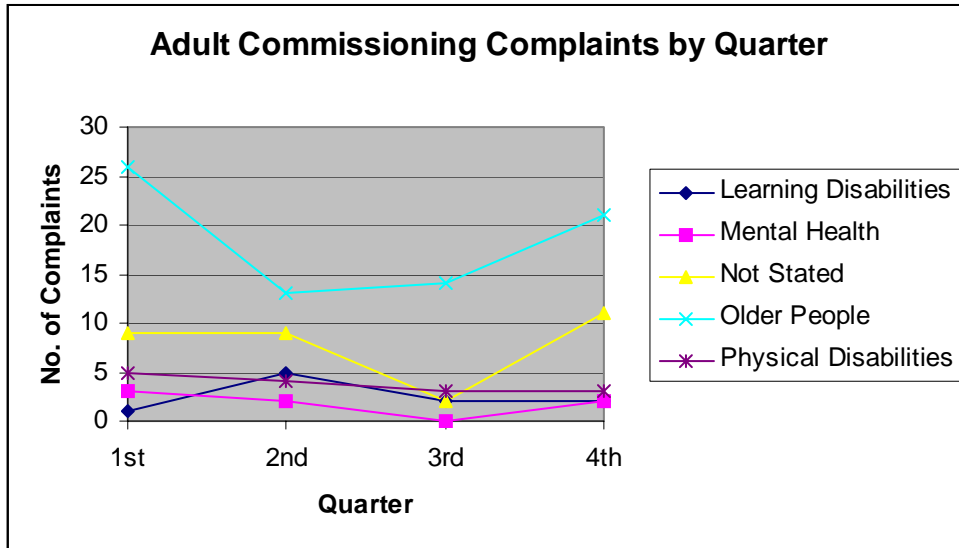
This section of the report covers Representations received regarding Adult Services. An overview of Representations received by Adult Services in comparison to other services within Social Care and Health can be found earlier in the report. However in respect of the Representations received within Adult Services the following pie charts give an indication of the breakdown for Adult Commissioning and County Durham Care.



20% more complaints than compliments were received in Adult Commissioning.



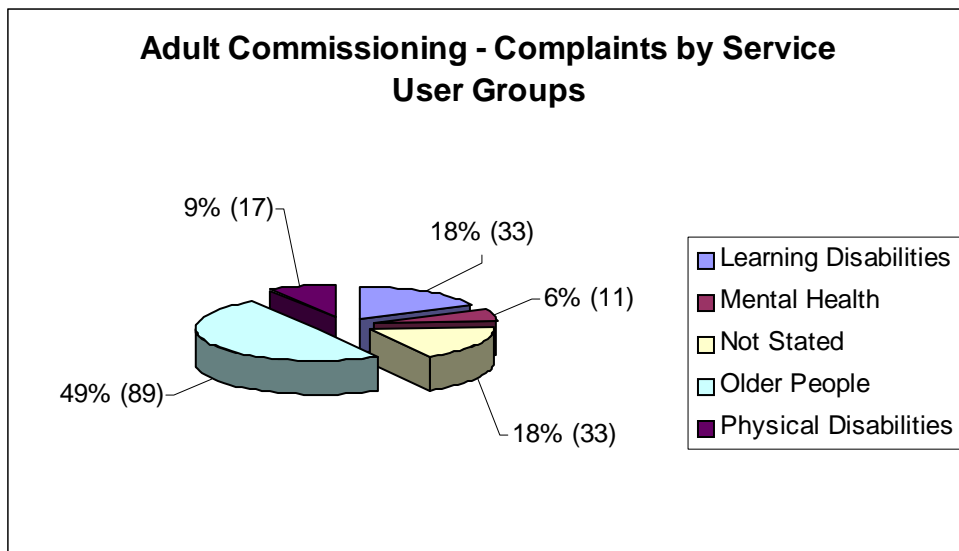
Unlike the Adult Commissioning, County Durham Care received more compliments during the period.



In general, Older People Services have had greater numbers of complaints compared with other service areas over the year, however, this could be expected as the majority of referrals made to Adult Services relate to people aged 65 years old and over.

2. Breakdown of the Complaints received by Adult Services User Groups

The following pie chart gives an illustration of the breakdown of complaints received from Adult Service User Groups within Adult Commission.



3. Causes for Complaint by Service Users within Adult Services

| Cause | Learning Disabilities | Mental Health | Older People | Physical Disabilities | Not Stated |
|---------------------------|-----------------------|---------------|--------------|-----------------------|------------|
| Not Recorded | 22 | 4 | 10 | 5 | 7 |
| Lack of service | 4 | 4 | 23 | 4 | 11 |
| Conduct/Attitude of staff | 3 | 2 | 21 | 2 | 3 |
| Other | 0 | | 12 | 3 | 6 |
| Provision of Service | 2 | 0 | 13 | 2 | 2 |
| Quality of Service | 2 | 1 | 7 | 1 | 3 |
| Refusal of Service | 0 | 0 | 2 | 0 | 0 |
| Speed of Service | 0 | 0 | 1 | 0 | 1 |

Only 2 of the total number of causes for complaint were due to refusal of service through out the whole of the Adult Services provided.

Most complaints are linked to lack of service.

It should be noted that services for adults are increasingly provided on an integrated basis with other services including the NHS, housing etc. The figures provided in this report relate to representations relevant to Social Care and Health services.

4. Learning Outcomes

The following information has been provided by Shlomit Teff on behalf of Social Care and Health Adult Services, and provides examples of issues which arose from complaints entered at Stage 2 from 1st April 2004 to 31st March 2005.

a) Occupational Therapy (OT) services:

Complaint about delay in assessment for level access shower; lack of information about the likely date of assessment and the process involved; lack of response to phone calls about the assessment, and the handling of complaint at Stage 1.

Action taken: The complaint was investigated. It was upheld as regards delay in assessment and handling at Stage 1; it was partly upheld as regards response to phone calls. Apologies were tendered by a senior manager for the deficiencies in service, and the complainant informed of plans to improve it. The staff involved were informed of outcome.

Practice & procedural issues:

- Similar concerns about OT services had been raised before, and were partly behind the decision to appoint a senior OT as Professional Lead, with remit to review the procedures and processes for this area of service.
- It was recommended (and to be followed up by the Lead OT) that a leaflet for service users is to be compiled to include information about the role of Social Care & Health OTs; how they work with housing authorities in dealing with adaptations; how assessments are carried out and prioritised, and funding issues.
- It was recommended that, in view of the volume of phone calls regarding OT matters, the administrative support in the locality concerned should be reviewed and adjusted to facilitate better response to in-coming calls.
- As regards the handling of the complaint at Stage 1, the matter was discussed with the staff involved; senior managers were reminded of the availability of guidance for staff dealing with Stage 1 complaints, and the matter is to be followed up in training.

b) Monitoring of learning disabled service user when out of Centre:

The concern arose when a group of service users moved from one facility to another, without close staff liaison, resulting in there being no information about the whereabouts of a service user for a short period of time.

Action taken: Investigation undertaken and complaint upheld. The complainant was given an account of the available information, with apologies for the deficiencies in service, and details about the steps taken to remedy them. Relevant staff were informed of outcome.

Practice & procedural issues:

Procedure was put in place to ensure that service users are closely monitored when out of Centre, and that, where more than one Centre is involved, the staff concerned communicate fully about any arrangements for joint activities. Certain staff were to be provided with mobile phone and contact details given to carers.

c) Care services to a couple (a man with physical disabilities and wife with dementia):

The complaint was primarily concerned with the lack of home help for over 2 years, despite ongoing concerns of family and professionals, and several assessments indicating need for services (the difficulty in provision having arisen after services had been repeatedly declined). It also concerned recovery of unpaid care charges, and failure to provide written information about an assessment which recommended long-

term admission to a Home (eg, the criteria used to determine funding and eligibility for NHS funded care, information later provided at Stage 1).

Action taken: Investigation undertaken; each point of complaint was partly upheld. The complainant was given an account of the available information, apologies for the shortcomings in service, and details about steps taken to remedy them. Relevant staff were informed of outcome.

Practice & procedural issues:

- It was accepted that, even though services have been declined, it would have been desirable in this case to have remained involved, to provide support; build relationships which might facilitate acceptance of services; liaise with the family, professionals and informal carers, and monitor the situation alongside them. It was further accepted that, although in most cases it is appropriate to end the involvement where individuals decline services, there are situations in which it is desirable to remain involved. These would include cases where individuals have been assessed as being at significant risk, and have repeatedly declined services designed to reduce the risk. Involvement in such cases would focus on monitoring, support, liaison, and further exploration of the options for provision. This matter is the subject of consultation with a view to an appropriate clarification being issues to staff.
- As regards unpaid charges, it was concluded that insufficient checks had been made as to the appropriateness of pursuing the claim in this case; that the existing debt recovery process has insufficient safeguards in respect of claims against vulnerable service users, and that it would be desirable to have a procedure which facilitates early consideration of such claims. This matter was brought to the attention of the Finance Section and County Treasurer, with request to make appropriate adjustments to the relevant procedures.
- As regards written information, it was acknowledged that no minutes had been compiled in respect of the meeting which considered long-term care, and that in view of its importance, it would have been good practice to have compiled minutes, to include a summary of issues considered and recommendations. A reminder was later issued to staff about the importance of compiling minutes of formal meetings and distributing them to participants, and, where several agencies are involved, agreeing in advance who would be responsible for doing so.

d) The provision of information to, and consultation with, service users about plans for training centre:

The complaint arose from service users' concern that they had found out about the plans by chance and were then not given accurate information about them. When they sought further information, it took months to get it, and it was not clear about the plans or reasons for change. It also appeared to the service users that the plans had reached an advanced stage without them being consulted; that the plans took no account of their views and welfare; that their views were only taken into account after they had organized to ensure that this happened, and that the plans themselves were not properly thought through.

Action taken: Investigation was undertaken, concluding that the complaint was justified as regards the initial failure to provide accurate information and the time taken to provide it (the difficulties being due to management problems at the centre). The complaint was not upheld as regards the plans reaching an advanced stage without consultation; not taking into account the service users' views and welfare, and not being properly thought through (as it had been intended to consult service users after definite proposals had been formulated, taking account of the need to modify the service to meet government guidance and legal requirements; costs, and users' needs and welfare). The complainants were given a full account of events, with apologies for the shortcoming in service and details of steps taken to remedy them. Relevant staff were informed of outcome.

Practice & procedural issues

- Management problems at the particular centre were identified as the reason that inaccurate information was provided. It was considered that these problems were particular to the centre concerned and they were followed up with the staff involved.
- It was accepted by senior managers that, as far as possible, information about changes in service will in the future be shared with service users, within 5 working days of proposals receiving the approval of Councillors.
- It was noted that a general policy about consultation has been under consideration by the Authority since early 2005. It is contained in the document 'Communication Strategy for Learning Disabilities', which deals with communication with service users, carers, staff, Councillors, and other interested parties. Among other things, the document seeks to ensure that the staff involved in developing services are aware of the need to provide accurate information about options/plans; do so in a timely manner, and engage users and other interested parties in consultation as regards changes in service. It was agreed that the concerns raised in this complaint would be taken into account in the

consultation about the document, which is to be introduced as formal policy in the near future.

5. Examples from Review Panels

The following provides examples of issues which arose from Review Panels held in 2004 - 5 (both complaints were entered as Stage 2 in 2003-4).

Most Review Panel recommendations had already been identified at Stage 2, and were then endorsed by the Panel.

- Review Panel made recommendations regarding the following matters:
- Need to consider temporary - if partial – solutions for issues which arise from OT assessments, as soon as it becomes apparent that no full and immediate solutions are available.
- Further improve joint working with housing authorities across the County to ensure that OT recommendations are followed up, and that steps are taken to meet assessed needs which the housing authority has not met.
- Importance of providing general written information about services, including OT Services.
- Need to communicate clearly, in writing and in a timely manner, about matters affecting service users, such as meetings, decisions and available options.
- Remind staff to consult senior OTs about complex moving and handling situations, and possible need for risk assessment and specialist advice (including external expert advice).

The recommendations relating to OT services had been forwarded to the Professional Lead OT to consider in connection with ongoing review of the service. As regards recording, a reminder was sent to staff, and to the Training Section to incorporate in staff induction and refresher courses.

- Review Panel made recommendations regarding the following matters:
- The Panel endorsed changes made to the forms used in CDC Homes to record information to pass on to hospitals when service users are admitted. It further suggested that staff be reminded of the importance of good practice in recording; that this be included in staff training, and that Managers check and monitor the quality of recordings.
- The Panel endorsed the recommendations made at Stage 2 as regards improvement in the operation of the Adult Protection Procedures, especially in relation to involvement of, and communication with, families. The Panel agreed that these proposals be forwarded to the Adult Protection Development

Officer for consideration in connection with the current review of the Procedures.

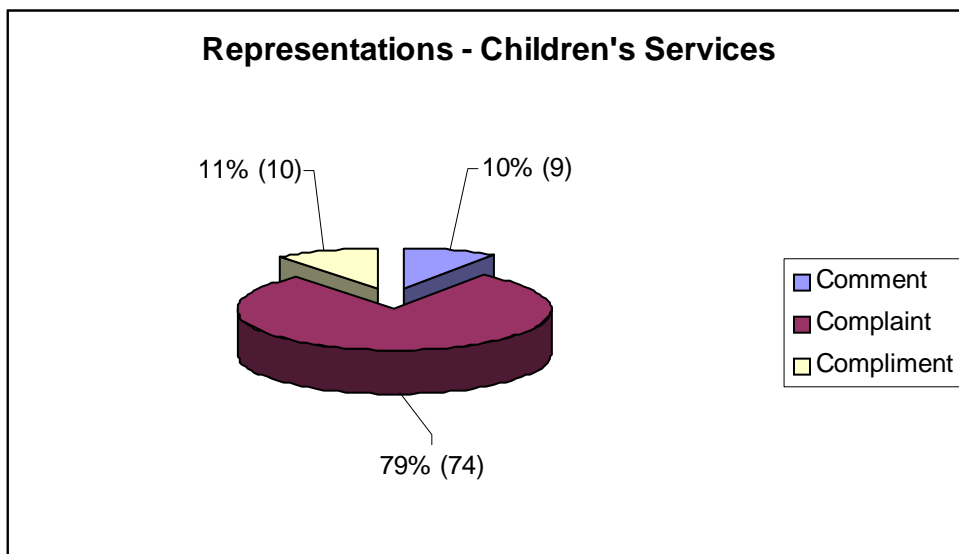
The Panel recommendations were forwarded to CDC; staff responsible for training, and the Adult Protection Development Officer, for consideration during the current review of the procedures.

SECTION 4 - BRANCH ANALYSIS FOR CHILDREN AND THEIR FAMILIES SERVICES

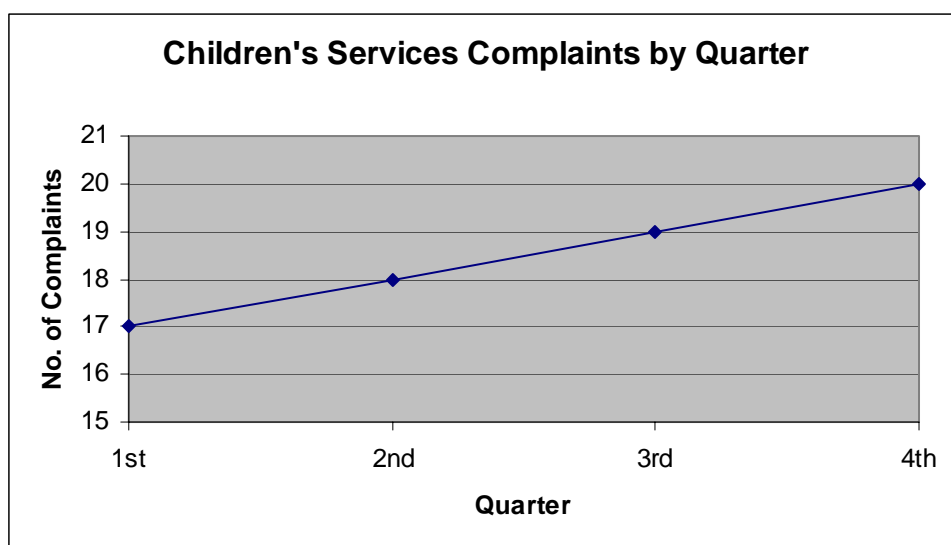
1. Representations for Children and their Families Services

This section of the report covers Representations received regarding Children's Services. An overview of Representations received by Children's Services in comparison to other services within Social Care and Health can be found earlier in the report.

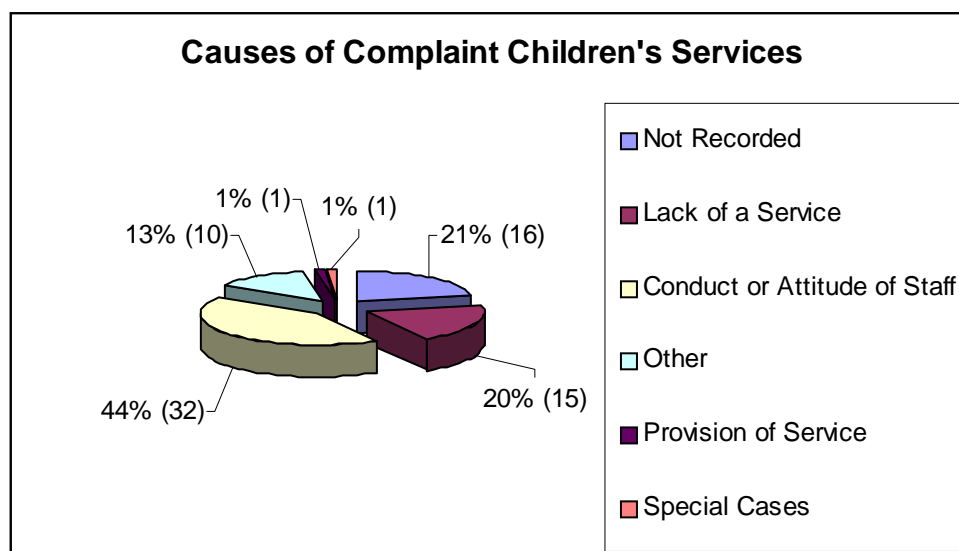
In respect of the Representations received within Children's Services the following pie charts give an indication of the breakdown.



The following graph shows the Complaints received by Quarter. It shows there is no discernable trend over the year.



2. Causes for Complaint within Children's Services



Most of the Complaints received regarding Children's Services are about the Conduct or Attitude of Staff. Children's Services also received a high proportion of Complaints about Lack of a Service. However many Complaints did not have their reason recorded, making analysis of the data difficult.

It should be noted that a Complaint can have more than once cause, so the total number of Complaints in the above pie chart does not add up to the overall number of Complaints for Children's Services.

3. Learning Outcomes

The following information has been provided by Carole Payne on behalf of Social Care and Health Children and Families Branch, and provides examples of issues which arose from representations from 1st April 2004 to 31st March 2005.

a) Key Issues

From complaints received in Children's Services, the predominant issues appear to concern:

- Provision of service (lack of provision, quality of provision, eligibility for provision, intensity of provision)
- Staff conduct (often concerning individual members of staff's commissions or omissions)
- Communication

To a lesser extent there is also an issue with:

- Parents' contact with children who are looked after
These issues arise in all service areas.

The highest numbers of complaints are made in relation to the Children in Need teams, with 50% of all complaints recorded. Of these, the predominant issues are conduct of staff and communication.

Complaints recorded about the Looked After Service are more often concerned with provision of service.

The dominant issue in complaints about Residential Services is conduct of staff.

b) Impact on Policy, Procedures and Practice

The highest number of complaints received relate to Children in Need teams. In responding to this, note must be taken of the nature of this work. Frequently the teams' work is conducted in difficult, contested and emotionally charged situations. Against this backdrop, it remains our aim to treat our service users with respect, enabling them to retain as much control over their own situations as possible. Where we fail to do so, complaints may arise.

Assuring the quality of our services is always a key concern and this has been a particular priority in the last year. The following actions have been taken to improve quality through policy, procedures and practice:

- Rigorous management case auditing process introduced and embedded
- Practice standards reviewed
- The establishment of the Initial Assessment Team has enabled much speedier assessment of need and therefore access to service for service users
- Consultation forms introduced for parents, young people and carers in child protection conferences, and looked after reviews
- Evidence Based Supervision and Appraisal (EBSA) programme introduced. This requires staff to collate portfolios of evidence that they:
 - Value, respect and treat people fairly
 - Learn from experience and are prepared to change
 - Listen to people and encourage them to give their views
 - Respect confidentiality
 - Help people to access services
 - Provide people with information for them to make informed choices
 - Keep people informed
 - Are responsive to people's needs

- Explain decisions
- Check that service users' needs are being met.

c) Specific actions taken to correct any deficits

All of the developments outlined above are designed to impact on the practice of individual workers as well as to improve the quality of the Service overall. In addition to these system-wide responses, there are numerous examples changes to practice as a result of complaints and representations.

For example:

A complaint was upheld that parents had not been enabled to participate in planning and review for their child. As a result, Looked After Reviews do not now proceed if parents are unable to attend, and will be reconvened when they can.

A complaint was upheld that decisions made during a review had not been actioned by staff. As a result, new channels of communication following review have been initiated to eliminate delay.

A complaint was upheld that age appropriate play materials were not available in a residential facility. As a result, a wider variety of toys and games have been obtained and staff have been made more aware of individual needs.

A complaint was received relating to the emergency protection of children. As a result, amendments to the Area Child Protection Committee procedures are to be recommended.

d) Compliments

Compliments are received regularly on services. In particular, individual members of staff are singled out for praise by service users. There are messages for the development and delivery of services in compliments as well as complaints.

It is clear that many of our staff often "go the extra mile" for service users. Comments have been received. For example:

" I get on with everybody now, whereas before I would be negative. I would also rather spend my money on other things rather than drugs. I couldn't have got this far without your support."
(young person)

"Thanks, I feel as if you have given me my daughter back. She is now just a normal teenager again." ***(parent)***

“The best thing that could have happened to my daughter! When she arrived at Copelaw she was a very unhappy child, she is now as happy as she could be.” (parent)

“worker was excellent in ensuring appointments were made around our needs.” (parent)

“Our son is a changed boy, he has done really well and his confidence has improved.” (parent)

“Thank you so very much for all the time, work and effort you put in with by boys.” (parent)

“My daughter’s attitude and outlook on life have totally changed for the better. She has become more approachable and friendly. Thanks to all the staff and support.” (parent)

“I think the programme is brilliant, the staff are very friendly and helpful, the best thing is that it gives kids like Kevin something to really look forward to.” (parent)

“I thought I would acknowledge your fabulous facilitators, the children have commented on how much they have enjoyed the sessions plus how much they have learnt, staff included. Your staff manage the young people no problem.” (partner agency)

“I have had a brilliant time with John and Lyn. They have been very kind to me and have made me feel really special. And they both deserve medals for it. I feel much happier now” (young person)

“Thanks for helping me through bad times.” (young person)

e) Comments

Children’s Services actively seeks the comments of service users, in order to inform service improvements and developments. The Investing in Children membership scheme has been an excellent vehicle for such activity. In general, Agenda days are held, at which young people who are users of service offer comments and feedback on those aspects of service they find most important. An action plan is then drawn up by the

team concerned. When this has been implemented, young people themselves assess whether change has been effective. If it has, Investing in Children membership status is conferred.

Examples of service developments that have been implemented as a result are:

- Improved recreational facilities in an education centre
- Improved appointments system in a therapeutic service
- Improved access to buildings and choice of refreshments in a therapeutic service
- Child-centred rather than adult-led activities in a children's home
- Improved support for contact with distant parents
- Improved consultation with young people in a children's home
- Broader range of activities for young people in an activities programme
- Improved food choices in a secure unit.

SECTION 5 - CONCLUSION

This Annual Report highlights aspects of the performance by Social Care & Health's in its handling and consideration of representations, including complaints, during the year 2004/2005.

The service receives a large number of representations each year. This is predictable given the nature of the services, which are provided at difficult times in people's lives, and representations are a valuable source of feedback to inform service improvement. This Annual Report indicates positive achievements in Social Care & Health's performance in the handling and consideration of representations, including complaints, during the year 2004/05.

The report highlights a number of areas for ongoing action:

- Define key roles and responsibilities of those involved with the management and operation of the Representations Procedure for children, adult and integrated services
- Radical changes to the current IT system and practice for recording the process involved for receiving, responding to and learning from complaints
- Managers ensuring that staff responsible for recording Representations on the SSID system actively do so, in order to ensure that information required is accurate and up to date when it is analysed for the purpose of identifying performance and trends.
- The importance of learning from complaints and other representations.
- The contribution made by users and carers, mainly through their views and feedback, are acknowledged in this Annual Report.

Written by :

Judex Paul - Customer Relations Manager
/ Designated Complaints Officer

Gerald Tompkins - Head of Service

Strategic Planning & Health Improvement
Social Care and Health
October 2005

SECTION 6 - APPENDICES

APPENDIX 1 Receiving a Complaint

Local standard:

Acknowledgement within 5 working days

National Standards:

Complaints at Stage 1 about either Children's Services or Adult Services must be responded to within 28 days, or sooner. A 14 day time limit applies for the Local Resolution of complaints from children and young people leaving care.

Complaints at Stage 2 have different time limits for resolution. For complaints about Children's Services, a mandatory 28 days limit applies for investigating and responding to complaints. For Adult Services, the same 28 days time limit applies, although an extension of up to 3 months is permitted.

Investigations of complaints under the Children Act require the appointment of an Independent Person and their involvement in the consideration of the complaint.

Stage 3 complaints involve the complainant requesting within 28 days of receiving a formal response, following a Stage 2 investigation into the complaint, a review panel to meet and consider the decisions made by Social Care & Health about their complaint.

The Panel is expected to meet within 28 days of a request being received, and the panel must communicate their recommendations to the Director, the complainant and all interested parties within 7 working days.

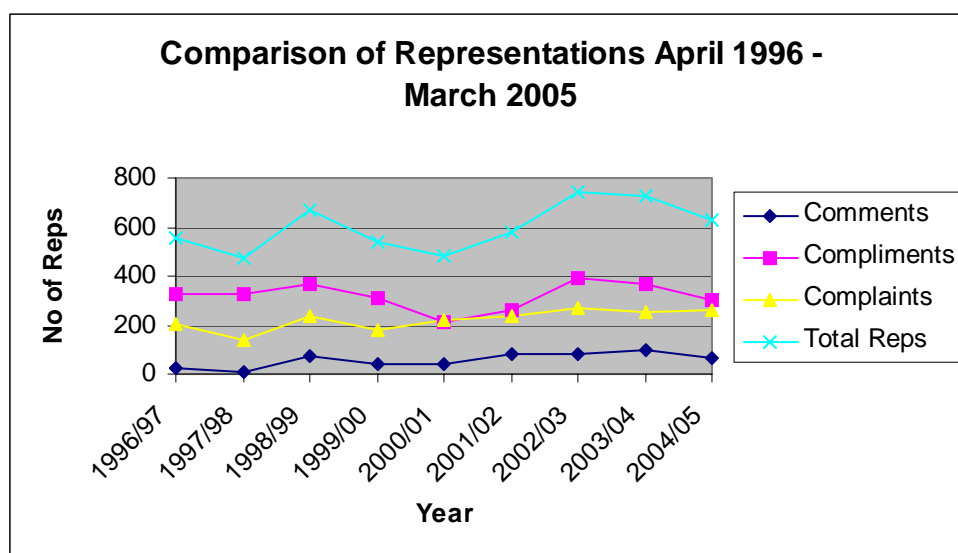
The Director has 28 days from receiving those recommendations to give his/her response to the complainant, the panel, Social Care & Health's staff and relevant others.

APPENDIX 2

Trends of Representations received by Social Care & Health in previous years. The line graphs and tables in appendix 2 illustrate the overall number of Representations recorded since 1996. In summary:

The illustrations show that over the period from 1996 to 2005 there have been vast differences in the levels of recorded Representations and percentage changes in each of the categories. It cannot be assumed, however, that this gives an accurate record of the Representations received at any given time. There are in fact several factors involved in the changes to the recorded levels of Representations over the period, these could include:

- Changes in staffing/differing recording standards and methods
- Limitations of and understanding of the IT recording systems
- Introduction of changes to service provision



| Representations Received by Social Care & Health | | | | | | | | |
|--|----------|-------|-------------|-------|------------|-------|------------|-------|
| Year | Comments | % +/- | Compliments | % +/- | Complaints | % +/- | Total Reps | % +/- |
| 1996/97 | 28 | | 330 | | 201 | | 559 | |
| 1997/98 | 8 | -71.4 | 327 | -0.9 | 141 | -29.9 | 476 | -14.8 |
| 1998/99 | 72 | 800 | 364 | 11.3 | 233 | 65.2 | 669 | 40.5 |
| 1999/00 | 44 | -38.9 | 313 | -14 | 181 | -22.3 | 538 | -19.6 |
| 2000/01 | 43 | -2.3 | 213 | -31.9 | 222 | 22.7 | 478 | -11.2 |
| 2001/02 | 79 | 83.7 | 265 | 24.4 | 239 | 7.7 | 583 | 22 |
| 2002/03 | 80 | 1.3 | 392 | 47.9 | 270 | 13 | 742 | 27.3 |
| 2003/04 | 100 | 25 | 369 | -5.9 | 257 | -4.8 | 726 | -2.2 |
| 2004/05 | 65 | -35 | 302 | -18.2 | 264 | 2.7 | 631 | -13.1 |

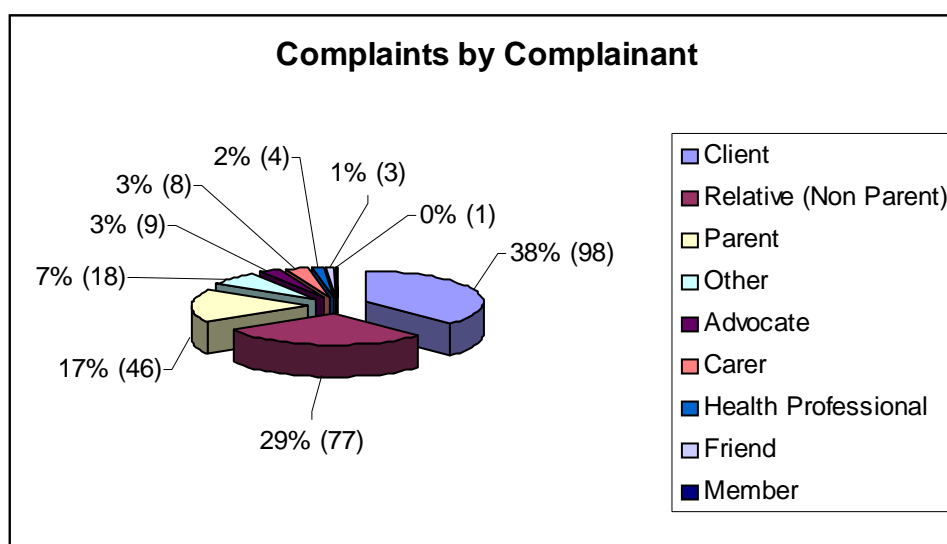
APPENDIX 3

a) Overview of 'Complainant'

The table in appendix 3 shows a detailed breakdown of the Complainant for each Branch in Social Care and Health.

| Complainant | Adults Commissioning | Children's Services | County Durham Care | Strategic Finance & Business Support | Not Recorded | Total |
|-----------------------|----------------------|---------------------|--------------------|--------------------------------------|--------------|------------|
| Client | 40 | 35 | 20 | 3 | 0 | 98 |
| Relative (Non Parent) | 62 | 6 | 7 | 1 | 1 | 77 |
| Parent | 10 | 20 | 16 | 0 | 0 | 46 |
| Other | 11 | 4 | 2 | 0 | 1 | 18 |
| Advocate | 8 | 0 | 1 | 0 | 0 | 9 |
| Carer | 3 | 5 | 0 | 0 | 0 | 8 |
| Health Professional | 1 | 2 | 0 | 0 | 1 | 4 |
| Friend | 2 | 1 | 0 | 0 | 0 | 3 |
| Member | 0 | 1 | 0 | 0 | 0 | 1 |
| Total | 137 | 74 | 46 | 4 | 3 | 264 |

b) Below is a pie chart representing 'the Complainant'.



It can be seen that the majority of Complaints are made by Clients, Relatives or Parents. This holds true for all Branches.

APPENDIX 4

The following table illustrates the number of Stage 1 and Stage 2 Complaints recorded as received by Social Care and Health during the period 1st April 2004 to 31st March 2005.

| Complaints received | Stage 1 | Stage 2 | Totals |
|--------------------------------------|------------|-----------|------------|
| Adults Commissioning | 128 | 9 | 137 |
| Children's Services | 61 | 13 | 74 |
| County Durham Care | 43 | 3 | 46 |
| Strategic Finance & Business Support | 3 | 1 | 4 |
| Not Recorded | 3 | 0 | 3 |
| Totals | 238 | 26 | 264 |

Stage 1 and Stage 2 Complaints – Timescales for completion

Stage 1:

| Complaints completion timescale | Between 0 and 14 days | Between 15 and 28 days | Between 29 and 90 days | Over 90 days | Not Completed | Totals |
|--------------------------------------|-----------------------|------------------------|------------------------|--------------|---------------|------------|
| Adults Commissioning | 42 | 33 | 25 | 2 | 26 | 128 |
| Children's Services | 9 | 9 | 6 | 1 | 36 | 61 |
| County Durham Care | 11 | 6 | 1 | 0 | 25 | 43 |
| Strategic Finance & Business Support | 0 | 2 | 0 | 0 | 1 | 3 |
| Not Recorded | 0 | 1 | 1 | 0 | 1 | 3 |
| Totals | 62 | 51 | 33 | 3 | 89 | 238 |

Stage 2:

| Complaints completion timescale | Between 0 and 14 days | Between 15 and 28 days | Between 29 and 90 days | Over 90 days | Not Completed | Totals |
|--------------------------------------|-----------------------|------------------------|------------------------|--------------|---------------|-----------|
| Adults Commissioning | 1 | 1 | 1 | 0 | 6 | 9 |
| Children's Services | 0 | 0 | 2 | 1 | 10 | 13 |
| County Durham Care | 0 | 1 | 0 | 0 | 2 | 3 |
| Strategic Finance & Business Support | 0 | 0 | 1 | 0 | 0 | 1 |
| Totals | 1 | 2 | 4 | 1 | 18 | 26 |

Stage 3 Complaints

During the period 1st April 2004 to 31st March 2005 there were 5 Stage 3 Complaints received by Social Care and Health. 4 related to Adults and 1 to Children Services. Reviews were all held within the 28 days required.

APPENDIX 5

Specific causes for Complaints received by Social Care and Health

| Causes of Complaint | Care Management | Day Care | Equipment/ Adaptations | General Social Work | Home Care | Not Recorded | Provision | Residential Care | Transport | Total | % of Complaints |
|------------------------------|-----------------|-----------|------------------------|---------------------|-----------|--------------|-----------|------------------|-----------|------------|-----------------|
| Not Recorded | 6 | 7 | 0 | 5 | 5 | 21 | 1 | 22 | 0 | 67 | 25.3 |
| Conduct or Attitude of Staff | 7 | 1 | 1 | 34 | 9 | 4 | 0 | 7 | 1 | 64 | 24.2 |
| Lack of a Service | 5 | 2 | 6 | 27 | 15 | 0 | 1 | 5 | 1 | 62 | 23.4 |
| Other | 0 | 0 | 2 | 15 | 6 | 1 | 0 | 7 | 0 | 31 | 11.7 |
| Provision of Service | 1 | 2 | 8 | 3 | 5 | 1 | 0 | 1 | 0 | 21 | 7.9 |
| Quality of Service | 1 | 1 | 2 | 1 | 5 | 1 | 0 | 2 | 2 | 15 | 5.7 |
| Refusal of Service | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0.8 |
| Speed of Service | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 2 | 0.8 |
| Special Cases | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0.4 |
| Total | 22 | 13 | 19 | 86 | 45 | 29 | 2 | 45 | 4 | 265 | 100.0 |

APPENDIX 6

| Disability | Comment | Complaint | Compliment | Total |
|-------------------------|-----------|------------|------------|------------|
| Carer | 0 | 0 | 1 | 1 |
| Child with a Disability | 2 | 4 | 2 | 8 |
| Children | 9 | 47 | 5 | 61 |
| Disabled Person | 16 | 57 | 66 | 139 |
| Do not use this code | 0 | 3 | 0 | 3 |
| Drug & Alcohol | 0 | 1 | 0 | 1 |
| Learning Disabilities | 5 | 15 | 26 | 46 |
| Mental Health | 1 | 17 | 7 | 25 |
| Older Person | 13 | 68 | 101 | 182 |
| Resource | 0 | 2 | 0 | 2 |
| Terminal Illness | 0 | 1 | 0 | 1 |
| Welfare Rights | 12 | 23 | 41 | 76 |
| Total | 58 | 238 | 249 | 545 |

SECTION 7 – CONTACT DETAILS

If you require this information summarised in other languages or formats, such as Braille or talking tapes, please contact: (0191) 383 3034

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如果你想得到廣東話的資訊，請致電 0191 383 3034

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ਜੇਕਰ ਤੁਸੀਂ ਇਸ ਸੂਚਨਾ ਦਾ ਸਾਰ ਪੰਜਾਬੀ 'ਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ 0191 383 3034 'ਤੇ ਫੋਨ ਕਰੋ

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Any comments or queries about this report can be made to: -

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