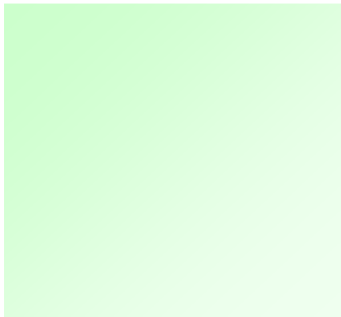
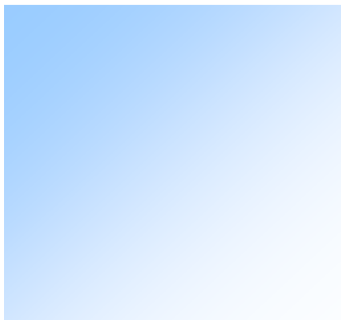


# Durham County Council Adult and Community Services



## ANNUAL REPORT ON THE REPRESENTATIONS PROCEDURE 2007/2008

Making a difference where you live



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# ANNUAL REPRESENTATIONS REPORT 2007-2008

## SUMMARY AND KEY MESSAGES

### A. OVERVIEW

This Annual Report provides details about the performance of Durham County Council's Adult and Community Services Representations Procedure. Representations cover compliments, comments and complaints made by service users, their carers and/or their representatives. Representations about Adult Social Care Complaints have to be dealt with under a statutory procedure. All other representations are dealt with under the Authority's Corporate Procedures.

Data is provided against which performance in the handling of Representations can be analysed. It is equally important that the qualitative issues that arise in Representations are also reflected upon to obtain an overview of quality of life issues. This is considered from the perspective of adult social care service users, and their carers, and other service users and citizens across the breadth of Adult and Community Services. From the issues raised real opportunity is presented for us to change and improve services by having a clearer understanding about what works best for service users and effecting change that ultimately leads to client-centred provision and community participation.

An efficient and effective Representation Procedure creates a genuine partnership between service users, their carers and the staff. All Representations create an opportunity for reflection on whether something should have been done differently and whether there are wider implications and lessons to be learnt. In that respect the compliments and comments received are as important as the complaints so that we learn from existing good practice as well as from when things go wrong

Details about the Representation Procedures, and how and where to access these, are available on Durham County Council's website ([www.durham.gov.uk](http://www.durham.gov.uk)) and available in leaflet form in key locations throughout the County.

## **B. KEY MESSAGES**

### **Numbers of Representations**

In 2007/2008 a total of 447 Representations, were made under the Adult Social Care Procedures. Of the 447, 88 (19.7%) were complaints (81 Stage One and 7 Stage Two), as a proportion of the total number of contacts with service users and carers this represents a very small number.

Of the 447 it is pleasing to note that such a high number 330 (73.8%) were compliments and only a very small number 29 (7.4%) were comments.

This year has seen a significant decrease in the number of complaints received in adult social care than in previous years (see Table 9 page 24 - *Comparative Trends by Reporting Year*) but there has been a corresponding increase in the complexity of complaints. The decrease could be associated with an improved level of screening at the point of receiving a complaint to ensure whether it should be managed through the statutory or corporate framework.

Otherwise, the overall number of representations received has remained fairly typical and within the range of expectation.

### **Representations by Service**

The service continuing to receive the largest number of complaints, compliments **and** comments, representing 49% of the total number of representations, is Adult Care Provider Services (PS). This service also received the largest number of compliments 58.5%. This could be expected considering the level of direct contact with service users and carers.

The service receiving the largest number of complaints and comments is Older People's Services, Mental Health Services for Older People and Physical Disability and Sensory Impairment Services (OP/OPMH/PDSI) representing 58% of the total number of complaints and 52% total number of comments. Given that the highest proportion of service users are older people the figures are proportionate and fall within expected levels.

Of the small number of complaints that were investigated at Stage Two 16.6% of these complaints related to Finance & Business Support. This could be associated with some service users' expectations that services should be free at the point of delivery.

## **Representations received by Service User Group**

Service Users and Carers frequently make the effort to pay compliments to staff about the services received and it is noteworthy that compliments consistently exceed the number of complaints.

Older people constituted the largest service user group to make both complaints and compliments, as would be expected due to the high proportion of service users who are older people.

The greatest proportion of complaints is brought by Relatives (non parent) (45.5%). This is a shift from previous years' analysis and may be attributable to the complexity of complaints. This highlights the need for close scrutiny on the issues of advocacy and support required for complainants.

## **Age Profiles of Service Users Making Representations**

The greatest number of compliments was made by women aged 65 and over. (31%) which is in line with the demographic make-up of service users.

## **Ethnicity and Diversity**

Complainants analysed by ethnicity represented 98.9% White British. 100% recording of ethnicity in representations was achieved on SSID. Previous reports have been unable to include this level of detail and it is pleasing to note that following this becoming a mandatory field in SSID our improved performance. This data reflects the demographic profile of our service users and is in expected levels.

## **Causes of Complaint for Service Users in Adult Social**

The largest single cause of complaint continues to be recorded as *Staff Conduct/Attitude* at 18%. This is a decrease from the previous year and on close analysis it is often that the allegations are made about staff however upon investigation they are often working appropriately and within the legal framework.

*Lack of a Service –Other* constituted the same percentage but this category comprises miscellaneous issues from which no pattern can be construed. On this occasion the reason for this increase related directly to service users who had lost an annual holiday. Close monitoring is operated on a quarterly basis to look for emerging themes across this diverse area. However, it should be noted that although there are high numbers there are no key issues of concern.

## **Achieving Timescales**

### **Stage One**

In the year 2007/2008 59.3% of Stage One complaints were completed within the 20 working days timescale an increase of 12% on the previous reporting year. Work is on-going with the Services to further improve performance in this area by moving to an optimum 10 working days response time for completion.

### **Stage Two**

During 2007/2008 28.5% (2) Stage Two investigations were completed within the 25 working days timescale and 28.5% (2) within the 65 working days timescale, giving a combined total of 57%. The 2 investigations that exceeded the timescales were outside of the control of the Authority due either to meet the wishes of the complainant or awaiting information from an external agency. It is worth highlighting that this is very good performance for the Services. One Stage Two was progressed towards the end of the reporting year and its completion falls within the year 2008/2009.

### **Stage Three**

One complaint which had been received in the previous reporting year progressed to Stage Three. The Review Panel Hearing and recommendations were completed within 25 working days from the date of request and 5 working days respectively.

## **Local Government Ombudsman**

The Local Government Ombudsman's annual letter to Durham County Council was published in June 2008.

In the reporting year 2 complaints were considered by the LGO about adult social care services. This compared with 3 complaints in the year 2006/2007 and 5 in 2005/2006.

In both cases after preliminary enquiries no evidence of maladministration was found and the complaints were not progressed to investigation.

## **C. OUTCOMES AND LEARNING FROM ADULT SOCIAL CARE COMPLAINTS AND REPRESENTATIONS**

Examples of the learning that accrues from Representations are provided in the main body of the report. Examples of how outcomes and learning have informed and developed policy and practice are also included.

A high number of the issues relate to communication/information and matters relating to personal care. Written documents have been made clearer and good practice across all the services on the management of pressure sores has now been introduced. It is the application of these issues that continues to improve the quality of the provision to service users and carers.

Much progress has been made over the years in creating an organisational culture that has shifted from a blaming and closed culture to one that is open and fair and work must continue to secure further development in this area.

## **D. AREAS FOR FUTURE DEVELOPMENT**

### **National**

The Department of Health (DH) proposals for reforms to the statutory complaints procedures as described in the consultation document '*Making Experiences Count*' were being piloted by Early Adopter Sites. The information received to date is described in the body of the report (pages 34-35). Also described are the work-streams that will need to be developed in anticipation of the reforms, once information from the EAS starts to be disseminated.

### **Local Developments**

Work on the Action Plan developed to address the concerns highlighted by the LGO, relating to failures in home care services in three other Local Authorities, is ongoing and details of the proposals and actions to date to protect vulnerable service users is elaborated in the main body of the report (at pages 35-36).

An action plan has been developed within the Quality Standards Team to further improve the management of Representations – key work will be the introduction of training and a tool kit to support staff in the effective handling of representations. Also new publicity materials will be considered upon the outcome of the DH consultation on Making Experiences Count.



## **E. NON-STATUTORY COMPLAINTS**

There were 15 non-statutory complaints in the reporting year – 7 Stage Ones, 2 Stage Twos and 1 Stage Three in Libraries Learning and Culture and 5 Stage Ones in F&BS, 3 of which were received by the Welfare Rights Service.

The timescales for response to corporate complaints were met in all but 1 Stage One and 1 Stage Two complaint in LLC. In the latter complaint the delay was not attributable to the service. The Services performed well to meet all the necessary timescales.

205 corporate compliments were received. 142 related to the Welfare Rights Service of F&BS, 11 to LLC, 43 to Social Inclusion (being 36 to Workable Solutions, 4 to Community Development and 3 to Community Safety), 9 to F&BS and 1 to Planning and Performance. It is positive to note the proportion of compliments is a ratio 1 to 14.

## **F. CONCLUSION**

This Annual Report indicates positive achievements in performance in the handling and consideration of representations, including complaints, during the year 2007/08 and also recognises the need to strive for continuous improvement.

It is pleasing note so many positives have been achieved in 2007/08 and these areas will be built upon for the forthcoming year.

# **ANNUAL REPRESENTATIONS REPORT 2007-2008**

## **PART ONE - INTRODUCTION**

### **1. PURPOSE OF THE REPORT**

**1.1** This Annual Report provides details about the performance of Durham County Council's Adult and Community Services Representations Procedure. Representations cover compliments, comments and complaints made by service users, their carers and/or their representatives and other customers.

**1.2** Where complaints are made about adult social care services a statutory procedure has to be followed. Complaints about services, other than adult social care, provided by Adult and Community Services are dealt with under the Authority's corporate complaints procedure and will be referred to in this report as non-statutory complaints.

**1.3** For clarity and to meet the statutory requirements in adult social care this report is presented in two discrete sections covering the statutory and non-statutory representations made in the year from 1 April 2007 to 31 March 2008.

## **PART TWO – THE REPRESENTATIONS PROCEDURES EXPLAINED**

### **2. BACKGROUND**

**2.1** Requirements on the procedures for handling and considering complaints in adult social care are enshrined in the *NHS and Community Care Act 1990*.

**2.2** The same legislation requires the publication of an Annual Report to inform service users, their carers and/or representatives, elected members, staff, the general public and other statutory organisations such as the Commission for Social Care Inspection, about how the service has performed in meeting key national and local standards, in respect of handling complaints.

**2.3** Whilst there is no legislative requirement for the reporting of complaints that fall outside of the statutory procedures Durham County Council is committed to making available such information in order that there is integrity in the governance procedures and open and transparent communication with the people who use our services, the wider public and other partners.

**2.4** Whilst there are processes to be adhered to in the handling of complaints the real issues that arise within people's complaints are rarely reflected in statistical analyses. As well as providing data on measurable performance it is crucial that the report reflects the quality of life issues for the users of our services that have led them to complain about the services they receive or indeed to compliment those services. From the issues raised real opportunity is presented for us to change and improve services by having a clearer understanding about what works best for service users and effecting change that ultimately leads to client-centred provision.

### **AIMS OF THE REPRESENTATION PROCEDURES**

**2.5** The primary aims of the procedures are to:-

- recognise and value the needs and rights of service users and others to express their views and concerns about the actions and decisions taken by Adult Social Care Services within Adult and Community Services;
- enable individuals, who are eligible to make appropriate complaints, or other positive comments to have easy access to the Representations Procedure;
- 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;

- provide information about important lessons learned, from complaints in particular, to make quality improvements to performance and service delivery.

2.6 An efficient and effective representation procedure creates a genuine partnership between service users, their carers and the staff. All representations create an opportunity for reflection on whether something should have been done differently and whether there are wider implications and lessons to be learnt. In that respect the compliments and comments received are as important as the complaints so that we learn from existing good practice as well as from when things go wrong. However, when things do go wrong we have to remember that there is an impact on quality of life for individuals and we need to continually strive to be responsive in these situations.

### **WHO MAY USE THE STATUTORY ADULT SOCIAL CARE PROCEDURES?**

2.7 The *statutory* Complaints/Representations Procedure in adult social care can be accessed and used by individuals who are in receipt of social care services, including their carers and or representatives (subject to the subject's consent for them to act). 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 (in adult social care), and whose need or possible need for such a service (provided by adult social care) 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:
  - has requested the representative to act on his/her behalf
  - is not capable of making the complaint by him/her self
- Individuals who are carers, advocates and others, whom Adult and Community Services consider as having sufficient interest in the person's welfare, will also be eligible to use the Procedure.

### **WHO MAY USE THE NON-STATUTORY REPRESENTATIONS PROCEDURES IN ADULT AND COMMUNITY SERVICES?**

2.8 The non-statutory procedures can be accessed and used by any citizens who have complaints, comments or compliments about all services, other than adult social care, provided by Adult and Community Services.

## **MANAGEMENT AND OPERATIONS OF THE REPRESENTATIONS PROCEDURE**

**2.9** During the reporting year the complaints management function was transferred from the Service Development team to the Quality Assurance and Quality Standards Team of Planning and Performance as part of the organisational restructure.

**2.10** The receipt and initial recording of adult social care representations continues to be managed through several locations including A&CS Administrative Assistants at County Hall, locality Administrative Officers and Personal Assistants attached to senior managers.

**2.11** Corporate (non-statutory) complaints were dealt with by the relevant senior manager of the service in question. These complaints are manually recorded and managed in the absence of an appropriate database.

**2.12** The responsibility for publicising and promoting information and related materials, leaflets and booklets about the statutory representations procedure is co-ordinated by the Marketing and Information Team. Service User Guides, which are provided to all adult social care service users, contain a section on how to make a complaint, comment or compliment. Additionally, staff are expected to provide verbal information and advice to service users. Details about the Representation Procedures, and how and where to access these, is available on Durham County Council's website ([www.durham.gov.uk](http://www.durham.gov.uk)).

**2.13** Leaflets, information and other publicity material are available and widely distributed across the wider Adult and Community Services locations and services where the corporate procedures apply.

## **HANDLING COMPLAINTS**

**2.14** In adult social care complaints, the current legislation and guidance, which became effective in September 2006, provides for complaints to be heard in three different stages.

- Stage One – the local resolution stage. In some cases if the matter complained of can be put right immediately to the satisfaction of the complainant the matter will progress no further. If the matter cannot be put right immediately an investigating officer appointed by the senior responsible manager will look into the complaint and try to put things right. If this is not possible the complainant can progress to:-
- Stage Two – This involves a formal independent investigation of the complaint. Some complaints, for example that are complex or involve a range of agencies, can progress immediately to Stage Two if the complainant agrees. The independent investigator is recruited from outside of the authority to ensure transparency and no conflict of interest. They will agree the elements of the complaint; interview all relevant people involved; review all relevant records and conduct the investigation within the parameters agreed. At the conclusion of the

investigation the Investigating Officer will produce a written report with findings detailing whether a complaint was upheld, partially upheld, unproven or not upheld. The IO will also make recommendations as to how upheld complaints can be put right. The recommendations can include changes to how services are provided; policy and practice changes; the offering of apologies; and, in certain circumstances, compensatory redress. If the complainant remains unhappy with the IO's findings they can request that these be referred to:-

- Stage Three – This stage involves the complaint being referred to a Review Panel of 3 people who are independent of Durham County Council. The Panel cannot re-hear a complaint. They will review the evidence obtained during the investigation, make a judgment as to whether the investigation was conducted equitably, thoroughly and rationally and that the findings and recommendations were reasonable and reasoned. The Panel hearing involves the complainant and staff involved and gives all parties the opportunity to present their respective accounts. The panel deliberates findings and recommendations which have to be responded to at Director level.

**2.15** The stages of the procedures above are governed by time limits that are reported in Tables 11 and 12 and text at pages 27- 29 of this report.

**2.16** The non-statutory complaints procedure mirrors that of the statutory procedure above but the time limits differ slightly.

**2.17** During the course of the reporting year the Department of Health conducted a consultation on reforms to the statutory Health and Social Care Complaints Procedures which it intends to implement by April 2009. The details of the reforms are reported in more detail at pages 34-35 of this report.

## **PART THREE – ADULT SOCIAL CARE COMPLAINTS, COMMENTS AND COMPLIMENTS 1 APRIL 2007 TO 31 MARCH 2008**

### **DATA ANALYSIS AND METHODOLOGY**

**3.1** The data provided within this document is taken from the Social Services Information Database (SSID). SSID is a live database that is constantly updated.

**3.2** Whilst every effort is made to ensure the accuracy of the information contained in this report, the live nature of the database can cause some anomalous results when providing reports on representations over a period of time as data can be entered retrospectively.

### **REPRESENTATIONS ANALYSIS FOR ADULT SOCIAL CARE**

**3.3** In order to contextualise the Representations made in Adult Social Care it is important to appreciate the level and complexity of the services provided by the Authority. Data from last year's annual report revealed that some 36,000 adults in County Durham received adult social care services. This figure did **not** include professional support, being those clients who receive the support of a social worker but do not receive other services such as home care etc., nor has there been an attempt at calculating the number of contacts for each service user.

**3.4** In 2007/08 the Authority received 88 formal complaints (seven of which were Stage Two complaints) about adult social care services. As a proportion of the total number of contacts with service users and carers this represents a very small proportion.

**3.5** Whilst the numbers of complaints are relatively small this should not lead us to devalue the complaints that have been made. People, who make complaints, in our experience, do not do so lightly or frivolously. Bringing a complaint can be time-consuming, takes effort and can be very stressful and distressing even when the best efforts are made to make the procedures accessible and straightforward. Given this we are duty-bound to listen, learn and change as a result of the complaints we receive and to create an organisational culture where complaints are valued and used as examples of practical learning and to develop the quality of our services with policies and planning processes that continuously reflects this. Equally important is the need to have open and honest dialogue with clients and to see them as experts when it comes to understanding need and what works best.

## Numbers of Representations in Adult Social Care 2007/08

**3.6** In 2007/2008 a total of 447 Representations, (shown at Table 1 below) were made under the Adult Social Care procedures. Of the 447, 88 (19.7%) were complaints (81 Stage 1 and 7 Stage 2), 330 (73.8%) were compliments and 29 (6.5%) were comments.

Table 1

SERVICE AREA	COMMENTS RECEIVED	COMPLIMENTS RECEIVED	COMPLAINTS RECEIVED	
			Stage 1	Stage 2
Older People, MHSOP, PD& SI Services	16	74	47	4*
LD/MH/SM Services	2	12	14	1
Strategic Finance and Business Support	0	51	6	1
Provider Service	11	193	14	1
<b>TOTAL - 447</b>	<b>29</b>	<b>330</b>	<b>81</b>	<b>7</b>

\*Three of the four Stage Two complaints received by OP/MHSOP/PDSI entered directly at Stage Two of the procedures.

**3.7** The service area receiving the largest number of representations covering complaints, compliments *and* comments is Provider Services (PS) at 49% followed by Older People's Services including Mental Health Services for Older People, and People with Disabilities and Sensory Impairment (OP/MHSOP/PDSI) at 31.5%, Finance and Business Support (F&BS) at 13% and Learning Disabilities/Mental Health/Substance Misuse Services (LD/MH/SM) at 6.5%.

**3.8** The service area receiving the largest number of complaints is OP/MHSOP/PDSI representing 58% of the total number of complaints, followed by LD/MH/SM and PS both at 17% and F&BS at 8%.

**3.9** The service area receiving the greater number of compliments was Provider Services at 58.5%, followed by OP/MHSOP/PDSI at 22.4%, F&BS at 15.5% and LD/MH/SM at 3.6%.

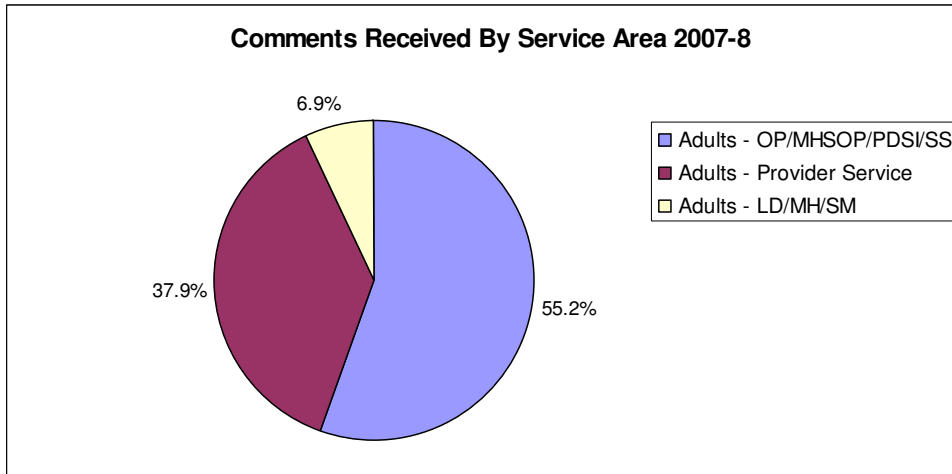
**3.10** The service area receiving the greatest number of comments was OP/MHSOP/PDSI at 55.2%, followed by PS at 37.9% and LD/MH/SM at 6.9%.

**3.11** The number of complaints received by OP/MHSOP/PDSI services, being the highest in comparison to other service areas, shows a consistent pattern over several years of reporting. Given that the majority of referrals to adult social care services are of people aged 65 and over and given the demographic increase in the numbers of older people living longer the proportions are within the levels of expectation. Table 1 and illustrations 1, 2 and 3 below show the comparisons across the service areas.



**COMMENTS**

**Illustration 1**

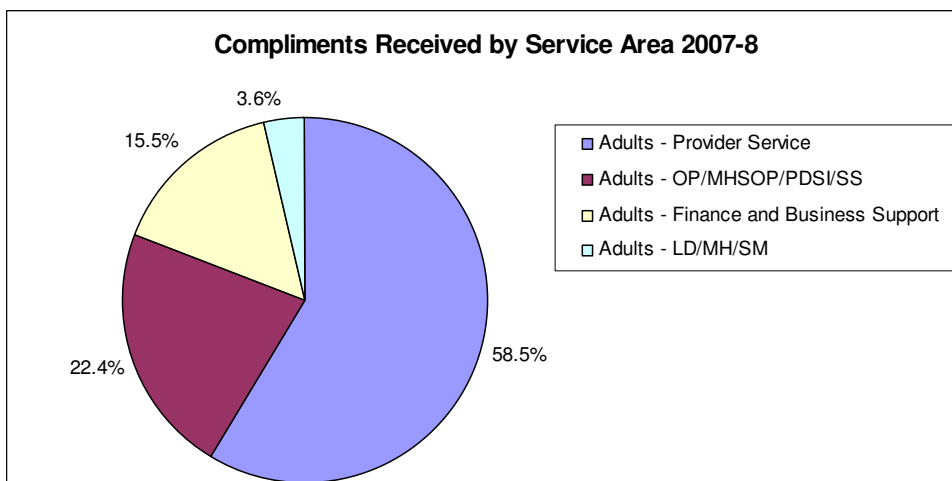


**3.12** Comments can be suggestions as to how a service may be improved and in that regard are neither critical nor complimentary.

**3.13** Clients and Carers frequently make the effort to pay compliments to staff about the services received and it is noteworthy that compliments consistently exceed the number of complaints.

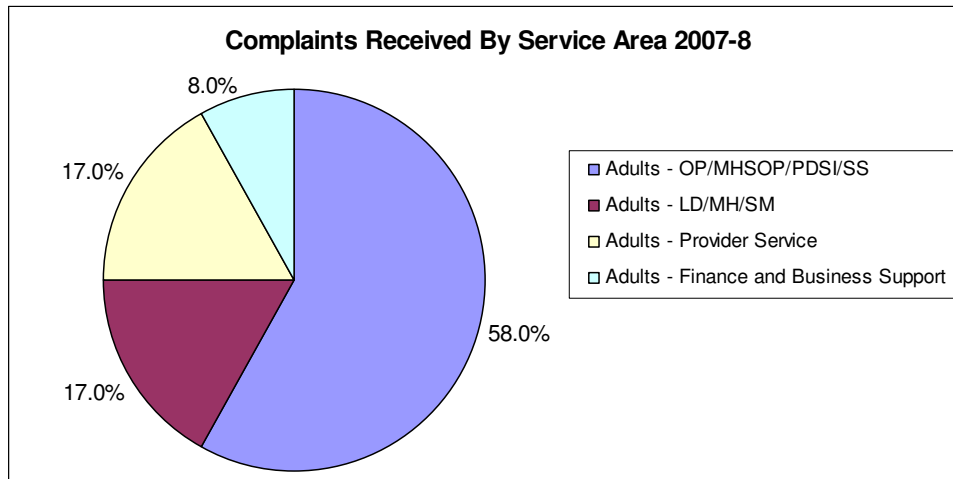
**COMPLIMENTS**

**Illustration 2**



**COMPLAINTS**

**Illustration 3**



**Comments, Compliments and Complaints received from Service User Groups**

**3.14** The following tables illustrate the breakdown of Comments/Compliments and Complaints received from Service User Groups across the service.

**Numbers of Comments Received By Service User Group Table 2**

Service Area	Learning Disabilities	Older People	Physical Disabilities	Not Stated	Total
LD/MH/SM	1			1	2
OP/MHSOP/PDSI/SS		8	5	3	16
Provider Service	7	4			11
<b>Total</b>	<b>8</b>	<b>12</b>	<b>5</b>	<b>4</b>	<b>29</b>

**3.15** The largest number of comments was made by service users in OP/MHSOP/PDSI (41.3%)

**3.16** The largest number of compliments were paid by older people (55.1%) (at Table 3 below). Compliments are frequently directed at individual members of staff who are valued by the service user for the support given in maintaining independence. In residential care settings a common theme that has emerged from the compliments received is the importance of creating a homely environment where individual needs and preferences are recognised and activities that were enjoyed at home are provided within the care home setting. Relatives and Carers also pay compliments and extend thanks to staff for caring for their loved ones with dignity and compassion in the latter stages of their life.

**Number of Compliments Received by Service User Group**

**Table 3**

Service Area	LD	MH	OP	PD	SI	SM	Not Stated	Total
F&BS		2	6	1			42	51
LD/MH/SM	10					1	1	12
OP/MHSOP/PDSI			34	13	14		13	74
PS	93		95				5	193
<b>Total</b>	<b>103</b>	<b>2</b>	<b>135</b>	<b>14</b>	<b>14</b>	<b>1</b>	<b>61</b>	<b>330</b>

3.17 Older people constituted the largest service user group to make a complaint. Given that the highest proportion of service users are older people the figures are proportionate and fall within expected levels.

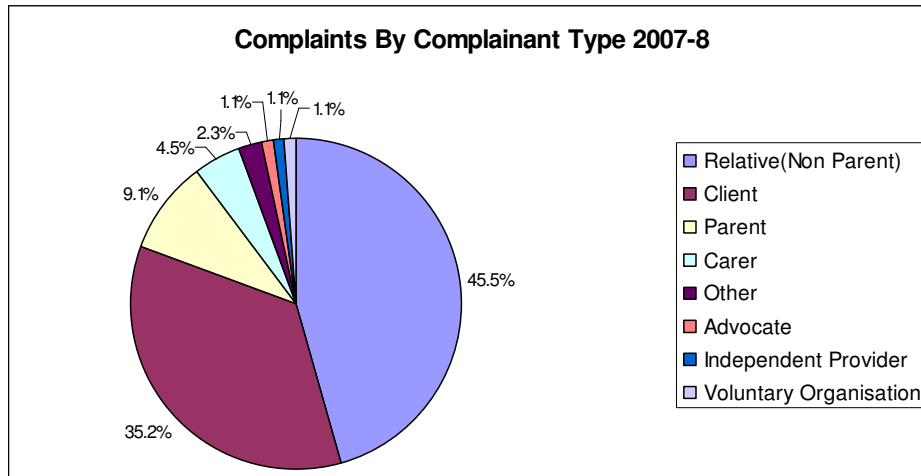
**Number of Complaints Received by Service User Group**

**Table 4**

Service Area	LD	LD	MH	OP	OP	PD	PD	Not stated	Total
Stage	One	Two	One	One	Two	One	Two		
F&BS				6	1				7
LD/MH/SM	8	1	5					1	15
OP/MHSO P/ PDSI			2	32	2	8	2	5	51
PS	4			6	1			4	15
<b>Total</b>	<b>12</b>	<b>1</b>	<b>7</b>	<b>44</b>	<b>4</b>	<b>8</b>	<b>2</b>	<b>10</b>	<b>88</b>

**Complaints by Complainant**

**Illustration 4**



3.18 Illustration 4 above shows that the greatest proportion of complaints (45.5%) was brought by relatives (excluding parents) of the service user. (In the previous reporting year relatives formed the second highest category at 32% with service users themselves bringing the highest number of complaints 47%). Service users constitute the second highest proportion at 35.2%. The

reasons for this reversal may be related to the comments in paragraph 3.29 on page 23 of this report. A possible explanation is that there have been significant improvements in the resolution of concerns before they become formalised as complaints. Conversely, however, those concerns that are not resolved and become complaints are more likely to be complex, with service users supported by family members in bringing a complaint.

**3.19** Adult Services contract with the CAB and its Representational Advocacy Service through a Service Level Agreement. Under the SLA the RAS will provide advocacy in the representations procedure (and for service users in a range of other situations) for those complainants who request it. The small number of complaints brought by advocates (1.1%) is not to be interpreted as the number of complainants supported by advocates. Complainants will be advised upon receipt of their complaint of the service available to them through the RAS. Advocacy support can be essential in enabling a complainant to have their concerns articulated and thoroughly aired and explored in a supportive environment. We need to ensure that all those who might benefit from advocacy are pro-actively encouraged to access it.

**3.20** Table 5 below represents an overview of the status of complainants numerically.

**No. of Complaints by Complainant Type 2007-8  
(With Stage of Complaint)**

Table 5

Complainant Type	Stage	F&BS	LD/MH/SM	OP/MHSOP/PDSI/	PS	Total
Advocate	Two			1		1
Carer	One			3	1	4
Client	One	1	7	12	8	28
Client	Two	1	1		1	3
Independent Provider	One			1		1
Other	Two			1		1
Other	Two			1		1
Parent	One		5	2	1	8
Relative (Non Parent)	One	5	2	27	4	38
Relative (Non Parent)	Two			2		2
Vol. Org.	One			1		1
<b>Total</b>		<b>7</b>	<b>15</b>	<b>51</b>	<b>15</b>	<b>88</b>

## DEMOGRAPHIC AND EQUALITY AND DIVERSITY OVERVIEW

### Age Profiles of Service Users Making Representations

**3.21** The Representations made by age group reflect demographic trends and are also indicative of the proportions by age of service users. The greatest number of compliments was made by women aged 65 and over (a combined total of 103 or 31%). There has, however been an increase on previous years of the numbers of complaints and compliments made by women and men under the age of 64.

**3.22** Males aged 65-74 were the only category of service users where the number of complaints made were greater than the number of compliments.

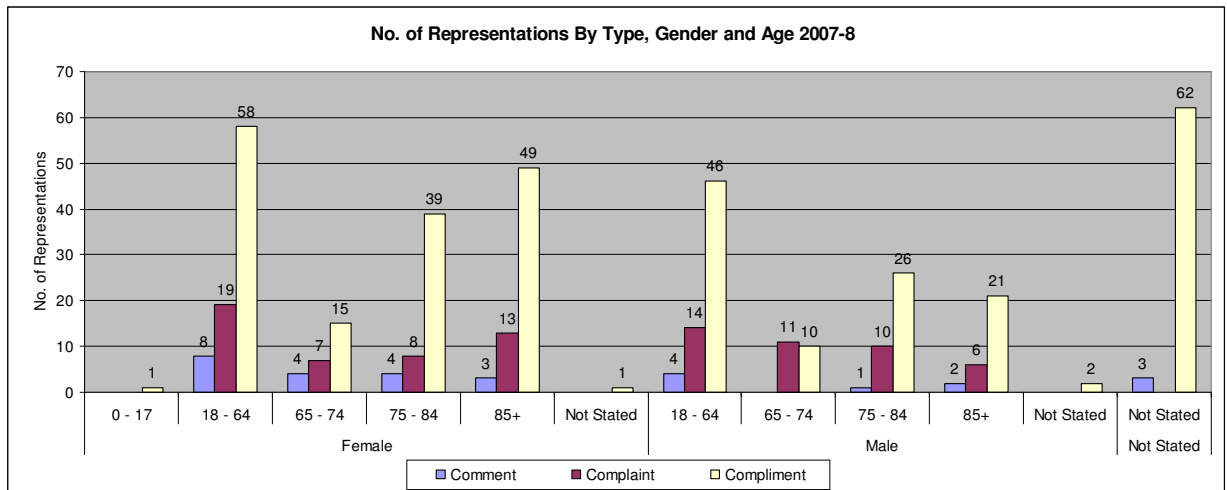
**Representations by Age and Gender**

**Table 6**

Rep Type	Female						Male					NS	Total
	0-17	18-64	65-74	75-84	85+	NS	18-64	65-74	75-84	85+	NS		
Comment	1	8	4	4	3	1	4	1	2	3		(3)	29
Complaint		19	7	8	13		14	11	10	6			88
Compliment		58	15	39	49		46	10	26	21	2	62	330
<b>Total</b>	<b>1</b>	<b>85</b>	<b>26</b>	<b>51</b>	<b>65</b>	<b>1</b>	<b>64</b>	<b>21</b>	<b>37</b>	<b>29</b>	<b>2</b>	<b>65</b>	<b>447</b>

NS=not stated

**Illustration 5**



## Ethnicity and Diversity

### Representations by Ethnicity 2007-8

Table 7

Ethnicity	Total Representations	Comment	Compliment	Complaint
White British	365	25	253	87
White/Other Background	4	1	3	0
Any Other Ethnic Group	2	0	1	1
Not Recorded	76	3	73	0
<b>Total</b>	<b>447</b>	<b>29</b>	<b>330</b>	<b>88</b>

**3.23** One complaint out of 88 (1.1%) is recorded as being made by someone of minority ethnic origin. Given that the proportion of Black and Minority Ethnic Communities is less than 2.4% this figure is within the levels of expectation. As communities become settled and their demographic profile changes to include, for example, greater numbers of older people the proportions would be expected to change over a number of years.

**3.24** To achieve comprehensive monitoring the recording of ethnicity became a mandatory field to be completed on the SSID for all clients in the reporting year. Previously it was a mandatory field only when entering new client details. It is pleasing to note that all complaints were categorised according to ethnicity.

**3.25** It should be noted that the recording of ethnicity for compliments and comments is not always practicable due to the variety of methods that are used to communicate them and how they are received.

**3.26** County Durham has a relatively small population of Black and Minority Ethnic communities and in consequence we are mindful that levels of isolation, lack of knowledge about services and absence of family and community support may be greater than in other areas where communities are larger, hence our commitment to ensure that relevant data is fully comprehensive in future.

## FORMAL COMPLAINTS IN ADULT SOCIAL CARE

**3.27** Illustrated in table 8 below are the Stage One and Stage Two complaints denoted by service area.

**Complaints denoted by Service Area** **Table 8**

Complaints Received	Stage 1	Stage 2	Totals
LD/MH/SM	14	1	15
OP/MHSOP/DPSI	47	4	51
PS	14	1	15
F&BS	6	1	7
<b>Total</b>	<b>81</b>	<b>7</b>	<b>88</b>

**3.28** The percentages of complaints that progressed to Stage Two in each service area are as follows:-

- 7.1% of the complaints received at Stage One within Learning Disabilities/Mental Health and Substance Misuse Services progressed to Stage Two of the procedure.
- 8.5% of complaints within Older People's Service, Mental Health Services for Older People, Physical Disability and Sensory Impairment services were heard at Stage Two. This includes the three cases that entered the procedure at Stage Two because of their complexity.
- 7.1% of complaints within the Provider service progressed to Stage Two.
- 16.6% of complaints received at Stage One within Strategic Finance and Business Support progressed to Stage Two. This represents a decrease on last year's figures where 20% was reported.

### Comparative Trends by Reporting Year

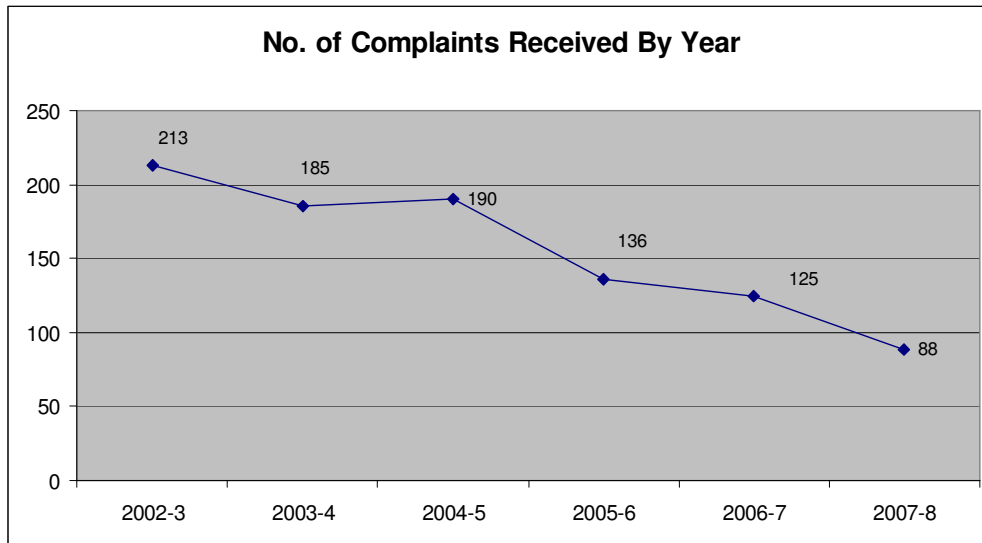
**3.29** This year has seen a significant decrease in the number of complaints received in adult social care. The most likely reason for this has been the focus on the early resolution of concerns by staff and this is a most welcome development and acknowledgement is given to the hard work, improved communications and commitment shown by staff to improving their responsiveness to service users and carers. The decrease in formal complaints also bodes well for the reforms to the statutory procedures to be introduced in April 2009. The new procedures are based on improved responsiveness and creative negotiation and conciliation to secure the early and informal resolution of concerns and complaints. Table 9 below and Illustration 6 overleaf show the trends for comparison over the past five years.

**Comparative Trends by Reporting Year**

**Table 9**

Reporting Year	2002-3	2003-4	2004-5	2005-6	2006-7	2007-8
Complaints	213	185	190	136	125	88

**Illustration 6**



**Note: This equates to a drop of 58.7% in Complaints in 6 Years.**



## CAUSES OF COMPLAINT FOR SERVICE USERS IN ADULT SOCIAL CARE

**3.30** Throughout the period from 1 April 2006 to 31 March 2007, Adult Social Care received complaints from service users and their representatives about a wide range of issues. Table 10 and Illustration 7 below indicate a summary of the causes of complaints received. It should be noted that a complaint could have more than one category of cause denoted against it.

**Table 10**

<b>Classification of Complaint 2007-2008</b>	<b>No. of Complaints</b>	<b>%*</b>
Conduct Or Attitude Of Staff	16	18
Lack Of A Service - Other	16	18
Qual. Of Service - Personal Care	11	12
Lack Of Service - Communications/Information	9	10
Other (These all relate to financial assessment/charges)	8	9
Lack Of Service - Contact/Visits	5	5
Provision Of Service - Assessment	4	4
Lack Of Service - Cannot Meet Additional Service Requests	2	2
Lack Of Service - Change To Clients Service As Per Care Plan	2	2
Lack Of Service - Restricted Choices Of Current Services	2	2
Provision Of Service - Equipment	2	2
Provision Of Service - Placement Provision	2	2
Quality Of Service - Another Resident	2	2
Quality Of Service - Other	2	2
Speed Of Service	2	2
Application Of Service Guidance/Procedures	1	1
Provision Of Service	1	1
Quality Of Service - Personal Financial Issues	1	1
Quality Of Service - Refreshments	1	1
Quality Of Service - Work Of Other Agencies	1	1
Quality Of Service - Rules/Sanctions	1	1

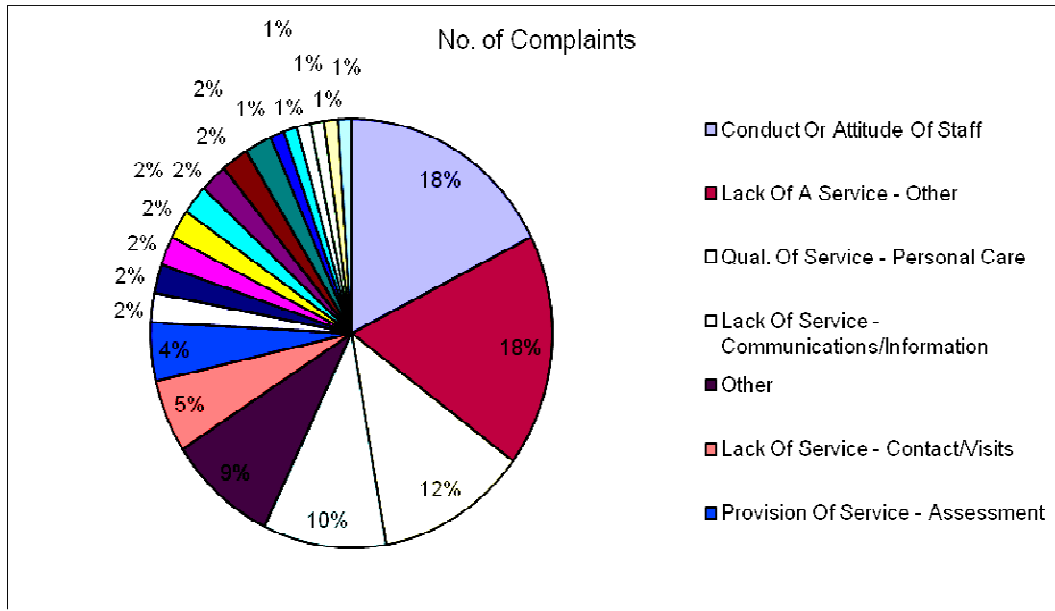
*Note that a Complaint can have more than one Classification or have no Classification recorded*

**3.31** The *conduct or attitude of staff* continues to constitute the largest category of complaint at 18%. However, there has been a proportionate decrease in this category when compared to 2006-2007 where the percentage was 21%. This is a complex area to analyse as many complaints show that although the allegation is about a member of staff they are actually working appropriately and within the legal framework. For example, in one case relatives' complained about their mother's care plan which was designed to maintain her independence. They objected to this, against their mother's wishes and without her consent, believing that she was too frail to live independently. They complained about the Social Worker because he was unable and unwilling to breach the service user's confidentiality, and expressed wishes, and discuss the issues with them. The family were very unhappy about this but there can be no compromise of the legal requirements that underpin service provision and client confidentiality. In another case a

daughter complained about insufficient action on the part of a social worker to provide rehabilitation for her mother. A full explanation was given that detailed the mother's refusal to accept a care package and as she had full capacity there was no action that could be taken. However, in exploring these issues with the daughter who was the primary carer it emerged that no carer's assessment had been conducted. This was addressed, following the complaint, resulting in the daughter being provided with practical support through respite care.

**Causes of Complaints in Adult Services**

**Illustration 7**



**3.32** *Lack of a service (Other)* is also at 18%, but, it should be noted that this category covers miscellaneous issues. For example, several complaints were received about the cancellation of a holiday for learning disabilities service users.

**3.33** The *quality of personal care* category constitutes 12% of the total. Examples within this category include the timings of domiciliary care calls that either do not comply with care plans, or that are too inflexible for the service user's needs. In each case the response and resolution of the problems were accepted by the complainants. Also in this category are complaints about levels of care within independent residential care homes. One case involved a complaint about delay in contacting an emergency ambulance and the attitude of a staff member when responding to the complaint (which would have been separately categorised under conduct or attitude of staff). Initially dealt with under the 'Safeguarding' procedures, the complainant's concerns were upheld. The staff member, employed by the independent residential care home was disciplined but actually resigned their post. The complainant was given advice on how to refer the matter to the Nursing and Midwifery Council's Fitness to Practise procedure and was very satisfied with the help given.

**3.34** An example of *Lack of Service – Changes to Client’s Service* involved a change of service provider without consultation or notice. The new provider was carrying out daily calls at a different time than that specified in the care plan and this was inconvenient for the service user. Apologies were given for the lack of communication and the new service provider was able to provide the service at the original time on the majority of days. The service user was happy with the compromise.

## ACHIEVING TIMESCALES

### Stage One

**3.35** Shown in Table 11 below are the completion timescales for Stage One Complaints. Stage One Complaints should be completed within 10 working days, extending to a maximum of 20 if there are prevailing reasons why completion cannot be within the minimum period, and if agreed with the complainant.

**Stage 1 Complaints Received in 2007-8**

**Completed Within:**

**Table 11**

<b>Service Area</b>	<b>0 - 10 Days</b>	<b>11 - 20 Days</b>	<b>21+ Days</b>	<b>Still Being Investigated</b>
<b>F&amp;BS</b>	2	3	1	0
<b>LD/MH/SM</b>	3	3	7	1
<b>OP/MHSOP/PDSI/SS</b>	13	13	20	1
<b>Provider Service</b>	4	7	3	0
<b>Total</b>	22	26	31	2
<b>Percentage</b>	27.2	32.1	38.2	2.5

\*Investigations still being investigated refers to complaints received at the end of the reporting year which will be completed within the following year.

**3.36** The overall performance may appear disappointing as only 59.3% are reported within the maximum targets. However, this compares with 47.3% last year and account has to be taken of the increasing complexity of some of the complaints. As previously stated the reduction in the overall number of complaints is countered by the fact that those concerns that have progressed to complaints have, by and large, been much more complex and in some cases have involved other statutory authorities and in these circumstances the timescales for completion can be unrealistic. Often delays have been at the request or availability of the complainant or delays have been incurred where the Investigating Officer is awaiting information from external sources.

### Stage Two

**3.37** Stage Two complaints investigations have completion timescales of 25 working days from the date that the request to progress to the next stage is received. Extensions can be requested, as per the statutory guidance, up to a maximum of 65 working days. During 2007/2008 2 Stage Two investigations were completed within the 25 day timescale and 2 within 65 working days (combined percentage of 57%). Two investigations exceeded the timescales. The circumstances for this, however, were beyond the Authority’s and

Investigating Officers' control. In both cases delays were incurred at the request of the complainants and due to the involvement of external agencies. The complaint denoted as 'still being investigated' was received in the final quarter and could not have concluded within the reporting year.

**Stage Two Complaints Received in 2007-8 Completed Within:**

**Table 12**

<b>Service Area</b>	<b>25 Working Days</b>	<b>65 Working Days</b>	<b>Over 65 Working Days</b>	<b>Still Being Investigated</b>
<b>F&amp;BS</b>	1	0	0	0
<b>LD/MH/SM</b>	0	0	1	(1)*
<b>OP/MHSOP/PDSI</b>	1	1	1	0
<b>PS</b>	0	1	0	0
<b>Total</b>	2	2	2	1*
<b>Percentage</b>	28.5	28.5	28.5	14.5

\*Received toward the end of the reporting year.

**3.38** Where there are complex issues to be investigated a balance has to be struck between achieving a thorough and comprehensive report and completion within timescales. In these circumstances the timescales can be unrealistic and these are being addressed in the Department of Health's consultation on proposed changes to the statutory complaints procedure.

**Stage Three**

**3.39** One Stage Three Review Panel was held during the year. This related to a Stage One complaint that had originally been dealt with in November 2006. This was convened within the requisite timescale of 25 working days from the date of request and the findings of the Panel communicated within five working days. However, the Corporate Director on behalf of the Authority was unable to meet the 15 day response time due to the need to consult inter-departmentally before responding.

**Local Government Ombudsman**

**3.40** The Local Government Ombudsman's annual letter to Durham County Council was published in June 2008.

**3.41** In the reporting year 2 complaints were considered by the LGO about adult social care services. This compared with 3 complaints in the year 2006/2007 and 5 in 2005/2006.

**3.42** In both cases after preliminary enquiries no evidence of maladministration was found and the complaints were not progressed to investigation.

**3.43** In one case the Authority declined to agree to progression to an independent investigation at Stage Two of the procedures. It considered that its original responses to the complainants were reasonable and further

investigation would not produce a different outcome and the requests and circumstances were therefore without merit. The complainant was pro-actively referred to the Ombudsman for the decision to be scrutinised and adjudicated upon. The Ombudsman agreed with Durham County Council.

**3.44** In the second case following a delayed Stage One investigation the complainant had appealed directly to the Ombudsman with a request that six weeks fees, for a hospital post-discharge placement in residential care, should be refunded. The Authority had already apologised for the delay in dealing with the complaint, which had been received in the reporting year 2005-2006. The Ombudsman determined that the Authority's response and apology had been reasonable in the circumstances and adjudicated that no refund was payable.

**3.45** In Adult Social Care, improvements in response times and the quality of responses to Ombudsman enquiries have been prioritised. It is therefore pleasing to note that Durham County Council's performance against the 28 day target set by the LGO on response timescales have improved significantly. Responses now average 23.3 days.

## **PART FOUR - OUTCOMES AND LEARNING FROM ADULT SOCIAL CARE COMPLAINTS AND REPRESENTATIONS**

### **COMPLAINTS**

**4.1** The following examples illustrate the invaluable learning that accrues from the complaints that people raise and how outcomes are achieved to the benefit of the service user. Due to confidentiality issues detail of the various complaints exemplified below are not provided as each complaint is unique and could contain identifiers. The examples provided illustrate a snapshot of the issues complained about, and the outcomes and learning points that have informed future policy and practice.

#### **Communication/Information**

- Failures in communication can often result in complaints being made. Within Finance and Business Support financial assessment and charging can be a major source of complaints within the service area. In all cases, assessments have been conducted properly but there can be dissatisfaction with the outcome especially when service users and carers hold the view that such services should be free at the point of delivery. In order to avoid misunderstanding about the assessment and charging processes, F&BS has incorporated additional information within existing communication materials media for service users and their carers to ensure that people are fully informed. Also as a result of a complaint regarding a relative of someone who was self-funding in residential care, all self-funders within nursing/residential care were to be written to and provided with a copy of the revised guide *Choosing a New Place to Live – A Guide to Residential Accommodation for Older People Living in County Durham and Extra Care Alternatives* to ensure that their financial assessment needs are not overlooked. Independent sector providers, especially in residential care, have been asked to refer self-funders to discuss their funding requirements.
- One complainant who tried to access copies of personal records under the Data Protection Act 1998 and the Authority's Access to Social Care and Health Procedures was not provided with complete information as to who should be contacted and the need to put the request in writing. Staff were reminded of the procedures and the information that must be provided to service users and carers.

#### **Personal Care**

- A complaint about the quality of care in an independent sector care home and allied concerns about the management and avoidance of tissue viability issues (pressure sores) resulted in a number of recommendations applicable to the care home but also disseminated to all care homes. To ensure that residents' health and well-being can be effectively monitored all new residents are to be photographed, subject to necessary consents, upon admission. Where tissue viability concerns arise these should be also monitored by photographic

evidence as part of wound assessment. This follows national guidance issued by the Nursing and Midwifery Council to promote good practice. Training for all care staff at the particular care home was also initiated and completed, as a result of the complaint covering *Effective Communication, Resident Choice, Infection Control and Managing Continence*.

- In a case where a family alleged that there was undue delay in calling for an ambulance (which a Review Panel did not uphold) where a resident had had a fall, the guidance to residential care staff on contacting a GP/ambulance has been reviewed, updated and provides clearer advice to staff how to manage the client and situation in those circumstances. In the same case there were criticisms that certain incident forms had not been fully completed and all staff have been reminded of the importance of comprehensive and accurate reporting in client's residential care records. Some staff received refresher training on completion of records.

#### **Lack of Service – Contact/Visits**

- In four cases complaints were made about the delay in the allocation or replacement of a social worker. As soon as the service became aware of these oversights allocations were immediately effected.

#### **4.2 Compensatory Redress**

In a small number of cases redress has included compensatory payment in this reporting year. In one case a compensatory payment was made for significant delays in the provision of aids and adaptations for a service user with very complex care needs. The failures arose due to a lack of coordination and the absence of a care plan and strategy to meet needs. The other cases were related to financial assessment and fees, where better communication could have avoided the complaints being brought. Information, and its dissemination, has been improved as a result of these complaints. It should be stressed that compensatory redress will only be considered where there is some evidence of shortcomings that may be construed in the Local Government Ombudsman's definition of maladministration. We recognise, however, that where our responsibility for failings, that have caused losses and significant emotional distress, is clear, our duty is to acknowledge that and avoid further distress to the complainant.

#### **4.3 Safeguarding Adults and the Inter-Relationship with Complaints**

Throughout the year a small number of complaints have, following assessment of the circumstances with the Responsible Officer, been referred for a Safeguarding Strategy Meeting. Once this process has been completed any outstanding issues not dealt with have then been reconsidered under the complaints procedure.

**4.4** The report highlights a number of areas where improvements in services for individuals and a wider cohort of service users have directly resulted from representations being made.

**4.5** Responsiveness to representations, and an organisational culture that receives and deals with representations positively and creatively, will ultimately result in a genuine partnership with service users. This will produce services that are led by the needs of users, rather than the needs of the organisation. For staff, learning from representations, especially complaints, which can be very stressful for those involved, should be conducted in a supportive environment to ensure that lessons learnt are valued and implemented.

**4.6** Much progress has been made over the years in creating an organisational culture that has shifted from a blaming and closed culture to one that is open and fair and work must continue to secure further development in this area.

## **COMPLIMENTS**

**4.7** The large number of compliments in Adult Social Care is illustrative of the good practice that exists and the value placed upon the service and staff by service users and carers. It is important that staff know that they are appreciated and acknowledged.

**4.8** Examples of the types of compliments are illustrated below:

- A Care Worker recognised that a client's behaviour had changed and suggested this may be due to a urine infection. This was confirmed following a visit by the GP on the advice of the Care Worker. The family were grateful for the Care Worker's observations which had resulted in prompt treatment and recovery.
- A number of individual staff, in Finance and Business Support, the Sensory Support Team and the Learning Disabilities Service, were thanked for their helpfulness, sensitivity and kindness.
- The Adult Care Provider ~ Home Care ~ received an extensive number of compliments over the year with many individual staff being named by clients who had so appreciated their care and support. A GP praised the service for the excellent care being given to his patient which was much appreciated. Special mention was made of the attention to the client's skin care needs in the terminal stages of his life.
- Grampian House (Residential and Intermediate Care Service) continues to attract heartfelt compliments – "it inspires the client to feel secure, at home and in safe hands at all times" – "it was a great solace to me knowing that my darling Gran was surrounded by people who cared for her so much".
- The Promoting Independence Teams across the County received many compliments for the help given to clients in obtaining aids and adaptations and restoring independence and autonomy.
- Compliments were addressed to Dean Lodge and Shafto House about the quality of care and kindness of staff and the care and attention given to clients and their relatives.
- The Sensory Support Team were also the recipients of a large number of compliments.



## **PART FIVE - AREAS FOR FUTURE DEVELOPMENT**

**5.1** We are continuing to strive to improve response times and the quality of responses provided to complainants. The Quality Standards Team has devised an Action Plan that over the coming months will address a number of quality issues and training needs in the area of managing complaints.

**5.2** The relationship between complaints and the Safeguarding Procedures will be further explored to ensure that appropriate and timely risk assessment is undertaken when a complaint is received. Safeguarding issues must be fast-tracked and dealt with under the appropriate procedures and the Authority is committed to facilitating the safeguards for vulnerable people. This work will also complement the requirements of the new *Health and Social Care Complaints Procedures* due to be implemented in April 2009.

**5.3** The proposed changes to the complaints procedures are wide-ranging and will require development time and resources for staff and systems. There will need to focus and improve the resources invested to provide:-

- information, to raise awareness for service-users and staff
- publicity and marketing materials
- training for staff including conciliation and mediation training and support
- an IT framework
- policy and practice guidance

## PART SIX - NATIONAL AND LOCAL DEVELOPMENTS

### National Developments

**6.1** During the summer of 2007 the Department of Health published a consultation on new proposals for health and adult social care statutory procedures, detailing the commitment to reform complaints handling in the NHS and adult social care.

**6.2** The Department of Health has now published its response to the consultation, '*Making Experiences Count*', on reforms to the Health and Social Care Complaints' Procedures.

**6.3** The proposed complaints framework in health and social care will be reduced to two stages, Local Resolution and the Ombudsman.

- Local Resolution will introduce a range of methods to support the resolution of complaints. This will secure flexibility and a needs-based approach.
- Upon receipt of a complaint or concern a **risk assessment** needs to take place immediately to identify whether there is abuse or unsafe practice issues. If so they need to be referred speedily through the appropriate legislative route e.g. the Safeguarding Procedures.
- It is proposed that complaints handling should recognise distinct differences in the types of complaint made that lend themselves to different approaches. Thus a one-off incident or simple complaint is capable of being resolved very swiftly through a discussion between the people involved to provide explanation, response and learning. This has been termed as the **Local Service Response** in the original consultation document
- Where a complaint involves systematic failures and/or complex and serious issues it is proposed that an **Organisational Response** would be appropriate. An Organisational Response will be orchestrated in consultation with the complainant. Agreement will be reached collaboratively on the timescales for the completion of the resolution of the complaint. Different methodologies for resolution will also be employed. The role currently played by independent Review Panels is not alluded to but theoretically, at least there may still be a role for decisions and outcomes to be subject to scrutiny and review.
- Where Local Resolution has failed to "put things right" through the local arrangements the Ombudsmen (the Local Government, Parliamentary and Health Ombudsmen are now statutorily empowered to work collaboratively and can conduct joint investigations and issue joint reports) would be able to investigate and provide a definitive view of what happened and, where appropriate, make a finding of maladministration.

**6.4** Little detail has been provided by the DH other than the outline above. A number of Early Adopter Sites have been identified by the DH to pilot and develop the new procedures and emerging guidance which will take the form of a Toolkit. In the north-east, Newcastle City Council and a number of NHS Hospital Trusts, Community and Primary Care Trusts have been selected by the DH. The EAS went live on 7 April 2008 although guidance for them was not due to be issued before 17 April. In the event at a conference for EAS on 17 April neither the outline guidance, nor the toolkit, was available. The EAS will report after six months at which point the DH may select further EAS.

**6.5** At the time of writing the legislative safeguards for the EAS which would allow them to circumvent the existing statutory procedures in order to pilot the new approach were not in place nor had the Local Government and Parliamentary and Health Service Ombudsmen signed up to the process. The Department of Health have now conceded that the scale of the task is larger than had been anticipated.

**6.6** Following a survey of all local authorities with a statutory duty for adult social care in this reporting year a report on the findings is due imminently. The purpose of the report is to identify risk as opposed to the production of performance tables for complaints handling.

**6.7** The north-east EAS has highlighted some developments from the emerging information that they are party to. The DH intends to introduce legislation from 1 September 2009 that will give the power to Primary Care Trusts to investigate complaints relating to general practitioners and dental practitioners. This is a significant development as these professions are independent contractors within the NHS. It will be interesting to see whether the same power will be extended to local authorities in their commissioning role with independent providers in domiciliary and residential and nursing care.

**6.8** The new regulatory authority, the Quality Care Commission, will use Local Authority risk assessments as part of their assessment of the complaints service.

## **LOCAL DEVELOPMENTS**

**6.9** The County Council's Standards Committee continues to be involved in the scrutiny of complaints. Members monitor the numbers and content of all representations. Particular focus is placed on complaints that relate to staff conduct/attitude issues, in particular, to ensure that there are no recurring themes that are not being addressed.

**6.10** The Authority has a Service Level Agreement with Durham CAB's Representational Advocacy Service. Independent advocacy services are provided to service users, carers and their representatives who wish to pursue complaints. The service is free of charge and should be made available to all

complainants who wish to be supported in the process. The service also covers advice and support in respect of non-complaints issues.

**6.11** As reported in the previous Annual Report the 2006-7 Ombudsman's Annual Letter highlighted findings relating to failures in home care services provided under the contracts of three other local authorities. An examination of this council's existing systems, procedures and safeguards took place in order to establish whether or not they were robust or if additional safeguards needed to be introduced to ensure that care plans are delivered and risk minimised for service users in receipt of domiciliary care.

**6.12** An Action Plan has been developed and proposed actions identified, to achieve improvement in relation to independent sector and in-house providers and safeguard the service users. These include the following as examples of some of the proposed actions:

- Contact telephone numbers are to be incorporated on the Daily Record Sheets which are kept in the service user's home. The service user will have immediate access to a staff member for use in the event of missed or late calls. Providers will be required to comply with this requirement.
- Social Workers/Care Co-ordinators will notify the Commissioning Services team of all reported missed calls via the Intranet contact facility which will trigger the Commissioning Services Team to make a referral under the Safeguarding Procedures if a pattern emerges. The early notification system will be cascaded through email and publicised at Forums and Good Practice Event.
- The Commissioning Services Team will regularly check CSCI (and its successor regulatory body QCC) inspection reports about providers to identify if missed calls are highlighted as a problem area. Discussions will be held with CSCI on action being taken to rectify any issues.
- Audits of in-house providers will include a check on the number of missed calls. During Quality Assurance and Care Plan reviews, service users are to be asked if they have had any calls missed by their provider during the previous year. Any such instances will be reported to the Commissioning Services Team.
- A clause covering withheld payments for services not delivered according to care plans will be developed and introduced in future negotiations as contracts come up for renewal in the forthcoming year.

## PART SEVEN - NON-STATUTORY REPRESENTATIONS IN ADULT AND COMMUNITY SERVICES 2007/2008

### BACKGROUND

**7.1** Adult and Community Services includes Libraries, Leisure and Culture, Social Inclusion, Planning and Performance and Finance & Business Support. These service areas cover services for the public such as, for example, Community Development, Welfare Rights, Community Safety, Libraries, Museums, and Traveller and Gypsy Liaison Services.

**7.2** The Corporate Complaints Procedure, which is non-statutory, applies to these services.

#### NON-STATUTORY/CORPORATE COMPLAINTS 2007-2008

Table 13

Service	Stage One	Stage Two	Stage Three	Total
LLC	7	2	1	10
P&P	0	0	0	0
SI	0	0	0	0
F&BS	5	0	0	5
<b>TOTAL</b>	<b>12</b>	<b>2</b>	<b>1</b>	<b>15</b>

**7.3** There were 10 Complaints made in Libraries, Leisure and Culture, compared to 16 in the previous reporting year. Of the 10, 3 progressed beyond Stage One. The following illustrate the types of complaint and how they were resolved:-

- A library customer complained that staff had not served him promptly by continuing to talk with each other. Another customer complained of an inefficient response to an enquiry. In both cases the complainants were unhappy with the response and proceeded to Stage Two. After further investigation apologies and explanations were given to the customers and resolution achieved.
- Changes to a mobile library service were complained about. There had been no consultation with service users and there had been a delay in responding to the complaint. The complaint was upheld at Stage Three of the procedures and the complainant was given a full apology and a commitment that procedures would be reviewed to prevent a recurrence of the failures to consult in future.
- A complaint was received about the entry charges to the Durham Light Infantry Museum. An explanation of the charge was provided along with information about the subsidies to national museums that enable free entry.
- A borrower complained that he incurred a fine when he used the out of hours return box even though he had posted the book on the date that it was due for return. The service considered that his concerns warranted a review and is looking at ways to revise the system to avoid unwarranted charges to borrowers.

7.4 Of the 5 Finance & Business Support complaints 3 were received by the Welfare Rights Service and 2 related to administrative failings in adult social care that did not meet the criteria to be heard under the statutory complaints procedure.

- A client alleged that the representation afforded at a Tribunal, to hear an appeal against a refusal to award Incapacity Benefit, was unprofessional and inadequate. A copy of the Tribunal Chair's transcript of proceedings was obtained and this, along with other information, evidenced that the complaint was without foundation.
- A caller seeking welfare rights advice had found it very difficult to get through to the Advice Line as it was constantly busy. Apologies and explanations were given.
- F&BS had inadvertently sent an unstamped letter to a service user incurring a surcharge to them by the Royal Mail. Apologies were given and the surcharge cost refunded.

7.5 The timescales for response to corporate complaints were met in all but 1 Stage One complaint in Libraries, Learning and Culture and 1 Stage Two (for reasons not attributable to the service).

### Compliments

7.6 A total of 205 corporate compliments were received. 142 related to the Welfare Rights Service (F&BS), 11 to Libraries, Learning and Culture, 36 to WorkAble Solutions, 4 to Community Development, 3 to Community Safety (Social Inclusion), 9 to Finance & Business Support and 1 to Planning and Performance.

Adult and Community Services Compliments by Service 2007-2008

Illustration 8



### **7.7 Welfare Rights (F&BS)**

Welfare Rights received the highest number of compliments. The professionalism, advice, commitment and kindness of staff were frequently cited. The importance of this service is illustrated in comments such as *"Thanks to your service I have been awarded the highest level of Disability Allowance – I often tell people about you"*, *"[I] was at the point of despair . . . [you] never gave up and worked tirelessly to get me my money"* and *"I found the staff easy to talk to and they made me feel that they understood everything I was explaining to them."*

### **7.8 Libraries, Leisure and Culture (LLC)**

The compliments received by LLC related to the facility of Killhope Museum, branch library services and individual staff members. Killhope Museum is a much-valued educational and historical attraction and compliments relate to the interest found at the facility and the enthusiasm of the staff. Branch libraries continue to be valued by the public and this is reflected in the compliments about the community enrichment derived from the service. The helpfulness of library staff frequently gives rise to compliments and several examples of library staff "going the extra mile" was raised in the compliments received.

### **7.9 Community Development (SI)**

- The Community Development Service team received compliments on the work undertaken on the Post Office closure consultation event which had been well-attended beyond expectations and very successful.
- Compliments and thanks were given to a Community Development Officer (CDO) for her support in helping design and organise consultation around the Police Authority's priorities and an event for young people.
- Another CDO was complimented for support and facilitation in obtaining the opinions and *"excellent feedback from young people"* whose views were fed into the Policing Plan process.
- Compliments and thanks were given for the support around the Glenroyd House project. The work of the CD team was a key element of the organisation's successful Big Lottery Fund 'Basis' bid. This bid and project is significant in the Council for Voluntary Service's plans for income generation and sustainability (i.e. becoming less grant-dependent). It demonstrates the longer term and added benefits of supporting local organisations and their projects.

### **7.10 Workable Solutions (SI)**

Characteristic of the compliments paid to Workable Solutions was the assistance given to clients in finding employment. A local employer also complimented and thanked the service for its excellence and the advice and help provided. Individual staff were also thanked for their help, advice and support.

### **7.11 Community Safety (SI)**

The Community Safety Officer was complimented for her work in resolving problems of anti-social behaviour and nuisance at Blackhall Library.

### **7.12 Planning and Performance (P&P)**

A letter of thanks was received from the Northumberland NHS Care Trust for the information sharing on Durham's Single Assessment Process. A number of staff are mentioned for the information they provided, the demonstrations of the system and the patience with which they answered questions.



## **PART 8 CONCLUSION**

**8.1** 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 performance in the handling and consideration of representations, including complaints, during the year 2007/2008 and also recognises the need to strive for continuous improvement.

**8.2** Acknowledgements are made and thanks given to the following contributors to Representations in the year:

- All service users who have contributed to our service developments by making representations.
- Staff and Managers who have increasingly recognised the importance of addressing concerns responsively and been prepared to learn from the compliments and concerns of service users.
- The Representational Advocacy Service which provides invaluable support and advice to service users and enables concerns to be clarified and articulated.
- The Systems Development Team who have enabled data to be more accurately recorded and collated.
- Members of the Authority's Standards Committee who objectively scrutinise Representations and ensure that trends are recognised and acted upon.

## GLOSSARY OF ABBREVIATIONS

<b>A&amp;CS</b>	Adult and Community Services
<b>CAB</b>	Citizens' Advice Bureau
<b>CD</b>	Community Development
<b>CS</b>	Community Safety
<b>CSCI</b>	Commission for Social Care Inspection
<b>DCC</b>	Durham County Council
<b>DH</b>	Department of Health
<b>EAS</b>	Early Adopter Sites
<b>F&amp;BS</b>	Finance & Business Support
<b>GP</b>	General Practitioner
<b>IO</b>	(Stage 2) Investigating Officer
<b>IT</b>	Information Technology
<b>LD</b>	Learning Disabilities
<b>LGO</b>	Local Government Ombudsman
<b>LLC</b>	Libraries, Leisure and Culture
<b>MH</b>	Mental Health
<b>MHSOP</b>	Mental Health Services for Older People
<b>MPs</b>	Members of Parliament
<b>NHS</b>	National Health Service
<b>OP</b>	Older People
<b>PDSI</b>	Physical Disability and Sensory Impairment (services)
<b>P&amp;P</b>	Planning and Performance
<b>PS</b>	Provider Service
<b>QA</b>	Quality Assurance
<b>QCC</b>	Quality Care Commission
<b>RAS</b>	Representational Advocacy Service
<b>RCH</b>	Residential Care Home
<b>SF&amp;BS</b>	Strategic Finance and Business Support
<b>SI</b>	Social Inclusion
<b>SLA</b>	Service Level Agreement
<b>SM</b>	Substance Misuse
<b>SSID</b>	Social Services Information Database
<b>WR</b>	Welfare Rights
<b>WS</b>	WorkAble Solutions

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

"إذا كنت بحاجة إلى تلقي خلاصة هذه المعلومات في اللغة العربية فيرجى الاتصال بالرقم 0191 383 3034"

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

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