



Adults, Wellbeing and Health

Statutory Adult Social Care Complaints, Compliments and Comments Annual Report 2011/12



**This report is published under the provisions of the
Local Authority Social Services and National Health Service Complaints
(England) Regulations 2009 No. 309**

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ANNUAL REPRESENTATIONS REPORT 2011/2012

SUMMARY AND KEY MESSAGES

OVERVIEW

1. This Annual Report for the year 2011-2012 is published under the provisions and requirements of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 that became operative on 1 April 2009. The reporting format reflects the requirements detailed in the Regulations.
2. The primary purpose of the Annual Report is to detail the performance of Durham County Council's Adults, Wellbeing & Health Statutory Adult Social Care Complaints Procedure. Whilst there is no requirement to publish data on Compliments it is important that the fullest picture is obtained about what service users, their carers and other representatives think about the services and the professionalism of staff they experience.
3. The 2009 Regulations promoted new ways of managing and seeking to resolve complaints with no fixed timescales apart from 3 working days to acknowledge the complaint and a 6 month completion target. A complaint made verbally, if capable of being resolved within one working day, does not constitute a complaint for recording purposes under the new Regulations.
4. Complaints are risk-assessed to ensure that there are no safeguarding or other procedural issues that might supersede the complaints procedure.
5. Consent has to be obtained to confirm that someone making a complaint on another's behalf has been given the authority to do so.
6. Complainants are invited to be fully involved in planning how their complaint is to be addressed, within what timescale and their expectations on the desired outcome and from this a Complaints Resolution Plan is produced.
7. Enabling complainants to voice their concerns at an early stage and be listened to without judgment and with empathy establishes the foundations of conciliation as the complaint progresses. Different resolution methods are utilised depending on the issues being addressed and individual preferences and circumstances.
8. Where all proportionate resolution mechanisms have been exhausted and if the complaint remains unresolved, the complainant can refer outstanding issues to the Local Government Ombudsman.

9. The data and analysis presented reflects the requirements of the Regulations but additional analysis is also included as it provides useful information upon which improvements can be made or trends monitored.
10. From the issues raised in complaints, real opportunities are presented to change and improve services by having a clearer understanding about what works best for service users leading to client-centred provision. The frequent aspiration of complainants is that they do not want what happened to them, to happen to anyone else.
11. By committing to learn from complaints a partnership is created between service users and carers, the staff and the Service. Complaints provide an opportunity for reflection both at an individual practice level and at strategic level. Could something have been done differently and are there wider implications, lessons to be learnt and changes made?
12. Details about the Adults, Wellbeing Health Complaints process are available on Durham County Council's website (www.durham.gov.uk) and public information is in key locations throughout the County.

KEY ISSUES

Numbers of Complaints

13. In 2011/2012 a total of 124 complaints were received and progressed through the Statutory Adult Social Care Complaints Procedure. This is exactly the same number of complaints received in 2010/2011.

Complaints by Client Group

14. The largest number of complaints by client group was Older People with 72 complaints (58%) followed by Learning Disabilities with 30 complaints (24%) which reflects the customer base of the Service.

Age Profiles of Service Users Making Complaints

15. The greatest number of complaints 33 (27%) were made in respect of males aged 18-64, followed by females over the age of 85 with 26 complaints (21%) and females aged 18-64 with 21 complaints (17%). This data is consistent with previous years where similar results were reported.

Ethnicity and Diversity

16. Complaints analysed by ethnicity represented 99.2% White British and this reflects the demographic profile of the ethnic population of the County as reported by the Office of National Statistics 2009.

Categories of Complainant

17. As has been the trend over previous reporting years, relatives (non-parent) constituted the highest category of complainant at 62 complaints (50%). In almost all cases an adult child made the complaint on behalf of their parent. The number of people who raised complaints on their own behalf was 34 (27%). The number of parents making a complaint 25 (20%) is the same as 2010-2011.

Outcome of Complaints

18. Of the 124 complaints received, 120 were completed by the end of the reporting year. Of the 120 complaints completed 44 (37%) were upheld in full and 15 were partially upheld. There were 61(51%) complaints were not upheld.
19. This shows an 11% increase in the number of complaints where the issues raised were upheld in full and a 5% decrease overall in the numbers of complaints not upheld. Where a complaint is not upheld this does not mean that the complainant did not have just reasons for submitting their concerns. However, the reasons for many of the cases not being upheld within this period related to the correct application of changes to service provision and newly-introduced charging policies.

Number of Complaints Referred from the Local Government Ombudsman (LGO)

20. During 2011/12 Durham County Council (DCC) received 7 referrals from the LGO where a complaint has been made to them but the Authority had not been provided sufficient opportunity to investigate. These complaints were then referred back to DCC for investigation and response under the local procedures before the LGO would consider them and are included in the 124 complaints recorded for the year.
21. There were 9 complaints forwarded from the LGO seeking further information upon which to base a determination. During the year the LGO provided findings on 8 of the 9 cases. In 2 cases the LGO discontinued the investigation their investigations as they were satisfied with the actions of the Service, in 2 cases they determined there were no grounds to pursue the issue, in a further 2 cases it was found there were no evidence of maladministration, in 1 case the LGO declined the investigation and in the final case the LGO determined that the Service has already addressed the issue. Further details are provided in the body of the report at pages 20-21.

Summary of the Subject Matter of Complaints Received

22. '*Personal Financial Issues*' constituted the highest category of complaint relating to 35 complaints (28%). This is the first year where complaints about financial issues have been greater than other categories of complaint and can be explained by the introduction of client contributions to day care and the withdrawal of free transport services. The next highest category of complaint was '*Conduct or Attitude of Staff*' which related to 22 complaints (17.8%) and the next highest category was 14 complaints relating to '*Lack of Communication/Information*' (11.3%).
23. In the majority of cases citing failures in communication and information there is a direct link with '*Conduct or Attitude of Staff*' and '*Lack of Service*'.

Timescales for Managing Complaints

24. The timescale for acknowledging a complaint is 3 working days. Of the 124 complaints received, 122 (98.4%) were acknowledged within timescale and many within one working day. The 2 cases acknowledged outside of the timescales were due to delays in correspondence being forwarded to the Quality Standards Team.
25. Monitoring of the speed of response to complaints has shown that 33.3% were concluded within 10 working days with an average time of 17 working days.

Duty to Co-operate – Joint Social Services and NHS Complaints

26. Three complaints were received during the year that involved both adult social care and health services. One case involved the Tees, Esk & Wear Valley NHS Foundation Trust and County Durham and Darlington NHS Foundation Trust; one case involved the County Durham and Darlington NHS Foundation Trust; and the third involved the North Tees and Hartlepool NHS Trust. AW&H took the lead in all these cases and formulated the joint response. All of these complaints were effectively managed and satisfactorily resolved and the benefit to the complainant was they received a single joint response to their issues and worked with a single point of contact.

Declined Complaints

27. During the year, 12 complaints were declined (compared to 1 in the previous reporting year). The reasons were varied including lack of consent from the complainant and complaints being outside of the limitation period of twelve months.

Remedies and Learning Outcomes

28. Examples of the remedies used to achieve resolution and the learning and practice developments that have accrued from complaints are provided at pages 23- 24 in the main body of the report.

Numbers of Compliments Received

29. In the reporting year a total of 399 compliments were received. This represents a decrease of 30.7% from the 576 received during 2010/11. Previous trends have seen a year on year increase in compliments. The reduction can be attributed to a drop in the numbers received in County Durham Care and Support (CDCS), the in-house provider.

Ratio of Compliments to Complaints

30. The ratio of compliments to complaints received is 3.2:1 compared to 4.65:1 in 2010/11.

Compliments by Service Area

31. County Durham Care and Support, the in-house provider received 272 (68.1%) of the total number of compliments. Whilst CDCS has continued to receive the highest number of compliments, the service has seen a reduction in the number of compliments when compared to 2010/11, both in terms of numbers (464) and percentages (80.5%).

ANNUAL REPRESENTATIONS REPORT 2011/2012

PART ONE - INTRODUCTION

PURPOSE OF THE REPORT

1. This Annual Report provides details about the performance of Durham County Council's Adults Wellbeing & Health, Statutory Adult Social Care Complaints Procedure during the year 2011/2012. The report also provides analysis and narrative on the Compliments received in the Service Areas for the same period to provide a representative overview of what service users, their carers and/or their representatives think of the services provided.
2. Where complaints are made about adult social care services, a Statutory Procedure has to be followed. In April 2009, the *Local Authority Social Services and National Health Service Complaints (England) Regulations 2009* were implemented and this report is the third to be produced which covers the reporting criteria prescribed within. These will be described in more detail in the following section.

PART TWO – THE COMPLAINTS PROCEDURE EXPLAINED

BACKGROUND

1. Requirements on the procedures for handling and considering complaints in adult social care are enshrined in the *Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 (No. 309)*.

WORKING WITH THE 2009 REGULATIONS IN ADULTS, WELLBEING & HEALTH

2. The 2009 Regulations recognise the need for engagement and communication with complainants. Consequently, as soon as a complaint is received (and after a risk assessment process and eligibility assessment, accepted as a complaint), every effort is made to communicate personally with the complainant to discuss what has happened, what expectations they have and what outcomes they would like to achieve. This stage of the procedure is conducted by the Complaints Officer who provides a consistent point of contact for the complainant throughout the process. The complainant is provided with information about what will happen next in terms of investigation and response and a timescale is agreed. On most occasions it is possible to identify complaints that will require a longer period of investigation due to their complexity and this is also discussed to ensure that the complainant is fully informed. Once agreed a Complaints Resolution Plan (CRP) is completed and provided to the complainant.
3. Once the CRP is completed and agreed with the complainant it is referred to the relevant Manager for investigation and response within the agreed timescales. If the timescales cannot be achieved, full reasons have to be provided and these are communicated to the complainant.
4. Once the complaint response is provided to the complainant, if they do not agree with the response, discussions take place to see whether other forms of resolution methods might be used. These include offers of meetings, the provision of further information, compensatory redress, independent investigation and conciliation and mediation based on an assessment of reasonableness and proportionality. If all attempts at resolution have failed the complainant is provided with the contact details for the Local Government Ombudsman to whom they can refer their complaint.

TIME LIMIT FOR MAKING A COMPLAINT

5. The time limit for making a complaint is 12 months from the date that the event complained about occurred or came to the notice of the complainant. If a complaint is made after the 12 month limitation period, discretion can be exercised if there are exceptional and legitimate reasons why a delay in bringing the complaint has occurred and provided it is still possible to investigate the complaint effectively and fairly.

VERBAL COMPLAINTS

6. Within the Regulations, there is an exception to the above process. If a complaint is received verbally and can be resolved, with the agreement of the complainant, within one working day then it is not logged or recorded as a complaint. This is to encourage staff to feel empowered to resolve a complaint as soon as it is brought to their attention and to provide immediate action for the complainant. It is important to stress, however, that this only applies to complaints made verbally and complainants need to be asked whether they want the matter resolved in this way or whether they would prefer to have the complaint formalised. If the latter the procedure detailed above applies.

WHO IS ELIGIBLE TO COMPLAIN

7. The Statutory Adult Social Care Complaints Procedure in Adult Care can be accessed and used by individuals who are/have been in receipt, and/or are eligible to receive or be assessed for Social Care Services. A representative can make a complaint on someone else's behalf subject to the necessary consent.
8. The 2009 Regulations recognises the following:
 - i. *"A person who receives or has received services from [adult social care] or*
 - ii. *A person who is affected, or likely to be affected, by the action, omission or decision of [adult social care]*
 - iii. *A person acting on behalf of a person who has died covered by i and ii above*
 - iv. *A person acting with the consent of a person covered by i and ii above*
 - v. *A person acting on behalf of someone with physical or mental incapacity (the latter within the meaning of the Mental Capacity Act 2005(a) where the [local authority] is satisfied that the representative is acting in the best interests of the person on whose behalf the complaint is made."*

EXCLUSIONS TO THE COMPLAINTS PROCEDURE

9. Complaints are **not** eligible to be heard under the 2009 Regulations if they are:-
 - not consented to by the subject on whose behalf the complaint is made (where the subject has capacity)
 - not made in the best interests of a person who lacks capacity
 - made by a responsible body that has a disagreement with another responsible body i.e. another local authority or NHS organisation
 - made by an employee complaining about matters relating to their employment
 - about subject matter the same as complaints previously raised, investigated and responded to under the current or past procedures
 - being investigated by the Local Government Ombudsman

- arising from an alleged failure to comply with a Freedom of Information request
- arising from an alleged failure to comply with a data subject request under the provisions of the Data Protection Act

OTHER KEY CHANGES IN THE 2009 REGULATIONS

Disciplinary and Legal Action

10. In a departure from the previous procedures a complaint can be investigated even where:-
 - disciplinary action is being considered or taken. The two arrangements will remain separate and confidentiality for the parties must be maintained.
 - legal action is being considered or taken. Only if the complaint investigation might prejudice subsequent legal or judicial action should the complaint be suspended following discussion and the complainant advised of the reasons why.

Duty to Co-operate

11. Local Authorities, NHS bodies and other responsible organisations now have a statutory duty to co-operate with each other in the resolution of a complaint that spans more than one organisation.
12. The duty to co-operate includes:-
 - identifying which authority will take the lead
 - co-ordinating the handling and communication of a complaint
 - ensuring the complainant receives a co-ordinated response to the complaint
 - ensuring each organisation provides relevant information in pursuance of the complaints investigation as deemed necessary and relevant
 - attending meetings in connection with the consideration and resolution of a complaint

Publicity

13. There is a statutory duty placed on the Local Authority to make information available to the public about:-
 - Its arrangements for dealing with complaints
 - How further information about those arrangements may be obtained.

The Annual Report

14. The 2009 Regulations 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 Care Quality Commission about how the Service has performed in handling complaints.

PART THREE - MANAGEMENT AND OPERATION OF THE COMPLAINTS PROCEDURE

1. Within Adults, Wellbeing & Health the complaints management function is within Quality Standards Team of Policy, Planning and Performance. Nevertheless there is a close working relationship and collaboration with all operational managers and staff in all of the Service Areas in Adult Care.
2. Complaints can be received by a variety of methods – by post, email, telephone, to members of staff – and at a variety of locations. However, the formal acknowledgement and initial recording of Statutory Adult Social Care Complaints are managed by the Central Administrative Team at County Hall on the Social Services Information Database (SSID).
3. Once logged the complaint is passed to the Complaints Officer who conducts the risk assessment and negotiates the Complaints Resolution Plan (CRP) with the complainant.
4. The CRP contains all relevant information about the complaint and is provided to the relevant Senior Manager who will allocate the complaint for investigation and provide a response from the findings.
5. If a complaint is unresolved the Complaints Officer will liaise with the complainant to identify further attempts at resolution or provide advice about a referral to the Local Government Ombudsman (LGO).
6. Information about the complaints procedure is published and promoted throughout the Service. Service User Guides, which are provided to all Adult 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 Adults, Wellbeing Health Complaints process are available on Durham County Council's website (www.durham.gov.uk) and public information is in key locations throughout the County.

**PART FOUR – STATUTORY ADULT SOCIAL CARE COMPLAINTS
1 APRIL 2011 TO 31 MARCH 2012**

REPORTING REQUIREMENTS UNDER THE REGULATIONS

1. This section covers the reporting requirements of the 2009 Complaints Regulations. Sub-sections will cover:
 - The number of complaints received under the Statutory Adult Social Care procedure
 - The number of complaints found to have been well-founded
 - The number of complaints referred to the Local Government Ombudsman
 - A summary of the subject matter of complaints received
 - Learning Outcomes for services or complaints handling
2. In addition to the compulsory elements of the reporting process, this report will also include additional analysis which Adults, Wellbeing & Health consider important.
3. The data provided within this document is taken from the Social Services Information Database (SSID).

ANALYSIS OF THE STATUTORY ADULT SOCIAL CARE COMPLAINTS

4. In order to contextualise the complaints made in Adult Care it is important to appreciate the level and complexity of the services provided by the Authority.
5. In 2011/2012 the total number of adults who received a service (provision) was 21,721 (as compared to 19,875 in 2010/2011)*. Of these 7,325 were aged 18-64 and 14,396 were aged 65+. Each client will have multiple contacts over the course of one year.

The number and analysis of complaints received under the Statutory Adult Social Care Procedure

6. In 2011/2012 the Authority received 124 Statutory Adult Social Care Complaints. As a proportion of the total number of contacts with service users and carers this represents a very small percentage.
7. As can be seen from Table 1, the service receiving the largest number of complaints related to the Older People/Physical Disability/Sensory Support service representing 50% of the total number of complaints. This shows a consistent pattern over several years of reporting. Given that the majority of referrals to Adult 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 expectations.

* Sourced from the 2012 RAP Return.

Number of complaints received by service type

Table 1

Service	Complaint	Percentage
Older People/Mental Health Services for Older People/ Physical Disabilities/Sensory Impairment/ Sensory Support	58	46.8%
Learning Disabilities/Mental Health/Carers	18	14.5%
Commissioning	37	29.9%
County Durham Care And Support	9	7.2%
Adult Care - Safeguarding	1	0.8%
Policy, Planning & Performance	1	0.8%
Total	124	100%

8. Table 2 below illustrates the number of complaints by client group. Complaints about services for older people constituted the highest proportion at 54.84%, with services for learning disabilities clients at 25%.

Complaints by Client Group

Table 2

Service	LD	MH	OP	PD	SI	Total
Learning Disabilities/Mental Health/Carers	18					18
Older People/Mental Health Services for Older People/ Physical Disabilities/Sensory Impairment/ Sensory Support	1	0	44	11	2	58
Adult Care (Safeguarding)	1					1
County Durham Care and Support	5		4			9
Commissioning	5	1	24	7		37
Policy, Planning & Performance	0	0	0	1		1
Total	30	1	72	19	2	124
Percentage	25%	3.23%	54.84%	10.48%		100%

9. The greatest number of complaints were made about services received by male clients aged 18-64 (26.6%), followed by females aged 85+ (21%). This does not reflect the demographic profile of service users but does reflect the trend of last year and the number of complaints received by the Learning Disabilities Service. See Table 3 below.

Complaints by the Age Profiles of Service Users

Table 3

Age Group	Complaints	
	Female	Male
18 - 64	21	33
65 - 74	8	7
75 - 84	13	12
85+	26	4
Total	68	56

10. Complaints analysed by ethnicity represented 99.2% White British and this reflects the demographic profile of the ethnic population of the County as reported by the Office of National Statistics 2009.

11. Table 4 and Illustration 1 below show that the greatest proportion of complaints (50%) was made by relatives (excluding parents) of the service user. This reflects an increase on last year's figure where the percentage was 44.4%. This is indicative of the growing population of older people receiving services and reflects the concerns, usually of sons and daughters, of their parent's situation. If someone is making a complaint on behalf of a service user, the service user's written consent is obtained. Whilst the majority do give their consent some clients have withheld it as there can sometimes be differences of perceptions and expectations between a client and their relative. Where a client declines their consent this has to be respected and explained to the relative.
12. Clients making complaints on their own behalf constitutes the second highest category of complainant at 27.6% (an increase of 2.6% from last year), followed by complaints made by parents at 20%.

Categories of Complainants

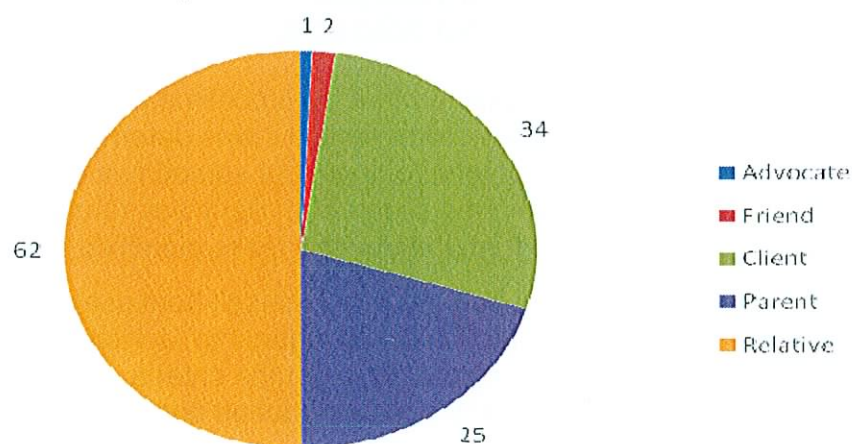
Table 4

Service	Advocate	Friend	Client	Parent	Relative	Total
Learning Disabilities/Mental Health/Carers	1		2	14	1	18
Older People/Mental Health Services for Older People/Physical Disabilities/Sensory Impairment/ Sensory Support		1	19	3	35	58
County Durham Care and Support			2	2	5	9
Adult Care - Safeguarding				1		1
Policy, Planning & Performance			1			1
Commissioning		1	10	5	21	37
Total	1	2	34	25	62	124
Percentage	0.8%	1.6%	27.6%	20%	50%	100%

Illustration 1

Regulated Adult Social Care Complaints (by complainant type)

Period 1st April 2011 - 31st March 2012



Outcome of Complaints

13. At the end of the reporting year, 4 of the 124 complaints had not been completed (2 within the Learning Disabilities Service; 1 within Older People's Services and 1 within Commissioning) and for the purpose of the analysis below are excluded from the calculation. Therefore 120 complaints equate to 100%.

Service	Upheld	Partially Upheld	Not Upheld	Total of the complaints completed	(Ongoing – complaints not yet completed)
Learning Disabilities/Mental Health/Carers	6	2	8	16	2
Older People/Mental Health Services for Older People/ Physical Disabilities/Sensory Impairment/ Sensory Support	23	6	28	57	1
Commissioning	13	3	20	36	1
County Durham Care and Support	2	3	4	9	
Adult Care - Safeguarding		1		1	
Policy, Planning & Performance	0	0	1	1	
Total	44	15	61	120	4
Percentage	Of completed complaints			Of all complaints received	
	36.7%	12.5%	50.8%	97%	3%

14. The number of complaints upheld in full constituted 36.7% of the total. This is more than a 10% increase on the numbers upheld in the previous reporting year where 26% were upheld. Where complaints are partially upheld this indicates that some, but not all, of the elements of complaint were upheld. If the figures of *upheld* and *partially upheld* are combined the total is 49.2% compared to 50.8% not upheld. In the previous reporting year these figures stood at 44% and 56% respectively.
15. Remedies and learning outcomes arise where complaints are upheld and these are detailed in Part 5 of this report.
16. Reasons why complaints are not upheld are varied and during the course of the year more detailed explanations have been reported in the quarterly cycle as to why complaints are not upheld. Some examples of why complaints have not been upheld follow:-
- A client complained that his lunchtime call was insufficient to prepare a meal. After review it was determined that the carers had sufficient time to do so but sometimes diverted by other requests from the client. The client was reminded that carers were there to perform the specific tasks identified in the care plan.
 - A client who had rendered himself homeless was placed in emergency respite at his request to facilitate hospital discharge, even though he did not meet the criteria. The client then objected to his emergency accommodation not being free. The

investigation had found that he had been made fully aware of the financial assessment process and charging policies.

- A relative complained that transport was not turning up to take his mother to day care. The investigation showed that the transport had consistently called for the client but on most occasions she would decline to get into the transport and indicated that she did not want to go to day care.
- A complaint about an occupational therapy assessment was not upheld as the client had misunderstood the need for a technical officer to conduct a feasibility study for the installation of a ramp.
- A client complained that his petrol costs and low-fat food costs should have been disregarded as disability-related expenditure in a financial assessment. Explanations were provided as to why these were not subject to disregards and guidance documents on these issues were provided.

Summary of the Subject Matter of Complaints Received

17. The Social Services Information Database enables the recording of the subject matter of complaints under different categories and these are reproduced in the table below.
18. Some complaints will have different elements within them which require more than one subject matter to be categorised. Table 6 below illustrates the subject matter of the complaints received.

Subject Matter of Complaints Received

Table 6

Subject Matter of Complaints Received*	No. of Complaints by subject matter
Quality Of Service - Personal Financial Issues	36
Conduct Or Attitude Of Staff	22
Lack Of Service - Communications/Information	14
Lack Of A Service - Other	14
Quality Of Service - Work Of Other Agencies	9
Application Of Service Guidance/Procedures	9
Provision Of Service - Equipment	7
Lack Of Service - Contact/Visits	7
Lack Of Service - Restricted Choices Of Current Services	6
Provision Of Service - Assessment	5
Quality Of Service - Personal Care	4
Special Case - Protection Investigations	3
Placement Provision	3
Handling Of Complaint	3
Confidentiality	1
Transport	1
Quality Of Service - Rules/Sanctions	1
Quality Of Service - Another Resident	1
Not Stated	1
Lack Of Service - Change To Clients Service As Per Care Plan	1
Disputed Decision	1
Total	149

*NB a single complaint may have more than one subject category within it

19. *'Personal Financial Issues'* constituted the highest category of complaint relating to 36 complaints. This is the first year where complaints about financial issues have been greater than other categories of complaint and can be explained by the introduction of client contributions to day care and the withdrawal of free transport services.
20. The next highest category of complaint was *'Conduct or Attitude of Staff'* which related to 22 complaints and the next highest category was 14 complaints relating to *'Lack of Communication/Information'* (11.3%). In the majority of cases citing conduct/attitude of staff there is often a direct link with failures in communication and information.

Time Taken to Conclude Complaints

21. Monitoring on the speed of response to complaints is detailed below in Table 7. Of the 124 complaints received in the year, 4 were ongoing at the year end and are excluded for the purpose of this analysis. If a complaint is unresolved at the first response stage other means of seeking to resolve the complaint are offered which inevitably lengthens the time taken to conclude a complaint.

Working Days to Conclude Local Resolution

Table 7

Working Days To Complete	Total	%
Within 10 Working Days	40	33.3%
Within 20 Working Days	45	37.5%
Within 30 Working Days	17	14.2%
More Than 30 Working Days	18	15%
Total	120	100%

22. Of the 120 complaints completed in the period 33.3% were concluded within 10 working days and 37.5% within 20. Of those concluded within 30 working days and beyond most involved organising a meeting with the relevant Senior Manager and some required a more in-depth or independent investigation due to their complexity. It has been calculated that the average time per case to conclude a complaint was 17 working days.

Complaints Acknowledged within 3 Working Days

23. Of the 124 complaints received 122 (98.4%) were acknowledged within timescale and many within one working day. The 2 cases acknowledged outside of the timescales were due to delays in correspondence being forwarded to the Quality Standards Team.

Complaints Completed within the timescales set in the Complaints Resolution Plan

24. Complaints Resolution Plans (CRPs) were completed in all of the 124 complaints received in the year. The CRPs included timescales for response. Of the 120 complaints completed in the year 119 (99.2%) were responded to within the timescale agreed in the CRP.

Completion of Complaints within CRP Timescale

Table 8

CRP Response Date Target	Total	Percentage
Target Met	119	99.2%
Target Not Met	1	0.8%
Total	124	100%

Duty to Co-operate – Joint Social Services and NHS Complaints

25. Three complaints were received during the year that involved both adult social care and health services. One case involved the Tees, Esk & Wear Valley NHS Foundation Trust and the County Durham and Darlington NHS Foundation Trust; one case involved the County Durham and Darlington NHS Foundation Trust; and the third involved the North Tees and Hartlepool NHS Trust. AW&H took the lead in all these cases and formulated the joint response. All of these complaints were effectively managed and satisfactorily resolved and the benefit to the complainant was they received a single joint response to their issues and worked with a single point of contact.

Declined Complaints

26. During the year 12 complaints were declined (compared to 1 in the previous reporting year).
- In 4 cases the complaint was declined for want of consent by the clients.
 - In 2 cases complainants sought to resurrect issues that had been investigated and responded to - one in 2009 and the other in 2005.
 - In 2 cases the events complained about had occurred several years previously – in 2007/08 and 2009 respectively and were declined on the grounds that they were significantly outside of the 12 month time limit prescribed by the Regulations (although in one case detailed enquiries and a response was provided due to the nature of the concerns).
 - In 4 cases the issues complained about related to issues which did not come within the jurisdiction of Durham County Council.

Other Procedures

27. In 3 cases the Complaints Procedure was superseded by the Safeguarding Procedures due to the nature of the issues raised. In 2 cases the Tees Esk and Wear Valley NHS Foundation Trust and County

Durham and Darlington NHS Foundation Trust, respectively were identified as the Responsible Body and the complaints were referred to them for investigation and response.

Number of Complaints Referred from the Local Government Ombudsman

28. At the conclusion of a complaint, if there remains dissatisfaction and no further resolution mechanisms remain, advice is given to the complainant about how to refer the matter to the Local Government Ombudsman (LGO). A complainant has twelve months within which they can refer an unresolved complaint to the LGO.
29. In the Annual Letter from the Local Government Ombudsman (July 2012) the Ombudsman stated 'I am pleased to say that I have no concerns about your authority's response times and there are no issues arising from the complaints that I want to bring to your attention'.
30. During 2011/12 Durham County Council received 7 referrals from the LGO where a complaint has been made to them but the Authority had not been provided sufficient opportunity to investigate. These complaints were then referred back to DCC for investigation and response before the LGO would consider them and are included in the 124 complaints recorded for the year.
31. During 2011/12 Durham County Council (DCC) received 7 referrals from the LGO where a complaint has been made to them but the Authority had not been provided sufficient opportunity to investigate
32. There were 9 complaints forwarded from the LGO's investigation team seeking further information upon which to base a determination. During the year the LGO provided findings on 8 of the 9 cases
 - i. The Ombudsman declined to investigate a complaint on the grounds of delay of 3 years.
 - ii. In one case the LGO found no evidence of maladministration in a complaint where someone was found on assessment and re-assessment not to meet the eligibility criteria for services.
 - iii. The Ombudsman discontinued an investigation as there was insufficient evidence of maladministration. The client wanted a walk-in shower installed but did not meet the criteria for such an adaptation.
 - iv. In one case the Ombudsman determined that there were no grounds to pursue a complaint further. The complaint related to a Declaration of Trust that the client had created and whether the capital invested in the client's share of the property should have been disregarded for the purposes of financial assessment for permanent residential care.
 - v. The Ombudsman discontinued an investigation as DCC had agreed to reimburse some legal fees to a client and a small compensatory amount for the time and the frustration caused, in bringing the complaint. The payments were approved under delegated powers by

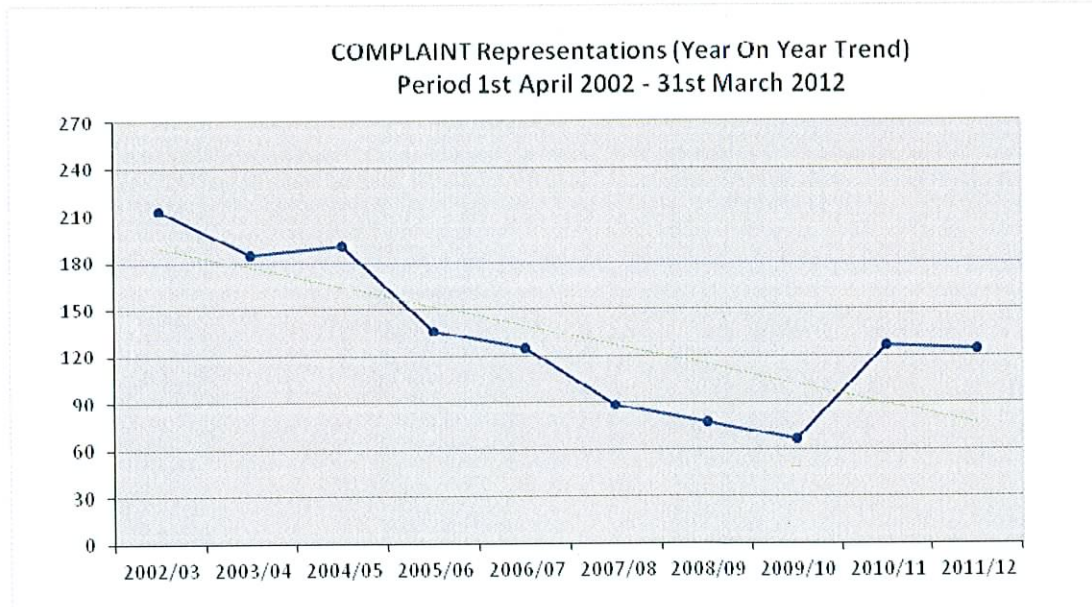
the Chair of Standards Committee and the Head of Corporate and Legal Services. In addition the Ombudsman had supported the Council's proposal that independent conciliation be arranged in this case and this subsequently took place.

- vi. In one case the LGO determined that the Council had already addressed the issues complained about through apology and had appropriately remedied any residual injustice. The LGO did not expect the Council to take further action in relation to the complaint and there were no grounds to justify the public expense of the continued involvement of the Ombudsman.
- vii. In one case the LGO determined that there were no grounds to pursue the issues raised as there was nothing further to be achieved by the complainant or the client.
- viii. In the eighth case the LGO found that needs assessments of a client and the parents were sufficiently comprehensive to meet government guidelines and legislative benchmarks. No maladministration was found in the way the Council had determined an entitlement to respite and the investigation was discontinued.

Year on Year Comparisons

- 32. In order to obtain an overview of overall performance from previous annual reports Illustration 3 below shows year on year comparisons of the numbers of complaints received.

Illustration 2



- 33. In 2011/2012 a total of 124 complaints were received and progressed through the Statutory Adult Social Care Complaints Procedure. This is exactly the same number of complaints received in 2010/2011 and ends the upward trend recorded between 2009/10 and 2010/11. The upward trend had coincided with policy and procedural changes relating to the introduction of charging for day care and transport services and the cycle of Reviews.

34. When comparing Durham's numbers of complaints per 10,000 population (2.97) with the average of other Regional Local Authorities (3.46) and Comparator Local Authorities performance (3.52) the ratio is relatively low.
35. Work has been on-going throughout the year with Local Authorities on the reasons why their numbers may have fluctuated and the following was provided:
- Increase in complaints about day care costs (about a perceived lack of consultation etc)
 - Increase in complaints relating to billing for care due to a system change
 - Felt that this rise in the numbers could be partially attributed to 5 parents making the same complaint about a Learning Disability service.
 - Increase in complaints due to changes in the supported living service
 - Improved publication of the complaints procedure
 - Increase in complaints relating to a wide range of financial issues
 - Slight fall in numbers which may be attributed to an increase in front line staff resolving at the point of contact

PART FIVE – REMEDIES AND LEARNING OUTCOMES FROM STATUTORY ADULT SOCIAL CARE COMPLAINTS

Remedies

1. Providing remedies to issues that have arisen in a complaint are essential if trust and confidence are to be restored between the Service and its clients. Even where complaints are not upheld full explanations, further information and often apologies are provided.
2. Remedies can be varied and examples of some provided in this reporting year include:-
 - Re-assessment of need following the reduction in care packages (in some cases this resulted in the reinstatement of services).
 - Explanations provided or reiterated where communication had been poor.
 - Occupational Therapy re-assessments were conducted where disputes arose following the original assessments for adaptations.
 - Waiving of charges for the first six weeks of domiciliary care, provided by the Re-Ablement Team, where the client believed that they were in receipt of intermediate care.
3. In all of the concluded cases, full explanations and apologies were provided in each case. It should be noted that compensatory redress will only be considered where there is very strong evidence of shortcomings that may be construed within the LGO's definition of maladministration. It is recognised however, that where AW&H is responsible for failings that have caused losses and significant emotional distress it is clearly the Service's duty to acknowledge that and avoid further distress to the complainant.
4. Meetings with Managers within the Service have proved extremely effective in satisfactorily concluding complaints. Complainants appreciate the time that Managers give to addressing their concerns in an open and informal way.
5. Independent conciliation occurred in one case in an effort to restore relationships and agree outcomes and a way forward.

Learning Outcomes

6. Complaints provide invaluable information from which the Service learns how to improve. Complaints also act as a prompt to ensure all staff work consistently to policies and procedures.
7. The learning outcomes extracted and acted upon in the reporting year have included:-
 - Reminders to staff in an in-house respite facility that all telephone calls relating to a client's needs, bookings or cancellations must be recorded, either on the client's case notes or in the office diary.
 - The Learning Disability Social Work teams are working with the in-house respite unit to review the respite booking system to improve the process.
 - The Learning Disability Transitions Social Work Team are developing a detailed map of children currently in receipt of services so that long term planning can be better achieved.
 - A briefing note was issued to Social Work Team Managers/Safeguarding Leads in Older People's Services to remind them of the need to ensure service users views were explicitly sought and recorded in relation to safeguarding matters.
 - Staff in Older People Social Work teams were issued with a reminder of the importance of detailed recording and that the opinions of service users and their family/carers must be given suitable weight in the assessment process.

PART SIX – COMPLIMENTS RECEIVED IN ADULT SOCIAL CARE

Numbers of Compliments Received

1. In the reporting year a total of 399 compliments were received. This represents a decrease of 30.7% from the 576 received during 2010/11. Previous trends have been a year on year increase in compliments. The reduction can be attributed to a drop in the numbers received in County Durham Care and Support (CDCS), the in-house provider.

Ratio of Compliments to Complaints

2. The ratio of compliments to complaints received is 3.2:1 compared to 4.65:1 in 2010/11.

Compliments by Service Area

3. County Durham Care and Support, the in-house provider received 272 (68.1%) of the total number of compliments. Whilst CDCS has continued to receive the highest number of compliments the service has seen a reduction in the number of compliments received this year, both in terms of numbers and percentages, compared to 2010/11 when 464 (80.5%) compliments were received, by CDCS.

Compliments by Service Area

4. As outlined in Table 11 below, County Durham Care and Support received the highest number of compliments across all of the service areas.

Compliments by Service

Table 11

Service	Compliments Received	Total Percentage
Learning Disabilities/Mental Health/Carers	9	2.3%
Older People/Mental Health Services for Older People/Physical Disabilities/Sensory Impairment and Sensory Support	112	28.1%
County Durham Care and Support	272	68.1%
Commissioning	1	0.2%
Policy, Planning & Performance	5	1.3%
Total	399	100%

5. The number of compliments received in the Service, 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.

Themes of the Compliments Received

6. Themes arising from compliments are illustrated below:
- Appreciation of the quality of care provided to individuals by staff in residential and domiciliary care services expressed by both the clients and families
 - The support, care and kindness given by staff, to carers and service users, before and following family bereavement
 - The help given with obtaining aids and adaptations and the benefits derived
 - The ease by which services could be accessed
 - The confidence arising from the understanding and support being given by staff
 - Staff explaining issues in a way the client understood
 - The regaining and maintaining of independence due to the rehabilitation obtained in intermediate care settings or by the provision of longer-term domiciliary care services
 - Help with maintaining dignity
 - Empowering service users to achieve and maintain independent living
 - Assisting clients settling into new environments and reassuring other family members
 - Responding quickly to requests for assistance.

PART SEVEN – CONCLUSIONS

1. A collaborative approach with the complainant to reach complaint resolution continues to develop and work effectively. As the number of complaints has remain steady from last year, clients and their carers and relatives continue to feel able to make their views known and seek remedies where things have gone wrong. The Service has continued to provide timely and detailed responses to the matters raised. Even where complaints have not been upheld, the reasons and explanations provided as to why not, is often sufficient for the complainant to feel they have been heard. Monitoring of the complaints figures will continue to be closely reviewed in the Services' Quarterly reports to ensure all staff are providing the appropriate opportunities to service users and carers to submit complaints.
2. During 2011/12 Adults Wellbeing & Health adopted the Regional Quality Band Assessment in respect of Care Homes and Care Homes with Nursing for Older People for contract monitoring of the independent sector. A programme of monitoring has been agreed for 2012/2013.
3. The Service continues to receive a large number of compliments each year. This remains a significant reminder of the excellent work that is carried out by staff.
4. Complaints and compliments are a valuable source of feedback to inform service improvement. This Annual Report indicates positive achievements in performance in the handling and consideration of complaints and compliments but also recognises the need to strive for continuous improvement. The implementation of learning outcomes arising from complaints provides the opportunity to change practice and improve service delivery with transparency and accountability.

GLOSSARY OF ABBREVIATIONS

AW&H	Adults, Wellbeing & Health
CDCS	County Durham Care and Support
CRP	Complaints Resolution Plan
DCC	Durham County Council
LD	Learning Disabilities
LGO	Local Government Ombudsman
MH	Mental Health
MHSOP	Mental Health Services for Older people
NHS	National Health Service
OP	Older People
PD	Physical Disability
SI/SS	Sensory Impairment/Sensory Support
SSID	Social Services Information Database

Adults, Wellbeing and Health

Statutory Adult Social Care Complaints, Compliments and Comments Annual Report 2011/12

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

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