

**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 2010/2011

SUMMARY AND KEY MESSAGES

OVERVIEW

1. This Annual Report is the second that 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. As explained in the previous Annual Report, the 2009 Regulations promoted new ways of managing and seeking to resolve complaints and the key principles are re-stated here. 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. For complaints that are formalised, the process is no longer driven by prescribed timescales* and incremental stages of resolution, as in the past. Now complaints are risk-assessed to ensure that there are no safeguarding or other procedural issues that might supersede the complaints procedure.
4. Consent has to be obtained to confirm that someone making a complaint on another's behalf has been given the authority to do so.
5. Complainants are 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.
6. Enabling complainants to voice their grievances 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.

* Apart from the 3 working days to acknowledge a complaint and a 6 month completion target

7. Where all proportionate resolution mechanisms have been exhausted and if the complaint remains unresolved, the complainant can be referred to the Local Government Ombudsman.
8. 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.
9. 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 a service user-centred provision. The frequent aspiration of complainants is that they do not want what happened to them, to happen to anyone else.
10. By committing to learn from complaints a genuine 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?
11. 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

12. In 2010/2011 a total of 124 complaints were received and progressed through the Statutory Adult Social Care Complaints Procedure. This number, compared to 66 in the previous reporting year, is an increase of 88%. This is in sharp contrast to the downward trend in the number of complaints year on year as recorded since 2002/2003.

Complaints by Client Group

13. The largest number of complaints by Client Group was Older People with 68 complaints (54.8%) followed by Learning Disabilities 33 complaints (26.6%) which reflects the customer base of the Service.

Age Profiles of Service Users Making Complaints

14. The greatest number of complaints 31 (25%) were made in respect of males aged 18-64, closely followed by males over the age of 85 with 26 complaints (21%) and females aged 18-64 with 25 complaints (20%). This is not in line with the demographic profile of service users but in the case of young males and females is explained due to care plan review processes and changed eligibility criteria, especially in the Learning Disabilities Service.

Ethnicity and Diversity

15. When complaints are analysed by ethnicity 99% are recorded as 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

16. As has been the trend over previous reporting years, relatives (non-parent) constituted the highest category of complainant at 55 complaints (44.3%). In almost all cases an adult child made the complaint on behalf of their parent and this reflects the concerns and anxieties that family have about their elderly relative's care, safety and well-being. Nevertheless, 31 complaints (25%) were brought by service users on their own behalf. In 2010/2011 there was a sharp rise in the number of parents making a complaint, 27 (21.8%) compared to 6 (9%) in 2009/2010. This can be directly attributed to the application of policies and procedures being applied in Learning Disability care plan reviews in the reporting year.

Outcome of Complaints

17. Of the 124 complaints received, 116 were completed by the end of the reporting year. Of the 116 complaints completed 30 (25.9%) were upheld in full and 21 (18.1%) were partially upheld compared to the performance in 2009-10 where 24 (31.2%) were upheld in full and 18 (23.3%) were partially upheld. In 2010/2011, 65 complaints (56%) were not upheld which compares with 21 complaints (35.5%) in 2009/2010.

Reasons for complaints not being upheld are varied, in many of the cases not upheld related to the changes to service provision. The investigations found that service users care plan review processes were robust, the criteria correctly applied and no exceptional circumstances existed that had been overlooked.

18. There has been a 20% decrease in the number of complaints where the issues raised were well founded.

Number of Complaints Referred to the Local Government Ombudsman

19. During the course of 2010/2011 the Local Government Ombudsman (LGO) was referred 12 adult social care cases. In 1 case, the Ombudsman took the view that there was maladministration but it had caused no injustice. In 3 cases the complaint had been made to the LGO without Durham County Council having been given the opportunity to investigate and respond and the complainants were referred back to the local process. In 4 cases the LGO did not uphold the complaints. In 4 cases the LGO made preliminary enquiries and the outcome is awaited.

Summary of the Subject Matter of Complaints Received

20. There were 147 reasons recorded for the 124 complaints received. 'Conduct or Attitude of Staff' constituted the highest category of complaint relating to 28 complaints (19%) with 'Lack Of Service – Communications/Information' closely following with 22 complaints (15%). The next two highest subjects were 'Application Of Service Guidance/Procedures' 16 (10.9%) and 'Lack Of Service – Change To Clients Service As Per Care Plan' 13 (8.8%).
21. Further analysis on the subject matter of the complaints received, where the complaint is upheld, is planned work for 2011/2012.

Timescales for managing Complaints

22. The timescale for acknowledging a complaint is 3 working days. All of the 124 (100%) complaints received were acknowledged within 3 working days.
23. Under the Regulations there are no set timescales for the management of complaints. However, the Service has monitored the speed of response to complaints and 50 (43.1%) complaints were concluded within 10 working days. It has been calculated that the average time per case, on the 116 cases completed within the year, is 16 working days.

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

24. Four complaints were received during the year that involved both adult social care and health services. One case involved the Tees, Esk & Wear Valley NHS Trust and 3 cases involved County Durham and Darlington Foundation Trust. All of these complaints were effectively managed and satisfactorily resolved and the benefit to the complainant was that they received a single joint response to their complaint and had one point of contact.

Declined Complaints

25. During the year 1 complaint was declined as the service user did not give their consent to a complaint being made on their behalf.

Remedies and Learning Outcomes

26. Examples of the remedies used to achieve resolution and the learning and practice developments that have accrued from complaints are provided at pages 24- 25 in the main body of the report.

Numbers of Compliments Received

27. In the reporting year a total of 576 compliments were received within the Service Areas. This represents an increase of 43% from the 403 received during 2009/2010 and continues the upward trend being 113% higher than the 271 in 2008/2009 and 75% higher than the 330 compliments in 2008/2009.

Ratio of Compliments to Complaints

28. The ratio of compliments to complaints received is 4.65:1. This is a decrease from the 6:1 ratio received in 2009/2010. The decreased ratio reflects the impact of the higher number of complaints received in 2010/2011.

Compliments by Service Area

29. County Durham Care and Support (CDCS), the in-house provider, received 464 (80.5%) of the total number of compliments which is consistent with reporting in previous years.

ANNUAL REPRESENTATIONS REPORT 2010/2011

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 2010/2011. 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, a new Integrated Social Services and Health Complaints Procedure was implemented and this report is the second to be produced which covers the reporting criteria prescribed within Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. 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 partnership 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 which can only be amended with the agreement of the complainant. 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 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 their 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 2010 TO 31 MARCH 2011

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. In 2010/2011 the total number of adults who received a service (provision) was 19,875*. Of these 7,092 were aged 18-64 and 12,783 were aged 65+. Each service user will have multiple contacts over the course of one year.

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

5. In 2010/2011 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.
6. As can be seen from Table 1, the service receiving the largest number of complaints is Older People/Physical Disability/Sensory Support services representing 54% 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 2011 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	67	54%
Learning Disabilities/Mental Health/Carers	34	27%
Finance	10	8%
County Durham Care And Support	8	7%
Commissioning	4	3%
Policy, Planning & Performance	1	1%
Total	124	100%

7. 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 disability service users at 25%.

Complaints by Client Group

Table 2

Service	LD	MH	OP	PD	SCD	N/S	Total
Learning Disabilities/Mental Health/Carers	25	3	1	1	2	2	34
Older People/Mental Health Services for Older People/ Physical Disabilities/Sensory Impairment/ Sensory Support	0	0	54	10	0	3	67
County Durham Care and Support	1	1	4	1	0	1	8
Finance	4	0	6	0	0	0	10
Policy, Planning & Performance	0	0	0	1	0	0	1
Commissioning	1	0	3	0	0	0	4
Total	31	4	68	13	2	6	124
Percentage	25%	3.23%	54.84%	10.48%	1.61%	4.84%	100%

8. The greatest number of complaints were made about services for male service users aged 18-64, 31 complaints (25%), closely followed by services for males over the age of 85 at 26 complaints (21%) and females aged 18-64 with 25 complaints (20%). This is not in line with the demographic profile of service users but is explained due to the increase in complaints received by the Learning Disabilities Service. See Table 3 below.

Age Profiles of Service Users Making Complaints

Table 3

Age Group	Complaints	
	Female	Male
18 - 64	25	31
65 - 74	6	6
75 - 84	16	7
85+	26	7
Total	73	51

9. When complaints are analysed by ethnicity 99% are recorded as White British and this reflects the demographic profile of the ethnic population of the County as reported by the Office of National Statistics 2009.
10. Table 4 and Illustration 1 below show that the greatest proportion of complaints (44.4%) were made by relatives (excluding parents) of the service user. This reflects a slight decrease on last year's figure of 48.5% but remains 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 service users have withheld it as there can sometimes be differences of perceptions and expectations between a service user and their relative. Where a service user declines their consent this has to be respected and explained to the relative.
11. Service users making complaints on their own behalf constitutes the second highest category of complainant at 25%, closely followed by complaints made by parents at 21.8%. This reflects the increase in complaints within the Learning Disabilities Service.

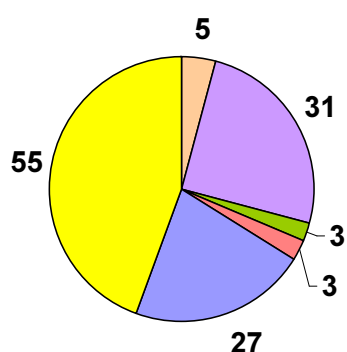
Categories of Complainants

Table 4

Service	Advocate	Friend	Client/ Service User	Other	Parent	Relative	Total
Learning Disabilities/Mental Health/Carers	3	2	6	1	21	1	34
Older People/Mental Health Services for Older People/ Physical Disabilities/Sensory Impairment/ Sensory Support	1	1	21	1	2	41	67
County Durham Care and Support	0	0	1	0	1	6	8
Finance	0	0	1	1	2	6	10
Policy, Planning & Performance	0	0	1	0	0	0	1
Commissioning	1	0	1	0	1	1	4
Total	5	3	31	3	27	55	124
Percentage	4%	2.4%	25%	2.4%	21.8%	44.4%	100%

Regulated Adult Social Care Complaints (by complainant type) Period 1st April 2010 - 31st March 2011

■ Advocate
 ■ Client
 ■ Friend
 ■ Other
 ■ Parent
 ■ Relative (Non-Parent)



Number of Complaints established to have been well-founded

12. At the end of the reporting year 8 of the 124 complaints had not been completed and, for the purpose of the analysis below, are excluded from the calculation. 116 complaints therefore equate to 100%.

Outcome of Complaints

Table 5

Service	Upheld	Partially Upheld	Not Upheld	Total of the complaints completed	(Ongoing – complaints not yet completed)
Learning Disabilities/Mental Health/Carers	5	9	17	31	3
Older People/Mental Health Services for Older People/ Physical Disabilities/Sensory Impairment/ Sensory Support	19	9	36	64	3
Commissioning	1	1	1	3	1
County Durham Care and Support	2	0	5	7	1
Finance	2	2	6	10	0
Policy, Planning & Performance	1	0	0	1	0
Total	30	21	65	116	8
Percentage	Of completed complaints			Of all complaints received	
	26%	18%	56%	94%	6%

13. The number of complaints upheld in full constituted 26% of the total. Where complaints are partially upheld this indicates that part of the elements of complaint were also upheld. If the figures of upheld and partially upheld are combined the total is 44%, compared to 56% not upheld. In 2010/2011 65 complaints (56%) were not upheld, compared with 21 complaints (35.5%) in 2009/2010.
14. There has been a 20% decrease in the number of complaints where the issues raised were well founded. However, where a complaint is held as unfounded this does not mean that the complainant did not have just reasons for submitting their concerns.
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. Some examples of why complaints have not been upheld follow:-
 - Complaints made about changes to service provision were not upheld when the investigation found that service users care plan review processes were robust, the criteria correctly applied and no exceptional circumstances existed that had been overlooked.
 - A service user's 2 days per week attendance at a day centre was terminated as he no longer met the criteria. The Local Government Ombudsman adjudicated this complaint and it was not upheld.
 - An older citizen complained that no help had been provided to her during the adverse weather conditions when she was unable to leave the house and had no food and her rubbish was piling up. In fact when the referral came to Social Care Direct she was contacted immediately by the social work team and within 48 hours two social work staff went to her house, cleared the snow and ice from her paths, ensured she had food provisions and transferred all her accumulating rubbish into her wheelie bin.
 - A solicitor complained about delays in the Finance Department appointing a Deputy to manage a service user's finances. The investigation showed that the delay was caused by the Court of Protection, not Durham County Council.

Number of Complaints Referred to the Local Government Ombudsman

17. 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.
18. During the course of the year the Local Government Ombudsman was referred 12 adult social care cases.
19. In 1 case the Ombudsman took the view that there was maladministration by the Council in relation to the feasibility assessment (with regard to converting an existing bathroom into a walk-in shower) but it had caused no injustice. A small compensatory payment of £250 was agreed in recognition of the time the complainant had to spend in bringing the complaint. In 3 cases the complaint had been made to the LGO without Durham County Council having been given the opportunity to investigate and respond and the complainants were referred back to the local process. In 4 cases the LGO did not uphold the complaints and in a further 4 cases the LGO made preliminary enquiries and the outcome is awaited.
20. From 1 October 2010 the LGO assumed new powers to investigate complaints made by people who self-fund and make their own arrangements for their adult social care. Previously self-funders could only obtain redress through the courts.

Summary of the Subject Matter of Complaints Received

21. 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.
22. 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.

Table 6

Subject Matter of Complaints Received	No. of Complaints	%
Conduct or Attitude Of Staff	28	19%
Lack of Service - Communications/Information	22	15%
Application Of Service Guidance/Procedures	16	10.9%
Lack of Service – Change To Clients Service As Per Care Plan	13	8.8%
Quality of Service - Personal Financial Issues	11	7.5%
Lack of A Service – Other	10	6.8%
Provision of Service – Equipment	7	4.8%
Quality of Service - Personal Care	7	4.8%
Provision of Service – Assessment	6	4.1%
Provision of Service - Placement Provision	6	4.1%
Lack of Service - Restricted Choices Of Current Services	4	2.7%
Provision of Service - Reviews/Conferences	3	2%
Quality of Service - Work Of Other Agencies	3	2%
Special Case – Confidentiality	3	2%
Lack of Service - Contact/Visits	2	1.4%
Provision Of Service	2	1.4%
Other	1	0.7%
Quality of Service – Physical Handling	1	0.7%
Quality of Service – Refreshments	1	0.7%
Special Case – Protection Investigations	1	0.7%
Total Number of reasons of Complaint recorded for the 124 complaints received	147	100%

23. The highest categories of complaint are the '*Conduct or attitude of staff*', '*Communications and information*' and '*Application of Service Guidance/procedures*'. In the majority of cases citing failures in communication and information there is a direct link with conduct/attitude of staff.
24. Further analysis on the subject matter of the complaints received, where the complaint is upheld, is planned work for 2011/2012.

Time Taken to Conclude Complaints

25. There is no reporting requirement to analyse the length of time taken to conclude a complaint as there are no set timescales or targets. However, the Service has monitored the speed of response to complaints and the details below in Table 7 provide an indication on turnaround time of a complaint. Of the 116 complaints received in the year that were concluded at Local Resolution stage, 8 are still ongoing. 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	50	43.1%
Within 20 Working Days	40	34.5%
Within 30 Working Days	13	11.2%
More Than 30 Working Days	13	11.2%
Total	116	100%

26. There were 43.1% complaints concluded within 10 working days and 34.5% 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 based on the 116 that were completed is 16 working days.

Complaints Acknowledged within 3 Working Days

27. All 124 complaints received between 1st April 2010 and 31st March 2011 were acknowledged within 3 working days.

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

28. Four complaints were received during the year that involved both adult social care and health services. One case involved the Tees, Esk & Wear Valley NHS Trust, 2 cases involved NHS County Durham and Darlington and 1 case involved both Darlington Memorial Hospital and County Durham and Darlington NHS. All of these complaints were effectively managed and satisfactorily resolved and the benefit to the complainant was that they received a single joint response to their issues and a single point of contact.

Declined Complaints

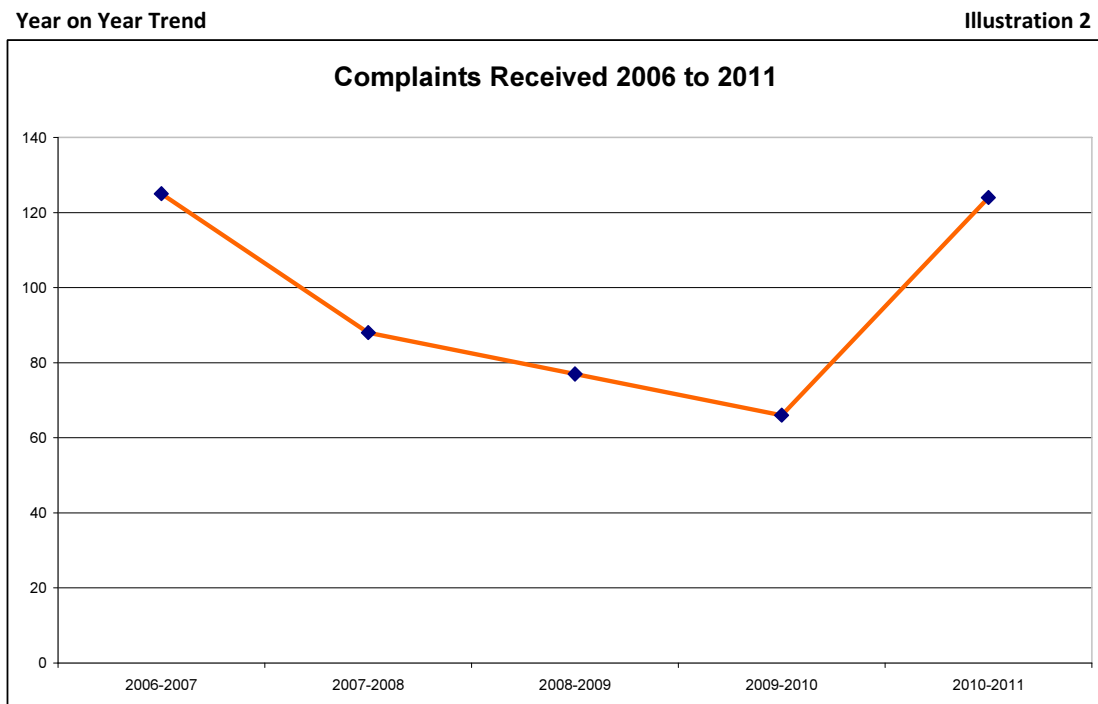
During the year, 1 complaint was declined as the service user declined to give their consent for the complaint to be heard.

Other Procedures

In 2 cases the Complaints Procedure was superseded by the Safeguarding Procedures due to the nature of the issues raised. In another 2 cases Tees Esk and Wear Valley NHS Trust was identified as the Responsible Body and the complaints were referred to them for investigation and response.

Year on Year Comparisons

29. In order to obtain an overview of overall performance from previous annual reports, Illustration 2 below shows year on year comparisons of the numbers of complaints received.



30. In 2010/2011 a total of 124 complaints were received and progressed through the Statutory Adult Social Care Complaints Procedure. This number, compared to 66 in the previous reporting year, is an increase of 88%. This is in contrast to the downward trend in the number of complaints year on year as recorded since 2006/2007. The upward trend coincides with the application of policies and procedures and eligibility criteria allied to the care plan review process.

Local Authority Complaints comparisons

Table 8

Regional Complaints Comparators per 10,000 18+ population Performance
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Local Authority	Adults Population	Nos. of complaints 2009/2010	Complaints per 10,000 population	Nos. of complaints 2010/2011	Complaints per 10,000 population
Sunderland	232,200	168	7.24	125	5.38
Redcar & Cleveland	112,300	49	4.36	60	5.34
Middlesbrough	113,000	41	3.63	49	4.34
Gateshead*	157,100	64	4.07	61	3.88
Darlington	81,200	No response	No response	30	3.69
Durham	418,200	66	1.58	124	2.97
South Tyneside	126,000	24	1.90	32	2.54
Hartlepool	72,900	27	3.70	17	2.33
Stockton-on-Tees*	154,800	No response	No response	30	1.94
North Tyneside	162,300	35	2.16	30	1.85
Northumberland *	258,100	69	2.67	No response	No response
Newcastle upon Tyne	238,700	No response	No response	No response	No response
Average	177,233	60	3.48	55.8	3.43

* Also IPF Comparator, see table 9

(Population statistics from ONS mid-2009 estimates)

Local Authority Complaints comparisons

Table 9

National Complaints Comparators per 10,000 18+ population Performance
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Local Authority	Adults Population	Nos. of complaints 2010/2011	Complaints per 10,000 population
Stoke-on-Trent	193,200	192	9.94
Bolton	210,000	155	7.38
Kirklees	323,400	165	5.10
Tameside	173,400	88	5.07
Gateshead	157,100	61	3.88
Wakefield	264,100	80	3.03
Durham	418,200	124	2.97
Stockton-on-Tees	153,800	30	1.95
St. Helens	144,100	19	1.32
Barnsley	183,800	No Response	n/a
Doncaster	234,600	No Response	n/a
Rotherham	204,800	No Response	n/a
Wigan	248,500	No Response	n/a
Northumberland	258,100	No Response	n/a
North Lincolnshire	130,900	No Response	n/a
Dudley	249,100	No Response	n/a
Average	221,693	104	4.69

(Population statistics from ONS mid-2009 estimates)

31. As shown in Table 8 above when consideration is given to Durham's performance per 10,000 population - 2.97, compared to other Regional

Local Authorities- 3.43, you can see the sharp rise in the number of complaints received is not reflected in the performance of the other Local Authorities. The recent increases in complaints in Durham can be primarily attributed to the outcomes of care plan reviews and reassessments in both Older Persons and Learning Disability services.

32. The picture is very similar in Table 9 above when consideration is given to Durham's performance to comparator Local Authorities-4.69. Although Durham has the 4th highest number of complaints received, however when the population numbers are considered this then shows Durham's performance as low.
33. 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
 - A persistent complainant raised 10 issues within one quarter
 - Felt that their rise in 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
33. There has been no clear trends or learning outcomes found that correlate with issues within Durham, although the Quality Standards Team continue to consider ways to advocate and promote the complaints arrangements to service users/carers.

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 service users. 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
 - Residential care contributions, which should have been charged at the permanent rate, were revised to the lower rate for temporary placements due to invoicing and communication errors
 - Transport service to attend day care was reinstated for a service user whose circumstances provided exceptional reasons why public or private transport could not be accessed
 - Durham Home Care service reinstated their input for a service user with complex care needs in order to stabilise the care package before it transferred to another provider
 - Waiving of respite care fees where it was upheld that there had been a failure to provide appropriate equipment for a service user
3. It should be noted that compensatory redress will only be considered where there is very strong evidence of shortcomings that may be in accordance with 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.

Learning Outcomes

5. Complaints provide valuable 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.
6. The learning outcomes acted upon in the reporting year have included:-
 - All social work and health staff in the Learning Disability Integrated Teams have been instructed to verify documentation for accuracy when completing new or updated assessments and that all assessment information is properly coordinated and verified.
 - Social work staff have been formally reminded that accurate assessment of social care need is a professional responsibility.
 - In an in-house residential respite service for people with Learning Disability, staff have been advised that all personal care needs are now recorded in detail to identify personal hygiene needs whilst in respite. Also the Client Activity List has been revised to enable more detailed information to be recorded about a service user's daily activities and participation in events whilst in respite care.
 - Where there are likely to be changes to service provision following a care plan review, a letter for service users explaining the review processes along with how the eligibility criteria is applied has been developed and issued.
 - A clearer process is now in place with regard to obtaining funding decisions on care packages in the Learning Disabilities Service. This includes new guidance and training for staff. Feedback is now routinely disseminated between staff and information recorded on the relevant service user case file. Staff at all levels have been reminded of the importance of effective communication with families/carers/service users especially when services are changed or modified.

PART SIX – COMPLIMENTS AND COMMENTS RECEIVED IN ADULT SOCIAL CARE

Numbers of Compliments Received

1. In the reporting year a total of 576 compliments have been received within the Service Areas. This represents an increase of 43% from the 403 received during 2009/2010 and continues the upward trend being 113% higher than the 271 in 2008-09 and 75% higher than the 330 compliments in 2008/2009.

Ratio of Compliments to Complaints

2. The ratio of compliments to complaints received is 4.65:1. This is a decrease from the 6:1 ratio received in 2009/2010. The decreased ratio reflects the impact of the higher number of complaints received in 2010/2011.

Compliments by Service Area

3. As outlined in Table 10 below, County Durham Care and Support received 80.5% of the total number of compliments.

Service	Compliments Received	Total Percentage
Learning Disabilities/Mental Health/Carers	9	1.6%
Older People/Mental Health Services for Older People/Physical Disabilities/Sensory Impairment and Sensory Support	100	17.6%
County Durham Care and Support	464	80.5%
Finance	1	0.1%
Social Inclusion	1	0.1%
Policy Planning & Performance	1	0.1%
Total	576	100%

4. The large 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

5. Themes arising from compliments are illustrated below:
 - Appreciation of the quality of care provided to individuals by staff in residential and domiciliary care services
 - 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
 - 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 service user understood
 - The regaining and maintaining of independence due to the rehabilitation obtained in intermediate care settings

- Help with maintaining dignity
- Empowering service users to achieve and maintain independent living
- Assisting service users settling into new environments and reassuring other family members
- Responding quickly to requests for assistance.

Numbers of Comments Received

6. Two comments were received in the reporting year by Adult Social Care. These related to why staff in a CDCS residential care home did not wear name badges. It was explained that this had been previously considered but the risk of injury to service users receiving personal care if the pin became disconnected made this inappropriate.

PART SEVEN - CONCLUSIONS

1. The new way of working in complaint resolution is now embedded and working effectively. Whilst the number of complaints has increased, this is viewed as positive that service users and their carers and relatives feel able to make their views known and seeking remedies where things have gone wrong. Of the 116 cases completed within the year, the Service has continued to provide a timely response 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. Work continues on a number of developments within the Service on the management of complaints. The review of the Regional Joint Protocol for Health and Social Care Organisations on Complaints Handling is close to conclusion. The Joint Protocol defines the management of complaints that span both health and social care and meets the requirements relating to the duty to co-operate under the Regulations. This has been developed with 6 North East Local Authorities and 13 NHS organisations across the Region.
3. Contracting arrangements for commissioning Independent Investigating Officers is being reviewed. The outcome of this work will lead to new arrangements for the provision of Independent Investigating Officers (IIOs) for social care complaints and increased choice for suitably skilled and qualified IIO's on a regional basis, standardise costs to ensure better value for money and improved quality control. The scoping work for this is progressing well and it is hoped that this Framework will be implemented within the year.
4. AW&H has 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. Providers will be measured against a number of evidence based measures within 16 domains, one of which relates to Complaints. This work is in the early stages of development and more details on performance will be provided in next year's Annual Report.

5. The Service receives a large number of compliments each year. This remains a significant reminder of the excellent work that is conducted at a difficult time in people's lives.

6. 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
IPF	Institute of Public Finance
LD	Learning Disabilities
LGO	Local Government Ombudsman
MH	Mental Health
NHS	National Health Service
N/S	Not Stated
ONS	Office of National Statistics
OP	Older People
PD	Physical Disability
SCD	Social Care Direct
SSID	Social Services Information Database