

APPENDIX

1. Number of Complaints closed at each Stage

Stage	Total
Stage 1	297
Stage 2	27
Stage 3	11
Unable to Investigate	2
Withdrawn	1
Total	335

These figures are the total of both complaint procedures (Corporate and Statutory) and denote the number of complainants rather than the numbers of complaints. As will be appreciated the overall volume is greater as each Stage 2 has been a Stage 1, and each Stage 3 has been a Stage 2 and Stage 3. Also, the overall number of complaints are greater as each Stage 2 usually have at least 2 separate aspects, as does each Stage 3.

2. Number and Type of Ombudsman Complaints

Number	Date to LGO	Date of Decision	Finding
1	06/04/2006	23/05/2006	Ombudsman's Discretion
2	22/06/2006	26/06/2006	Premature Complaint
3	06/07/2006	06/11/2006	Outside Jurisdiction
4	08/09/2006	28/09/2006	Premature Complaint
5	26/10/2006	Still Open	
6	30/10/2006	15/02/2007	Ombudsman's Discretion
7	03/11/2006	19/03/2007	Ombudsman's Discretion
8	30/11/2006	Still Open	

Notes.

Ombudsman's Discretion The ombudsman decides not to pursue the complaint. This can be for a variety of reasons but most commonly because there is insufficient injustice to warrant pursuing the matter.

Outside Jurisdiction Cases not within the Ombudsman's remit to pursue.

Premature Complaint Those sent to the LGO before the Council has had opportunity to deal with it.

None of the complaints about the Department received by the Local Government Ombudsman for the period 1 April 2006 – 31 March 2007 have been found to contain any aspect of maladministration or injustice.

3. Customer Groups

Complainant Status	Total
Adult Mental Health	10
Adult Physical Disability	36
Adult with Learning Disability	12
Carer	7
Family of Adult with LD	46
Family of Adult with MH	11
Family of Adult with Phys Dis	48
Family of child w' disability	2
Family of Older Person	90
Former Service User	1
Independent Home Owner	9
Legal Representative	1
Neighbour	5
Older Person	46
Professional	11
Total	335

4. Types of Complaint

Main Complaint	Grand Total
Accommodation query	2
Adaptation Issue	3
Adult Protection	2
Assessment of Need	15
Breach of Confidentiality	2
Breach of Privacy	2
Care Provision	77
Carer Assessment	1
Change in home care provision	6
Charging Policy Issue	1
Contract Issue	6
Day Care Staffing Issue	1
Day Centre Issue	2
Delay in OT Equipment/Adaptation	2
Delay in Service Delivery	13
Direct payment	11
Disputed Assessment	1
Dom Care Hours Review	3
Equipment	2
Financial Issues	39
Former Care Issues	1
Funding Assessment Disputed	4
Health and Safety issue	3
Holiday Grant	1
Home Care Issues	3
Lack of Consultation/Communication	15
Lack of Response	5
Lack of support	5
OT Assessment	3
Outcome of Assessment Review	19
Placement Breakdown	1

Policy/Resource Issue	10
Poor Communication	7
Provision of Service	10
Quality of Care	8
Quality of Service	11
Reduction of Care Services	2
Removal from placement	1
Residential Assessment	2
Residential issue	3
Respite Assessment	4
Service Implementation	4
Social Work Allocation	5
Staff Conduct	14
Transport Issue	2
Withdrawal of Services	1
Total	335

This table is self explanatory although worthy of note is the significant amount of complaints about 'Care Provision'. The majority of these concerned service changes initiated by reviews undertaken under the requirements of the Fair Access to Care criteria.

5. Outcomes of Complaints

Only partial details exist for Informal Complaints as there was no requirement to keep full outcome details. These details are kept in full as of 1 April 2007.

Formal (Stage 2) complaint outcomes;

Outcomes	Total
No Finding	19
Not Upheld	55
Partially Upheld	6
Upheld	23
TOTAL	103

Of these outcomes, the following Actions were generated; -

Type of Action	Total
Assessment/Review undertaken	7
Enhancement of Customer Service	11
Formal Apology	4
None	66
Compensation	1
Process Review (part)	5
Provision of Information	8
Review of Decision made on Case	7
Staff Briefing	1
Total	110

It should be noted that a number of Outcomes designated 'No Finding' or 'Not Upheld' nevertheless generated an action, and in a few cases, Outcomes occasioned more than one Action.

6. Advocacy services

Advocacy Services are encouraged to play a full role in supporting complainants – particularly through the formal stages. In the period April 2006 – March 2007 seven cases were supported by Advocates. In the same period, five had Independent Persons appointed (by the Complaints Manager) to oversee the complaint investigation process.

7. Timescales

Stage 1

Month	Fewer than 20 Days?		Month Total	Month %
	NO	YES		
April	10	23	33	70%
May	4	14	18	78%
June	6	21	27	78%
July	2	11	13	85%
August	4	6	10	60%
September	7	17	24	71%
October	5	16	21	76%
November	4	9	13	69%
December	10	16	26	62%
January	5	14	19	74%
February	7	20	28	74%
March	4	16	20	80%
Year Total	68	183	252	73%

Stage 2

- 27 complaints were registered at Stage 2 of the Complaint procedure during 2006/07.
- On 1 September, the statutory timescale for concluding this stage changed from 28 calendar days (or following negotiation 3 calendar months), to 25 working days (or following advice 65 working days).
- Of those 27 complaints, 2 were withdrawn and 5 are still open. Of the 20 that have been completed, 16 (**80%**) were completed within the timescales. Work towards ensuring all timescales are met at this Stage has begun (see under 'Review of Effectiveness' below).

Stage 3

Between 1 April 2006 and 31 March 2007 there were eight requests for complaints to be taken to a Review Panel. One was withdrawn at the request of the complainant and the remaining seven (**100%**) took place within the statutory time limit of 30 days.

8. Learning and Service Improvement

Complaints are a useful tool to assist in our programme of continual service improvement. We have and are in the process of putting in place structures to ensure that in dealing with complaints we not only afford redress to the individual, but also learn from our complaints.

In the past year, we have revised our procedures so that any agreed actions from Stage 2 and Stage 3 complaints have timescales for implementation attached; recommendations have a clearly identified individual allocated with the task of implementation; we have adjusted our database so that we can now record and report on whether recommendations have in fact been implemented as agreed. We have also conducted a launch of the new complaint procedures, including briefing sessions with independent advocacy agencies and other voluntary bodies.

The Quality Assurance Unit itself has reviewed its performance and identified areas for service improvement. These include:

- Reviewing how we inform the community of the complaints process
- Reviewing whether some complaints may better routed through an appeals process, when it is a complaint about a decision.
- Providing training to staff dealing with complaints
- Conducting Investigative Reviews against Ombudsman Reports
- Reviewing the Analysis of outcomes provided in statistical reports.
- Creating an infrastructure for reviewing actions that result from complaints.
- Quality Checking Stage 1 complaint responses.
- Conducting Quality Assurance Audits of Service Delivery.

Over the past year a number of complaints have led to recommendations from the Investigation Officer that have been agreed and have the aim of improving service delivery. Some examples are:

- A complaint made against a decision not to place an individual in residential accommodation was reviewed with a revised outcome recommending placement.
- A complaint made on behalf of a person placed by the Department in an independent sector residence was formally investigated and resulted in specific recommendations being made to change the Agency's internal communication systems in respect of adhering to Care Plans and recording and reporting incidences of challenging behaviours.
- A complaint made against the newly-formed Brokerage process resulted in an enhanced initial response period and better communications when delays occurred. The records management process was also reviewed and made more efficient.

9. Statistical data about complainant age, gender, disability sexual orientation and ethnicity.

- 20.3% of complainants indicated that they had a disability.
- 56% of complainants indicated they were female
- 100% of those approached indicated that they were heterosexual.
- Just fewer than 12% of complainants were older people (over the age of 65 years). The remainder advised that they were of working age.
- Data about religion and belief has only begun to be collected as of April 2007.
- Ethnicity of complainants for 2006/07 was as recorded in this table.

Ethnicity	Total
English	1
Iranian	1
Muslim	1
White (European)	1
Corporate Entity	30
Not Given	141
White (British)	160
Total	335

10. Review of the effectiveness of the system.

• **Response to Statutory changes.**

The statutory changes that were announced at short notice in August 2006 were effectively responded to and addressed by their inception on 1 September. By this date, all Stages had procedures re-written, authorised by DMT, briefed out to Service Manager Groups and publicised throughout the Department by way of Team Briefs.

• **Response to separation of Adult and Children's Services.**

The separation of services was effected over a six month period and was successfully navigated by the Quality Assurance Unit. A mirroring of the complaint database and clarification of new roles meant that not one complainant was adversely affected by any error occurring in the transference of data or responsibility.

• **Investigation response times**

As can be seen from figures earlier in this report, the Department fails to respond to twenty percent of formal (Stage 2) complaints within the required timescale. Some of the issues involved related to resource issues within the Quality Assurance Unit, and others involved the personal performance of Investigating Officers. Each of these matters has been addressed, and in the last year quarter, 100% of all formal complaints were responded to within the statutory timescale. It is anticipated and intended that this particular trend will continue.

- **Complaint Action Plans**

An aspect of the new complaint regulations is that the Quality Assurance Unit has to ensure and evidence outcomes to valid complaints by monitoring operational changes and reporting any deviation to the Divisional Management Team. This process has been inaugurated and is in process.

- **Stage 3**

During 2005/2006 and into the first quarter of 2006/2007, difficulties had arisen in the manner the Department met its responsibilities to those who wished to proceed with their complaint to Stage 3. Poor communication and changes of intent between the Commission for Social Care Services and the Department of Health, together with the way the Authority required two separate Departments to act together to convene Stage 3 Complaint Review Panels meant that a serious 'backlog' arose and most failed to be held within the required timescale. Since June 2006, the Quality Assurance Unit has been able to assume full responsibility for conducting the third complaint stage, and since that time 100% of Stage 3 requests have been met within the statutory timescale. It is intended and anticipated that this trend will continue.

- **Access**

Changes in both statutory process and the Department's scope following the separation of Children and Adult Services, meant that new advice was required for those wishing to complain about services. In tandem with a new web-based delivery system, a new leaflet was developed and approved and will be delivered to all people being assessed, receiving a service for the first time, or having their service reviewed.

- **Service Level Agreements**

In response to structural changes within the Department and changed levels and lines of communication, work has begun on establishing service level agreements between the Quality Assurance Unit and service providers to clarify legal and policy requirements and service expectations. This work is expected to be complete by the end of the second quarter of 2007/08.

- **Fair Access to Care/Charging complaints**

It was noticeable over the third and fourth quarters of 2006/07 that there was a significant increase in complaints in relation to changes in service charges and a more appropriate and efficient application of the Fair Access to Care process. The majority presented were addressed through complaint procedures, but work was begun in the final quarter of that year to determine whether this process remains the most appropriate in terms of usefulness to the person using the service and effective use of the Department's resources. A new, robust process is expected to be inaugurated within the first quarter of 2007/08.

- **Partnership working.**

Work has been ongoing with local Social Services Departments and Partnership and Primary Care Trusts in maintaining a protocol that identifies systems of dealing with complaints about joint-working service delivery areas.

This is to make it easier for service-users to complain about such services and receive a single and unified response.

The Quality Assurance Unit maintained its links with the North-West Complaints Officers Group (formed by staff from Social Services Departments in the North West) and the Complaint Manager attended meetings and conferences.

Consultation with a number of local voluntary care-provided and Advocacy groups has taken place with a view to recruiting Independent Persons – volunteers appointed to accompany Investigating Officers.

- **Political Enquiry Handling**

As part of its role, the Quality Assurance Unit monitors the expressions of dissatisfaction that people present via their national and local political representatives. Whilst these do not always fall within statutory complaint procedures, they nevertheless provide further valuable insight into the levels and types of services provided. In this period, 234 enquiries were responded to – 128 from Members of Parliament and 106 from Council Members. Data from these enquiries is made available to operational managers to aid service delivery decisions.

11. Compliments

Over the period of 2006 -2007, the Quality Assurance Unit registered 352 compliments that were presented in writing from people using services, their carers and families. This is a significant number and noteworthy in that people who compliment the Department's services are greater in number than those who complain about them.

The following table shows the number of compliments registered against each Division.

DIVISION	TOTAL
Care Services	282
OP & PSD Services	41
MH & LD Services	16
Finance and Support Services	6
Domiciliary Care	7
TOTAL	352

Some of the things people said; -

"...his Mother and I are very grateful for the wonderful care and attention he receives and are pleased with the service provided....it gives me great pleasure to compliment rather than complain".

"I recently had a 2 week stay at Girtrell Court and I have to write and tell you of the marvellous staff. In this day and age it makes a refreshing change to see a community hand in hand. The kindness they showed was FANTASTIC".

"Just a few words to express our appreciation for the kindness and care shown to our Mother during her stay with you at Poulton House. Nothing has been too much trouble for you and your wonderful staff in helping her recovery. She returns home with many happy memories of you all."

Thank you all so much for looking after my father so well. You all deserve a medal.

David Biddle
Service Manager, Quality Assurance Unit.
June 2007.

