

Complaint & Customer Feedback Annual Report

1 April 2009 to 31 March 2010



Listening



Responding



Improving

Contents	Page
1. Executive Summary	3
2. Purpose	5
3. Definitions	5
4. Complaints	5
4.1 Complaints Activity.....	5
4.2 LISTENING - Complaints Management.....	11
2.3.5 Case Study 1 – Sharon	11
4.3 RESPONDING - Complaints Performance.....	12
2.4.8 Case Study 2 – Beryl.....	14
4.4 IMPROVING - Learning from Complaints.....	15
2.5.8 Case Study 3 – Phil.....	16
5. Political Contacts	17
5.1 Definitions.....	17
5.2 Performance.....	17
6. Compliments	20
6.1 Compliments Performance	20
6.2 Case Study 4 -Irene	20
7. Objectives for 2010 – 2011	21

1. Executive Summary

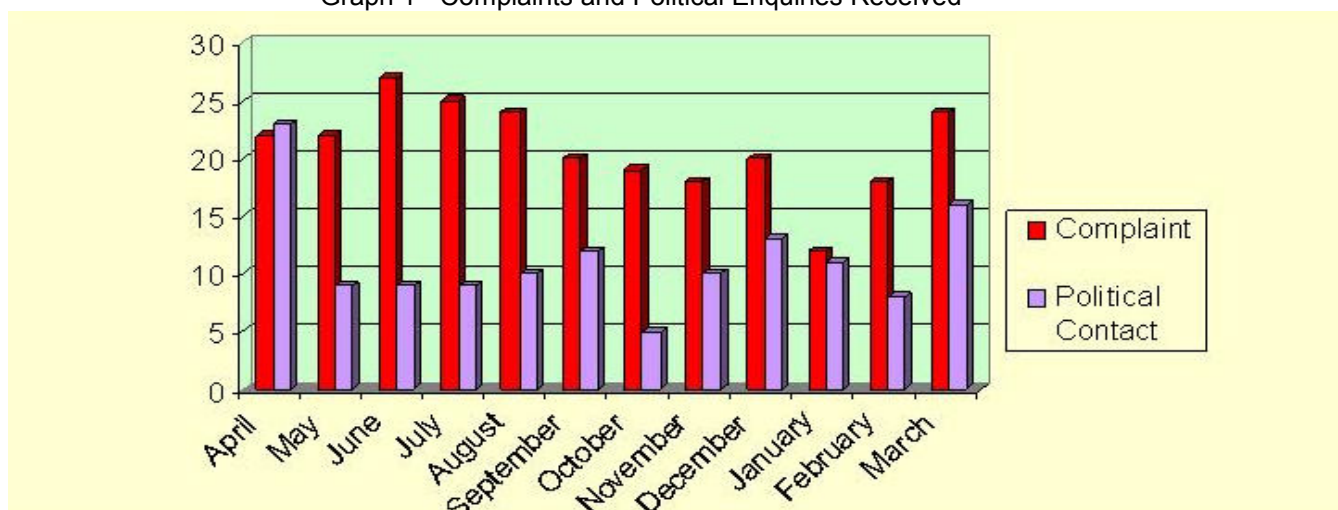
1.1 On 1 April 2009 new complaint legislation was introduced that substantially revised the previous approach to complaints. The new legislation, *The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009* and accompanying guidance (Listening, Responding, Improving) operates across Health and Adult Social Care and places significant emphasis on a personalised approach to complaints and 'learning from complaints'.

1.2 As a result DASS has made significant changes to how we manage complaints; a new 'Complaints, Comments and Compliments Procedure' was formally introduced on 1 June 2010; however many of the changes have been in place throughout the year. The Department no longer operates a stage based system; instead complaints are handled in a reasonable and proportionate manner agreed with the complainant and detailed in a personalised Complaints Plan.

1.3 This Report details Complaints Management for the period 1 April 2009 to 31 March 2010, and covers all complaints received by the Department and other customer feedback. The Report includes four case studies drawn from actual feedback received that have been amended for editorial and confidentiality reasons.

1.4 *Overview of complaints and political contacts received.*
Graph 1 highlights that the number of complaints has remained constant at or around twenty each month. By contrast political contacts whilst averaging about ten a month has fluctuated from month to month between five and twenty three.

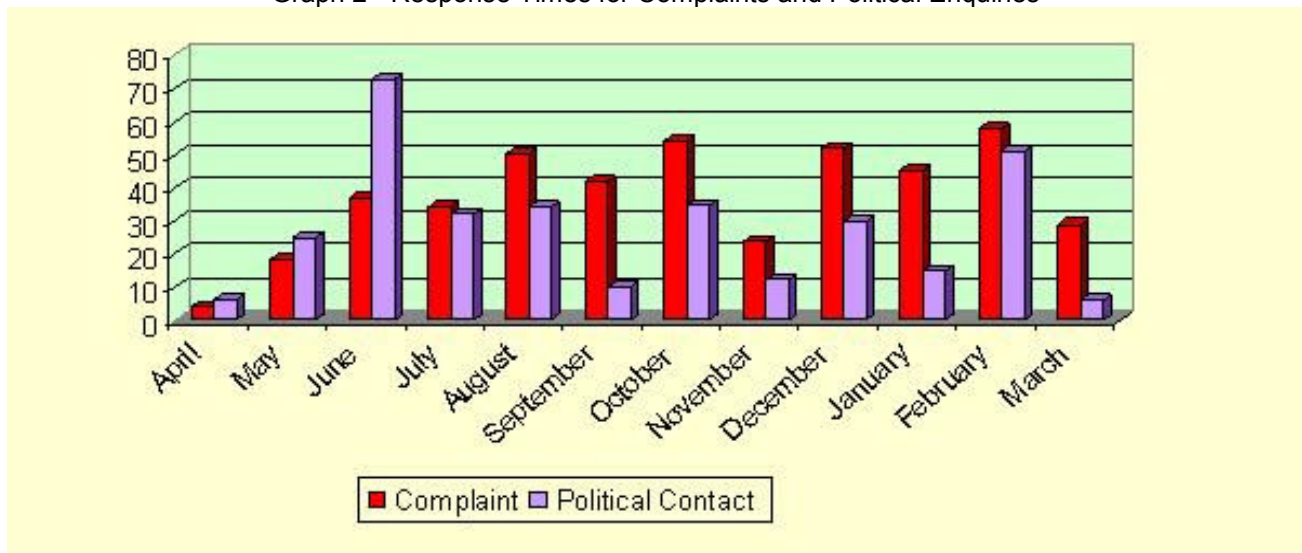
Graph 1 - Complaints and Political Enquiries Received



1.5 *Overview on response timescales.*
Complaint response timescales have an average of forty days (graph 2); most months show an average of between thirty and fifty days; figures for an individual month may need to be treated with caution as one lengthy complaint can distort

the average response time. Response times to politicians have increased and in only three months did the average response time meet the corporate standard. Action has already been implemented to address timescales which is detailed in the body of the report.

Graph 2 - Response Times for Complaints and Political Enquiries



- 1.6 The average response times highlights that the switch to a new system of dealing with complaints has had an impact upon timescales. This has been addressed and there is evidence in the early months of 2010-11 that performance is improving and will continue to do so. There is also a commitment to broaden out the area of work beyond complaints and to capture and learn from across the spectrum of customer experience including compliments and suggestions. These ongoing improvements are outlined in section 5 of the report.
- 1.7 The importance of learning from complaints is recognised by the Department and this is dealt with specifically at section 4.4 of the report. Thirty nine different actions were agreed as a result of complaints to effect improvement in service provision. These are an important development although it is acknowledged that more can be done to achieve a fully learning culture.
- 1.8 Compliments are dealt with at section 6 of the report. Three hundred and fifty two compliments were received in the year. It is significant that more people took the time to say good the service was compared those who made a complaint.
- 1.9 Section 7 of the report details the ongoing improvements to how customer feedback is managed to ensure that maximum advantage is drawn from the customer experience in developing services in the future.
- 1.10 This Report after formal agreement from the Council Overview and Scrutiny Committee, will be made public via the Council website, and shared with relevant partners.

2. Purpose

- 2.1 This report provides information about complaints, compliments and other feedback received by the Department during the twelve months between 1 April 2009 and 31 March 2010.
- 2.2 Under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 it is a statutory requirement to produce an Annual Report which provides information on the quantity of the complaints received and the adequacy of the Complaints Process.
- 2.3 This Report, after consideration by the Council Overview and Scrutiny Committee will be published on the Council Website and shared with our partners.

3 Definitions

- 3.1 Complaints and associated feedback are managed within the Quality Assurance Team, as part of the Quality Assurance and Customer Care Team. The Quality Assurance Team consists of:
- Complaints Manager
 - Investigation Officer (currently vacant)
 - Team Support Officer (x1.5)
- 3.2 A complaint is defined as any expression of dissatisfaction about the exercise of social services functions that requires a response. Complaints that are made orally and can be resolved on the same working day may be excluded from the procedures; all other complaints are dealt with through the complaints procedure.
- 3.3 To be considered, a complaint must be made by an eligible person. An eligible person is either (i) a person who receives services or may be eligible to receive services, (ii) a person who is affected, or likely to be affected by the action, omission or decision of the Department, or (iii) a person with sufficient interest or consent acting on behalf of a person described in (i) & (ii).
- 3.4 A complaint must be made within twelve months of the event complained about. This may be extended at the discretion of the Complaints Manager.

4. Complaints

4.1 Complaints Activity

4.1.1 *Registered Complaints*

- 4.1.2 All complaints meeting the definition at 3.3 are registered on a database system called Respond by the Quality Assurance Team. Each complaint is acknowledged with three days, and a guide to the complaint procedure issued.

- 4.1.3 The total number of complaints registered in 2009-10 was two hundred and fifty one (table 1). The number of complaints received does not necessarily have a direct correlation to the quality of service. While it may highlight issues relating to the quality of services it can also confirm that the complaint process is well promoted, accessible and that people who use services and their representatives have confidence that making a complaint will not only resolve their concerns but also make a difference.
- 4.1.4 There has been thirty three per cent reduction in the number of Commissioned Investigations. Previously these formed stage two of the complaint process, and the complainant had the right to an investigation if they were not satisfied with the initial response, or if a response was not sent within twenty days. However an investigation now only takes place if the Complaints Manager, after discussion with the complainant, feels it is reasonable and proportionate to undertake an investigation.
- 4.1.5 As with Commissioned Investigations, Review Panels (formerly Stage three) will only be convened if the Complaints Manager feels it is reasonable and proportionate in relation to the complaint. Review panels when arranged normally follow the conclusion of a commissioned investigation.

Table 1 – Complaints Received

	2007-08	2008-09	2009-10
Complaints Received	206	278	251
Commissioned Investigation	26	33	22
Review Panels	14	10	5

4.1.6 *Customer Groups*

- 4.1.7 The largest proportion of complaints received was from the families of older people, (fifty per cent); this has traditionally been the group which has made most complaints. Only twenty per cent of complaints were received direct from people who use services.

Table 2 – Complaints Received by Customer Group

	2007-08	2008-09	2009-10
Adult Mental Health	4	4	5
Adult Physical Disability	31	24	27
Adult with Learning Disability	8	38	11
Older Person	29	27	14
Carer	6	6	2
Family of Adult with LD	21	31	32
Family of Adult with MH	4	5	6
Family of Adult with Phys Disability	12	16	12
Family of Older Person	71	116	125
Professional	5	2	10
Other	7	9	7
Total	198	278	251

4.1.8 *Type of complaint*

4.1.9 Complaints are categorised under broad issues, in 2009-10 the most complained about issues were assessment of need, provision of care and financial issues (Table 3). However many complaints were exacerbated by and refer to poor communication and staff attitude. Often it is not the message but how it is communicated that results in it becoming a complaint and it is recognised that this is an area that requires further work in the coming period.

4.1.10 There were twenty seven complaints received last year that related to assessment of need. This covers a variety of concerns, however, concerns that were particularly prevalent include delays within the assessment process and cases where the family / client desired residential care but the assessment did not support this as a need. The Department will support people in their homes whenever this is possible, but the complaints perhaps highlight that more needs to be done to provide re-assurance to people who use services and their families that remaining at home is a safe and viable option.

4.1.11 There were thirty six complaints in 2009-10 that were categorised as relating to the provision of care. This again addresses a variety of issues, but included: delays in arranging/reinstating care packages following discharge from hospital; problems encountered in requesting extra support; and the quality of care provided by commissioned services.

4.1.12 Thirty nine complaints were categorised as 'financial' issues. The majority of these focussed on disputed financial assessments, or were about incorrect invoicing, for example continuing to send invoices after being notified of a change in circumstance.

4.1.13 In 2009-10 the Department received no complaints about the processes or the decision in relation to personalised budgets. This is against the background of the Cabinet decision to do the following:

- extend Phase two of the pilot to all adults with a learning disability, all people recovering from stroke across Wirral and all people in Birkenhead locality, approximately potentially three thousand new referrals or reviews
- test the Resource Allocation System (RAS) on a minimum ten per cent of people receiving community based services (approximately 200 people).

Phase two of the pilot runs until the end of August with evaluation in September and report to Cabinet on 23 September. Full roll out of Personal Budgets will begin in November 2010.

Table 3 – Complaints Received by Issue

Main Complaint	2007-08	2008-09	2009-10
Accommodation	7	2	0
Adaptation Issue	7	1	2
Adult Protection	4	5	3
Assessment of Need	27	22	27
Behaviour of Residents	1	2	0
Breach of Confidentiality / Privacy	1	2	2
Care Provision	13	34	36
Carer Issues / Assessment	6	7	7
Change in home care provision	2	6	4
Charging Policy Issue	3	2	2
Day Centre	0	3	4
Delay in Service Delivery	1	6	1
Direct payment	4	10	6
Disputed Assessment	3	0	4
Equipment	1	1	0
Failed / Late Visit	1	1	1
Financial Issues	19	31	39
Funding Assessment Disputed	2	5	2
Health and Safety issue	1	3	1
Home Care Issues	2	2	0
Home Closure	1	1	0
Independent Home Care Issues	15	13	6
Lack of support	3	7	6
Meals on Wheels Tender	4	2	0
Mental Health Assessment	1	0	0
Outcome of Assessment Review	24	16	11
Policy / Resource Issue	5	3	8
Poor Communication	4	9	13
Property Issue	1	0	1
Provision of Service	3	6	10
Quality of Care	2	8	15
Quality of Service	4	6	11
Removal from placement	1	0	0
Residential Assessment	4	4	2
Residential issue	3	0	2
Respite Assessment	5	6	5
Service Implementation	3	0	0
Staff Conduct	9	9	14
Supported Living	0	27	1
Transport Issue	5	7	4
Other	5	2	1
Total	198	278	251

4.1.14 *Complaints by Management Structure*

4.1.15 The majority of the complaints received come from distinct areas of service (table 4) and this is primarily a reflection of the tasks carried out, rather than the

performance of the teams. Access and Assessment receive sixty per cent of complaints and this reflects the work conducted in deciding the size and type of package that someone may receive. Twelve per cent of complaints relate to Learning Disabilities, which may be indicative of the complexities of many cases in this area.

- 4.1.16 Finance and Performance account for a further twelve per cent of complaints. This primarily relates to financial assessments and involves complaints from families rather than people who use services.
- 4.1.17 Commissioned services are services provided by an external company or voluntary agency on behalf of the Department. Commissioned Services account for sixteen percent of complaints. These are complaints that are made direct to the Department; it is expected that a number of complaints are also made direct to service providers. The complaints primarily relate to domiciliary care rather than residential services.
- 4.1.18 Residential services both in house and external traditionally receive only a small number of complaints, which may be due to feelings of apprehension about complaining in a residential setting. This is recognised and has been evidenced by a number of national organisations and customer surveys e.g. *“residents or their representatives may be reluctant to complain because of the resident's position within the home”* (Office of Fair Trading 2004).
- 4.1.19 A review of complaints management in residential services commenced in 2009-10. This review will be concluded in 2010-11. The outcome of this will identify ways to increase transparency and confidence in the complaints system for residential services.

Table 4 - Complaints Received by Team

	Number of Complaints	Percentage
Access and Assessment – Bebington & W Wirral (excl MH)	41	16%
Access and Assessment – Birkenhead (excluding LD)	45	18%
Access and Assessment – Wallasey (excl Integrated Discharge)	21	9%
Access and Assessment – Learning Disabilities	29	12%
Access and Assessment – Mental Health	3	1%
Access and Assessment – Integrated Discharge	6	2%
Direct Support Locality Services - Bebington & W Wirral	9	4%
Direct Support Locality Services - Birkenhead	2	>1%
Direct Support Locality Services - Wallasey	5	2%
Direct Support Locality Services - Transport	4	2%
Integrated Communities and Well Being	1	>1%
Finance and Performance	30	12%
Commissioned Services	39	16%
Other	16	6%
Total	251	100%

4.1.20 *Complaints by Ward*

4.1.21 There are a number of wards where a high level of complaints is received in comparison to the client base in the areas; these include Bromborough, Hoylake & Meols and Rock Ferry. Conversely there are relatively few complaints from Eastham and Seacombe.

Table 5 – Complaints Received by Ward

Ward	2007-08	2008-09	2009-10	2009-10 %	% Client base
Bebington	10	17	10	4%	4.78%
Bidston & St James	6	4	5	2%	0.04%
Birkenhead & Tranmere	8	26	18	7%	4.90%
Bromborough	7	11	12	5%	0.07%
Clatterbridge	12	11	7	3%	3.75%
Claughton	7	8	5	2%	4.78%
Eastham	4	5	2	1%	4.15%
Greasby, Frankby & Irby	11	9	11	5%	7.04%
Heswall	11	10	6	2%	3.05%
Hoylake & Meols	14	12	17	7%	0.02%
Leasowe & Moreton East	13	7	10	4%	2.78%
Liscard	8	7	1	>1%	2.72%
Moreton West & Saughall Massie	10	10	11	5%	0.02%
New Brighton	8	7	5	2%	4.43%
Oxton	12	23	12	5%	0.01%
Pensby & Thingwall	8	8	10	4%	4.24%
Prenton	11	21	15	6%	5.40%
Rock Ferry	7	16	18	7%	0.05%
Seacombe	5	2	2	1%	4.36%
Upton	16	18	10	4%	5.90%
Wallasey	7	19	20	8%	4.19%
West Kirby & Thurstaton	2	13	8	3%	3.51%
Total*	197	264	215	100%	100%

* Total excludes complaints from out of borough or the ward is not known

4.2.22 *Equal Opportunities.*

- Thirty four per cent of complainants indicated that they had a disability
- sixty one per cent of complainants were female
- Details of ethnicity were volunteered in approximately one third of cases. All bar three classed themselves as White (British); one Asian (Chinese), one British, and one White (European).
- No information was supplied for Sexual Orientation.
- Two people volunteered information on Religion – one Roman Catholic and one Church of England.

LISTENING

4.3 Complaints Management

4.3.1 *The complaint system*

4.3.2 All complaints are dealt with in a personalised manner that is reasonable and proportionate. All complaints should be acknowledged with three days; however only fifty per cent were acknowledged within three days during 2009-10, although this did improve through the year, and the figure for the final quarter alone was seventy two per cent.

4.3.3 An individualised complaint plan is now drawn up for the majority of complaints, where possible this will be completed following discussion and agreement between the complainant and the Complaints Manager. The complaint plan will detail how the complaint will be dealt with, the manager with responsibility for responding, and the timescale in which a response is due.

4.3.4 In drawing up the complaint plan the Complaint Manager will discuss and consider the most appropriate method of dealing with the complaint to meet the complainant's desired resolution. If a method does not successfully resolve a complaint, consideration will be given to using a further method; therefore in some cases more than one method of resolution will be attempted.

4.3.5 Once all reasonable methods have been attempted, the complainant will be directed to contact the Local Government Ombudsman if they remain dissatisfied. The complainant has the right to go to the Ombudsman at any point; however the Ombudsman normally expects that the complainant exhausts the Departmental procedures first.

Table 6 - Method of Dealing with Complaint

Method	Number
Case Review	196
Commissioned Investigation	22
Review Panel	5
Information Provision	3
Representation Against Policy	3
Management Review	1
Facilitated Meeting	5

4.3.6 Case Study One - Sharon's story

4.3.7 Sharon is a young woman with a mild learning disability who lives in supported living. Following a review of her care package, Sharon thought that she had been overcharged for some of the services she required. This upset Sharon considerably and she wrote a letter of complaint to the Department.



4.3.7 The Complaints Manager rang Sharon to discuss her complaint, to ensure that he fully understood the issues and to consider how resolution could be agreed.

Sharon was quite emotional during the conversation and it was agreed that she would feel better about a meeting to try and resolve the complaint. The Complaints Manager made arrangements for the meeting and ensured that Sharon would be supported by an advocate at the meeting.

4.3.8 The meeting was arranged at a date and venue suitable for Sharon. Prior to the meeting the Complaints Manager explored the issues and established what had happened. The meeting was very successful with an explanation provided, an apology offered and re-imbusement agreed.

4.3.9 Sharon subsequently wrote into the Quality Assurance Team, expressing her thanks for how her complaint had been handled and for the resolution reached.

4.3.10 *Advocacy*

4.3.11 Advocacy is a key part of a successful complaints system, and helps to empower clients who may be vulnerable or lacking in confidence. All complainants are informed of the availability of advocacy. In 2009-10 a total of thirty three complainants (thirteen per cent) were supported by an advocate, and six (two per cent) were supported by a legal representative.

4.3.12 *Independent Person's*

4.3.13 The Department maintains a pool of Independent Person's to assist in the complaints process. An Independent Person is a volunteer from the community who has no connection with the Council, and provides valuable independent scrutiny of the process and increases complainant confidence in the transparency of the department.

4.3.14 There is currently a pool of twenty one Independent Persons who receive training and support in their role from the Complaints Manager. The Complaints Manager recruits, maintains and manages this pool for Adult Social Services and Children's Social Care.

RESPONDING

4.4 Complaints Performance

4.4.1 *Timescales*

4.4.2 Timescales are not statutorily prescribed, however they must be as short as reasonably possible to allow for effective consideration. Each complaint has a personalised timescale following a discussion with the complainant.

4.4.3 Whilst each complaint has a personalised timescale, taking account of the individual circumstances, Departmental guidelines have been put in place to determine what a reasonable timeframe is for most circumstances (See Table 7) This provides added protection and re-assurance for complaints, in particular the most vulnerable, as it protects against any suggestion that people may be talked into unreasonable timescales.

Table 7 – Complaints Performance

Target against guideline	Performance
100% of complaints acknowledged within 3 days	50%
70% percent of complaints to be fully responded to within 20 days	51%
70% of complaints involving formal investigation to be fully responded to within 45 days	20%
70% of complaints to be fully responded to within initial agreed timescale	41%
100% of complaints to be fully responded to within agreed extended timescale.	44%
100% of complaints fully responded to within 6 months	94%

- 4.4.4 The number of complaints acknowledged within three days was low due to capacity issues within the Quality Assurance Team in the early part of the year. In the final quarter of the year seventy four per cent of complaints were acknowledged within three days.
- 4.4.5 The timescales for responding to complaints and the percentage that comply with the initial agreed timescale is an area where performance needs to be improved. Changes to the Complaints Procedure and greater liaison between operational teams and the Quality Assurance Team, have subsequently been implemented, which it is anticipated will lead to an improvement in performance in 2010-11.
- 4.4.5 Commissioned Investigations are a much more detailed approach than case reviews and by their nature take place over a longer period of time. This can distort the performance figures for a team that has received few complaints; this was the case for Direct Support Locality Services Wallasey this year.
- 4.4.6 Training on conducting Commissioned Investigations was agreed in 2010-11 and has subsequently been provided to fourteen Officers, which makes the Department more effective in conducting detailed investigations into complex complaints.

Table 8 - Complaint Timescales by Team

	Closed	Completed within initial timescale	Average days to respond	Completed within 6 months
Access and Assessment –Beb'n & W Wirral (excl MH)	38	34%	34	97%
Access and Assessment –Birkenhead (excl LD)	43	35%	30	97%
Access and Assessment –Wallasey (excl Integ'd Disch)	21	43%	15	100%
Access and Assessment - Learning Disabilities	27	37%	35	96%
Access and Assessment –Mental Health	3	0%	21	100%
Access and Assessment – Integrated Discharge	5	20%	46	80%
Direct Support Locality Services – Beb'n & W Wirral	8	50%	11	100%
Direct Support Locality Services - Birkenhead	2	100%	1	100%
Direct Support Locality Services - Wallasey	5	0%	73	100%
Direct Support Locality Services - Transport	3	67%	107	67%
Integrated Communities and Well Being	1	100%	1	100%
Finance and Performance	28	57%	26	96%
Commissioned Services	37	32%	32	97%
Other	17	47%	24	100%
Total	238	39%	40	97%

4.4.7 Each method of responding to a complaint has a bench mark timescale for completing the consideration. Whilst this is merely a guideline it does give some indication of the performance expected; performance is detailed at table 9. The following benchmarks apply:

- Case Review (consideration by operational manager) ten days
- Commissioned Investigation (formal off line investigation) forty days
- Review Panel (following commissioned investigation) thirty days
- Representation against Policy (i.e. a decision of the council) five days

Table 9 - Complaint Timescales by Method

	Closed	Completed within initial timescale	Average days to respond	Completed within 6 months
Case Review (only)	225	42%	33	96%
Commissioned Investigation	10	10%	163	58%
Review Panel	3	100%	159	66%
Representation Against Policy	3	33%	32	100%
Facilitated Meeting	5	40%	25	100%
Total	246	41%	40 Days	94%

4.4.8 A swift response to a complaint can make resolution easier to achieve, and minimise anxiety to the complainant. It is recognised therefore the importance of not just meeting agreed timescales but improving upon them. The Quality Assurance Team can and does take a more proactive approach at the earlier stages of a complaint to assist in this process.

4.4.9 Case Study Two - Beryl's Story

4.4.10 Beryl is a woman in her late sixties and is the carer for her brother, who is in his seventies. Beryl made her complaint after the riser on her brother's bed broke. An Occupational Therapist had been out and confirmed the device needed to be replaced but said he could not give a timescale for when the new device would be delivered and installed.



4.4.11 Beryl contacted the Quality Assurance Team because she was concerned about how she would be able to provide care for her brother for any length of time without the riser. The uncertainty over the timeframe for replacement was causing a great deal of anxiety, although she worried about causing 'trouble'.

4.4.12 The Quality Assurance Team was able to re-assure her that she was not causing trouble. We also liaised with the operational service, and within two hours we were able to ring Beryl and tell her the riser would be delivered in two days time.

4.4.13 Beryl was re-assured by receiving this timeframe and felt able to care for her brother in the intervening period. Two days later Beryl rang Quality Assurance Team to say the riser had been installed and to thank the team for prompt assistance.

IMPROVING

4.5 Learning from Complaints

4.5.1 *The Importance of Learning*

4.5.2 Complaints are valuable. Not only is the public's confidence and trust in our services eroded when they are handled badly but they also provide a vital source of feedback and learning to help drive improvement.

4.5.3 As well as providing an efficient, effective and understanding way for users of public services to get their issues addressed, complaints offer a chance to gain an accurate picture of the level and quality of service offered from the perspective of the user. They provide free feedback on service delivery and provide a means for the user to have an input into the continuous improvement of the Department.

4.5.4 It is recognised that we need to do more to harness the information and experiences of our clients and their families. The Department has traditionally been good at identifying learning following commissioned (or stage two) investigations, but we need to expand upon this. This will require all managers to actively consider organisational learning when dealing with a complaint. The Complaints Manager will also be seeking clear evidence of the implementation of changes, and the effect that they have had upon the service.

4.5.5 *Actions from Complaints*

4.5.6 In the last year, thirty nine actions agreed from complaints were due for implementation. These were based upon recommendations made by the officer investigating the complaint and agreed with the relevant head of service or branch. To date fifty six percent have been implemented. Improvements to procedures were the most common action and improvement identified. The full detail is provided at Table 10.

4.5.7 The actions agreed in the past year are summarised by type in Table 10. These examples demonstrate the increasing focus on organisational learning alongside personal resolution.

Table 10 - Types of Actions

	Number	Closed	Closed in Timescale
Advice / Support	1	0	0
Amendment to Procedure/Protocol	6	3	1
Assessment / Review	2	1	1
Amend / Review Documents	2	0	0
Briefing Note / Memo	2	1	0
Discussion - Supervision	3	2	3
Meeting	1	1	0
New Procedure / Protocol	8	6	0
Review of Practice	4	3	1
Review of Procedure	3	1	1
Training	3	0	0
Written Apology	4	4	4
Total	39	22	11

Table 11 – Examples of Actions

<ul style="list-style-type: none"> • That decisions by officers, that relate to financial commitment are fully recorded in writing and include rationale and timescales.
<ul style="list-style-type: none"> • That the Review Procedure is amended to ensure that service users are provided with a rationale behind any decision.
<ul style="list-style-type: none"> • That when a Carer has caring responsibilities for more than one person, only one Carer's Assessment shall be conducted but a copy held on each appropriate file.
<ul style="list-style-type: none"> • That the Department conduct a review of complaints management in relation to in house and commissioned residential and nursing homes. Specifically this review should consider the number of complaints currently received from homes and how to promote an open and welcoming approach to complaints within this sector.
<ul style="list-style-type: none"> • That consideration be given by the Department to a representative from health being included in the contracts monitoring visiting process to enable a professional review of nursing and medical care within the home.
<ul style="list-style-type: none"> • That a feasibility study is conducted into the use of anti falls technology in Wirral's DASS respite homes.
<ul style="list-style-type: none"> • Introduction of "summary of pre-existing condition" document to be supplied to health staff when a resident is admitted to hospital from a respite placement.
<ul style="list-style-type: none"> • A sample file check is undertaken of cases recently placed in residential care, from the community, in order to ensure that commitment of expenditure is based on sound evidence based judgement.
<ul style="list-style-type: none"> • DASS should develop a Standard where social workers, A.S.O.'s and all fieldwork staff become pro-active in terms of regularly communicating with people who use services and those who may potentially use services. A contact log on each file (electronic or hard copy) must be maintained.

4.5.8 Case Study Three - Andrew's Story

4.5.9 Andrew is the main carer for his uncle. To enable him to take a break from his caring responsibilities, Andrew agreed for his uncle to go to one of the Department's respite facilities for a fortnight. Unfortunately whilst he was there he suffered a fall and had to be admitted to hospital. Although Andrew acknowledged that the Department was not to blame for his uncle's fall he wished to make a complaint about how the situation had been handled.



4.5.10 The Complaints Manager met with Andrew to discuss his complaint. Andrew explained that he felt a number of mistakes were made during his uncle's stay both before and after the fall. He acknowledged that the clock could not be 'turned back' for his uncle, but he wanted the Department to learn from his experience to improve services for others in the future.

- 4.5.11 It was agreed that a commissioned investigation would take place and a timescale was agreed; this was subsequently extended with the agreement of the complainant due to staff absence. The investigation identified a number of areas for improvement and made a number of recommendations. Before these were finalised the Investigation Officer and a Senior Manager met with Andrew to discuss the report and recommendations in light of his experience.
- 4.5.12 Following the discussion a number of changes were made to the recommendations before these were agreed and subsequently implemented. These actions had a direct impact on how the Department provides respite and communicates with families. The process was completed by Andrew being kept informed about the progress made in implementing the actions and service changes.

5. Political Contacts

5.1 Definitions

- 5.1.1 Political Contacts are any written contact with the Department by an elected Politician (e.g. Councillor, M.P.). Political Contacts will be divided into three types- a referral, a complaint or a request for information. All Political Contacts will be forwarded to the Quality Assurance Team for assessment, recording and tracking.
- 5.1.2 *Political Enquiry – Referral.* This is a request for services received from an individual via a political representative. This is dealt with as any other request for services, i.e. as a referral. A response is sent to the politician advising them of this process within ten working days.
- 5.1.3 *Political Enquiry – Complaint.* This is a complaint that is made through the conduit of a political representative. This is dealt with in accordance with the complaints procedure. An acknowledgement is sent to the politician advising them of this process within ten working days. The politician will receive a copy of the complaint response letter when it has been issued.
- 5.1.4 *Political Enquiry – Request for Information.* This is a general request or enquiry from a politician that may be their own enquiry or made on behalf of a constituent. This will be acknowledged and referred to the relevant Principal Manager to respond formally. This response is sent within ten working days.

5.2 Political Contacts – Performance

- 5.2.1 The corporate standard is that all political contacts are responded to within ten working days. Previous years saw approximately seventy per cent of responses meeting this standard, with an average response time of ten days. However 2009-10 has seen a decline in performance both in the percentage meeting the timescale and the average response time (Table 12).

5.2.2 Performance has fallen generally across all teams that received more than three political contacts in the year (table 14). This has occurred at a time when the actual number of political contacts has fallen, and although there have been increased demands upon staff generally, it has been recognised that this performance is not acceptable. Changes in procedure have been made so that political contacts are assessed upon receipt to allow for a more efficient response. Political contacts are now classed as enquiries, referrals or complaints, which it is anticipated will lead to an improved performance in 2010-11.

Table 12 – Summary of Political Contacts

Political Contacts	2007-08	2008-09	2009-10
Number of Political Contacts Rec'd	198	196	135
% responded to with 10 days	68%	71%	45%
Average time to respond to political contacts.	10 days	10 days	42 Days

Table 13 – Political Contacts by Team

	Received	Closed	Ave. days to respond	% response in 10 days
Access and Assessment Bebington & W Wirral (excl. MH)	19	19	61	26%
Access and Assessment Birkenhead (excluding LD)	27	25	38	52%
Access and Assessment –Wallasey (excl. Integrated Discharge)	24	26	14	65%
Access and Assessment – Learning Disabilities	13	11	54	27%
Access and Assessment –Mental Health	5	5	11	60%
Access and Assessment – Integrated Discharge	3	3	5	100%
Direct Support Locality Services Bebington & W Wirral	1	2	80	0%
Direct Support Locality Services - Birkenhead	-	-	-	-
Direct Support Locality Services - Wallasey	4	2	19	0%
Direct Support Locality Services - Transport	-	2	147	0%
Integrated Communities & Well Being	4	5	31	60%
Finance and Performance	5	6	36	50%
Commissioned Services	2	1	4	100%
Other	28	39	42	36%
Total	135	146	42	45%

(Of the other political contacts twenty six related to decisions by Senior Management or the Council, including the changes to fees paid to residential and nursing homes (twenty one))

5.2.3 The nature of the issues raised via political contacts (table 15), broadly mirrors the areas of concerns raised by complaints. There is however, a tendency for disagreements about policy decisions made by the Council, (e.g. the level of fees paid to care homes), to be raised via politicians than directly as complaints.

Table 14 – Political Contacts by Issue

Main Complaint	2008-09	2009-10
Accommodation	1	4
Adaptation Issue	17	17
Adult Protection	1	1
Anti-Social Behaviour	2	4
Assessment of Need	28	27
Asylum Issue	-	1
Blue Badge	2	1
Breach of Confidentiality / Privacy	1	-
Care Provision	10	6
Care Fees 09	17	10
Carer Issues / Assessment	-	6
Charging Policy Issue	2	1
Contract Issue	-	1
Day Centre	2	3
Delay in Service Delivery	1	1
Design & Viability 09	-	2
Direct payment	2	1
Financial Issues	21	7
Health and Safety issue	1	-
Independent Home Care Issues	5	2
Lack of support	7	1
Meals on Wheels Tender	4	-
Mental Health Assessment	-	1
Occupational Therapy	10	-
Outcome of Assessment /Review	2	12
Policy / Resource Issue	16	4
Poor Communication	4	2
Quality of Service	9	4
Referral	-	2
Residential Assessment	3	4
Residential issue	2	1
Respite Assessment	3	4
Supported Living	2	1
Transport Issue	6	4
Total	196	135

6. Compliments

6.1 Compliments Performance

6.1.1 The Department received three hundred and fifty two compliments in 2009-10 (table 16) a significantly higher number than complaints received, which reflects well on the overall performance of the Department. Approximately one-third of compliments related to the Locality teams in the Access and Assessment Branch; given that this area of the work is often about making difficult decisions on the support that can be offered, it again reflects positively on the staff in those teams.

6.1.2 No compliments were made directly to the Department regarding the performance of Commissioned Services; however many compliments are made to the Service Providers.

Table 15 – Compliments by Team

	Number of Compliments
Access and Assessment –Bebington & W Wirral (excluding MH)	38
Access and Assessment –Birkenhead Locality (excluding LD)	21
Access and Assessment –Wallasey Locality (excluding Integrated Discharge)	29
Access and Assessment – Learning Disabilities	2
Access and Assessment –Mental Health	1
Access and Assessment – Integrated Discharge	6
Direct Support Locality Services - Bebington & W Wirral	53
Direct Support Locality Services - Birkenhead	28
Direct Support Locality Services - Wallasey	120
Direct Support Locality Services - Transport	4
Integrated Communities and Well Being	30
Finance and Performance	20
Commissioned Services	0

6.2 Case Study Four - Irene's Story

6.2.1 In December Jane's mother Irene was taken ill and spent two weeks in Arrowe Park Hospital. Irene is eighty four and lives alone, upon discharge and return to her flat, Jane and other family members were concerned about her continuing convalescence while living alone.

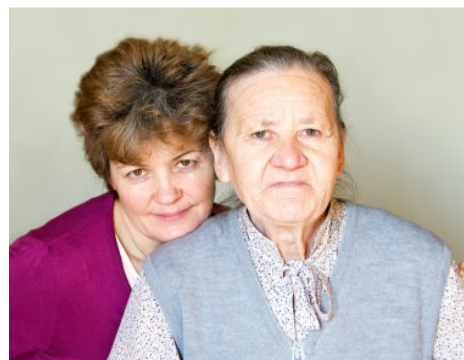


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6.2.2 Following initial contact and recommendation from the Department Jane contacted the Promoting Older People's Independence Network (POPIN) service who conducted an assessment in a friendly, helpful and professional manner. This resulted in the provision of some devices to assist Irene and advising of the availability of an allowance that both assisted Irene and reassured her family.

6.2.3 Jane subsequently took time to write to congratulate not just on the service provided, but the manner in which it was provided. It made a stressful situation seem more manageable.

6.3 And finally here is a small selection of some of the other comments we have received during the year:

“An assessment carried out in an extremely friendly, helpful and professional ...Jack is absolutely delighted.”

“I must commend you and your team for making this procedure so effective, speedy and efficient. What an absolute pleasure to deal with in such a stressful situation”

“A very grateful thank you for all your help – I could not have managed without it.”

“You have really helped me in mum’s having to go into EMI long term care. I was re-assured, details explained and, all-in-all treated with the highest standard of courtesy and care. A truly distressing situation was made so much easier by your caring and professional staff.”

7. Objectives for 2010-11

7.1 *Learning from Complaints.* Steps have already been taken to ensure that we adopt a more robust approach to considering organisational learning from all complaints. This includes clear procedures to ensure that learning is implemented and is effective. Organisational learning from complaints will be embedded in all working practices. We will also develop procedures to ensure that complainants are informed of the changes that result from complaints.

7.2 *Development of Complaints Management.* The introduction of new complaints legislation in 2009 marked a cultural shift in how complaints are dealt with, with an emphasis on a personalised approach leading to quick effective resolution feeding into organisational learning. The introduction of Wirral’s new complaints procedure on 1 June 2010 laid the framework for adopting this cultural shift; the forthcoming year must see the development in practice of this approach.

7.3 *Improving Complaint Performance.* There has been an increase in the taken to respond to complaints (and political contacts) over the last two years. This is a trend that will be reversed in the coming year, and changes have already been implemented to ensure this. The Complaints Manager will work more closely with teams to promote improvement and ensure that they receive information from complaints to assist in their performance.

7.4 *Development of Mediation.* Many complaints grow from a breakdown in relationship, often the most appropriate way to resolve these type of complaints will be through mediation. The Department of Health specifically recommend

mediation as a complaint resolution tool. This will be developed in 2010-11 and the Complaints Manager will be trained as an accredited mediator.

- 7.5 *Publicity.* The Complaints Manager will ensure that the new approach to complaints is publicised in the coming year, to ensure full user awareness. This will involve liaising with forum's user groups etc, a clear emphasis will also be given to the BME community.
- 7.6 *Training for staff in dealing with complaints.* This training will be reviewed and revised in the coming year to ensure that staff are fully conversant with the new approach to complaints and that they give full consideration to learning from complaints.
- 7.7 *Capturing the Customer Experience.* The Complaint Manager will liaise with operational managers to ensure that all elements of the customer experience, good, bad or neutral are considered from an organisational learning perspective and fed in to service improvement.

David Jones
Complaints Manager
November 2010