



**Adult Social Care
Complaints, Compliments
and Comments
Annual Report
2015/16**

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Introduction

The purpose of this annual report is to inform service users, carers, the public, Council Members and Adult Social Care staff of the effectiveness of the Adult Social Care Complaints, Compliments and Comments Procedure (the procedure).

On the 1 April 2009 the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 (the regulations) came into force following the consultation 'Making Experiences Count' by the Department of Health. The consultation found that the complaints processes for people receiving both health and social care services were overly complex and inflexible.

As a result the legislation introduced radically altered the way in which complaints are handled introducing a single joint complaints process for both social care and health services, with one stage as opposed to the previous three stage process used in relation to adult social care services. The regulations also introduced a duty for health and social care services to cooperate.

The Council implemented a new procedure on the 1 April 2010 providing a local framework to ensure complaints are handled effectively and in line with the regulations.

The procedure aims to:

- (a) Make it as easy and accessible as possible for service users and their carers to raise complaints;
- (b) Foster an organisational culture in which complaints are accepted, owned and resolved as efficiently as possible;
- (c) Ensure high levels of customer satisfaction with complaints handling;
- (d) Resolve individual issues when they arise and reduce the number of complaints referred to the Ombudsman; and
- (e) Enable the Council to identify topics and trends in relation to adult social care complaints and improve services as a result.

The Assistant Director of Adult Social Care is the responsible person for ensuring that the Council complies with the arrangements made under the regulations. They act as the 'Adjudicating Officer', which means they make any important decisions on complaints and ensure that action is taken if necessary in light of the outcome of a complaint.

The Complaints and Information Governance Manager (Complaints Manager) is the responsible person for managing the procedure for handling and considering complaints in accordance with the agreements made under the regulations.

Local Government Ombudsman (and Health Services Ombudsman)

Although complainants can refer their complaints to the Local Government Ombudsman (LGO) from the outset, the LGO will not normally investigate until the Council has conducted its own investigation and provided a response. Where it has not been possible for the complaint to be resolved to the satisfaction of the complainant they may refer the matter to the LGO (or Health Services Ombudsman for some joint complaints).

Information and Accessibility

We are committed to making sure that everyone has equal access to all our services, including the complaints procedure. To help make sure the Council's complaints procedures are easily accessible we have produced two leaflets (one for children and young people and one for adults) covering all Council services to reflect the single point of access for complainants within the Council. The leaflets are available in all Council buildings. They have been written in line with the Plain English Campaign standards. The title is written in the most commonly used community languages and it contains details on how to access the information in other formats, for example, large print, audio and Braille.

Information is available on the Council's website. There is also an electronic form which people can use to make a complaint, pay someone a compliment or pass comment on Council services. People may make a complaint in any format they wish. This can be in writing, by email, via the web, over the phone, in person or by any other reasonable means.

The Complaints Manager can arrange advocates and interpreters (including British Sign Language interpreters) where appropriate.

Advocacy

The Council has a contract for the provision of Advocacy, RPR (Responsible Person Representative) and IMCA (Independent Mental Capacity Advocate) with Darlington Association on Disability. This service has been provided since 1 April 2013.

Specialist Advocacy / Welfare Rights services for adults with a sensory impairment are provided by NRASS (North Regional Association for Sensory Support). This service has been provided for a number of years.

Summary

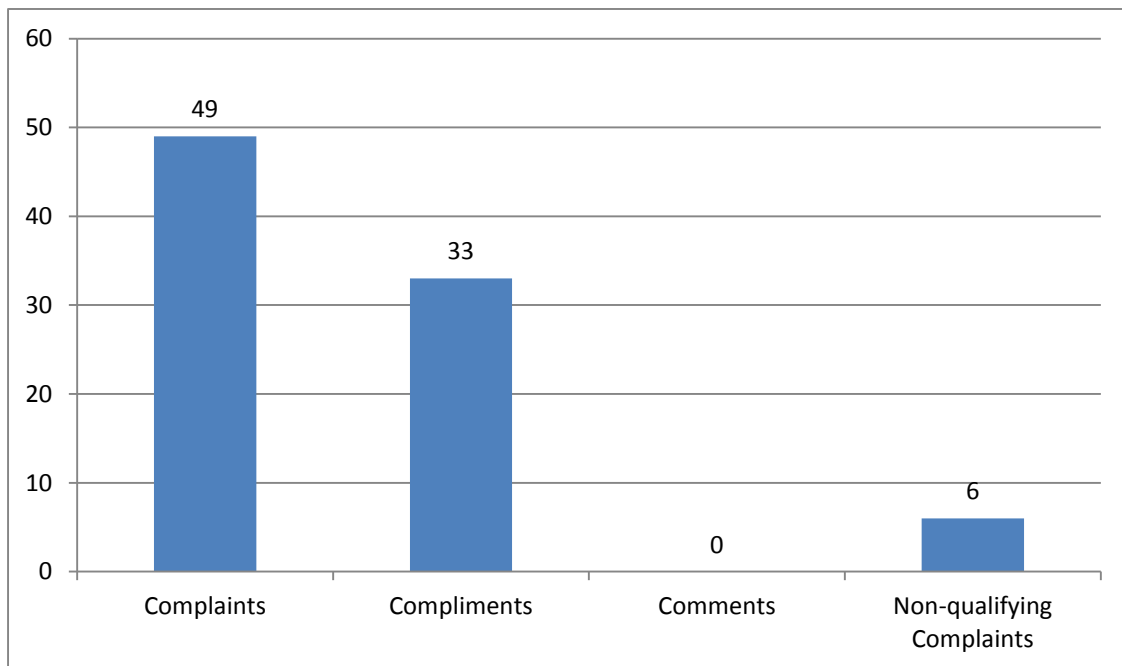
- There has been an increase in overall feedback, from 66 representations in 2014/15 to 89 in 2015/16.
- We investigated 49 complaints under the procedure during 2015/16, an increase from 24 in 2014/15.
- We received 33 compliments under the procedure during 2015/16, a decrease from 40 in 2014/15.
- We received no comments under the procedure during 2015/16, as was the case in 2014/15.
- A further six complaints were received during 2015/16 about issues which could not be investigated under the procedure.
- 12 adult social care complaints were progressed to the LGO during 2015/16, compared to four in 2014/15.
- The LGO reached a decision on 10 complaints during 2015/16.

Review of the Year

Breakdown of all Representations

A total of 89 representations were handled under the procedure during 2015/16. This does not include those representations responded to directly by social care providers i.e. care homes and home (domiciliary) care providers as these fall outside the regulations.

Total Complaints, Compliments and Comments Received 2015/16



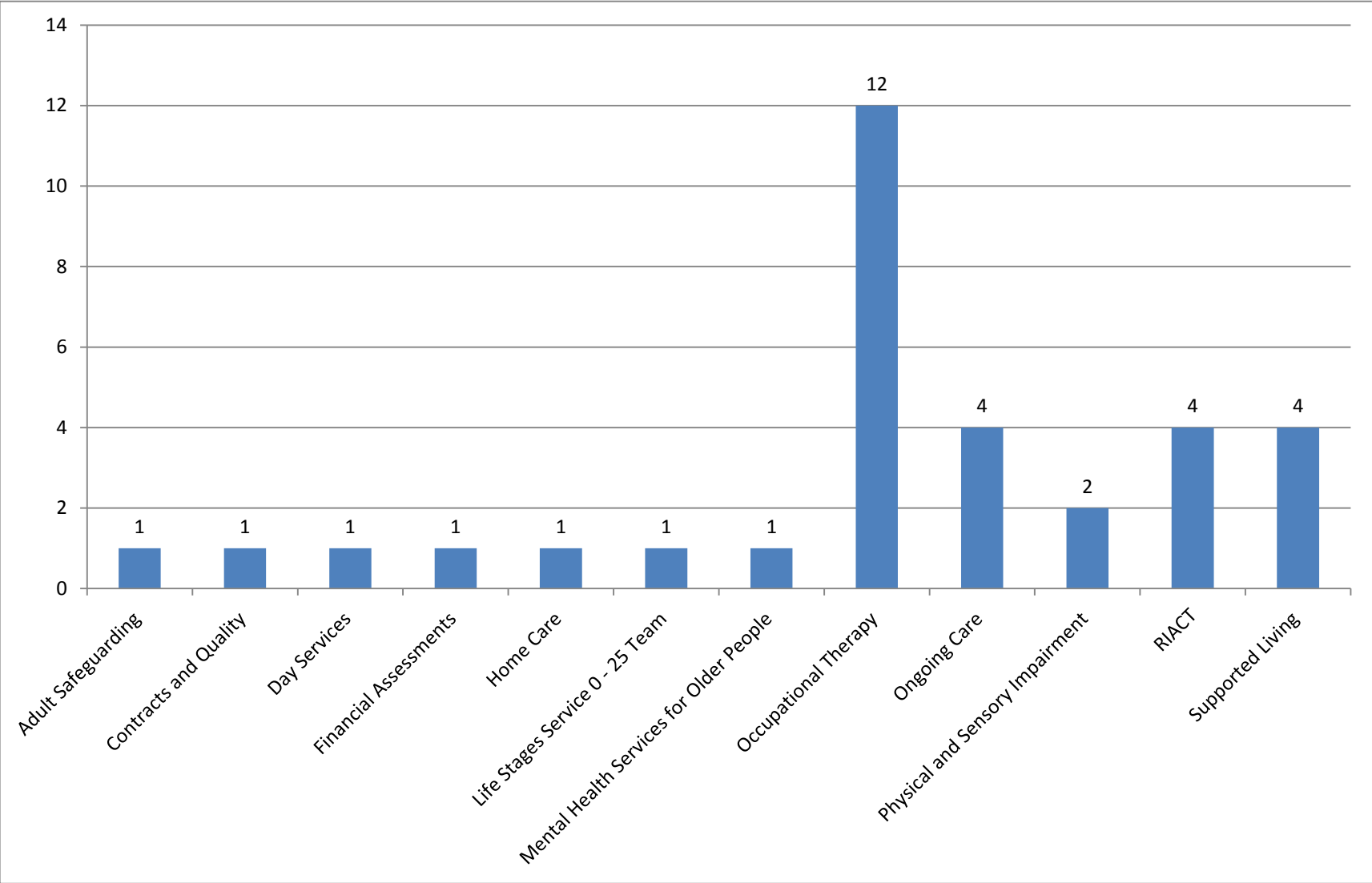
There was an increase in the number of complaints we investigated, compared to 24 in 2014/15.

There was a decrease in the number of compliments we received, compared to 40 in 2014/15.

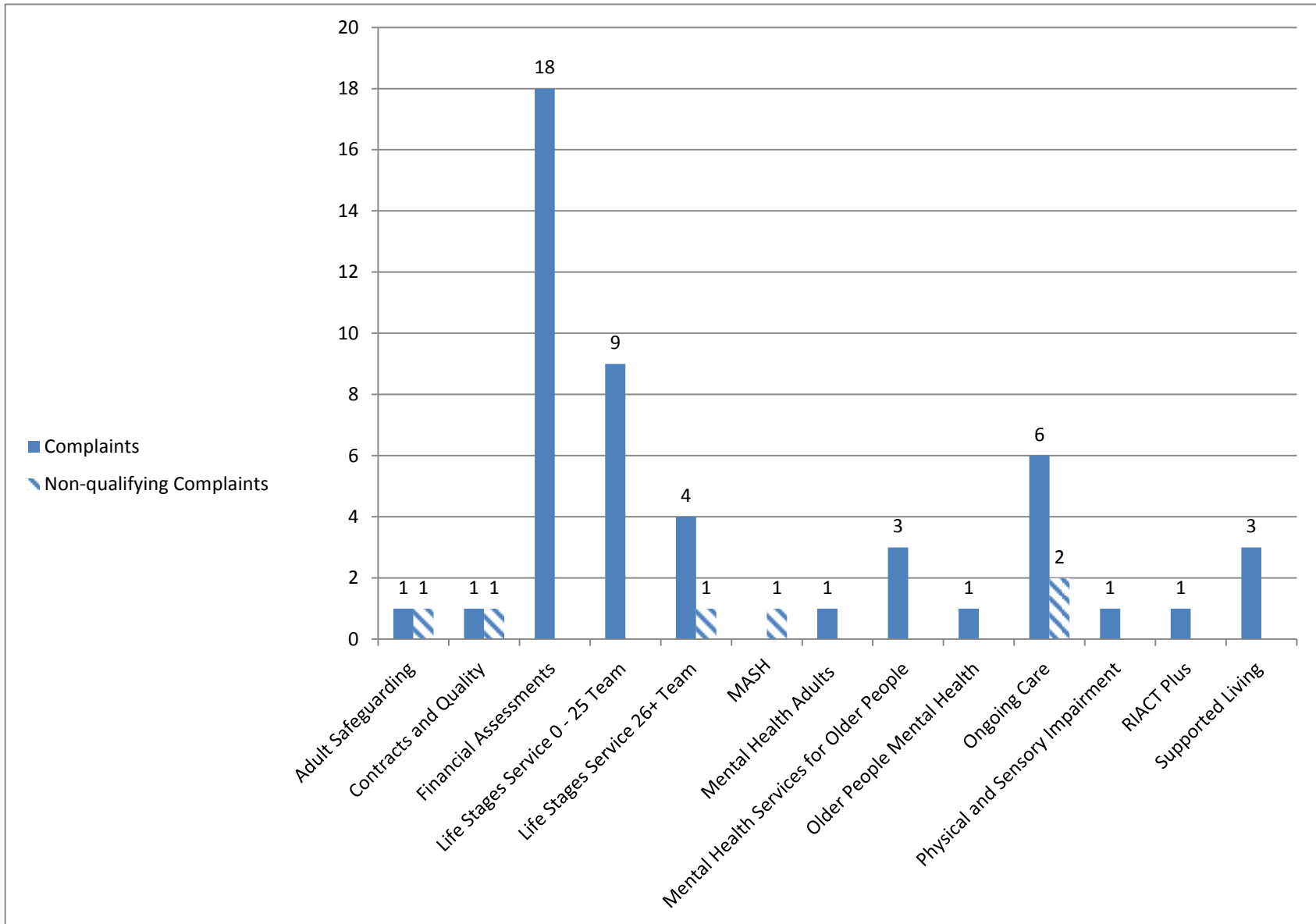
We received no comments in 2015/16.

There was an increase in the number of non-qualifying complaints received, from two in 2014/15.

Breakdown of Compliments Received by Team



Breakdown of Complaints Received by Service Area/Team



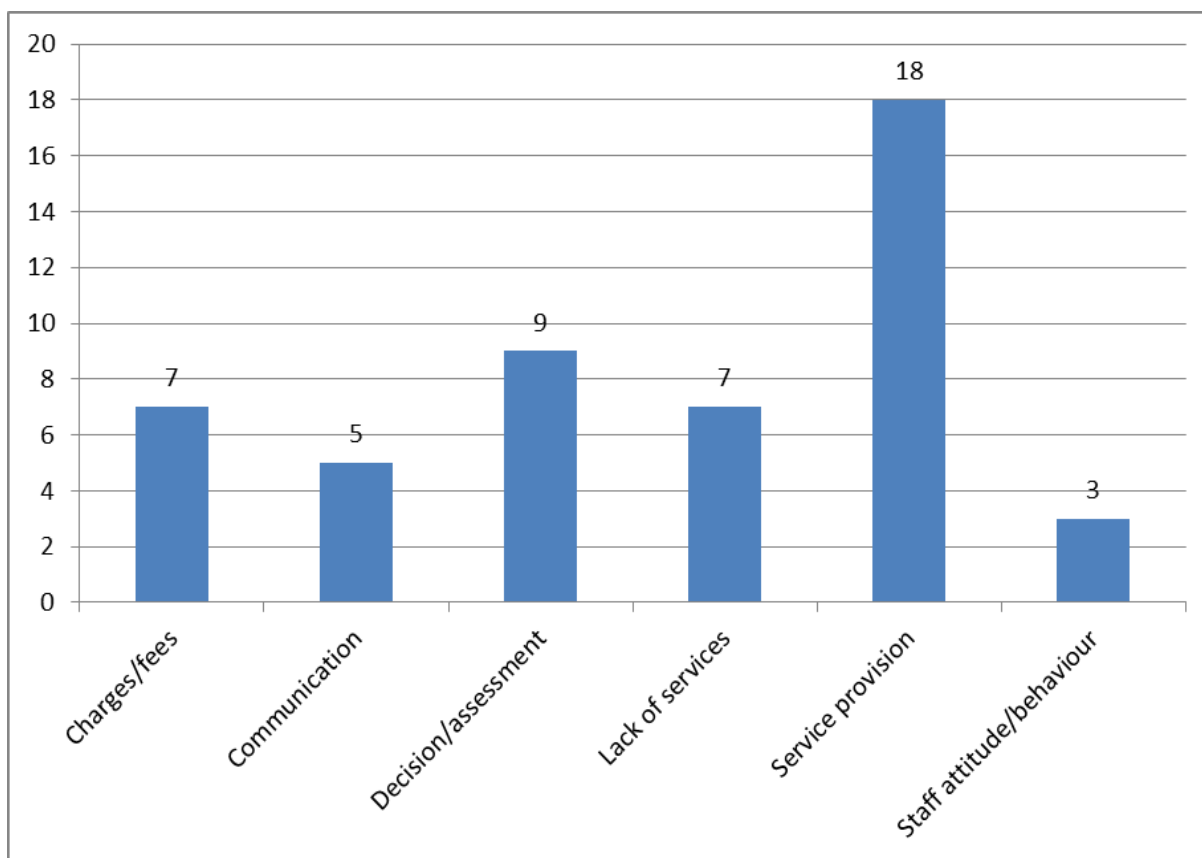
N.B. Those teams that are not listed did not receive any complaints during 2015/16.

There was a significant increase in complaints about financial assessments compared to five in 2014/15. In eleven of the complaints received delays in the financial assessment process was an issue.

There was also a significant increase in complaints for the Life Stages 0 – 25 Team compared to one in 2014/15. These complaints primarily concerned peoples dissatisfaction with the manner in which they were treat and the level of support provided.

Ongoing Care also saw an increase in complaints compared to two in 2014/15. There were no common themes in the complaints received.

Breakdown of Complaints Received by Issue



The most common complaint was dissatisfaction with service provision. In total we received 18 complaints about this issue compared to 10 in 2014/15. Complaints about service provision included complaints about a lack of support, the quality of the service provided and delays, including delays in sending out financial assessments and providing support on discharge from hospital.

There was an increase in complaints about dissatisfaction with the outcome of a decision/assessment, compared to five in 2014/15. Seven of these complaints related to financial assessments.

Complaint Outcomes

37 complaint investigations were concluded during 2015/16. The outcomes of these complaints are detailed in the chart below.

Service Area/Team	Upheld	Partly Upheld	Not Upheld	Inconclusive	Total
Adult Safeguarding	0	1	0	0	1
Financial Assessments	8	4	2	1	15
Learning Disability and Mental Health	0	1	0	0	1
Life Stages Service 0 - 25	1	4	1	0	6
Life Stages Service 26+	1	2	0	0	3
Mental Health Adults	0	1	0	0	1
Mental Health Service for Older People	1	1	1	0	3
Ongoing Care	0	4	0	0	4
Physical and Sensory Impairment	0	0	1	0	1
Supported Living	1	1	0	0	2
Total	12	19	5	1	37

Local Government Ombudsman Complaints Received 2015/16

12 adult social care complaints were progressed to the LGO during 2015/16; this was a significant increase from four in 2014/15. Two of these were logged as non-qualifying complaints by the Council. There was no particular team that was complained about or themes running through those complaints referred to the LGO.

Local Government Ombudsman Complaint Outcomes 2015/16

10 adult social care complaints were determined by the LGO during 2015/16, compared to one in 2014/15. 2 of these related to the administration of Disabled Facilities Grants.

Full details of those complaints determined by the LGO are included in the Cabinet reports of 8 December 2015 and 14 June 2016 entitled [Review of Outcome of Complaints Made to Ombudsman](#).

Organisational Learning

Adult Safeguarding

It was agreed that practice guidance would be developed around involving people alleged to have caused harm in the process and ensuring their views are taken into account as part of the decision making process.

Affective Disorder Team

It was agreed that we would provide training for officers on the Government guidance for assessing individuals with Autism issued in March 2015.

We agreed to improve the way we work with our NHS colleagues in dealing with joint complaints.

Financial Assessments

We agreed to undertake a full review of our systems to ensure we do not send demands for payment and notification of court action after we have been advised payment cannot be made until probate is completed and the property sold.

We agreed to evaluate our processes and ensure checks are in place to prevent delays in finalising financial assessments within the system. We also agreed to amend any letters, where possible, to ensure issues relating to financial matters are sensitively communicated and provide guidance to social care and finance staff regarding the process to follow when an individual dies before a CHC assessment has been completed.

It was agreed that the Operations Manager would review team managers' understanding of relevant policies and processes in assessment and care planning. It was also agreed that in the induction framework policies and processes would be clearly identified

It was also agreed that the information leaflet entitled Contributions for Services/Charges for Support would be updated.

Life Stages 0 – 25 Team

We agreed to ensure robust supervision arrangements are in place for all staff and robust management oversight of case work is in place. We also agreed to ensure a robust process is in place around the reallocation of cases. It was agreed that staff would complete all the necessary actions when a change in circumstance occurs, including notification to finance as appropriate. We also agreed to review communication systems between internal teams and support services, identify what has not worked and what needs to be implemented to mitigate against the risk of a reoccurrence of the issues complained about. It was also agreed that we

would ensure all staff are aware of the referral process and criteria for Independent Mental Capacity Advocate (IMCA) and advocacy services.

It was agreed that Mental Health Team and the Life Stages Team would agree a transfer protocol and communicate this to our health colleagues in Tees, Esk and Wear Valleys NHS Foundation Trust.

Life Stage Service 26+

It was agreed that the team would develop a letter that can be sent out to service users and their family informing of any changes of social worker, dates of the changes and the name of the new worker. Staff were reminded to always carry their identification cards and pre-plan visits unless it is an emergency.

Occupational Therapy

We agreed to review our procedures for assessing service users with degenerative illnesses to ensure we comply with Government guidance and plan sensitively for the progression of their illness. We also agreed to ensure proper records are kept of officers and the Disabled Facilities Grant (DFG) Panel's consideration of DFG applications to ensure our decision making is transparent. We also agreed to review our procedures for dealing with insurance claims to ensure delays do not occur, particularly when the claimant has a life limiting condition.

We also agreed to review Occupational Therapy and Mental Health processes as separate services and how these overlapped. We agreed to address our practice of charging people the full cost of the Lifeline Service when it is being provided to meet an assessed social care need when we review our Charging Policy for Non-residential Care. We also agreed to provide training for Occupational Therapy and Mental Health staff on Direct Payments.

Ongoing Care

We agreed to look at the way we assist people when they are in a very stressful situation as the complainant felt he had no choice but to agree to being the responsible person. We also agreed to ensure we make information on the process available and that individuals have the opportunity to seek further clarification if required.

Psychosis Team

It was agreed training would be provided regarding carer's assessments.

Supported Living

It was agreed that social work staff would ensure they are clear with service users and their families about the service to be provided and whether or not they may have to make a contribution towards the cost of their care.

Further recommendations

The Council should take action to address the significant increase in complaints relating delays in undertaking financial assessments.

While training was provided to the Psychosis Team as a result of a complaint which identified practice issues around carer's assessments, there were a further 4 complaints across 3 teams in which it was recommended a carers assessment be completed. The Council should take steps to ensure, where it is identified that an individual has an informal carer, that a Carer's Assessment is always offered.

Performance against the Procedure

The target for acknowledging receipt of complaints under the procedure is 3 working days.

93.3% of complaints received during 2015/16 were acknowledged within the 3 working day timescale, an improvement from 87% in 2014/15.

There are no longer any statutory timescales for complaint responses, except that complainants should receive a response within six months. The procedure sets out a timescale for dealing with complaints solely about the Council's services i.e. 30 working days, although there are circumstances in which the investigator may agree an extension with the complainant. It also states that for joint health and social care complaints the complaints managers from the different organisations will work together to decide a reasonable timescale and agree this with the complainant. This is to ensure investigations are completed in a timely manner and within the maximum time allowed.

In all cases a response was provided within the six month time limit. The average length of time a complaint investigation took was 42 days.

Performance Targets for 2015/16

In relation to adult social care complaints our key performance indicator is the number of maladministration decisions we receive from the Local Government Ombudsman. Our target for 2015/16 was zero. The Council failed to achieve its target receiving seven maladministration decisions during 2015/16. 2 of these related to the administration of Disabled Facilities Grants.

Full details of those complaints determined by the LGO are included in the Cabinet reports of 8 December 2015 and 14 June 2016 entitled [Review of Outcome of Complaints Made to Ombudsman](#).