

DIRECTORATE OF SOCIAL SERVICES

Annual Report April 2004 – 31st March 2005

COMPLIMENTS AND COMPLAINTS

ADULT SERVICES

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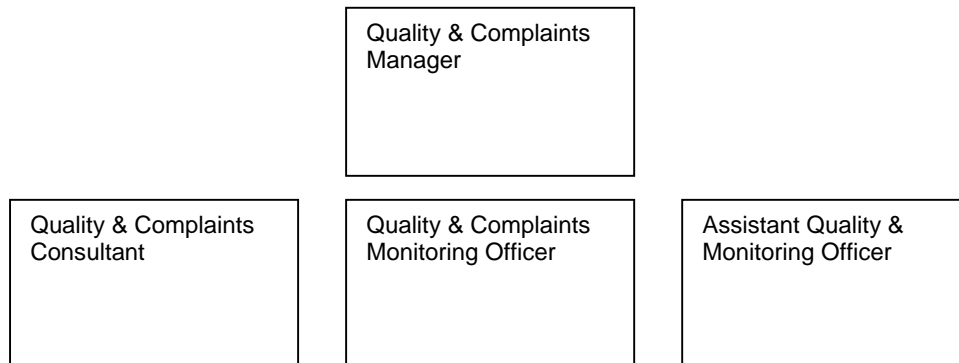
SECTION 1

1.1 INTRODUCTION

- 1.1.1 This Report provides information relating to Dudley Social Services Complaints, Comments and Compliments Procedure, during the period 1 April 2004 to 31 March 2005.
- 1.1.2 The Social Services procedures for Adult's complaints, are determined by legislation, predominantly involving the:-
- NHS & Community Care Act 1990 (section 50)
 - Health & Social Care Act 2000,
 - Local Government Act 2000
- 1.1.3 Every Local Authority with a responsibility for Social Services must provide an annual report into the workings of the Social Services complaints and representations procedures. This requirement is contained in the National Health Service and Community Care Act 1990.
- 1.1.4 All service users and people who request a service are provided with information on how to complain or make a compliment. Complaint information is displayed in all public reception areas. It is also given out at different stages by staff to all service users.

1.2 THE QUALITY AND COMPLAINTS TEAM

1.2.1 The Quality & Complaints team is part of the Policy & Performance Unit. A new appointment of Quality & Complaints Manager was made in April 2005. The following structure chart shows the Quality & Complaints Team



1.2.2 Our key objective in the management of all complaints is to achieve appropriate and effective resolutions within the shortest possible timescales. Every effort is made to ensure that each complaint is dealt with close to the point of service delivery. We are committed to a positive and proactive approach to complaints handling. We view complaints as a mechanism for ensuring that we continually improve the quality of our services.

SECTION 2

2.1 THE PROCEDURES

2.1.1 The purpose of the Complaints, Comments and Compliments procedures is to:

- Provide a way for service users, or a person acting on their behalf, to tell the Directorate what they think of the service.
- Enable the Directorate to learn from complaints and compliments, and to change, review or maintain services accordingly.
- Ensure that complaints are properly recorded and acted upon, and that where necessary things that have gone wrong are put right promptly.
- Ensure that staff and service users understand their rights, and responsibilities within the complaints process.

2.1.2 The complaints procedure for social services has 3 stages,

- Stage One. Problem solving and informal resolution.
- Stage Two. Formal Complaint investigation.
- Stage Three. Independently chaired Review Panel

2.1.3 Stage One

The statutory timescale for responding to adult complaints at stage 1 is 28 days.

2.1.4 Stage Two

Adult services complaints allow 28 days at stage 2 for the investigation of the matter by a complaint investigator and the response by the Head of Adult Services. This timescale for investigation can be extended to three months with the knowledge and approval of the complainant. The role of the investigating person is to look into the complaint matters with thoroughness, fairness and objectivity.

2.1.5 Stage Three

If the complainant remains dissatisfied after the Stage two process, then he/she can request that matters move to Stage 3. This process requires the Local Authority to establish a Stage 3 Review Panel to hear the complaints. The Review Panel involves one elected Council Member, and two Independent People, one of whom must chair the panel. Also in attendance will be the complainant, the complaint investigator, a senior manager from Social Services, the complaints manager and other officers who support the complaints process.

Essentially the Review Panel considers the management of the complaint and the responses made at stages 1 and 2. The Review Panel after listening to the issues related to the complaints then provides written recommendations to the Director of Social Services and copied to the complainant in relation to what the Panel considers should be the outcome.

The Director then provides a final written response to the complainant within 28 days following the Review Panel.

If the complainant remains dissatisfied following the stage 3 response he/she can; within twelve months of the panel hearing, approach the Local Government Ombudsman seeking further enquiries or investigation to be carried out into the complaints by that office.

The Review Panel process at Stage 3 was due be replaced by a process of external review by the Commission for Social Care Inspection during 2005. However, this has been postponed until at least January 2006.

2.2 CORPORATE COMPLAINTS:-

- 2.2.1 We also have a duty to comply with general complaints which do not fall within the boundaries of the National Health Service and Community Care Act (1990) and the Children Act (1989). Complaints in this category are called Corporate complaints and are dealt with under the Council's Complaints and Representations procedure.

SECTION 3

3.1 OVERVIEW

3.1.1 SUMMARY OF COMPLAINTS AND COMPLIMENT ACTIVITY 2004/05

During 2004/05 Dudley Social Services Department provided a service to 11,414 adult service users.

The total number of adult complaints received for Social Services 2004/05 is **126**, this compares to **150** complaints for 2003/04. A decrease of **24**.

The complaints are individual areas of complaint; they were made by **117** separate service users or their representatives.

There have been **5** stage 2 complaints for 2004/05. This compares to **4** for 2003/04

59% of all complaints were dealt with within the current statutory timetable of 28 days [20 working days]

8 % of complaints were dealt with between 29 days and 35 days

6 % of complaints were dealt with within 36 to 42 days

27 % of complaints took over 42 days

There were **241** registered compliments for 2004/05 compared to **197** for 2003/04. An increase of **48**.

3.1.2 Local Government Ombudsman:- There have been no findings of Maladministration by the Ombudsman concerning Dudley Social Services complaint matters for 2004/05.

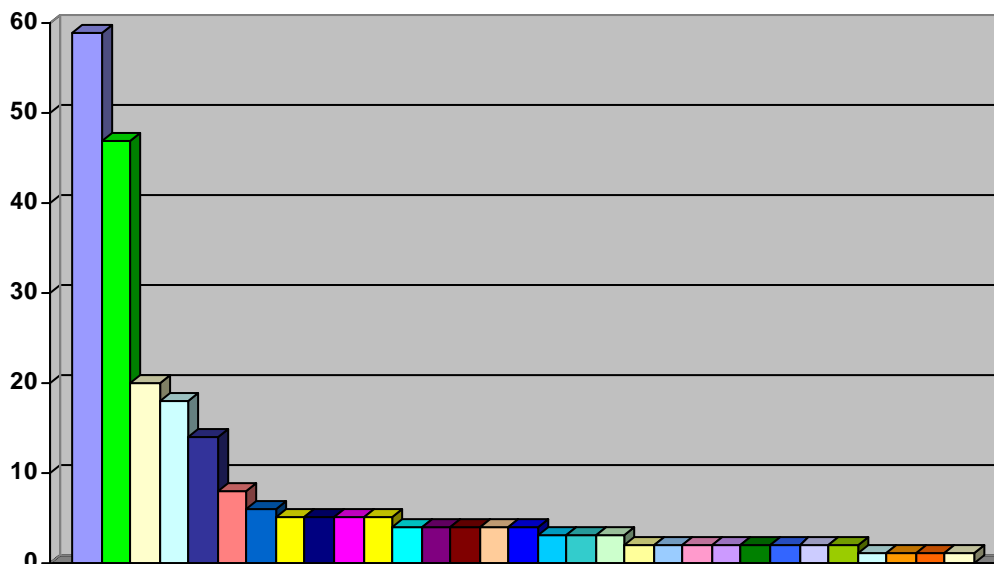
SECTION 4

4.1 EXAMPLES OF DEVELOPMENTS AND ACHIEVEMENTS 2004/05

- The Quality & Complaints Team returned to a full complement of staff in April 2005 which has meant increased support and assistance being offered to operational managers.
- 59% of all complaints were acknowledged and concluded within the statutory timescale.
- Training for Managers, Social Workers and other relevant groups has continued. The aim for 2005/06 will be to increase the training opportunities for staff in terms of awareness training and formally responding to complaints.
- Diversity:- Quality & Complaints Team participated in a working party to develop ways of reaching people whose first language is not English. This led to a Radio broadcast on a Community radio facility – radio Ramadan. This project was put forward for an award with the Department of Health “Health and Social Care Awards” 2005.
- Revision of complaint and compliment public information leaflet provided to people with a learning disability.

SECTION 5

5.1 COMPLIMENTS DATA 2004/05



Occupational Therapy	59
New Swinford Hall	47
Visual Impairment	20
Hospital Social Work Team	18
Community Services Brierley Hill, Dudley, Sedgley	14
Tiled House Lane	8
Netherton District Office	6
Community Services Halesowen, Stourbridge	5
Halesowen District Office	5
Moving & Handling	5
Arcal Lodge	5
Sedgley District Office	4
Disabled Living Centre	4
Business Services Public Information	4
Business Services Policy & Review	4
Hearing Impairment	4
Wallbrook House	3
Brettell Lane Day Centre	3
Care Management South	3
Social Services Transport	2
Queens Cross Day Centre	2
Rowan Lodge	2
Pathways Sedgley	2
District Office Brierley Hill	2
Business Services Finance	2
Corporate	2
Not Known	2
Community Equipment	1
Direct Payment Co-ordinator	1
Russell Court	1
Business Services Human Resources	1

5.1.1 It is clear that some areas of service are highly valued. Many of the compliments received comment on the kind and caring attitude of staff, as well as the positive difference that the service has made.

5.2 EXAMPLES OF COMPLIMENTS RECEIVED:-

5.2.1 Thank you for the care and attention you have provided since my incapacity. I have found the care and attention first class.

5.2.2 The information and aids supplied, the personal attention and questions answered were first class.

5.2.3 Thank you. I was not able to say a goodbye to all the staff before leaving so I am writing to say how much I appreciated all your help and kindness to during my stayed.

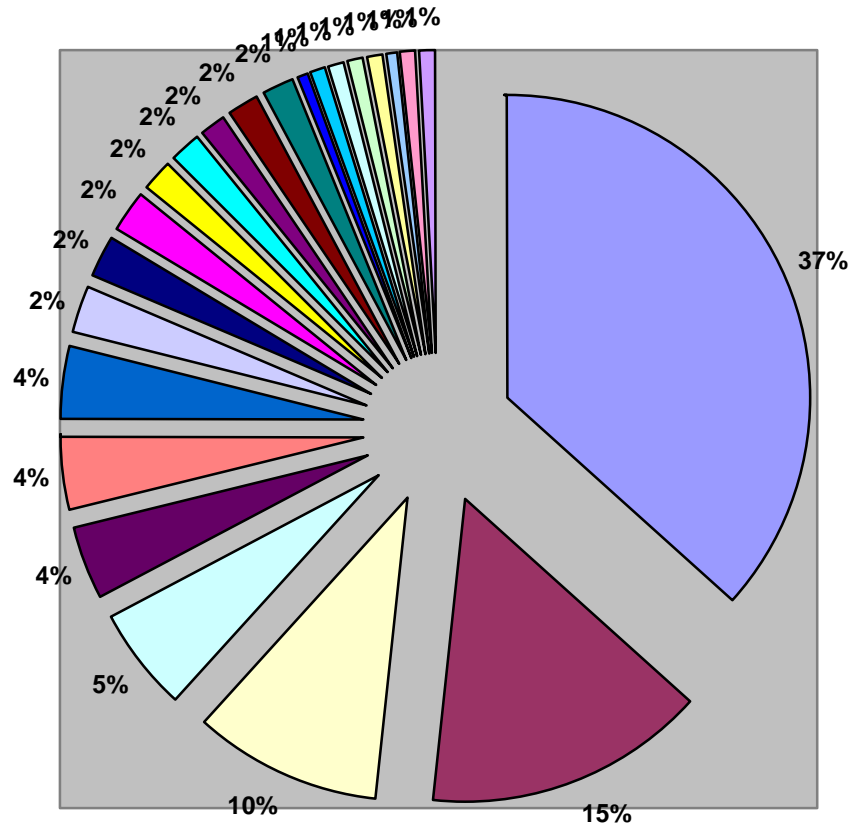
5.2.4 I just wanted to say thank you for the kindness and help shown

5.2.5 I am very pleased with the care offered to me, the home carers are very helpful and friendly

5.2.6 I am 74 years old, I never thought I would be in this position. The carers are kind, thoughtful and very caring. I would now be lost without them. Every one at Social Services are most helpful.

SECTION 6 COMPLAINT DATA 2004/05

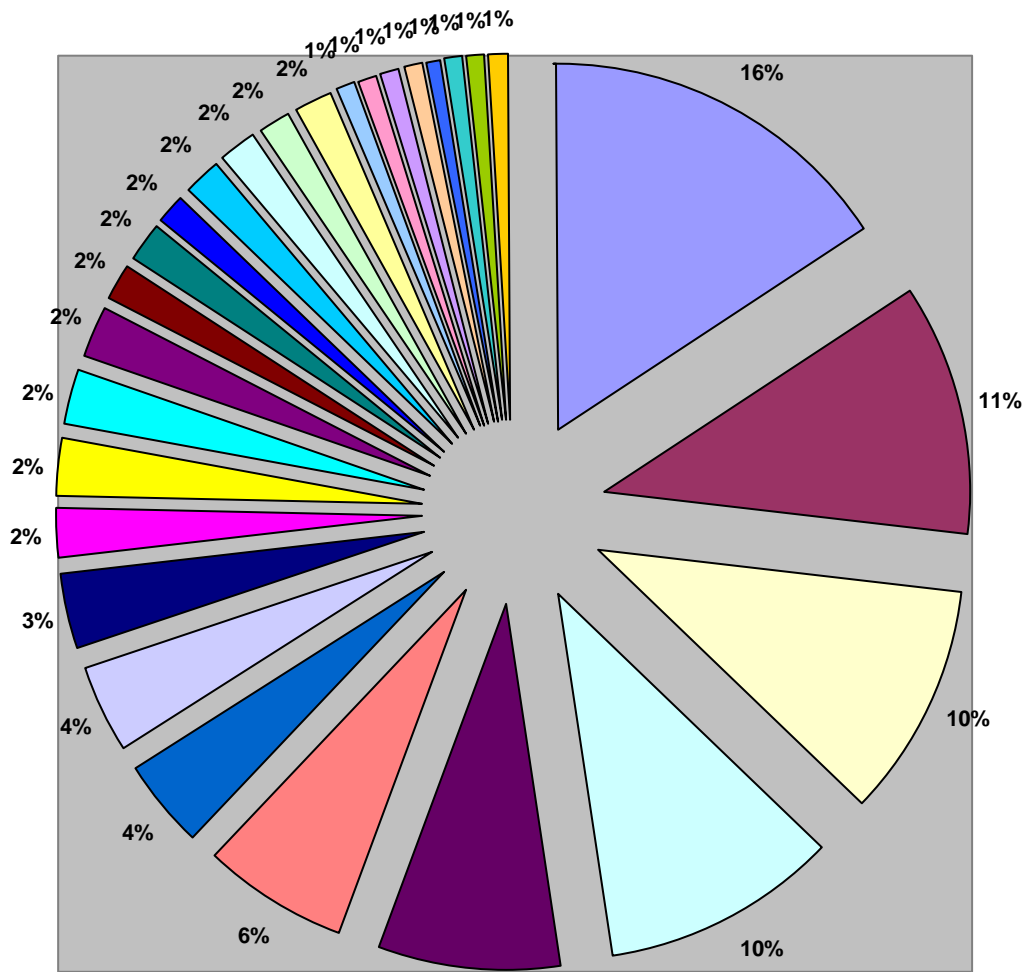
6.1 COMPLAINT ISSUES



■ Inadequate Service (47)	■ Staff Conduct (19)
■ Delay - Service Issues (13)	■ Not Provided/Withdrawn (7)
■ Poor Communication (5)	■ Failure to Protect (5)
■ Delay Information Issues (5)	■ Charge Finance Issues (3)
■ Lack of Consultation (3)	■ Process Adult Protection (3)
■ Contractual Agreements (2)	■ Damage to Property (2)
■ Clarity Information Issues (2)	■ Theft of Property (2)
■ Assessment Finance Issues (2)	■ Access to Building (1)
■ Suitability of Location (1)	■ Abuse other Service Users (1)
■ Fairer Charging Assessment (1)	■ Meals on Wheels (1)
■ Racial (1)	■ Fairer Charging Policy (1)
■ Standard - Physical Environment (1)	

- 6.1.1 Inadequate service is clearly the main area of complaint. Each of the following examples involve single incidents of inadequate service:-
- Standard of hygiene in a care home.
 - Quality of food provided.
 - Standard of service provided by care staff.
 - Poor time keeping.
 - Concern about quality of personal care provided.
 - Changing of carers.
 - Waiting time for a service to be delivered.
 - Delay in assessment process.
- 6.1.2 All complaints are important in their own right; however, it is relevant to note that there does not appear to have been a particular event or incident during 2004/05, which resulted in multiple complaints. The complaints received refer to matters affecting the individual, rather than several adults complaining about the same issue or a specific service at the same time.
- 6.1.3 Training forms just one aspect of what is required to address issues and themes arising out of complaints, therefore opportunities will continue to be provided for all staff and managers in attending training and or 'raising awareness' sessions; looking at the type of complaint issues brought to our attention.

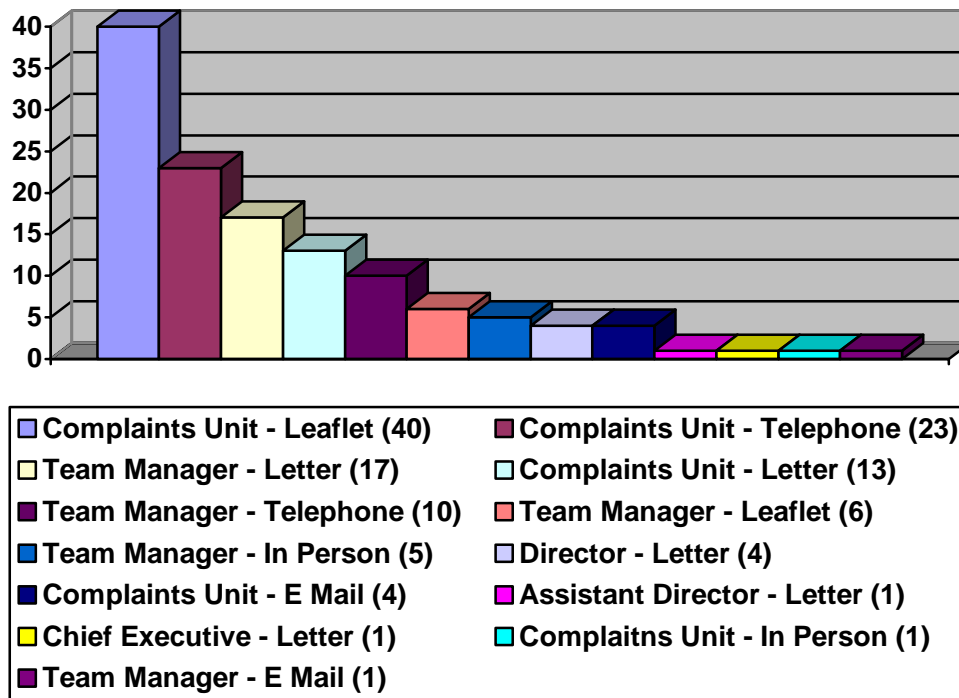
6.2 COMPLAINTS RECEIVED ACROSS THE DIRECTORATE



- Occupational Therapy (20)
- Community Services H'Owen & S'Bridge (14)
- Netherton D.O. (13)
- Community Services Brierley Hill, Dudley, Sedgley (13)
- Brett Young Day Centre (10)
- Brierley Hill D.O. (8)
- Halesowen (5)
- Stourbridge D.O. (5)
- Finance (4)
- Arcal Lodge (3)
- Sedgley CTLD (3)
- Sedgley LMHU (3)
- Sedgley D.O. (3)
- Community Equipment Store (2)
- Commissioning (Contract) (2)
- Dudley CTLD (2)
- Amblecote House (2)
- Wallbrook Family Placement (2)
- Social Care Transport (2)
- Brett Young Day Centre (2)
- Shenstone (1)
- New Bradley Hall (1)
- Commissioned Service - Adult Services (1)
- Halesowen LMHU (1)
- Brierley Hill LMHU (1)
- Tiled House Lane (1)
- Brierley Hill CTLD (1)
- Stourbridge LMHU (1)

- 6.2.1 As noted earlier in this report Dudley Social Services provided services to 11,414 Adults during 2004/05. In percentage terms 98% of all service users either felt satisfied with the service they are receiving or they did not, for whatever reason chose to put forward a complaint. This statistic in no way diminishes the importance of each complaint or the impact incidents of poor practice or inadequate services had on each of the people who complained.
- 6.2.2 2004/05 saw a decrease in complaints received; **126** separate areas of complaint were registered during this period, compared to **150** for the previous year 2003/04. Complaints activity is monitored throughout the year, and there does not appear to be a single factor or reason for the decrease. A reduction in the numbers of complaints made could indicate that the public has greater satisfaction with the services available to them, and this must be welcomed. However, the Quality and Complaints Team are equally mindful of the positive aspects of service users making complaints and therefore the ongoing need to ensure that service users have knowledge, awareness and confidence in the process. We will continue to raise awareness of the complaint process, and will increase the training provided to staff.
- 6.2.3 The Occupational Therapy service received the most complaints; the balance to this is that the same service also recorded the most compliments across Social Services for 2004/05. The Occupational Therapy service receives on average 670 contacts from the public each month for assistance. The main area of complaint regarding the Occupational Therapy service involves waiting times for carrying out an assessment and or delivery of services. It is recognised that the time taken to carry out assessments and deliver services such as adaptations to the home can be longer than the service user or indeed the Occupational Therapy service would like. Recommendations and proposed actions arising out of the complaints related to this service area has contributed towards a review of service delivery. This had led to innovative and determined efforts being put in place to address the difficulties faced by the service. This aim is not helped however by the acknowledged difficulty all Local Authorities have with regards to the recruitment and retention of Occupational Therapists.

6.3 HOW ARE COMPLAINTS RECEIVED

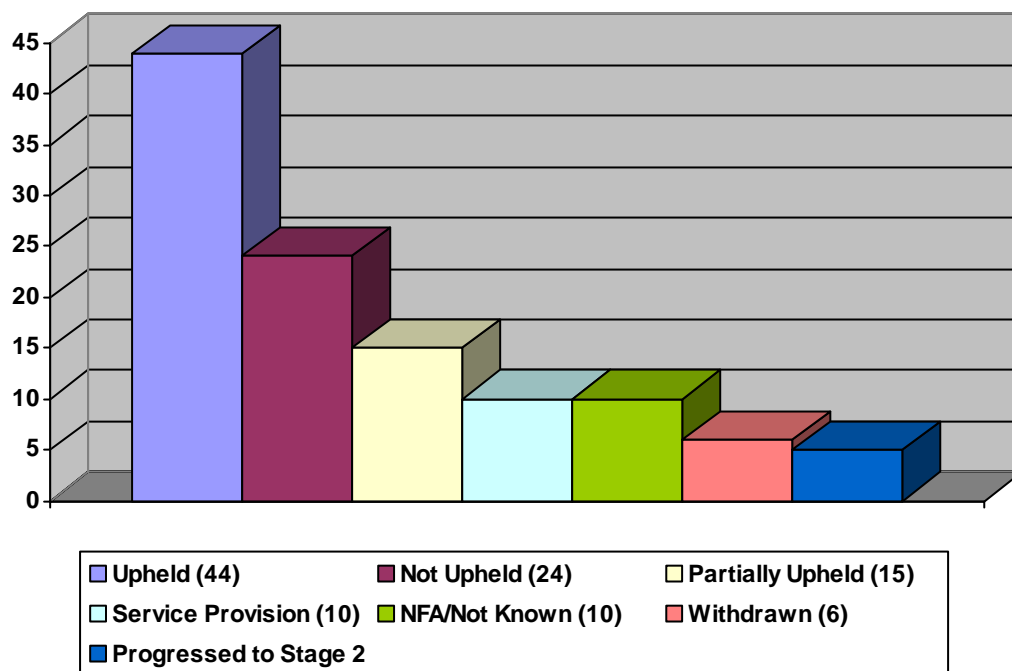


- 6.3.1 A complaint leaflet or letter of complaint directed to the Complaints Team accounted for are the most popular way of sending in complaints. All complaints are acknowledged before a Manager is allocated to carry out the response to the complaint matters. Complaint and compliment publicity material will be revised this year to take account of new legislation and guidance, every effort will be made to increase the accessibility to the complaint process, not least by email and via the Dudley Council Plus service.

6.4 OUTCOMES IN TERMS OF FINDINGS

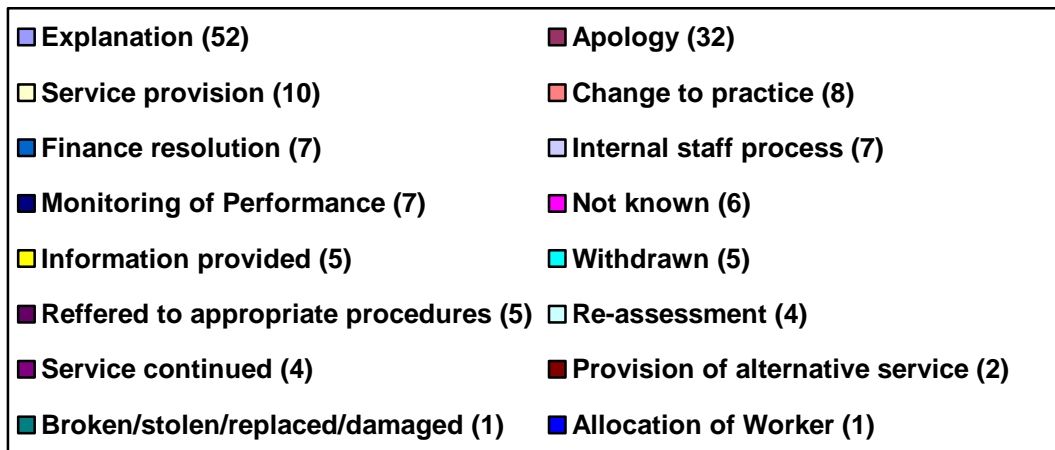
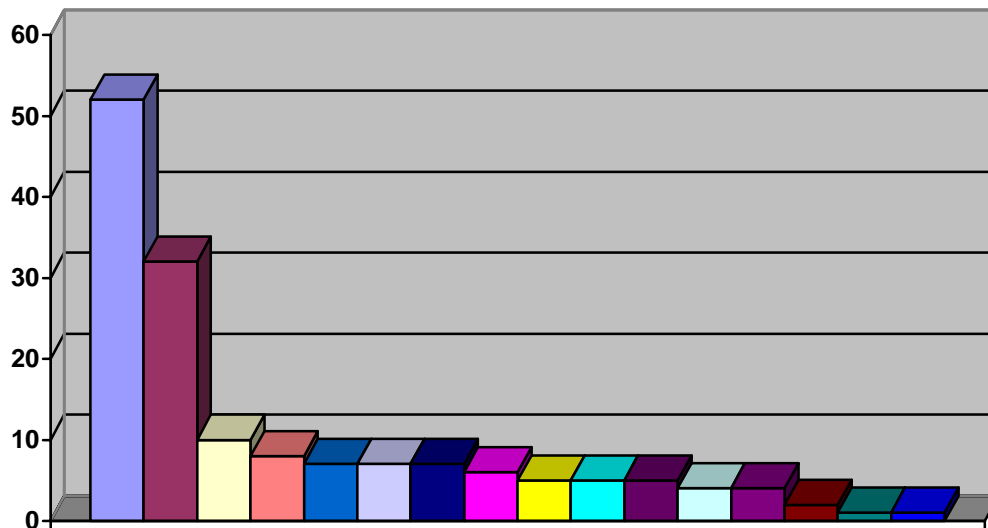
6.4.1 The majority of complaints result in a finding, this might for example be a finding of 'Upheld' and therefore the view is that the complaint is justified. There are occasions where a complaint is resolved at a very early point through discussion and agreement; in those situations a finding is not always possible or practicable.

6.4.2 Service users have the right to raise several areas of complaint at one time; this can result in several different findings.



6.4.3 It can be seen that the finding of "Upheld" figured highest in the outcome. This indicates a degree of fairness and objectivity in the enquiries carried out into the complaint matters. Along with a recognition that mistakes are made and need to be rectified. Service users have the right to raise several areas of complaint at one time; this can result in several different findings.

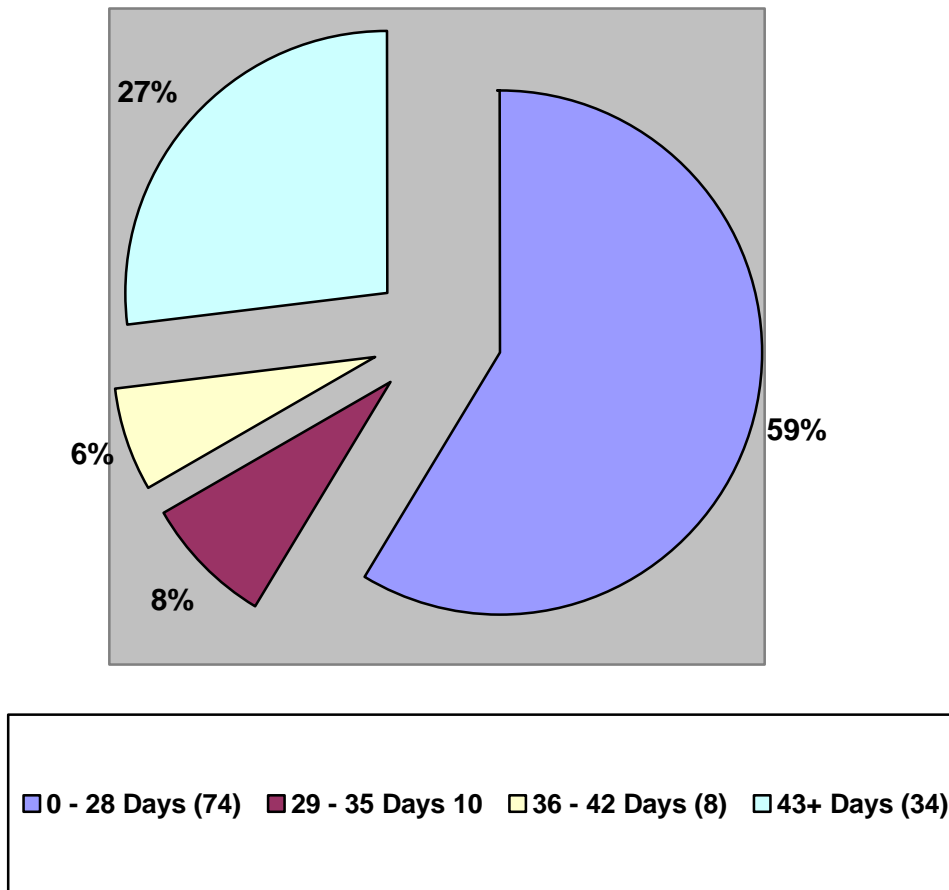
6.5 HOW ARE COMPLAINTS RESOLVED?



6.5.1 EXPLANATIONS

The majority of complaints were resolved by providing an explanation; often this explanation will be detailed and will have required a thorough examination of records and discussions with relevant members of staff. Explanations are provided even where it is felt that the complaint is not upheld. A number of complainants receive several outcomes for example an explanation together with an apology and where required new service provision.

6.6 TIMESCALES



6.6.1 Timescales for responding to adult complaints are statutory; at present Social Services are allowed up to 28 days to acknowledge and then address complaints to a conclusion. It is widely expected that the proposed new Government guidance dealing with Adult complaints, now expected in January to April 06, will either reduce the time allowed to 25 days or retain the current statutory timescale.

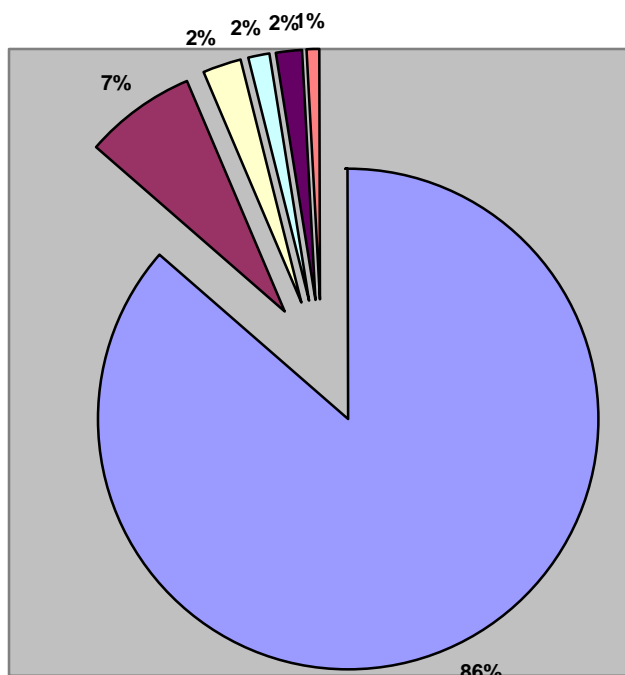
6.6.2 **59 %** of all complaints were dealt with in the timescale allowed. A further **8%** were just outside that timescale. Those figures could be described as satisfactory and would compare favourably with other Local Authorities timescale compliance. However, care will be taken to monitor complaints approaching 40 days to encourage a conclusion. Also, **27 %** of all complaints took over 42 days to complete and again this aspect of timescale compliance will be closely monitored during 05/06.

- 6.6.3 A complaint investigated at stage 2 of the process is allowed to take up to three months to conclude as long as we have the knowledge and agreement of the complainant. It is understood the proposed Government guidance will maintain this position.
- 6.6.4 Every effort will be continue to be made during 05/06 to work with staff responsible for responding to complaints in order to ensure a timely and effective response.
- 6.6.5 **Reasons for Delays:-** The following are not put forward as justification for delay instead they are presented as part and parcel of the difficulties in concluding all complaints in good time. Complaints where delay occurred during 2004/05 involved:-
- **Delay whilst establishing facts**
 - **Seeking response from managers**
 - **Difficulties in obtaining contact from service user**
 - **Seeking outcome from other agencies**

6.7 ETHNICITY:-

6.7.1 Every effort is made to record a complainant's ethnicity. However, it needs to be noted that on a number of occasions the complaint is being raised on behalf of another Adult and therefore the description provided as that persons ethnicity might not be totally accurate.

6.7.2 It is also the case that a number of people prefer not to describe their ethnicity or it is simply not known to the complainant. The recorded figures for 2004/05 are as follows:-



■ White British (109)	■ Not Known (9)
■ Asian British (3)	■ Any Other White Background (2)
■ Black British (2)	■ White Irish (1)

6.7.3 As can be seen the majority of people who currently access the complaint process are a British/ White. Further work will be carried out in the coming year to raise awareness and improve accessibility to the complaint process for all Adults in receipt of a service.

6.8 HOW DO WE ENSURE THAT COMPLAINTS ARE GENUINELY RESOLVED?

- 6.8.1 The Stage 1 response letter invites complainants to seek further assistance from the Quality and Complaints team, if they are still dissatisfied.
- 6.8.2 In addition, the Quality and Complaints team is able to undertake a monitoring role with regard to complainant satisfaction. This involves direct communication with the complainant on occasion, to ensure that they are, indeed, satisfied with the response that they have received.
- 6.8.3 The Quality & Complaints Team has designed a customer satisfaction questionnaire to be introduced in the second quarter of 05/06. This questionnaire will go out to complainants six weeks after the complaint is concluded. Alternatively the complainant will receive a phone call from a member of the Quality & Complaints Team in order to go through the questionnaire. The complainant will be invited to comment on their satisfaction with the complaint process and how they felt their complaint matters were handled. The responses received will form part of the information/feedback held in monitoring reports provided to Senior Managers/Managers

SECTION 6

7.1 AREAS OF DEVELOPMENT FOR THE COMPLAINT & COMPLIMENT PROCESS 05/06

- 7.1.1 Review and revise the current procedures, ensuring that they are then made widely available to staff and service users.
- 7.1.2 Clear guidance to staff about how to respond positively and helpfully to comments made by service users and carers will continue to be provided.
- 7.1.3 Increased monitoring of timescales/response by Managers
- 7.1.4 Increased awareness training for front line staff. Training for Managers/Seniors in responding to stage 1 complaints.
- 7.1.5 Training for Managers and Senior Managers in addressing stage 2 and 3 complaints.
- 7.1.6 Training for Elected Members
- 7.1.7 To undertake consultation with independent groups and partner agencies about levels of satisfaction with the complaint and compliment service.
- 7.1.8 Revise complaint leaflets and other publicity material in light of new legislation and Guidance.
- 7.1.9 Put in place a robust system to audit-trail the implementation of recommendations arising out of complaints.
- 7.1.10 To provide increasingly informative analysis of performance to management teams.
- 7.1.11 Develop and implement a staff survey in order to gather views and reflections from staff concerning their experience of the process.
- 7.1.12 Develop and put in place complaint handling protocols with agencies such as Housing, Health and others.
- 7.1.12 Carry out an audit across all establishments/reception areas to ascertain availability of publicity material for the public and staff.
- 7.1.13 Mediation:- Greater emphasis will be placed on mediation. This could be an effective tool in resolving complaints early or indeed at any point in the complaint process at Stage 1, 2 or 3. It is intended that the Quality & Complaints Team will lead on mediation with the opportunity to recruit the skills of a trained independent mediator to assist if required.