

HARROW SOCIAL SERVICES

ANNUAL REPORT OF THE COMPLAINTS PROCEDURES 2002-2003

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1. INTRODUCTION

- 1.1 This is the tenth annual report of the statutory complaints procedure for the Social Services Department and covers the period 1st April 2002 to 31st March 2003
- 1.2 The National Health Service and Community Care Act 1990 and the Children Act 1989 require local authorities to establish procedures for considering any representation, including complaints, they received about the failure to discharge their functions.
- 1.3 Complaints procedures are monitored by the Department of Health, through the Social Services Inspectorate (SSI). The SSI has set 16 standards by which it evaluates complaints procedures. Members have asked that the complaints report should show how the standards are met in this Authority. The information is shown at Appendix Three.
- 1.4 The complaints procedure deals with complaints about the Directorate's Social Services functions.

2. INFORMATION ABOUT THE COMPLAINTS FUNCTION

- 2.1 The complaints function operates within the Complaints and Consultation Service. The team is part of the Strategy & Support Unit with the Complaints and Consultation Manager reporting to the Head of Unit who in turn reports to the Director of Social Services. There are two members of the Complaints and Consultation Service, which has a wider brief than complaints, covering a range of duties, including project management, service user information, charters and consultation.
- 2.2 The NHS and Community Care Act requires Local Authorities to appoint a Designated Complaints Officer (DCO) with delegated powers. It is the DCO's responsibility to manage and co-ordinate the statutory complaints procedure within the Department. This role is incorporated into the post of Complaints and Consultation Manager.
- 2.1 The Complaints and Consultation Service communicates and liaises with the Directorate and managers in the Social Services Department and throughout the Council and also with voluntary, independent and statutory agencies and with complaints officers throughout London.

3. THE COMPLAINTS PROCEDURE

- 3.1 Under the NHS and Community Care Act 1990 and the Children Act 1989 the complaints procedure comprises three stages - the Informal, the Formal and the Review Stage. At the informal stage most complaints are resolved by the staff who provide the services. Complaints that reach the formal stage are registered and an investigating officer is appointed - see paragraph 8. The investigation should be completed within 28 days of registration of the complaint. Complainants who are dissatisfied with the outcome of the investigation of their complaint and the Department's response may request a Review Panel Meeting. Following a High Court judgement in 2001 and advice from Legal Services, the membership of Review Panels was changed to three independent people. The Appeal judgement in December 2002 led to the re-instatement of two Councillors on Review Panels. The Panel makes recommendations to the Director of Social Services and the Director must respond to the complainant within 28 days of the Panel meeting.
- 3.2 **The main objectives of the complaints procedure are to:**
 - provide an effective means of enabling users and carers to complain about any aspect of Social Service provision that affects them personally
 - provide an effective means of enabling those denied a service to complain about this

- give service users and carers information about how to make representations or complaints in any form that is appropriate to them. To improve access by encouraging the use of advocates and ensuring that information is available in community languages and in formats accessible to:
 - people with sensory impairment
 - people with a learning disability
 - children and young people
 - the elderly
 - carers of people who require services
- ensure complaints made are investigated speedily, thoroughly and fairly
- as far as possible, resolve complaints informally. Where this is not possible, to provide the opportunity for formal complaint. Where this cannot resolve the complaint, to provide the opportunity for a Review Panel Meeting
- give complainants a clear response to complaints within the timescales set by the procedures
- ensure that complainants are able to understand the responses they receive and where necessary provide a reader or interpreter
- give Members and Managers a means of monitoring services.
- when appropriate, update guidance, policy and practice.

3.3 The main role of the Designated Complaints Officer within the complaints procedure is to ensure that:

- complaints procedures are written down, publicised and available to complainants in an appropriate language, media or form, according to the complainants needs and to ensure that the procedure meets the requirements of the Race Relations (Amendment) Act 2000 And Part 111 of the Disability Discrimination Act (which relates to the provision of services and information)
- complainants are supported throughout the process of making a complaint, either by an advocate, or by the Complaints and Consultation Service
- clear guidelines and procedures exist for recording and registering complaints
- clear procedures and management arrangements exist for investigating formal complaints
- staff are fully aware and trained in the handling and resolution of complaints and are aware of their responsibilities and rights if they are involved in the investigation of a complaint
- an effective system is provided for appointing Independent Persons for Children Act complaints
- training is provided for Independent Persons and Investigating Officers.
- briefing meetings with Investigating Officers and Independent Persons are held and that legal advice is sought, if necessary
- timescales are met, or that the complainant is advised if there is a delay.
- debrief meeting are held at the end of the complaints process for all staff involved in the complaint and recommendations of Investigating Officers and the Adjudicating Officer's response to these have been carried out and the impact that they have had on the service is recorded
- the complaints procedures are kept under review and revised on a regular basis

The Complaints and Consultation Service provide these functions.

4. ANALYSIS OF THE FORMAL COMPLAINTS REGISTERED DURING THE PERIOD 1st APRIL 2002 TO 31st MARCH 2003.

4.1 Eleven formal complaints were registered in this period and there were four complaints that were registered in the previous year and continued through the complaints process. In addition there were 2 Children Act complaints where the complainants decided not to pursue their complaints. The analysis of these complaints is shown at Appendix One.

4.2 Of the eleven complaints registered, six [including one about a child with disabilities] were investigated under the Children Act procedure, two less than last year. Although at present services for people of all ages with disabilities are provided within the Community Care Management Unit, there is a statutory obligation to record complaints about children and young people with disabilities under the Children Act procedures. The remaining five complaints were registered under the Community Care Act procedure, three of which included elements about services that are contracted out. This compares with twelve Community Care complaints last year.

4.3 Comparative numbers for formal complaints in previous years are shown below.

Formal Complaints	Children Act 1989	NHS & Community Care Act 1990	Non-statutory complaints procedure	Total Complaints
2002-2003	6 incl 1 for children with disabilities	5	-	11
2001-2002	8 incl 2 for children with disabilities	12	-	20
2000-2001	8 incl 2 for children with disabilities	6	1	15
1999-2000	7 incl 2 for children with disabilities	10	-	17
Average over 4 years	7	8	-	16

4.4 Two of the complaints registered this year, one under each statutory procedure, have been referred to Review Panel. The recommendations of the Panel have been carried out. One complaint registered in 2001/2002 was taken to the Local Government Ombudsman this year - to date we have not been advised of any further action to be taken.

4.5 None of the investigations carried out this year met the statutory timescale of 28 days. Most investigations took considerably longer. The NHS & Community Care Act does allow for an extension of the timescale to 3 months, and most of the community care complaints were completed within this longer timescale. However there is no similar statutory extension for complaints about children and families services, and these complaints can often be extremely complex. All local authorities recognise that the 28 day timescale is extremely tight and that if an investigation is to be full and fair, more time needs to be granted to the Investigating Officer. In all cases the Complaints and Consultation Service advised the complainant on the progress of the investigation.

4.6 In one complaint registered this year, the complainant requested compensation. This has now been resolved.

4.7 Five out of the six of the complaints registered this year under the Children Act were about support and services for young people over 16 years. Out of the five complaints, three were in respect of young people in, or about to leave care.

4.8 The ethnicity of the service users in formal complaints for this year was White British apart from one complaint each in Community Care and Children & Families. This is in

contrast to last year when the ethnicity was more representative of the local communities, with 56% from White British background and 22% each from Asian or Asian British and Black or Black British. Although the ethnicity of service users in informal complaints is wider [see Appendix Two], we will be looking at the provision of information, including that about complaints, to people whose first language is not English to ensure that we are meeting the requirements for information under the corporate policy of “Reaching Everyone”.

5. EVALUATING THE IMPLICATIONS OF FORMAL COMPLAINTS

- 5.1 Standard 15 of the SSI Standards (see Appendix Three) requires that there is an evaluation of complaints in terms of the implications for the development of the system and the delivery of services.
- 5.2 Following on from formal complaints staff (and/or managers as appropriate) who have been involved are usually invited to attend a Debrief Meeting. The purpose of this meeting is to give feedback on the Department’s response to the complainant and to give an opportunity to comment on:
- the investigation,
 - the guidance to staff and for Investigating Officers.

They also consider what has been learned from the complaint in terms of:

- policy and practice issues,
- customer care,
- quality and equalities issues
- training – whether there are any training issues

Any implications for delivery of service resulting from a complaint are shared with the Unit management team.

- 5.3 External Investigators and Independent Persons who have carried out investigations during the past year have been surveyed (see Appendix Four) for their views on the competence of procedures and practices relating to complaints investigations. Analysis of the questions revealed that:
- investigators were very clear about what was expected of them.
 - the Guidance and Code of Practice were clear
 - the complainants’ understanding of the complaints procedure and the quality of the literature was generally good, but in the case of a complaint made by a young person considered only acceptable. We are aware of this, and it is hoped to work soon with a group of young people, particularly those in care or leaving care, to develop more appropriate ways of providing information
 - staff assistance and awareness of the investigation and the acceptance of staff to the investigator’s role was generally good but there were indications in three complaints of some problems and the Complaints & Consultation Service will continue to work, through staff meetings, to improve communications
 - some concern was expressed, especially in one or two cases, of a delay or lack of feedback following the investigation.
 - investigators believed that the Complaints and Consultation Service generally provided a good or very good service to complainants, staff and to the IP Pool. There were a number of requests however for more regular discussion, feedback and briefing sessions on new legislation and policies. This will be considered by three Boroughs operating the Pool. See paragraphs 8.3 – 8.7.
- 5.4 Thirteen investigations were completed and the formal response letter sent by 31st March. Investigating Officers made a number of recommendations: some of these were directly related to the complainants and these issues have been addressed.

Investigating Officers also raised some wider issues for service provision. Examples are given in the following table.

ISSUES FOR SERVICE PROVISION	ACTION
Contracts for placements for service users with learning disabilities to specify more clearly what services, both directly and through local agencies including health trusts, will actually be provided by the contractor, and residential care plans to include a contingency plan to deal with a potential break down of the placement	In conjunction with other LAs, Harrow has developed and is now using a new Pan-London contract for placements for service users with learning disabilities. This contains much more specific requirements for service providers and should cover such issues.
Review policy guidelines on service users with a learning disability having the capacity for making decisions on their own behalf	The Department will be considering if guidance used for other client groups can be used to develop a policy.
To identify additional appropriate placements for service users with Aspergers Syndrome to more effectively meet demands.	The authority will be exploring more effective provision in partnership with the PCT. Also under NCSC requirements all service providers are now required to have a Statement of Purpose which should help with identifying placements.
<p>To take all possible steps to effect an early reduction in the waiting list for Asian meals on wheels and to develop a strategy for long term provision to meet the communities' needs.</p> <p>To commission specific research to identify the needs of the Asian elderly to assist in future service planning</p>	<p>Steps have been taken to reduce the disparity in the waiting lists for meals on wheels, and this work is continuing.</p> <p>The Department is also seeking to widen consultation on the meal service in conjunction with the Community Consultative Forum set up to review all services for older people of ethnic minorities.</p>
All case recording should state action required and date and managers should regularly audit case files	Work is being undertaken to develop formats and protocols for recording supervision discussion and management audit.
<p>Service users should be fully informed of the type and range of services available within the Borough.</p> <p>To consider the revision of assessment documentation to reflect cultural and religious needs</p>	<p>Under Fair Access To Care Services new policy and practice guidance and training has been provided to staff to ensure provision is made to meet eligible need, and assessment documentation is being reviewed.</p> <p>A new Self Help Guide has been developed for people who do not meet the eligibility criteria for services.</p>
<p>Care plans should be more detailed and identify tasks and be reviewed annually.</p> <p>Contract Teams should monitor the quality of home care services.</p>	A pilot Purchasing Team within the Contracts Section has been set up to amend Care Plans and Commissioning Forms and to achieve a consistent overview of service delivery and failure issues. Regular meetings with Care Management Teams have been established to review developments.
Information to be written for young persons and their parents about types of services and support that can be offered	The Department was aware of the need to review information for service users and their families and it is part of the Children Services Plan
Review of policy for meeting accommodation needs of young people	A protocol between Social Services and Housing for joint assessment and working has been drafted
Liaison between Children & Families Service and Youth Offending Team	A protocol for joint working with YOT clients has been agreed.

6. MEDIATION/CONCILIATION

- 6.1 The Complaints and Consultation Service has in recent years successfully recommended to a number of service users or carers who wished to make a formal complaint that a mediation meeting with an independent investigator might assist in resolving their concerns without pursuing the formal investigation stage. However we recognise that mediation is not always appropriate for complex issues, or whether there has been long-standing dissatisfaction with services. Therefore although the Complaints and Consultation Service continues to consider the use independent mediation, it has not been used during the last year.

7. INFORMAL COMPLAINTS

- 7.1 The total number of informal complaints handled by the Complaints and Consultation Service was 111, compared with 136 last year and 154 the year before. An analysis of these complaints is given in Appendix Two, which shows that although complaints about services for adults fell, there was an increase in the numbers of complaints about children's services. Despite receiving fewer complaints overall the extent of the involvement of the Complaints and Consultation Service in complex and long standing complaints continues to grow and includes:
- seeing the service user with staff
 - assisting with writing down the complaint
 - discussing ways the complaint can be resolved with service users and with staff
 - facilitating mediation meetings
 - monitoring the progress of the resolution of the complaint and acting on behalf of the complainant to ensure that the complaint is dealt with under the complaints procedure
 - correspondence with the complainant
 - maintaining a record and providing analysis of the complaints handled by the Service
 - maintaining a record and providing analysis of written responses from service managers.
- 7.2 At both the informal and conciliation stage referred to in paragraph 6 above complainants are reminded of their right to move to the formal stage of the complaints procedure if (and when) they wish to do so.
- 7.3 Over past years the Complaints and Consultation Service has monitored informal complaints received directly by fieldwork teams by means of two two-week recording sessions for all expressions of complaint or dissatisfaction, and by requesting copies of informal complaint response letters. However it has been difficult to extract comparable comprehensive and meaningful data on types of complaints and ethnicity of service users across service areas. Without this we are aware that, although data from the informal complaints received by the Complaints and Consultation Service does give a useful overview, it may not represent the total picture. The new Corporate Complaints Policy – see paragraphs 9.1 and 9.2 – should contribute to better information for subsequent years.

8. INDEPENDENT PERSONS AND EXTERNAL INVESTIGATORS

- 8.1 The role of the Independent Person (Consideration) as defined by the Children Act 1989 is to:
- provide an objective element in the LA's considerations (not an advocate or an investigator) and to help the Authority consider the complaint.

Independent Persons are responsible for:

- ensuring the investigating officer carries out a full, fair and effective investigation and if it is not, discussing it with the investigating officer and, if necessary, the Designated Complaints Officer;
- ensuring that the complainant and any other person being interviewed is able to participate without duress;
- ensuring that the investigation proceeds in an unbiased way;
- with regard to the report - one of the following;
- confirming their agreement of the investigating officers report and stating that the investigation was carried out as required;
- confirming their agreement to the report but adding other points and recommendations,
- (if there is disagreement between the IP and the IO) writing a separate report.

8.2 Independent Persons are not permitted to be either an Officer or a Member of the Local Authority, nor spouse/partner of either person. They do not “work for” or represent the interests of either the complainant or the Local Authority.

8.3 The Complaints and Consultation Manager currently manages a pool of over 40 independent investigators and Independent Persons jointly with the London Boroughs of Barnet and Brent.

8.4 Recruitment to the pool takes place on a regular basis. Members of the Pool have wide experience and expertise. Despite positive action to try to do so and an improvement in the number of people successfully recruited, we are still unable to truly reflect the cultural diversity of the areas served by the pool.

8.5 All members of the pool received a two-day training course in investigating complaints before they are appointed to the pool. They are also offered support meetings and the opportunity to participate in some of the Departmental training sessions that are open to all staff.

8.6 The qualifications, experience and expertise of members of the Independent Persons Pool are high. Some of pool members who are appointed as external investigators work for a number of Boroughs.

8.7 The pool continues to be a very valuable resource of experience and expertise and again this year pool members have been appointed to duties, other than those associated with complaints, throughout the year. They have:

- Chaired Secure Accommodation Panels and acted as IPs for the Panel (i.e. visited the young person in secure accommodation and provided a written report as to the suitability of the placement – a statutory role).
- Co-ordinated Family Group Conferences: two members of the pool currently work with other independent consultants to provide this service. One pool member provides supervision for the group.
- Worked on Access to Files requests.
- Acted as advocates for complainants
- Acted as Independent Visitors
- Inspected Children’s Homes

9. SOME KEY ACTIVITIES BETWEEN APRIL 2002 AND MARCH 2003

9.1 Corporate Complaints Policy

The major new activity this year was working with the Chief Executives Department on the introduction of a Corporate Complaints Policy. An inter-departmental working group met regularly to consider how the proposed policy could be structured to meet the very

different types of complaints handled by each department. The resulting complaints procedure was introduced in May 2003 together with the First Contact launch. Complaints about the authority's Social Services functions will continue to be dealt with, if they qualify, under the statutory procedures established under the NHS & Community Care Act 1990 and the Children Act 1989. However complaints falling outside these statutes will now be covered by the Corporate Procedure, superseding the Social Services' departmental non-statutory procedure.

- 9.2 The policy also introduced a Corporate Recording System for logging all complaints. Discussion within Social Services resulted in the agreement of a departmental definition of a complaint to ensure consistency in recording across fieldwork teams, day centres and residential units. This definition (at Appendix 5) was based on work undertaken last year with staff in Provided Services on a strategy for identifying and handling day-to-day comments and concerns separately from dealing with complaints. Day centres and residential units do not at present have access to the Complaint Recording System, but do record complaints as part of their requirements under the National Care Standards Act. Discussion with the National Care Standards Commission and Provided Services Managers has taken place to ensure that the data to be recorded under the new Recording System will meet NCSC requirements, and that until such units have access to electronic recording, sufficient comparable data will be maintained.
- 9.3 **The use of internal Investigating Officers for Children Act complaints**
This year, following the establishment of the new Children's Quality & Information Team, the Head of Children & Families decided to bring back into the Department the roles of Investigating Officers for Children Act complaints [and also the Chairing of Children Looked After Reviews and Child Protection Conferences & Reviews]. To date two formal complaints have been investigated by internal Managers. The Complaints & Consultation Service will be having regular discussions with the Children's Quality & Performance Manager to ensure good joint working. The appointment of Independent Persons under the Children Act [a statutory requirements] continues to be made from the Independent Persons & External Investigators Pool.
- 9.4 **Consultation with Service Users**
Work this year has focused on:
- (a) Continuing to move away from the concept of complaints being a negative aspect of the work of the Department. Service users and carers continue to be encouraged to make comments, suggestions and compliments about the service as well as having the opportunity to complain.
 - (b) To record compliments received by staff. The content of some of the compliments received this year are shown at Appendix 6.
 - (c) Continuing to support a user group at its monthly meetings at a day centre for people with a learning disability. This group empowers service users to make comments and suggestions about the services they receive.
- 9.5 **Social Services Inspectorate Complaints Standards**
The Complaints and Consultation Manager continued to monitor the provision of information and the progress of complaints against these Standards. See Appendix Three.
- 9.6 **Feedback to Senior Management Team**
To ensure that senior managers are aware of complaint issues and trends during the year the Complaints & Consultation Manager has attended SMT quarterly to report developments.
- 9.7 **The North-West London Based Complaints Officers Group**
The group continues to provide a forum for discussion on developments and good practice in handling complaints and informal "benchmarking" across nearby local authorities. The Group is linked to the London and National Complaints Officers Groups, and the latter has recently established a website – www.ncog and held a

national conference in Manchester, which Harrow attended. The Chair of NCOG has been asked to join a Department of Health working group to review complaint procedures.

9.8 Joint Protocols

Work on a joint protocol for handling complaints from people with Mental Health problems and for working with the National Care Standards Commission continues. The Complaints & Consultation Service is also in discussions with Harrow Primary Care Trust Complaints Officer and the Manager of the newly established Patient Advice and Liaison Service about complaints that relate to both social services and health issues.

APPENDICES

ANALYSIS OF FORMAL COMPLAINTS

Adult Services – Community Care, Provided Services and Contracted Out Services

The outcomes of recommendations from the investigations into these complaints are shown in the table in Section 5 of this report.

Number	Nature of the complaint	Upheld/Partially Upheld/Not Upheld
CC55 Carried over from last year	Lack of consultation prior to increasing home care charges and adding a new charge band	Not upheld
CC56 Carried over from last year	Lack of daycare for complainants elderly parents	Upheld
CC 57	Delay in fully assessing an elderly service user's need and in the installation of a shower.	Not upheld
CC58	The long waiting list for provision of meals on wheels for Asian service users	Upheld
CC59	Assessment process, home care provision and residential placement decisions for an elderly service user.	Partially upheld
CC60	Management of a residential placement for a young man with Autism and the subsequent re-assessment process.	Upheld
CC61	Application for waiver of capital limit re home care charges	Not upheld

Children and Families

The outcomes of recommendations from the investigations into these complaints are shown in the table in Section 5 of this report.

Number	Nature of the complaint	Upheld/Partially Upheld/Not Upheld
CH48 Carried over from last year	Department failed to involve father of a young person in a child protection investigation and staff were disrespectful in their handling of his concerns	Not upheld
CH52 Carried over from last year	Support for two sisters in care and failure to secure their family possessions	Partially upheld
CH53	Complaint by a young person 16+ about assessment and support for her	Partially upheld
CH54	Complaint by parents who felt they had been misled about support that might be offered to their son aged 16+	Partially upheld

CH55	Complaint by a parent about provision of equipment for a child with disabilities	Upheld
CH56	Complaint on behalf of a young person 16+ about support whilst in care and on release from young offenders institute	Partially upheld
CH57	Complaint by parents about not working in partnership with them	Complaint not proceeded with
CH58	Complaint by parents about not working in partnership and that foster care was not meeting their 16+ daughter's needs	Partially upheld
CH59	Complaint by a young person in long term foster care about leaving care decisions	Upheld
CH60	Complaint by the mother of a child with ADHD about support and services provided	Complaint not proceeded with

Ethnic Record Keeping Monitoring (ERKM) information on Formal Complaints

If a complaint is made on behalf of a service user the ethnicity of the service user is not recorded, not the complainant.

Description	%	%	%
	Children & Families	Community Care	Provided Services
Asian or Asian British : Indian		20%	
Asian or Asian British : Pakistani			
Asian or Asian British : Bangladeshi			
Asian or Asian British any other Asian background			
Black or Black British : Caribbean	12.5%		
Black or Black British : African			
Black or Black British : any other Black background			
Chinese			
Mixed : White & Black Caribbean			
Mixed : White & Black African			
Mixed : White & Asia			
Mixed : any other mixed background			
White : British	87.5%	80%	
White : Irish			
White : any other White background			
Any other ethnic group			
Not recorded or unknown			

ANALYSIS OF INFORMAL COMPLAINTS

Appendix Two

The Complaints and Consultation Service assisted service users, carers and staff with 111 informal complaints across Children and Families, Community Care and Provided Services. The issues dealt with are shown in the tables below:

* As some complaints cover more than one type, percentages may total more than 100.

Community Care

Type of Complaint	% of total *
Quality of Service	58
Non-provision of a service	25
Service Delay	13
Service Failure	5
Communication Issues	30

Almost one third of Community Care complaints received by the Complaints & Consultation Service this year were in respect of home care services, with the remainder fairly evenly spread across other adult services. Complainants are encouraged to take their complaints about home care or other contracted services to the relevant agency in the first instance. The Contracts Unit will then work with them and the agency on informal resolution. But they do have the right under the NHS and Community Care Act legislation to ask for their complaint to be dealt with by the Local Authority responsible for the care management aspects of their care.

The percentage of informal complaints about Quality of Service increased from 34% last year to 58%, reflecting in part the higher numbers of home care complaints. It is noticeable however that these were all dealt with at the informal stage, and not pursued to stage 2. The non-provision of service / service delays complaints have fallen by roughly a third and mainly relate to people on waiting lists for assessment or the provision of services. The filling of some vacant posts and a re-organisation of team structures are thought to be continuing factors for this improvement. In particular the introduction of the Customer Support Team to deal with initial enquiries from service users with a physical or sensory disability and to book assessment visits as necessary has had a positive impact on the waiting list for services. Many of the communication issues continue to relate to failures or delays in responding to letters and telephone calls.

Provided Services

Type of Complaint	% of total *
Quality of Service	85
Non-provision of a service	0
Service Delay	0
Service Failure	0
Communication Issues	14

There was a marked fall overall in the number of complaints about Provided Services recorded by the Complaints & Consultation Service this year. The majority related to the in-house home care service, which was transferred to a contracted agency in February 2003.

Children And Families

	Type of Complaint	% of total *
	Quality of Service	64
	Non-provision of a service	10
	Service Delay	0
	Service Failure	5
	Communication Issues	52

There was an almost 14% increase in Children & Families Service complaints received by the Complaints & Consultation Service this year. Many complaints in this area continue to be about both quality of service and communication issues. This year the emphasis seems to have been on the former, with complaints about quality of service increasing to 64%, and those about communication issues being 52%. The figure for service failure has again fallen from 10% last year, and from 16% in 2000/2001.

Ethnic Record Keeping Monitoring (ERKM) information on Informal Complaints

If a complaint is made on behalf of a service user the ethnicity of the service user is not recorded, not the complainant.

Description	% of total		
	Children & Families	Community Care	Provided Services
Asian or Asian British : Indian		18	16
Asian or Asian British : Pakistani	2		
Asian or Asian British : Bangladeshi			16
Asian or Asian British any other Asian background		3	
Black or Black British : Caribbean	5	2	
Black or Black British : African	5	2	
Black or Black British : any other Black background	2	2	
Chinese			
Mixed : White & Black Caribbean	5		
Mixed : White & Black African			
Mixed : White & Asia			
Mixed : any other mixed background	9		
White : British	45	58	50
White : Irish	5	6	
White : any other White background	5	2	
Any other ethnic group	5	2	
Not recorded or unknown	17	7	18

STANDARD 1	HOW STANDARD IS / WILL BE MET:
<p>Local Authority Social Services Departments assist individual service users by providing information about the availability of services and eligibility for them.</p>	
<p>Criteria</p>	
<p>1.1 The SSD has written policies and procedures which inform service users and carers and others about:</p> <ul style="list-style-type: none"> • the service it provides • the quality of service it aims to provide • how eligibility for the services is determined. 	<p>} } Most services provide this information in their leaflets but it is not } uniformly provided across the Department. These issues are also } referred to in charters. } } SSD and the Primary Care Trust have developed a draft Joint } Policy and Strategy for Providing Information to Patients and Service } Users and Their Carers on Long Term Care Needs.</p>
<p>1.2 The SSD has publicly available guides setting out its policies and procedures, and the details of the services it provides.</p>	
<p>1.3 The SSD provides all services users with:</p> <ul style="list-style-type: none"> • these guides • details of the services they are to receive. 	<p>Most services make this information available, but it is not uniformly provided across the Department.</p>
<p>1.4 The Procedures show adherence to the principles of the Race Relations Act 1976 and other equal opportunities legislation and the requirements to consult with community groups reflecting the racial and cultural diversity of the local community.</p>	<p>Procedures do show adherence to the Race Relations Act and Harrow's Equal Opportunities policy. Community groups are consulted through the Harrow Partnership/Best Value/Quality Protects initiatives.</p>
<p>1.5 The accuracy of the information is monitored systematically (Standard 15 refers).</p>	<p>We try to ensure that literature carries a "revision" date to ensure that information is checked on a regular basis.</p>

STANDARD 2	HOW STANDARD IS / WILL BE MET:
<p>The Complaint Procedures are organised and publicised to support service users or their representatives wishing to complain about the quality or nature of the delivery of services by the Social Services Department (SSD).</p>	
<p>Criteria</p>	
<p>2.1 Service users and carers are informed in writing how to complain or make comments about the services provided.</p>	<p>Separate complaints leaflets are provided for Children Act and Community Care Act complaints. There is a leaflet specifically for children. The procedure is also explained on video [which includes BSL interpretation] and on audio tapes – these were produced specifically for the Sensory Services Team, but have a wider use across all client groups. There is a reference to making comments and complaints about services on most general leaflets.</p>
<p>2.2 The SSD has produced a Complaints Procedures manual, which informs managers and staff how to respond to complaints.</p>	<p>} } The Guidance to Complaints Procedures and an easy to read</p>
<p>2.3 The Procedures clearly identify the key stages in the process and the responsibility of staff at each stage.</p>	<p>} booklet “Taking Responsibility for Complaints” explain the } procedures, key stages and staff responsibilities. }</p>
<p>2.4 Staff understand:</p>	
<ul style="list-style-type: none"> • when an unresolved problem becomes a complaint • that the problem-solving stage should not be prolonged beyond any positive period of action, thereby delaying or preventing recourse to Stage 2 of the Procedures. 	<p>The CCM/CO continue to visit teams on a regular basis to discuss complaints, and are available to staff to talk through particular complaint issues by telephone. The introduction of the new Corporate Complaints Procedure and Recording System led to a new agreed definition of a complaint, and the associated training course is providing another forum for discussion on complaint procedures.</p>
<p>2.5 The SSD has ensured that responses are addressed to the person from whom the complaint is received; and also where different to the person on whose behalf the complaint was made and relevant other persons.</p>	<p>This is standard practice.</p>
<p>2.6 Responses advise the complainants what further options are open should they remain dissatisfied.</p>	<p>Acknowledgement letters and responses at all stages advise complainants who they may take their complaint further.</p>

<p>STANDARD 3 The Complaints Procedures are a product of wide consultation.</p> <p>Criteria</p> <p>3.1 In setting up its Complaints Procedures or in subsequent reviews the SSD consulted:</p> <ul style="list-style-type: none"> • service users • their representatives • carers • groups reflecting the social and cultural diversity of the local community • voluntary and other organisations with a legitimate interest • trade unions • elected members • staff at all levels. <p>STANDARD 4 The SSD manages and resources its Complaints Procedures in recognition of their importance in responding to user concerns and in contributing to service improvement.</p> <p>Criteria</p> <p>4.1 The SSD has designated an officer to co-ordinate the Complaints Procedures.</p> <p>4.2 The SSD has a centrally based accountable manager with adequate time to devote to complaints matters.</p>	<p>HOW STANDARD IS / WILL BE MET:</p> <p>Voluntary organisations are consulted about information that is specific to them e.g. carers and Harrow Mencap but more work needs to be done on this</p> <p>Staff and trade unions were consulted on the setting up of the Complaints Procedures.</p> <p>} The Complaints & Consultation Manager is responsible for these functions. } } }</p>
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<p>4.3 The Designated Complaints Officer (DCO) is in a position in the SSD to have knowledge of the department's policies and procedures for service delivery and access to all service points and line managers to enable him/her to understand the nature of the complaints.</p> <p>4.4. The Designated Complaints Officer has the clear support from senior management to carry out these duties without hindrance or delay.</p> <p>4.5 Budgets are adequate to provide appropriate:</p> <ul style="list-style-type: none"> • publicity and information to service users and others • preparation and training for staff and elected members • payment for Independent Persons and advocates • the monitoring of complaints received and of the working of the Procedures. 	<p>HOW STANDARD IS / WILL BE MET:</p> <p>The Complaints & Consultation Manager's role currently covers project work on the introduction of DOH requirements under Fair Access to Care Services and the Better Care, Higher Services Charter.</p> <p>Yes</p> <p>Budgets are adequate to provide literature.</p> <p>There is a budget for payment of IPs and local voluntary associations are funded to provide advocates for service users and carers Yes</p>
<p>STANDARD 5 Members of the Social Services Committee and all SSD staff are informed about the working of the Complaints Procedures and the requirements it places on staff.</p> <p>Criteria</p> <p>5.1 Staff have received training on how to respond to complaints, and the operation of the Procedures.</p> <p>5.2 All new staff receive training in complaints procedures in their induction course.</p>	<p>Training is available in the handling and resolution of complaints. CCM and CCO visit teams on a regular basis to discuss the handling of complaints.</p> <p>There is a Complaints and Consultation Pack being made available to each team</p>

	HOW STANDARD IS / WILL BE MET:
5.3 Senior managers have attended briefing sessions on complaints procedures.	This needs to be done again due to the number of changes at senior management level but complaints issues are discussed regularly at Senior and Departmental Management Teams.
5.4 Specific training has been provided for senior managers, DCO's and managers who may be required to conduct investigations.	Further training will now be considered for managers – see 9.3 above.
5.5 Appropriate information has been provided for elected members.	The annual report goes to Members and any other information requested is provided.
5.6 Written guidance has been provided for all staff making clear that a pro-active positive approach to complaints is fully endorsed by the DSS and all senior managers.	Yes
5.7 Written procedures are readily available to all staff.	Complaints and Consultation Pack with each Team
5.8 The Procedures makes clear the distinction between a complaint, a grievance, and the reporting of a matter, which is a criminal offence.	A new comprehensive complaint definition has been agreed and circulated this year.
5.9 The Procedures are reviewed and updated systematically (Standard 15 refers).	Procedures are reviewed and updated in line with legislation and guidance updates and from lessons learned through staff debrief meetings on complaints.
5.10 Staff's knowledge of the Procedures is monitored (Standard 15 refers).	This is done through team meetings.

<p>STANDARD 6 Clear procedures and guidelines exist for recording and registering complaints.</p> <p>Criteria</p> <p>6.1 The guidance enables staff to understand the difference between complaints and comments, suggestions or compliments.</p> <p>6.2 A record is kept of all complaints made.</p> <p>6.3 Complainants do not need to put their complaint in writing.</p> <p>6.4 Those involved in writing down complaints ensure that they fully reflect what the complainant wants to say.</p> <p>6.5 Complainants are always asked to sign the complaint.</p> <p>STANDARD 7 Clear procedures and management arrangements exist for investigating formal complaints (Stage 2).</p> <p>Criteria</p> <p>7.1 A move to Stage 2 does not reduce the attempt to solve the problem locally.</p> <p>7.2 The service users are helped to move to Stage 2 at any point they choose.</p> <p>7.3 Those involved in writing down complaints ensure that they fully reflect what the complainant wants to say.</p>	<p>HOW STANDARD IS / WILL BE MET:</p> <p>The guidance does give the DoH definitions but legislation allows for the complainant to decide whether they are making a comment , registering a concern or a formal complaint.</p> <p>Formal complaints are recorded centrally. The CCM records those informal complaints that she is involved with. See also para 7.3. Complainants are offered assistance with expressing their complaint in whatever format is required.</p> <p>} } The complainant is asked to sign a statement of the complaint. } Advocates and/or interpreters are used as necessary. }</p> <p>Staff are encouraged by the CCM to continue to try and resolve issues that have led to a complaint.</p> <p>} The Guidance for Investigating Officers covers this. } Advocacy and / or interpretation is also offered to all complainants } at Stage 2</p>
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<p>7.4 Complainants are always asked to sign the complaint.</p> <p>7.5 Investigating Officers with appropriate experience and knowledge are available.</p> <p>7.6 Investigators have received training for their role and task.</p> <p>7.7 Investigators have written procedures and guidance on their role and task including:</p> <ul style="list-style-type: none"> • the format for their reports and the distribution of them • the role of Independent Persons • the role of the Review Panel. <p>STANDARD 8 The SSD has set up a review system (Stage 3) for complaints that have not been settled at the formal stage (2) and the complainant is not satisfied with the outcome or the way in which it was dealt. Criteria</p> <p>8.1 A panel is constituted consisting of three people at least one of whom is independent and chairs the panel.</p> <p>8.2 Guidance has been provided for the panel on:</p> <ul style="list-style-type: none"> • How to structure the review • Its task (to review the response made to the formal complaint by the SSD) • Its access to reports and files • The person responsible for recording and distributing the recommendations. 	<p>HOW STANDARD IS / WILL BE MET: Yes, if they are able to do so.</p> <p>} The external Investigating Officers (IO) and Independent Persons (IP) who have been recruited for the Pool – see Section 8 undergo a full recruitment, selection and training process .</p> <p>The Guidance forms part of the staff manual and is sent to IOs at the time of appointment to an investigation. A specimen report layout is included. There is a separate Code of Practice on the Role of the Independent Person which are sent to both the IO and IP Notes on the Review Panel procedure are available.</p> <p>The Review Panel stage is managed by the Committee Section. The Independent Person who chairs the Panel is appointed by the Complaints & Consultation Manager.</p> <p>} } This is available in the papers given to the Panel and is recorded in the Complaints Procedure Guidance. } }</p>
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<p>8.3 The panel re-examines the previous decision within 28 days of the complainant's requesting the review.</p> <p>8.4 The panel's recommendation is recorded in writing within 24 hours of the completion of their deliberation and sent (formally) to the LA, the complainant and to anyone acting on the complainant's behalf.</p> <p>8.5 The LA decide on their response to the panel's recommendations within 28 days of its receipt and make their decision known in writing to the person who requested the review, and all others with a genuine interest in the outcome.</p>	<p>HOW STANDARD IS / WILL BE MET: Yes – the complainant is consulted about convenient dates and times.</p> <p>Yes</p> <p>Yes</p> <p>Yes</p>
<p>STANDARD 9 The LA has an effective system for appointing Independent Persons in terms of the Children Act 1989 who have the ability to make their views known and provide an objective element in the SSD's considerations.</p> <p>Criteria</p> <p>9.1 The LA has a procedure for ensuring that the child, the parents and relevant others have confidence in the Independent Person.</p> <p>9.2 The Independent Person must not be a member or officer of the LA handling the child's case.</p> <p>9.3 The Independent Person does not operate as an investigator nor an advocate for the child, and provides an objective view of the LA's consideration of the complaint.</p>	<p>Complainants are advised that there is a pool of Independent Persons. If requested, more information is given about the background of an appointed IP. In addition, the IP will always explain their role at the first meeting with the complainant.</p> <p>} } Included in the Guidance. }</p> <p>Set out in guidance and Code of Practice for Independent Persons. IOs and IPs are reminded of the role on each occasion that they carry out an investigation.</p>

<p>9.4 The SSD management, the investigating officers and Independent Persons are clear about the role and tasks of Independent Persons.</p> <p>9.5 The Independent Person is provided with written guidance on the role and task.</p> <p>9.6 The Independent Person has received appropriate training and receives briefing on the task before each new appointment.</p> <p>9.7 The SSD ensures the Independent Person understands and has due regard for the confidentiality of information, and provides appropriate facilities to achieve this.</p>	<p>HOW STANDARD IS / WILL BE MET:</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p>
<p>STANDARD 10 The complaints procedure can be accessed by anyone who might want to make representations including complaints.</p> <p>Criteria</p> <p>10.1 A pro-active approach is taken to publicise the procedure to SSD service users in all settings including fieldwork, day care, residential and domiciliary and to the general public.</p> <p>10.2 The information provided is written in a style, which is easily understood, by service users and the general public. The information is additionally provided in the first language of those whose first language is not English.</p>	<p>The Complaints and Consultation Service are working with staff to improve this.</p> <p>Translations, or interpreters to explain the procedure, are available on request. Information is available on video and audio tape.</p>

<p>10.3 The information is provided in Braille and on audio tape for the visually impaired.</p>	<p>HOW STANDARD IS / WILL BE MET: Yes</p>
<p>10.4 Leaflets are provided to all service users or their carers and are available to the general public.</p>	<p>Leaflets are provided at departmental service points, day care centres and in residential homes. They are not currently provided at public points such as libraries, but this is under consideration.</p>
<p>10.5 The leaflets explain the procedure in straightforward terms, and include reference to the role of the Commissioner for Local Administration (the Ombudsman).</p>	<p>Young people and carers have been consulted but more work needed on consultation. The role of the Ombudsman is explained.</p>
<p>10.6 They give the name, address and telephone number of the designated complaints officer or the person responsible for the oversight of the procedures.</p>	<p>Yes.</p>
<p>10.7 They list organisations, which may be able to offer advice to service users or their representatives.</p>	<p>Yes.</p>
<p>10.8 Notices and leaflets are displayed in SSD offices and establishments.</p>	<p>Yes.</p>
<p>10.9 Notices and leaflets are supplied to agencies offering independent advice.</p>	<p>Yes</p>
<p>10.10 SSDs have discussed with Voluntary Organisations and other local groups how information about complaints procedures should be made available to service users and carers generally and particularly to the housebound, those with sensory handicaps, those whose first language is not English, those with learning disabilities, and those in residential care.</p>	<p>More work needed on this. Although the complaints procedure leaflet is available to some voluntary organisations work needs to be done on establishing a systematic approach to this criteria. Work is starting with the PCT on developing joint information</p>

<p>10.11 Arrangements have been made for particularly vulnerable service users to use the Complaints Procedure.</p> <p>10.12 Residential homes managed by the SSD have systems in place which enable vulnerable residents to make complaints directly to the DCO by using:</p> <ul style="list-style-type: none"> • a telephone to which they have unrestricted access and which residents, whether children or adults, can use in complete privacy • a postal system which ensures a similar degree of privacy and confidentiality. <p>10.13 The SSD has an information pack containing Complaints Procedures which is given to all children (and young people) looked after by the LA.</p> <p>10.14 The Complaints Procedures are drawn to the attention of all children looked after before key decisions are made about them, e.g. before their first review or a change of placement.</p> <p>10.15 The SSD has an advocacy service</p> <ul style="list-style-type: none"> • to assist children with problem solving • to assist children and parents with confidential advice and support to use the Complaints Procedures <p>or</p> <ul style="list-style-type: none"> • a person with no line management or service delivery responsibility or involvement in the child's case is available to work with the child on the complaint. 	<p>HOW STANDARD IS / WILL BE MET:</p> <p>Work has been continued with service users with a learning disability, and we have begun working with elderly groups this year.</p> <p>Some work has been done on this with both Social Services staff and independent providers and the National Care Standards Commission inspects these requirements.</p> <p>A new Comments, Compliments and Complaints Form, supplied with a return addressed envelope, has been introduced for all service users.</p> <p>Yes but more work needed on this – the new Children's Quality & Information Team are involved in this.</p> <p>As above. Chairs of Looked After Children Reviews do ask as one of their standard questions whether the child or young person understands about the complaints procedure and how to access it.</p> <p>This service is currently being reviewed by the Children's Quality & Performance Manager.</p> <p>CCM takes on this role when appropriate.</p>
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<p>10.16 The SSD always checks with children that a complaint made on their behalf reflects their views and that they wish the complainant to act on their behalf.</p> <p>10.17 A continuing programme exists to reinforce and update the information pack (Standard 15 refers).</p> <p>10.18 A process is in place to test its effectiveness (Standard 15 refers).</p>	<p>HOW STANDARD IS / WILL BE MET: Yes - the Complaints & Consultation Service or the Investigating Officer will do this,</p> <p>} } This needs to be done }</p>
<p>STANDARD 11 Complaints are resolved as close as possible to the point of service delivery where they arise.</p> <p>Criteria</p> <p>11.1 There is no requirement in the first instance for the complainant to put the complaint in writing.</p> <p>11.2 The procedure has an informal or problem-solving stage.</p> <p>11.3 The relevant worker, supervisor or manager is alerted.</p> <p>11.4 The SSD has the capacity to bring in a manager unconnected with the service delivery in question, possible a Client Relations Officer to assist in resolving the problem.</p> <p>11.5 This informal process is not used as a device to prevent or dissuade users from making a formal complaint.</p> <p>11.6 An attempt is made to find out what the service user wants to achieve as an end result of the complaint.</p>	<p>} } Guidance quotes this }</p> <p>The CCM would either do this herself or ask someone from the independent pool to carry out the work.</p> <p>Guidance states that the complainant decides when (or whether) their complaint becomes formal.</p> <p>Complainants are asked what outcomes they expect from making the complaint.</p>

STANDARD 12	HOW STANDARD IS / WILL BE MET:
<p>The SSD resolves complaints within the appropriate timescales.</p>	
<p>Criteria The SSD should:</p>	
<p>12.1 Make clear to all concerned that the purpose of Stage 1 is to solve problems at the earliest possible stage.</p>	<p>New Corporate Complaints Policy Guidance states that stage one complaints should be resolved within 15 days.</p>
<p>12.2 Consider and respond to every registered complaint within 28 days of receipt of the complaint and where this is not possible give an explanation of the position to the complainant within the first 28 days and make a full response within three months.</p>	<p>Guidance states this but this timescale is rarely met. The complainant is advised of delays and given alternative timescales.</p>
<p>12.3 Make arrangements so that where a complainant asks (within 28 days) for the authority's response to a registered complaint to be received, a panel, constituted by the authority, meets within 28 days of the authority's receipt of the complainant's request.</p>	<p>This timescale is adhered to in most cases. Sometimes the complainant asks for further time.</p>
<p>12.4 Ensure that the panel's recommendation is recorded in writing</p>	<p>}</p>
<p>12.5 within 24 hours of the completion of their deliberations, and is sent (formally) to the authority, to the complainant and to anyone acting on his or her behalf.</p>	<p>} Yes, this is done by Committee Section. }</p>
<p>12.5 Decide on the response to the recommendation of a panel and make the decision known in writing to the person who requested the review, and where different the person on whose behalf the request</p>	<p>Yes</p>

<p>was made and any other persons as appear to have a sufficient interest within 28 days of the date of the recommendation. The letter should explain the authority's decision and the reasons for it.</p>	<p>HOW STANDARD IS / WILL BE MET:</p>
<p>STANDARD 13 All SSD staff and other authorised people operating the Complaints Procedures have due regard for confidentiality of information.</p> <p>Criteria</p> <p>13.1 Everyone connected with the Complaints Procedures exercises the normal practices of confidentiality in response to all they see, hear and read in the course of the complaints work.</p> <p>13.2 It is made explicit to all Independent Persons including members of the review panels that confidentiality must be exercised at all times.</p> <p>13.3 Facilities are provided for staff and other authorised people to assist them maintain confidentiality of information.</p>	<p>Referred to in all guidance and training.</p> <p>As above.</p> <p>Yes.</p>
<p>STANDARD 14 The outcome of complaints investigations is communicated to those with a legitimate need to know.</p> <p>Criteria</p> <p>14.1 In the interest of confidentiality those informed are kept to an essential minimum.</p>	<p>Referred to in guidance.</p> <p>Yes</p>

<p>14.2 Members of staff with a legitimate interest are always informed.</p> <p>14.3 A clear means of communication exists within the SSD so that the results of investigations can be taken into account in service and management systems.</p> <p>14.4 A clear means of communication exists between the SSD complaints system, the inspection unit and other quality assurance systems.</p>	<p>HOW STANDARD IS / WILL BE MET: Debrief meetings are held following a formal complaint. A debrief record is agreed giving details of changes in policy or practice as a result of the complaint. Training and customer care issues are also noted. The debrief record is acted on by the area manager and the details are shared within the service management team. The CCM checks that any action agreed on the debrief record has been enacted before recording it in the Annual Report on Complaints Procedures.</p> <p>Yes – now the National Care Standards Commission</p>
<p>STANDARD 15 Systems have been developed to monitor the handling of complaints received and evaluate the implications for the development of the system and the delivery of services.</p> <p>Criteria</p> <p>15.1 Complaints are aggregated and evaluated according to (a) client groups, (b) geographical location, (c) type of complaint, (d) type of complainant.</p> <p>15.2 The SSD provides the Social Services Committee with regular and anonymised information about the:</p> <ul style="list-style-type: none"> • number of complaints received • type of complaint • time taken to deal with them • outcome. <p>15.3 The information derived from this monitoring is disseminated to line managers.</p>	<p>More work needs to be done on this for informal complaints, but will be facilitated by the Corporate Complaints Recording System</p> <p>Stage 2 complaints are aggregated and evaluated in this way.</p> <p>} } This is provided in the Annual Report on Complaints Procedures. } }</p> <p>Yes. .</p>

<p>15.4 It is used as a measure of performance and a means of quality control.</p>	<p>HOW STANDARD IS / WILL BE MET: More work needs to be done on this</p>
<p>15.5 The results of evaluation are passed to the Social Services inspection unit and the appropriate line manager providing the service.</p>	<p>As above.</p>
<p>STANDARD 16 An annual report on the quantity of complaints and the adequacy of the procedures is presented to the SS committee.</p>	<p>To the Scrutiny Committee</p>
<p>Criteria</p>	
<p>16.1 The reports provide a summary of the statistics and the working of the complaints procedure.</p>	<p>Yes</p>
<p>16.2 The report provides a review of the effectiveness of the procedures.</p>	<p>} } Further work needs to be done on customer satisfaction and we</p>
<p>16.3 The report provides an account of consumer and user perceptions and reactions to the system.</p>	<p>} developing customer questionnaires }</p>

QUESTIONNAIRE FOR INVESTIGATING OFFICERS AND INDEPENDENT PERSONS

COMPLAINTS INVESTIGATIONS

This questionnaire has been devised to ascertain the views of Independent Investigating Officers and Independent Persons on Harrow Social Services complaints procedures and complaints service.

Please indicate your rating for each question by ticking the box below the score you are awarding:

1 = Poor 2 = Acceptable 3 = Good 4 = Very Good

If a question does not apply to the work you did for the Department please tick box 5 - not applicable.

Q1 The clarity of what was expected of you as an IO/IP

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q2 The clarity of the Guidance for Investigating Officers.

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q3 The clarity of the Code of Practice for IPs. (Children Act Complaints only)

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q4 The complainants understanding of the Complaints Procedure.

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q5 The literature available to complainants

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q6 The assistance of support staff at area offices - finding files, photocopying etc.

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q7 The awareness of staff about the investigation

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q8 The acceptance of staff of your role

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q9 The adjudicator's response to you following submission of your report (there may not have been any).

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q10. Feedback on your conclusions and recommendations

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. The standard of service provided by the Complaint and Consultation Service to:

(1) Complainants

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(2) Staff

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(3) The IP Pool

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. How would you improve the Complaints and Consultation Service?

Your Name _____

When you have completed this questionnaire please return it to Vanessa Enos, in the envelope provided.

Harrow Social Services Definition of a complaint

Complaints will be recorded for monitoring purposes under the Corporate Complaints Procedure but will be dealt with (if they qualify) under the existing statutory complaints procedures set out in the Social Services Complaints Procedure guidance and in “Taking Responsibility for Complaints”.

A “complaint” should be recorded under the Corporate Procedure and stage one of the Social Services complaints procedure followed if:
(note: these are and/or situations)

1. The member of staff taking the complaint cannot resolve the issue at the time the complaint is made and has to refer to another member of staff or their manager. If the complaint is then not resolved within 72 hours it should be referred to the Team Manager responsible for the area of service at which the complaint is directed and the Team Manager should record the complaint. If the complaint is about the Team Manager, or a more senior manager, it should be directed to the line manager of the named member of staff.
2. The person making the complaint wants the matter taken seriously.
3. The person making the complaint makes it clear that they have contacted the department before on the same issue.
4. The complaint is about an equalities issue.
5. It is received by the Directorate.
6. If it is received by the Complaints and Consultation Service.

“Complaints” should not be recorded:

- 1 When the problem is fully resolved within 72 hours.
- 2 When the problem is about day-to-day grumbles in a day-care or residential setting e.g. the biscuits provided with tea.

Appendix Six

Record Of Compliments And Customer Satisfaction Survey Comments

These are some of the compliments and comments that have been received this year.

- (the team) kicked in with assistance, encouragement and practical ideas that have improved the quality of life (for my disabled wife)
 - (the social worker's) quiet authority and competence were apparent from the first visit,proved also to be highly organised and efficient, ...very gently helping me to think ahead ... (about my father's situation)
 - the friendship, help and guidance" from the warden ... my mother would praise and compliment (her) over and over again for 'keeping her going'
 - my sincere appreciation and heartfelt gratitude to the staff (of the day centre) for their invaluable love, support and patience
-
- I think the home care workers are very dedicated people and we have jokes and laughs together.
 - I do not speak English. Weekday mornings carer is mostly on time. Speaks Gujarati and helpful.
 - My mother has excellent care from the home care workers and is very settled and happy with the treatment and care that she receives.
 - Over the past year all the girls have done all that I have wanted, what wonderful folk these have been.
 - Quite satisfied at present. Both with frozen meals fortnightly and carers.
 - Client and family are very satisfied generally with the home care received. The carers do a wonderful job but we feel that they are being overstretched at times and this leads to low morale. A big thank you to all involved.
 - I am very happy with my regular carer, in fact I feel I can treat her as my very best friend,
 - Since leaving Hospital last August I have been most grateful for all the help I have received - installation of stair rail and a trolley provided. In addition to this I am most grateful for the efficient laundry service.
 - Meals on wheels are very good. Friendly and on time.
 - I am very pleased with my bathing arrangements. Thank you for all your help.
 - My experience of the service given is one of constant wonder and gratitude. I could not be cared for by better people.