

**REPORT FOR: OVERVIEW AND  
SCRUTINY COMMITTEE**

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<b>Date of Meeting:</b>	26 October 2010
<b>Subject:</b>	Adults Services Complaints Annual Report (social care only) 2009/10
<b>Responsible Officer:</b>	Paul Najsarek, Corporate Director Adults & Housing
<b>Scrutiny Lead Member area:</b>	Margaret Davine, Portfolio Holder for Adult Social Care, Health and Wellbeing
<b>Exempt:</b>	No
<b>Enclosures:</b>	None

**Section 1 – Summary and Recommendations**

This report sets out the statutory Adults Services complaints Annual report (social care only) 2009-10.

**Recommendations:** For Information purposes only.

## **Section 2 – Report**

### **Financial Implications**

There are no specific budget issues associated with this report. All compensation payments are agreed by Service Managers and are funded within existing budgets.

### **Performance Issues**

The handling of complaints is a key component of the Care Quality Commission's new outcomes framework for adult social care. To be judged as 'performing well' the service must be able to demonstrate the following characteristics:

- the complaints system is accessible to service users and carers
- advocacy support is provided to assist people with complaints
- complaints are dealt with promptly and lead to satisfactory outcomes
- service users and carers are confident that making a complaint will not prejudice the support they receive
- the service acts upon and learns from complaints

At the last CQC assessment, the Council demonstrated all these characteristics to achieve the highest mark possible for complaints management.

For the last two years, CQC have specifically asked to see this report, indicating its contents are considered by CQC.

### **Environmental Impact**

N/A

### **Risk Management Implications**

Risk included on Directorate risk register? No

Separate risk register in place? No

### **Corporate Priorities**

Please identify which corporate priority the report incorporates and how:

- Deliver cleaner and safer streets
- **Improve support for vulnerable people**
- **Build stronger communities**

# ANNUAL REPORT for Adults Social Care Services Complaints for period 2009-10

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## **1. Context**

This report provides information about complaints made during the twelve months between 1 April 2009 and 31 March 2010 under the complaints and representations procedures established under the Health and Social Care (Community Health and Standards) Act 2003 and through the Local Authority Social Services and National Health Service Complaints (England) Regulations, 2009 and the Council's corporate complaints procedure relating to Adults Community Care Services.

Unresolved complaints raised before April 2009 that progressed to Stage 2 or 3 after April 2009 fall under the Local Authority Social Services Complaints (England) Regulations, 2006.

All timescales contained within this report are in working days.

### **1.1 What is a Complaint?**

An expression of dissatisfaction or disquiet about the actions, decisions or apparent failings of a local authority's adult's social services provision which requires a response.

### **1.2 Who can make a Complaint?**

- (a) a person who receives or has received services from the Council; or
- (b) a person who is affected, or likely to be affected, by the action, omission or decision of the Council.

## **2. Stages of the Complaints Procedure**

From April 2009, new regulations removed the traditional 3 stage complaints procedure for statutory complaints, replacing it with a duty to provide a senior manager organisational sign-off to every complaint response. The Council is now expected to negotiate with the complainant how their complaint should be managed, including agreeing a timescale. If a verbal issue can be resolved by the end of the next working day, the regulations state this does not need to be recorded as a complaint.

Many complainants prefer a defined process and prefer to rely on the Council to identify a process to manage their complaint. To assist such complainants the Council produced a model procedure which complainants can use if they prefer. It is also used where complainants cannot be contacted to discuss how they want their complaint managed. Complainants are always advised in writing of their right to agree a different process if they prefer.

The stages of the Model procedure:

### 1) Local resolution

Timescale: 10 working days (old regulations allowed up to 20 working days)  
Organisational sign-off: Divisional Director

### 2) Mediation

Organisational sign-off: Divisional Director

### 3) Formal investigation (usually an independent investigation)

Timescale: 45 working days (old regulations allowed up to 65 working days)  
Organisational sign-off: Corporate Director

For ease of understanding, the report uses a traditional stages reporting format. Local resolution being a Stage 1 and formal investigation a Stage 2. It is important to emphasise that these stages are very fluid so it is not uncommon to go immediately now to mediation or independent investigation.

## **Corporate complaints**

A traditional 3 stage complaints process still applies.

## **Local Government Ombudsman**

The Ombudsman is an independent body empowered to investigate where a Council's own investigations have not resolved the complaint.

The person making the complaint retains the right to approach the Local Government Ombudsman at any time. However, the Ombudsman’s policy is to allow the local authority to consider the complaint and will refer the complaint back to the Council unless exceptional criteria are met.

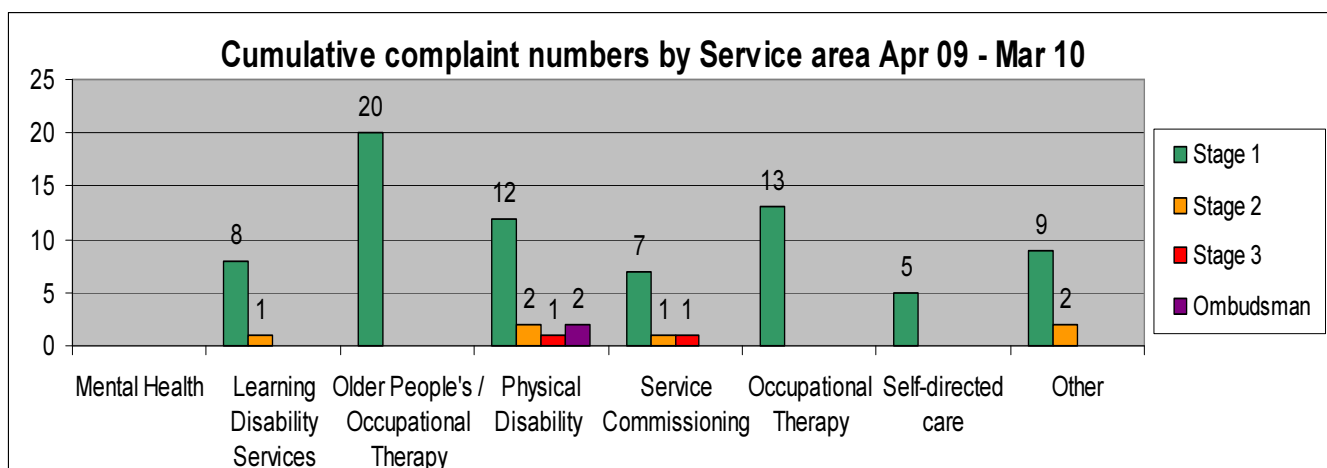
### **3. Summary of Activity**

Breakdown of complaints made:

Between 1 April 2009 and 31 March 2010 we received and closed 75 Stage 1 complaints. 6 complaints progressed to Stage 2. 2 proceeded to Stage 3.

There were 10 mediations this year. In 9 of the 10 cases, the mediation successfully resolved the complaint.

The Ombudsman reviewed 2 complaints during this period. Neither complaint was upheld.

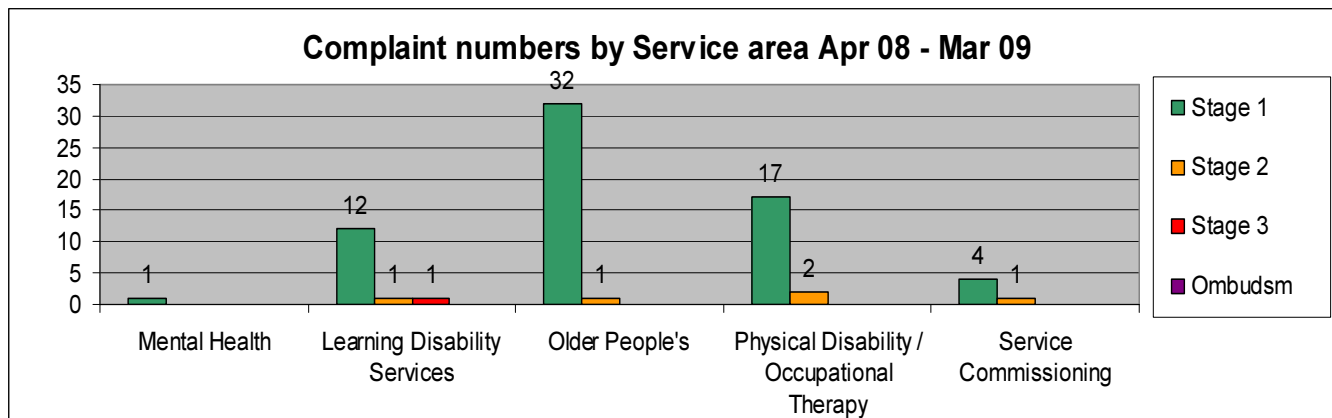


**Analysis:** It has been a good year, with few escalated complaints, which is a much improved picture from 2 years ago. Particularly impressive has been the fact that out of 10 escalated complaints (Stage 2 and above) only 1 was fully upheld and 1 partially upheld and none at Stage 3 or Ombudsman.

In addition, the infrastructure and customer-focus to complaint management overall has continued to improve.

The Complaints Service recorded 68 potential stage 1’s that were addressed or withdrawn without a Stage 1. 11 complainants came back to the Complaints Service following their stage 1 response where their outstanding queries were resolved without the need for a Stage 2.

### 3.1 Comparison with the year before



**Analysis:** Overall, complaint management has shown continuing improvement. Older People’s management’s excellent complaint resolution work continues. Learning Disabilities escalated numbers have stayed low after exceptional escalation rates 2 years ago.

Physical Disabilities account for 3 of the 4 Stage 3 or Ombudsman cases. However, none of these complaints were upheld.

**Key action:** Complaints surgeries have been agreed with Learning Disability and Physical Disability management which helps remind services of timescales.

### 3.2 Numbers of complaints over time

	Stage 1	Stage 2	Stage 3
<b>2009-10 (new regulations)</b>	<b>75</b>	<b>6</b>	<b>2</b>
<b>2008-09</b>	66	5	1
<b>2007-08 (letter-vetting and mediations)</b>	73	10	2
<b>2006-07 (letter-vetting and mediations)</b>	118	10	2
<b>2005-06 (pre-letter vetting; post-mediation)</b>	76	5	0
<b>2004-05 (pre-mediation)</b>	81	12	1
<b>2003-04 (pre-mediation)</b>	90	13	1

**Analysis:** Numbers of Stage 1’s have increased from a low 66 last year to a more healthy 75.

There have been some excellent examples of transparent and rigorous Stage 1 investigation this year, complimented by robust rectifying action, helping to satisfy very upset complainants whilst using the complaint positively to learn and improve services.

### 3.3 What the complaints team do

- Letter-vetting
- Liaising with services to try resolve the issue informally
- Mediation

- Training
- Surgeries/raising awareness
- Learning identification and agreed actions monitoring
- Deliver a unique complaints support SLA to schools
- Advocacy commissioning and support

Virtually no other London borough Complaints Services offer mediation and letter-vetting. Not only has the escalation rate from Stage 1 to Stage 2 dropped from 15% between 2003-05 to 9% between 2005-10 but Members can now also be assured all complainants know their rights if they are unhappy with their complaint response.

### 3.4 Recommendations from last annual report

The last annual report set purposefully stretching targets.

- Maintain improved escalation rates. Outcome: Achieved. Only 8% escalated to Stage 2 this year (the escalation rate was 15% 5 years ago).
- Maintain improved percentage of escalated complaints upheld. Outcome: Achieved. Only 1 out of 10 escalated complaints was fully upheld.
- To reduce the response times for Stage 2 independent complaint investigations. Outcome: Achieved. Only 1 of the 6 complaints investigations was overtime due to the Council.
- Increasing access to complaints for seldom heard communities/service users. Outcome: See paragraph 6.1 for more details.
- To start complainant satisfaction surveys (A 2008 National Audit Report identified that only 25% of Councils conduct satisfaction surveys of complainants). Outcome: Achieved.
- Completing the portfolio of complaints training. Outcome: Achieved. Investigator training delivered for the first time.
- Monitoring adaptations timescales. Outcome: Monitoring achieved which has helped highlight the issue and subsequently resolved some.
- Produce a new format of complaints leaflets with more information and space to write complaints. Outcome: Achieved.
- Introduce a feedback form following mediation which staff and service users can fill in. Outcome: Achieved.
- Implementing a 'Support for staff who are the subject of complaint' strategy. Outcome: Postponed to 2010-11 due to work pressures.
- Implementing the identified improvements to complaints monitoring and reporting of contracted services. Outcome: Excellent progress. See paragraph 8.
- Identify a consistent way of reporting on Ombudsman cases. Outcome: Achieved. Corporate standards agreed
- Addressing concerns about delays of processing Blue badges and how the badges are assessed. Outcome: Achieved. Occupational Therapists now assess clients where their needs are unclear.
- Improving Learning Disability timescale management. Outcome: See paragraph 5.1.
- To maintain a healthy level of Stage 1 complaints (e.g. over 70). Outcome: Achieved. 75 this year.
- For the new 'learning group' to contribute meaningfully to organisational learning and co-ordinated risk management. To foster a non-blame, learning culture and monitor agreed learning actions are carried out. Outcome: Achieved. It has surpassed expectations. The Corporate Director is now chairing the quarterly meetings.

#### **4. Priorities for 2010/11:**

- To trial the reporting of outcomes against the nature of complaint.
- From 2010-11 we will report on disability for equality monitoring purposes.
- To explore ways to make complaint resolution more accessible to seldom heard groups.
- Continue to promote the use of advocacy when making a complaint at the Advocacy Forum.
- To improve response times, aiming towards 70%
- Maintain improved escalation rates.
- Maintain improved percentage of escalated complaints upheld.
- Reduce the number of Physical Disability complaints escalating (or at least ensure they are not upheld).
- Implementing a 'Support for staff who are the subject of complaint' strategy [rolled over].
- To maintain a healthy level of Stage 1 complaints (e.g. over 70).
- To report on potential complaints from April 2010 so they form part of the trend analysis.
- Exploring how to improve complaint co-ordination for multi-agency/directorate working.
- From 2010-11 we will report on complaints not responded to within 25 working days at Stage 1.



## **5. Stage 1 Complaints**

<b>Complaints</b>	<b>Older People</b>	<b>Physical Disabilities</b>	<b>Learning Disability (HLDT)</b>	<b>Occupational Therapy</b>	<b>Mental Health</b>	<b>Contracted Services</b>	<b>Self-directed care</b>	<b>Other: Helpline, Consultations, MOW, Supporting People, HART etc</b>	<b>Total</b>
<b>2009-10</b>	<b>20</b>	<b>12</b>	<b>8</b>	<b>13</b>	<b>0</b>	<b>7</b>	<b>6</b>	<b>9</b>	<b>75</b>
<b>2008-09</b>	32	17	12	-	1	4	-	0	66
<b>2007-08</b>	31	14	15	-	1	1	-	10	73

**Analysis:** Levels of complaints have increased over the last year.

With increased numbers of service users taking up self-directed care, we have added this as a separate category for the first time. There was trend of complaints in quarters 1 and 2 about problems with payments (6 in total). Excellent work by the self-directed care service to address the underlying system issues meant there were no complaints in quarters 3 and 4.

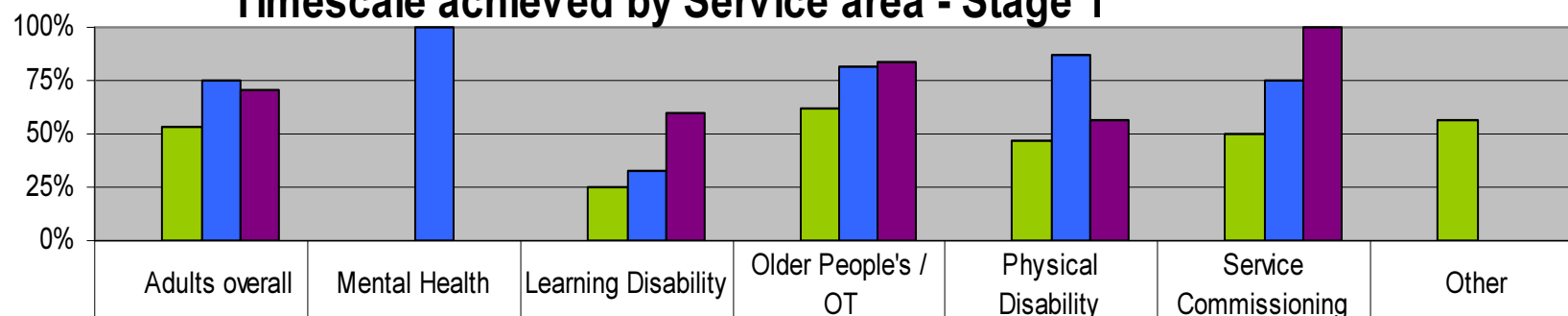
Older Peoples management have led the way in resolving complaints before they become Stage 1 complaints.

The signing of the Section 75 agreement with CNWL Central & North-West London Foundation Trust has meant mental health complaints are usually dealt with by mental health services. With mental health residential units starting to be managed by the Council from April 10, numbers may increase in 2010-11.

**Key message:** Council's that capture high levels of complaints invariably achieve high Star ratings as it demonstrates a willingness to hear concerns, address them and improve services as a result of them. Whereas Council's that capture lower levels of Stage 1 complaints tend to get lower star ratings. [Source: Jerry White, Local Government Ombudsman & Steve Carney, Head of Complaints, CSCI 2007]

### **5.1 Stage 1 response times**

## Timescale achieved by Service area - Stage 1



■							
■ Cumulative Apr 09 - Mar 10	53%		25%	63%	47%	50%	57%
■ Apr 08 - Mar 09 (last year)	75%	100%	33%	81%	88%	75%	
■ Apr 07-Mar 08 (2 years ago)	71%	0%	60%	84%	56%	100%	

**Analysis:** Timescale performance has maintained. However, model timescales were adjusted from 20 to 10 working days in April 09 to be consistent with corporate complaints. Also when negotiating with complainants some want quicker responses which can be more challenging to meet, which is why 53% may sound disappointing after 75% last year but is really a step in the right direction to achieving excellent response times. Older People's are the only service to have fully adjusted to this new timescale procedure. The Complaints Service sends reminders to managers about outstanding complaints every two weeks. New Service Managers started in Physical Disabilities and Learning Disabilities during the year, and have been asked to address this issue as a priority. It would be reasonable therefore, to expect Physical Disabilities and Learning Disabilities to improve response times next year.

It is rare for a complaint response to take over 25 working days to respond. However, unacceptable delays cause anxiety and loss of trust for service users resulting in complaints escalating unnecessarily. Therefore, from 2010-11 we will report on complaints not responded to within 25 working days at Stage 1.

**Key action:** Complaints surgeries have been agreed with Learning Disability and Physical Disability management which helps remind services of timescales. Case leads have been introduced in the Complaints Service tasked with trying to ensure that particular complaint is responded to within time. Training emphasises to managers the importance of prompt responses.

## 5.2 Nature of complaint

Type of Complaint (Stage 1)	Adults overall	Mental Health			Learning Disabilities			Older People & OT			Physical Disabilities			Service Commissioning			Other
	09-10	09-10	08-09	07-08	09-10	08-09	07-08	09-10	08-09	07-08	09-10	08-09	07-08	09-10	08-09	07-08	09-10
Allocation / Reallocation of Keyworker																	
Breach of Confidentiality									2			1					
Chg To Indic Serv - Withdrawal / Reduction	2					1	8	1	1	3	1	1	6				
Comms - Failure to Keep Informed/Consult	9				3			2	1	2	2		1	1	1	1	1
Complaint Reg Freedom of Info Act																	
Delay / Failure in Taking Action / Replying	24				2	3	1	10	5	5	10	5	2		1		2
Discrimination By a Serv	2							1		2	1						
Failure To Follow Policy or Proc	2							1	1						1		1
Level of Service (E.g. Opening Times)	1					4	2		2	4		3		1			
Loss or Damage to property	1							1		1		1					
Policy / Legal / Financial Decision	5							5	4	4			2				
Quality of facilities / Health Safety												1					
Quality of Serv Delivery (Standards)	14			1	1	1	1	4	5	1	2	2	1	4			3
Refusal To Provide A Service	11				2		1	6	8	5	3	2	2				
Staff Conduct - Attitude / Behaviour	4		1			3	2	1	3	4		1		1	1		2
<b>TOTAL</b>	<b>75</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>8</b>	<b>12</b>	<b>15</b>	<b>32</b>	<b>32</b>	<b>31</b>	<b>19</b>	<b>17</b>	<b>14</b>	<b>7</b>	<b>4</b>	<b>1</b>	<b>9</b>

[Please note self-directed care and OT complaints are recorded in Learning Disabilities/ Older Peoples and Physical Disabilities due to the corporate complaints database]

**Tip:** A helpful way of analysing this data is to look for high numbers of one type of complaint relative to the overall number of complaints for that service area. Another way of analysing the data is to examine a particular category because you are looking to see the impact of a change or because it is a service priority. A third way is to focus on categories that may be more serious like discrimination.

**Analysis:** Notable trends/themes for the year include 1) More complaints about delays in adaptations being carried out 2) A jump in complaints around communication/keeping informed (8 this year from 2 the year before); 3) Carers complaining about provision for Asperger Syndrome clients; 4) Complaints about staff attitude dropped from 9 last year to 4 this year possibly as a result of customer service training.

Helpline was identified as an area where complaint responses needed to improve during 09-10. New management are in place with a particular focus on ensuring prompt and effective responses.

## 5.1 Complaints upheld

Service Area	Upheld	Partially upheld	Not upheld	Total
Learning Disability	7		1	8
Older People Services	9	5	6	20
Physical Disability	4	5	3	12
Service commissioning	3	4	0	7
Occupational Therapist	6	2	5	13
Self directed	5	1		6
Helpline	5		2	7
Other	2			2
TOTAL	41 (55%)	17 (22.5%)	17 (22.5%)	75

**Analysis:** All services make mistakes. The statistics demonstrate that the majority of complainants at Stage 1 are making wholly justified or partially justified complaints. Only 22.5% of Stage 1 complaints were not upheld at all. At Stage 2 and above however, 80% of complaints were not upheld, demonstrating excellent front-line transparency and fairness.

**Key message:** Some of the complaints at Stage 1 involved errors but were resolved through excellent Stage 1 investigation and working sensitively with complainants/families.

**Key action:** To trial the reporting of outcomes against the nature of complaint. This will allow more specific analysis. For example, to help identify the percentage of staff conduct complaints are upheld or not. Given this needs to be done manually, it will be reviewed in the next annual report, whether the information produced justifies such a time commitment.

## **6. Equalities Information – Service Users**

### **6.1 Stage 1**

#### **Gender of Service User**

	<b>09-10</b>	<b>08-09</b>	07-08
MALE	<b>33</b>	<b>28</b>	28
FEMALE	<b>42</b>	<b>37</b>	41
UNKNOWN	<b>0</b>	<b>1</b>	4

**Analysis:** No concerns noted.

#### **Ethnic Origin of Service User**

	<b>09-10</b>	<b>08-09</b>	07-08
White/British	<b>48</b>	<b>39</b>	47
Black British	<b>2</b>	<b>1</b>	1
Asian British	<b>12</b>	<b>12</b>	13
White Other	<b>3</b>	<b>1</b>	4
Other ethnic group	<b>1</b>	<b>0</b>	0
Unknown	<b>9</b>	<b>13</b>	8

**Analysis:** The level of complaints relating to service users from Black and Asian backgrounds continues to be a challenge. A partial explanation may be that a higher proportion of service users are older where there are more White/British service users. National research indicates that members of some community groups are far less likely to complain due to cultural norms.

**Key action:** 1) To explore whether it is possible to obtain equalities bench-marking data from similar local authorities to identify percentage of complainants from ethnic minorities to determine if Harrow BME complainant levels are unusual. [The Complaints Manager raised at the London Complaints Managers Group and we are unlikely to be obtain this information for 10-11] 2) Agree programme of activity with BME groups on how we can promote accessibility to the complaints process.

#### **Stage 1 Complaint made by**

	<b>09-10</b>	08-09	07-08
Service User	<b>30</b>	26	23
Relative/Partner (often informal carer)	<b>40</b>	29	31
Advocate –(instigated by either carer or service user)	<b>3</b>	9	18
Solicitors	<b>2</b>	1	1
Friend, Councillor, other	<b>0</b>	1	0

**Analysis:** Given the vulnerable nature of many social care service users, it is positive to see that 60% of complainants have someone to support them in making their complaint. The low level of advocacy take-up is covered in paragraph 14.

**Key action:** From 2010-11 we will report on disability as well.

### Method of complaint

Over 80% of complaints are made by letter, email or telephone call and this has remained consistent. However, to ensure maximum accessibility, complaints can also be made via a complaints e-form or dedicated complaint fax, minicom or text numbers.

### Publicising the complaints procedure

The complaints service has a raising awareness plan that includes a plan for outreach; information on the web; surgeries with staff; a wide training portfolio; we also monitor that leaflets are available at main service points and a complaints poster is available.

## 6.2 Stage 2 complaints

### Gender of Service User

	09-10	08-09	07-08
MALE	3	1	7
FEMALE	3	4	3
UNKNOWN		0	2

**Analysis:** No concerns noted.

### Ethnic Origin of Service User

	09-10	08-09	07-08
White/British	2	5	4
Black British	0	0	0
Asian British	3	0	4
White Other	1	0	1
Unknown	0	0	3

**Analysis:** It is positive escalated complaints demonstrate accessibility by BME communities.

### Stage 2 Complaints made by

	09-10	08-09	07-08
Service User	2	1	5
Relative/Partner (often informal carer)	2	2	5
Advocate –(instigated by either carer or service user)	2	1	2
Solicitors	0	1	0
Friend, Councillor, other	0	0	0

**Analysis:** The Stage 2 equalities data does not highlight any unique concerns. It is positive to see 4 of the 6 complainants had support making their complaint.

## 7. Stage 2 complaints

There were 6 Stage 2 complaints (compared to 5 last year and 10 in the 2 preceding years).

**Tip:** Some of the best indicators as to how well services are managing complaints are the percentage of complaints that escalate from Stage 1 to Stage 2, whether Stage 2 complaints are upheld or not and what learning is identified from complaints.

### 7.1 Percentage of complaints escalating to Stage 2

Service	Mental Health				Learning Disabilities				Older People				Physical Disabilities				Commission-ing				Other			
	09-10	08-09	07-08	06-07	09-10	08-09	07-08	06-07	09-10	08-09	07-08	06-07	09-10	08-09	07-08	06-07	09-10	08-09	07-08	06-07	09-10	08-09	07-08	06-07
<b>Number</b>	0	0	0	2	1	1	7	3	0	1	3	5	2	2	1	0	1	1	1	0	2	-	-	-
<b>% escalating to Stage 2</b>	0%	0%	0%	15%	12.5%	8%	46%	15%	0%	3%	9%	13%	17%	11%	6%	0%	14%	33%	N/A	0	N/A	-	-	-

**Tip:** As a rough indicator, for services that get regular complaints having under 10% escalating from Stage 1 to 2 is good. Over 15% indicates work needs to be done.

**Key message:** The overall escalation rate for the Directorate was 8% which is very good and is almost halve what it was 5 years ago.

**Analysis:** Zero Stage 2's for Older People's is a fine achievement from 20 Stage 1's. Whilst the pattern over time has been to see Older People's complaints escalation levels reduce, Physical Disabilities has steadily increased over the last 4 years to 17% this year. The Complaints Manager met with Physical Disabilities management to explore this.

The 2 other Stage 2 complaints related to the Northwick Park social work team and use of the Bentley Day Centre by external organisations.

**Key action:** The introduction of complaints surgeries at for all key service areas should help with strategic advice to resolve complaints before they escalate further.

## 7.2 Stage 2 Outcomes

Service	Mental Health				Learning Disabilities				Older People				Physical Disabilities				Commission-ing				Other			
	09 -10	08 -09	07 -08	06 -07	09 -10	08 -09	07 -08	06 -07	09 -10	08 -09	07 -08	06 -07	09 -10	08 -09	07 -08	06 -07	09 -10	08 -09	07 -08	06 -07	09 -10	08 -09	07 -08	06 -07
<b>Number</b>	0	0	0	2	1	1	7	3	0	1	3	5	2	2	1	0	1	1	1	0	2	N/A	N/A	N/A
<b>Upheld</b>	-	-	-	2	1	-	3	1	-	-	2	2	-	-	1	-	-	1	-	-	-	-	-	-
<b>Partially upheld</b>	-	-	-	-	-	-	2	1	-	1	1	-	-	-	-	-	-	-	-	-	1	-	-	-
<b>Not upheld</b>	-	-	-	-	-	1	-	1	-	-	-	3	2	1	-	-	1	-	1	-	1	-	-	-
<b>Withdrawn</b>	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Awaiting outcome</b>	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-
<b>% fully upheld</b>	N/A	N/A	N/A	10 0%	10 0%	0 %	60 %	33 %	0 %	0 %	66 %	40 %	0 %	0 %	10 0%	0 %	0 %	10 0%	0%	N/A	0 %	N/A	N/A	N/A
<b>% fully or partially upheld</b>	N/A	N/A	N/A	10 0%	10 0%	0 %	10 0%	66 %	0 %	10 0%	10 0%	40 %	0 %	0 %	10 0%	0 %	0 %	10 0%	0%	N/A	50 %	N/A	N/A	N/A

**Analysis:** Services appear to be getting better at being transparent when mistakes are made and willing to learn from them.

The Learning Disability complaint investigation upheld that the residential placement for the Asperger Syndrome service user was not suitable.

The partially upheld complaint investigation concluded letting Bentley Day Centre without a lettings policy to determine eligibility was inappropriate and a lettings policy is now being produced.



**Key message:** One of this year's key targets was achieved by maintaining last year's good progress in the percentage of upheld escalated complaints. Only 17% were fully upheld this year (20% last year; 60% in 2007-08 and 50% in 2006-07).

### 7.3 Stage 2 Response Times

Service	Adults overall		Older Peoples		Physical Disability		Mental Health		Learning Disability		Contracted Services		Other	
	09 - 10	08-09	09 - 10	08-09	09 - 10	08-09	09 - 10	08-09	09 - 10	08-09	09 - 10	08-09	09 - 10	08-09
<b>Within time</b>	4	2		1	1					1	1		2	
<b>Over timescale</b>	2	3			1	2			1			1		

**Background:** The Council typically uses independent investigators at Stage 2 (5 of the 6 complaints were independently investigated).

**Analysis:** 4 of the 6 were completed in time. At Stage 2, there is more emphasis on thoroughness than ensuring a prompt response. Of the two that did not meet the timescale, one was purely due to delays by the complainant. The other was due to the independent investigator. The intention is not to use that investigator again.

## 7.4 Nature of complaint

Type of Complaint	Learning Disabilities (HLDT)			Older Peoples			Physical Disabilities (PDSS)			Service Commissioning			Mental Health			Other		
	09-10	08-09	07-08	09-10	08-09	07-08	09-10	08-09	07-08	09-10	08-09	07-08	09-10	08-09	07-08	09-10	08-09	07-08
Allocation / Reallocation of Keyworker								1										
Breach of Confidentiality																		
Chg To Indic Serv - Withdrawal / Reduction			1			1	2	1										
Comms - Failure to Keep Informed/Consult																		
Complaint Re Freedom of Info Act																		
Delay / Failure in Taking Action / Replying			2						1									
Discrimination By a Serv																		
Failure To Follow Policy or Proc																1		
Level of Service (E.g. Opening Times)		1	1															
Loss or Damage to property										1								
Policy / Legal / Financial Decision																1		
Quality of facilities / Health Safety																		
Quality of Serv Delivery (Standards)	1		2		1	1					1	1						
Refusal To Provide A Service			1			1												
Staff Conduct - Attitude / Behaviour																		
<b>TOTAL</b>	<b>1</b>	<b>1</b>	<b>7</b>		<b>1</b>	<b>3</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>				<b>2</b>		

**Analysis:** From the small number of Stage 2 complaints, it is difficult to draw definitive trends. The most noticeable trend is escalated complaints in Physical Disabilities tend to be about withdrawing or reducing care, though neither was upheld.

## **8 Commissioned Services**

This is only the second annual report to provide statistics on domiciliary care complaints. The report starts to report on complaints about residential homes. The aim is to improve the information for future reports.

### **8.1 Domiciliary Care service failure and complaints nature of complaint and outcome**

<b>Provider</b>	<b>Supporta Care</b>	<b>Care Uk</b>	<b>Gentlecare</b>	<b>MNA</b>	<b>Somali Carers</b>	<b>Wycare</b>	<b>Carewatch</b>
<b>Complaints</b>	8	20	2	3	0	3	4
<b>Service Failures</b>	89	74	26	27	6	8	20
<b>Total</b>	96	94	28	30	6	11	24
<b>Volume of provision – i.e. number of visits in Q4</b>	156,311	159,469	36,606	56,889	21,791	27,165	41507
<b>% of service failure &amp; complaints per volume of provision.</b>	0.06	0.06	0.08	0.05	0.01	0.03	0.06
<b>Acceptable threshold is 0.1% or below</b>							
<b>Recorded Compliments</b>				1			

**Analysis:** None of the services exceeded the 0.1% service failure/complaint threshold.

**Key message:** 90% of homecare provision is now 2 star or above compared to 30% last year. Residential complaint numbers are satisfactory and none escalated to the Council.

## 8.2 Comparison to previous year

The previous years report did not distinguish between service failures and complaints to allow for a more refined comparison.

Provider	Supporta Care	Care UK	Gentlecare	MNA	Somali Carers	Wycare	Carewatch
09-10 Total	96	94	28	30	6	11	24
08-09 Total	124	182	5	25	11	26	9

**Analysis:** Service failures/complaints have halved for Care UK's performance which is reassuring after concerns highlighted last year. Care UK have now been rated 2 star by CQC. Gentlecare has seen the largest percentage rise but they are still within the 0.1% threshold.

## 8.3 Residential homes complaints

Quarter 4 – 4 complaints

Quarter 3 – 5 complaints

**Analysis:** In the context of having 620+ adults in residential and nursing placements, complaint numbers are not high. None escalated to the Council.

## 8.4 Improving reporting on commissioned services complaints

There have been significant strides forward in improving commissioned services complaints monitoring over the last year and a half.

The following actions were identified to improve reporting in the 2008-09 annual report. The current position and proposed way forward is in italics

- Reporting on the volume of services delivered against each service provider to help inform if complaint volumes are disproportionate; *Achieved*
- Distinguishing between service failure and complaints; *Achieved*
- Reporting on timescales to respond to complaints; *Due to start April 2010*
- Learning from complaints is not evidenced to the Council currently. Monitoring arrangements need to review how this is done; *Excellent progress: Brokerage produces a quarterly report to the Quality Assurance Learning Board on lessons/improvements*

- Reports on residential care complaints need to be considered; *Started from Quarter 3. The quality of information (timescales, outcomes, nature of complaint, needs to be reported on)*
- Standardising monitoring of Spot and Cost and Volume contracts. *Achieved*

## 9. Stage 3 complaints

There were 2 stage 3 complaints (1 review panel and 1 Director's review) held this year [compared to 1 last year and 1 in 07-08].

### 8.1 Stage 3 complaints by Service Area, Timescales and Outcome.

Service Unit	Setting up Panel (30 day timescale)	Panel report produced (5 day timescale)	Council Response (15 day timescale)	Outcome
1 Commissioning	Y	Y	N	No further points of complaint upheld
1 Physical Disabilities	Y	Y	Y	No further points of complaint upheld

**Analysis:** Neither complaint was further upheld from the points that were upheld at Stage 2 demonstrating robust Stage 2 investigation. Meetings with the complainants prior to Stage 3 failed to resolve the complaints, including a meeting with the Divisional Director in the Commissioning case.

**Commissioning:** The complaint related to alleged financial abuse of a service user. Via Safeguarding, the police were made aware of the situation. However, even though the allegation that care workers had stolen money was not upheld by the 3 person independent panel, management felt there were enough concerns about the care agency workers actions and standards to justify continuing not to place service users with that agency. CQC have been provided with the Panel's findings.

**Physical Disabilities:** The service user has now accepted the change in care plan.

## 10. Ombudsman complaints and enquiries

**Key message:** The most crucial test of successful complaints management is whether the Ombudsman issues reports of maladministration against the Council. The Ombudsman has not issued a report in the last 5 years relating to Harrow Social Services (Adults or Children's).

### 10.1 This year

Service Unit	Outcome	Responded to the Ombudsman in time (28 days)	Commentary
Physical Disabilities	No maladministration	Y	The case involved putting boundaries around the

	(not upheld)		complainant's overly frequent contact with the service often about matters unrelated to the service. Often more than once a day.
Physical Disabilities	No maladministration (not upheld)	Y	A service user stated she was suicidal due to the reduction in care. The Ombudsman exercised his discretion to investigate immediately. The Ombudsman found no fault with the service's actions.

**Analysis:** Whilst 3 of the 4 complaints at Stage 3 and Ombudsman have been about Physical Disabilities, none were upheld. The only question this poses is whether different strategies to resolve the complaints would have been more successful.

One complainant was put on the vexatious (unreasonably persistent) complainant register. This was the second escalated complaint in 2 years that involved expensive independent investigation where neither complaint was upheld.

**Key message:** Adult social care's strong record for handling complaints is evidenced by the following: Of 120 complainants who approached the Ombudsman about Harrow Council services in 2008-09, only 3 related to Adult social care (none were investigated by the Ombudsman). Only 3 out of 120 is a remarkable statistic, especially given none were formally investigated.

## 11. Percentage escalation

The following table indicates the percentage of complaints that have escalated from Stage 1 to Stage 2 and from Stage 1 to Stage 3. By measuring these figures as a percentage we can gauge customer satisfaction with our responses to their complaints. By measuring the level of Ombudsman adverse rulings we can gauge how well the Council identifies fault and adequately addresses it.

Year	Average % escalation rate Stage 1- Stage 2	Average % escalation rate Stage 1- Stage 3	Ombudsman published adverse ruling
2009-10	8%	2.7%	0%

<b>2008-09</b>	7.5%	1.5%	0%
<b>2007-08</b>	13.5%	2.7%	0%
<b>2006-07</b>	8.5%	1.7%	0%
<b>2005-06</b>	6.5%	0%	0%
<b>2004-05</b>	15%	1.2%	0%
<b>2003-04</b>	14.5%	1.1%	1.2% (1)

**Analysis:** Unlike many London Councils, Harrow complainants are always explained the right to go to the next stage if they are unhappy so 8% going from Stage 1 to Stage 2 is a very healthy position.

## **12. Compensation Payments**

The Council provides compensation if after a complaint has been investigated or as part of an Ombudsman's investigation, it is concluded that:

- the Ombudsman would find that there has been maladministration by the Council causing injustice to the complainant; and
- he would recommend that compensation should therefore be paid to the complainant.

Payments related to the following service areas.

<b>Service</b>	<b>Stage</b>	<b>Amount</b>
Older Peoples	1	£2,000
Self-directed services	1	£166
Learning Disability	2	£2,750
Commissioning	3	£550
	<b>Total</b>	<b>£5,466</b>

### **Analysis**

Older Peoples: For not carrying out adaptations for a terminal service user, which impacted on the services user's quality of life in his final days and distressed his family.

Learning Disability case: Failure to deal effectively with a client with high functioning Asperger Syndrome.

Commissioning: For the poor quality of the independent providers initial complaint response and Commissioning not alerting the family to the right to complain to the Council.

### **10.1 Total compensation comparison to previous years**

2009-10	£5,466
2008-09	£4,432.86
2007-08	£11,200



## **13. Mediation**

**Analysis:** In 9 of the 10 cases where mediation was used, a mediation meeting successfully resolved the complaint. This shows how effective it is as an option in resolving even the most escalated and distressing cases.

The introduction of mediation in 2005-06 significantly reduced and continues to significantly reduce the number of complaints that escalate. Of 83 social care complaints where mediation has been used since it was introduced in 2005, mediation has resolved the complaint in 65 or 79% of those complaints.

**Key message:** The complaint escalation rate has almost halved since the introduction of mediation in 2005 from 15% to 9% of complaints escalating to Stage 2 since mediation has been used. This is doubly impressive given few responses prior to the introduction of letter-vetting in 2006 informed complainants of their right to a Stage 2 so escalation rates should have increased if anything.

## **14. Advocacy**

Harrow has a number of local advocacy services covering the spectrum of services and additional funding has been allocated to advocacy services over the last two years.

All complainants are advised in writing about free independent advocacy and advocacy is also offered when the Complaints Service speak to complainants.

**Analysis:** 60% of service users had support from someone else in making a complaint, usually a family member. However, advocacy is reduced. Whilst 2 of the 6 Stage 2 complainants had advocacy support, only 3 Stage 1 complainants chose to use an advocate, despite significant efforts by the Complaints Service to 'sell' advocacy [compared to 9 last year and 18 in 2007-08]. The new regulations mean the Complaints Service are finding a resolution to potential complaints, which may explain why advocacy has reduced.

**Key action:** 1) To raise the level of advocacy take-up at the Advocacy Forum and ask why the figure is low. 2) Raise with management if there are ways services can encourage more use of advocacy.

## **15. Complaints dealt with by the local authority and NHS Bodies**

Only 2 complaints were investigated and responded to jointly. Both were Learning Disability and NHS complaints. One was addressed at stage 1

and one escalated to stage 2 independent investigation with £2,750 compensation awarded (see pages 25).

## **16. Learning Lessons/Practice Improvements**

Examples of learning/service improvements identified from complaints include:

- The new Quality Assurance & Learning Board, chaired by the Corporate Director, was set up to ensure learning is identified, acted upon and embedded. It is a key factor in improvement to complaints and quality assurance management.
- Staff alerted that they must not provide clients with information about assisted suicides.
- A person appointed to review Learning Disability transition arrangements between Children's and Adults.
- Agreement BSL level 4 interpreters will be used from now on for meetings and case reviews with deaf service users.
- Training for Older People's staff in customer care from an external agency, particularly around respect.
- The family of a deceased service user were asked for his blue badge back 3 days after the death. Review of timing as the family found this insensitive at a time of mourning.
- Advisory note in the Director's newsletter to staff advising on the best way of reducing care packages fairly whilst managing risks.
- Adaptations process improvements a) introducing a prioritisation panel b) focusing on meeting assessed needs in more cost-effective ways c) agreement that the FACS assessed need must be met through alternative ways until the adaptation work is completed.
- Direct payments financial processing dissatisfaction was highlighted in Q1 and 2. No complaints in quarters 3 & 4 indicates some fine work by the Service Manager.
- Message-taking procedure reviewed with reminder guidance note for all Community Care Services.
- Occupational Therapists now assess clients for blue badges where there needs are unclear.

## **17. Review of the impact of the new April 2009 regulations**

Reminder of the key changes:

- It is a joint procedure with the NHS (combined responses are expected)
- The previous 3 stage procedure is replaced by a requirement for a single organisational sign-off – so no review panels
- A report is required for every complaint

- No fixed timescales. Timescales are to be negotiated with complainants
- A duty to discuss and agree an individual Complaint Plan for every complaint
- A duty to risk assess each complaint
- If complaints can be resolved by the end of the next working day there is no need to record them

### **Analysis:**

The real benefit of the new process is its flexibility. Mediations have increased and instead of carrying out an investigation, in 3 instances, we have agreed an independent re-assessment straight away with the complainant when an independent complaint investigation would traditionally have been carried out.

The process is also quicker. With no stage 3, the risk to the Council of a process with fewer stages is the Ombudsman is more likely to find an error that would previously have been identified and addressed by a review panel. However, there has not been a significant increase in Ombudsman investigations and no adverse findings so far.

The concept of negotiating with each complainant on how the complaint is addressed and timescales has not realised the huge change the DoH envisaged. Most complainants seem to prefer to have a clear procedure and use the Council's model procedure.

The lack of prescribed timescales has unfortunately led to difference between organisations on standard timescales. Harrow Council has a 10 working day timescale for Stage 1. But many NHS Trusts retain a 25 working timescale from their previous regulations and half of London Councils have maintained a 20/65 working day response timescale.

The Complaints Manager asked at the last London Complaints Managers group if any Councils were providing a single response and not giving the complainant a chance to come back to the Council, before going to the Ombudsman. All Councils allowed the complainant to come back if dissatisfied.

## **18. Ombudsman's new powers to investigate self-funder complaints from October 2010**

The Ombudsman will have the power to investigate complaints about independent providers of social services which will address a significant loophole in vulnerable people protection. Providers include residential homes and domiciliary care agencies.

This addresses a significant gap in protections for people who are not eligible for Council-funded services and previously only had the right to complain to the provider.

The Corporate Director met with the Ombudsman and is agreeing how intelligence can be shared between Councils and the Ombudsman to improve standards and address risks in the independent provider sector.

### **Section 3 - Statutory Officer Clearance**

The Corporate Director determined the report did not require Financial or Legal clearance.

### **Section 4 - Contact Details and Background Papers**

**Contact:** Report author: Stuart Dalton, Service Manager, Adults & Children's Complaints, 020 8424 1927

**Background Papers:** None