

NORTHUMBERLAND

Northumberland County Council

In partnership with

Northumbria Healthcare 
NHS Foundation Trust

and


*Northumberland
Clinical Commissioning Group*

Customer Experience: Compliments and Complaints Annual Report 2013/2014

- **Adult Social Care and Children's Social Care**
 - **Clinical Commissioning Group – Northumberland**
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1. Introduction

- 1.1 **This report describes jointly for the first time what people have said about both our adult and children’s social care services in Northumberland and what we have learned as a consequence during 2013/14. The report also describes for the first time what people have said about “NHS continuing healthcare” funded by Northumberland Clinical Commissioning Group and supporting people in their own home or in a care home.**
- 1.2 **Our arrangements for looking into complaints and receiving compliments are one element of a wide range of methods which we use to ensure that we learn from the experiences of the people who use our services. There are similarities in both adult and children’s services in regard to capturing this type of information including surveys, networks of user forums, inspection visits supported by members of the public or elected members of the council, and representation of users on safeguarding boards and other strategic groups,.**
- 1.3 **In respect of adults these include a network of user forums across the county which meet regularly to share their views and hear about new developments; representation of service users and carers on strategic groups (e.g. the Safeguarding Board, the Learning Disability Partnership Board); members of the public acting as quality assessors of different services (e.g. independent observers who visit care homes and whose views contribute to the Council’s overall rating of the home); regular surveys of customer experience; and targeted engagement events focusing on specific issues (e.g. Carer’s Week, Dementia Awareness Week and World Elder Abuse Awareness Day). Our overall adult services arrangements are summarised in figure 1 below:**

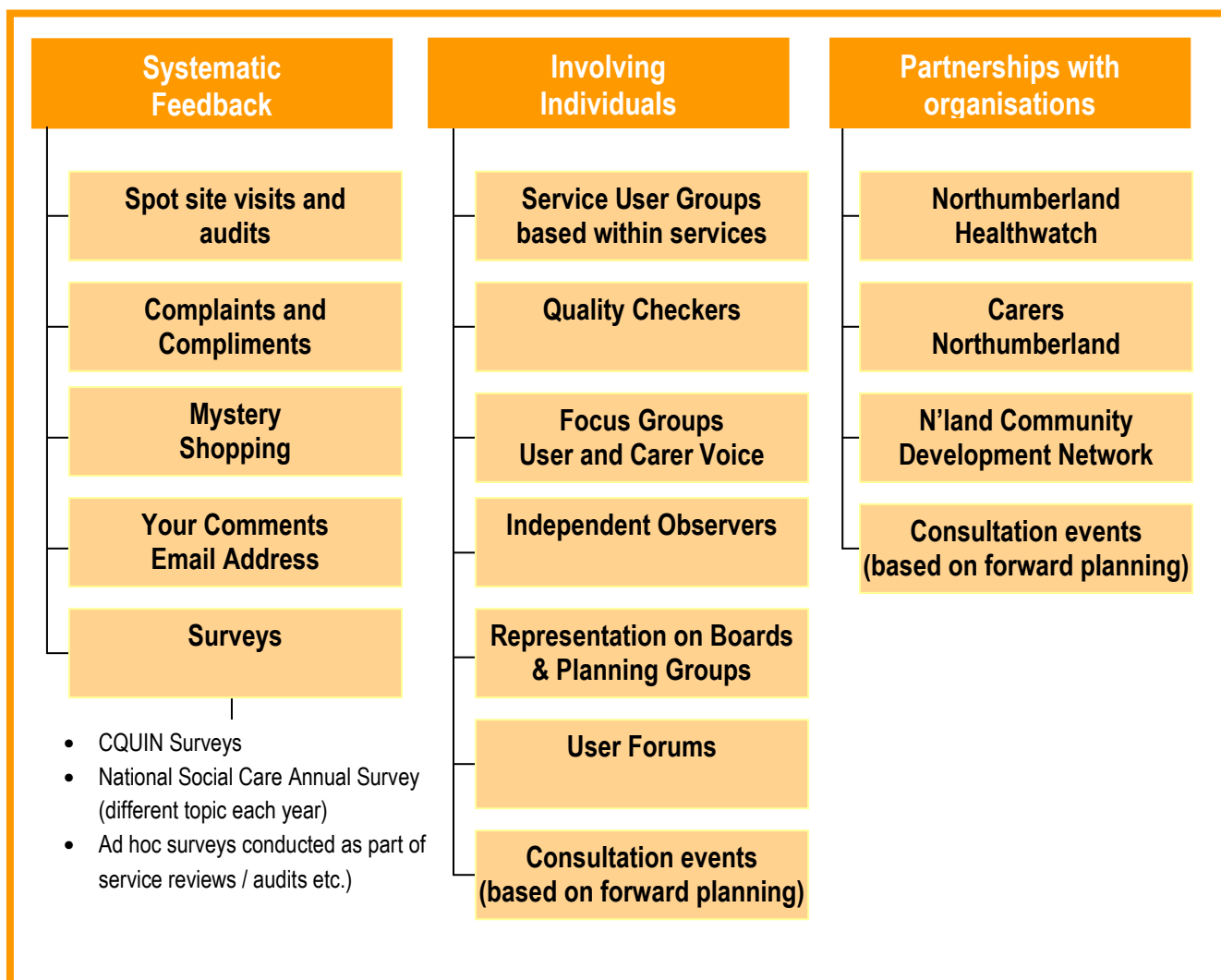


Figure 1

1.4 In respect of our children’s social care services we utilise the findings from the work undertaken by our Participation Team that carries out regular surveys with young people across a range of services. We attend young people’s groups (as well as capturing feedback from a virtual group of young people) such as Voices Making Choices (VMC), Young Voices Making Choices (YVMC) and the Future Routes Group that run across the whole of Northumberland. Drop-in visits are conducted to children’s homes; both Council run and independent, to talk to the young people about the service they receive and to provide an open line of communication for them should either positive or negative issues arise. We attend the Foster Carers’ forums on a quarterly basis which provides us with a rich source of feedback. We receive the views of young people, family and care team members via monthly ‘Regulation 33 reports’ which are carried out independently in all children’s homes in Northumberland. We also arrange and coordinate monthly Corporate Parenting Panel Rota Visits to all six of our in-house children’s homes. This is a very effective way of ensuring Members have exposure to the services that we commission on behalf of children and families in Northumberland. Members tell us about the quality of the care they see and can offer helpful feedback and recommendations as appropriate. All of the methods that we utilise to engage and listen to young people and children can provide them with an opportunity to influence service design and

development as well as impacting on their own individual care plans where appropriate.

- 1.5 This first joint adult and children's 'Customer Experience: Compliments and Complaints Annual Report' emphasises the collective approach in both adults and children's social care services to listening and respecting all feedback offered, valuing each individual's perspective on care they receive, and resolving issues raised by people in Northumberland. It also highlights the differences in custom and practice in complaint handling which have evolved to meet the requirements of the relevant national regulations and guidance in both service areas.**
- 1.6 Complaints about adult social care and health care are handled under national regulations introduced in 2009. As noted above, we handle complaints on behalf of Northumberland CCG about continuing healthcare funded care.**
- 1.7 The arrangements for the statutory management of complaints from children and young people (and their representatives) are set out in the Children Act 1989 and Representations Procedure (England) Regulations 2006. This legislation requires that everyone who provides social services must have procedures in place to respond to complaints made about those services.**
- 1.8 Despite significant differences in detail, both sets of regulations and guidance emphasise that complaints should be approached positively as opportunities for learning, as well as providing a means by which people can ask the organisation to address the specifics of poor services or bad decisions which affect them individually.**

2.0 Customer Experience

- 2.1** We need to understand more about how our services are affecting people's lives, rather than simply what outcomes services are achieving. If we are to put the person at the heart of care planning and provision, then information about their experience is critical for understanding the impact and results achieved, enabling choice and informing service development.
- 2.2** We believe that the best way to find out how good our services are is to ask the children, young people and adults who use them. Over recent years we have developed a number of different ways to gather views from people who use our services and involve them in decision-making which include:
- Our network of user forums across the county
 - Regular satisfaction surveys
 - Service user and carer representation on key strategic groups
 - Interviews and focus groups
 - Feedback from regulatory visits and inspections
 - Feedback from outreach to service users
- 2.3** This year in adult services we published Northumberland's second 'Local Account' of our performance on delivering adult social care services to people in Northumberland. It is an important part of Northumberland County Council's commitment to being clear and open with our residents and sets out what we have done to improve outcomes for ill and disabled people and their carers across the following areas:
- Prevention
 - Reablement
 - Long term support
 - Keeping people safe
 - End of Life Care
 - Involvement
- 2.4** There are many examples in both children's and adult social care services around people's experiences. The following are a few illustrations:
- a. Safeguarding adults and children:**
Customer experience is gathered directly from clients upon closure of each case. Results gathered since April 2013 show that 92% of adults on whose behalf a safeguarding investigation has taken place are satisfied with the outcome of their case. In children's services, the child's views of safeguarding processes are captured via their identified independent reviewing officer (IRO) and after the process has concluded a questionnaire is sent out to the family for completion which looks at their views around how they felt the process was managed. There is also a separate process for child protection complaints which focuses purely on the decisions made and how decisions were reached.

b. Adult care management

In May 2013 two questions were added to the initial assessment document to capture the overall satisfaction levels of adult service users and carers. At the end of each review, both the adult service user and (where there is one) the main carer is asked the same question:

‘Thinking about the services and support arrangements we have been discussing, how satisfied are you with them?’

Results gathered in March 2014 show that 94% (of 103 adult users) and 91% (of 77 carers) are satisfied with the service. However, response rates remain low due to the practicalities of asking the question at review. As a result, it is recommended that this work continues but that greater analysis of the national survey results is carried out to provide more in-depth information on experience.

c. Child care social work:

We monitor feedback from six monthly survey forms which go out to any family who have had involvement with our social work teams. Where concerns are expressed, we will contact the family and liaise with the team concerned to seek resolution of any issues. Feedback received is also monitored for potential safeguarding issues which can be brought to the attention of the relevant team to be followed up. We also link with the Participation Team who monitor and feedback any issues contained in the surveys they carry out with children looked after by the Council. Surveys include ‘Viewpoints’ which is rolled out to children prior to reviews; ‘leaving care’ questionnaires; Regulation 34 surveys which use a traffic light system to ensure that the council is responsive to issues arising; the ‘How Do You Feel’ survey, the responses from which informed the council’s ‘Promise Priorities’ to children and young people in care.

d. Adult learning disability and dementia services:

Customer experience is gathered annually across the range of in house services by surveying adult service users. Results gathered in December 2013 show that 89% (of 232 adult clients) rated the service as good. The response rate was 44%. Actions identified for improvement relate to improving the variety of food available, providing more information to carers and improving the range of activities available.

e. Short Term Support Service (adults)

Customer experience is gathered on an on-going basis by surveying adult service users following discharge from the service. Results gathered between January and March 2014 show that 99% (of 296 adult clients) are satisfied with the service. The response rate is approximately 50%.

f. Involvement (adults and children)

Alongside the work carried out by services to capture customer experience, a number of service user and carer forums are held across Northumberland on cross-cutting themes including older people, people with dementia, people with a learning disability and people with long term neurological conditions. Examples of their work include:

- People living with dementia and their carers discussed staying active and involved, coping with changes in behaviour, making their local communities more dementia friendly.
- People with learning disabilities contributed their experiences to the Joint Health and Social Care Annual Report to the Public Health Observatory, the development of Easy Read information by North East Ambulance Service and started partnership work on the design of easy read Healthwatch information.
- As part of our Ageing Well programme to support older people in staying active and well within their local community, staff ran a workshop in November 2013 for trainers from Go North East, Arriva, Capital 4, Stagecoach and Adapt North East to incorporate dementia awareness into bus driver training programmes from April 2014. The training aims to improve understanding of how to support passengers with dementia who may have difficulty with communication or perception.
- The Long Term Conditions Forum discussed domiciliary care and a business proposal for standards in care worker training and agreed to the development of a client toolkit to support empowerment and choice. Members were informed about and discussed Care Quality Commission (CQC) and have agreed to take part in a consultation regarding proposed changes to standards.

Children and young people are involved in a number of groups and forums in which they can tell us about their experience of our service and care. These are run by specialist staff who ensure that the views expressed by young people are able to contribute to driving forward the services. Looked After Children are also able to join 'virtual' groups and safely contribute to discussions via online forums.

g. Mystery shopping

We are developing a systematic process and toolkit within adult services to evaluate customer experience across community based services – this will be shared with children's social care services for adaptation as appropriate. Mystery Shopping will form part of the toolkit and three adult services have been identified as a priority for 2014/15. These are Sexual Health Services (Morpeth and Blyth central venues), Single Point of Access and Social Care & Health Information Points. In children's social care services, we do use Mystery shopping as part of the contract compliance checks for the independent advocacy providers used by children in Northumberland.

h. Communication:

In adult services, 'Two minutes of your time' and results from care management surveys are communicated to all via the Northumbria Healthcare staff bulletins and team brief. There is a dedicated section on the trust's weekly bulletin called Staff Update which highlights staff compliments received. 'Two minutes of your time' results are also included on the trust's public website. In future, we are looking at improving methods to publicise and share information with staff of all customer experience results. Children's Services have a quarterly newsletter which is communicated to all staff members – this helpful information tool provides staff with examples of good practice, policy changes and innovations that might affect practice.

i. Outreach to children in residential care:

The children's complaints officer conducts 'drop-in' visits to children's homes both council run and independent. This is to talk to the young people about the complaints process and provide an open line of communication for children if they need to speak to anyone outside of their immediate environment should the need arise.

j. Complaints services:

Over 2013/14 both adults and children's complaints services have participated in or ran several informal and formal training sessions on complaints handling and complaints resolution as well as introducing good practice tools. These sessions received very positive feedback – in adult social care sessions 96% of delegates considered that the training was relevant and enjoyable. Both services intend to run similar sessions again over the coming year. The children's complaints service also attended forums for foster carers and independent residential care providers to facilitate sessions on how important it is that young people are able to access complaint services as well as providing Members with advice to assist them in their role of conducting monthly visits to children's homes.

In both services, complaints staff have strong links with commissioning staff and share information about contracted services to ensure that we continue to maintain a range of good quality providers across Northumberland. They also have effective partnership working with Local Government Ombudsman personnel who often approach complaints team members seeking local intelligence around certain providers where concerns have been expressed.

On care management staff

I would like to compliment AA who has helped my son S to a better life and getting him into work experience ... (and) I would like to say a big thank you to SM who has always been there whenever we need help and has always put herself out to help my son to a better quality of life, she helped him to use buses and even went on the buses to make sure he was alright. She is to be praised for the work she does. We are always reading about the social services in the media reporting negative stories it is refreshing to find two people who take their job seriously and give 110% all the time.

On children's social work staff

The social worker was extremely helpful to us all as a family at a very stressful time. We were very pleased with the care he provided and we felt he kept us fully informed and involved with us as a family whilst he was involved with us. We very much appreciate his involvement and care, and cannot speak highly enough of him. He helped to calm down a difficult situation with our eldest son and enabled us to better manage the circumstances, whilst ensuring our two younger children were safe and happy. He helped our family through a very difficult period.

2.5 Changes do not need to be 'big' to be important or helpful. For example, people with dementia and their carers told us they would like to be able to participate in enjoyable activities that support their needs. In response, we extended the Blooming Well gardening therapy programme. We trained partner agencies and volunteers to deliver dementia walks. Some members of Bedlington Dementia Forum used to play golf but had lost the confidence to continue. In response we arranged golf sessions which members from two

forums joined, helping them maintain participation in enjoyable activities in their community.

On care management staff

Brilliant, P (the care manager) has been a life saver for us, he takes the time to find out all about the family's needs as well as A's (the service user). We know we can totally trust P, he will find out things for us, he knows ... our needs are different to A's, but A is always the priority. Over the years his support has been tremendous, he is a real asset to us. He deserves an award for what he has done.

On children's social work staff

I have found social services wonderful and supportive on all counts. My child felt she had been listened to and I found support and reassurance during difficult times. I always felt they respected us and I never felt "judged".

On mental health care management staff

Dear G, I just want to thank you very much for all that you have done for me over the past year or so. I really appreciated your calm and level-headed approach. I also loved all our intellectual debates and our frank discussions! I will remember you with affection and I wish you and your family all the very best in the future. You are a very good ambassador for the social work profession. Kindest Regards

On the disabled children's social work team

The social worker was fantastic and considerate and had a good understanding of my children's disabilities. She has regular contact with us and is a fabulous asset to your services.

3. What people think about our services – compliments received in 2013/14

- 3.1 Adult social care receives considerably more compliments from people who use our services, their carers and families than complaints. Compliments are a way of confirming that by and large we are doing a good job.**
- 3.2 Proportionally fewer compliments are made to children's services. In part this is a consequence of the nature of children's social work. However, we do have a number of ways which provide service users with a means of sending us their positive feedback to let us know what is working for them. Work is on-going with staff throughout children's services to encourage reporting of instances where the quality of their practice has been recognised.**
- 3.3 Collectively, the compliments we receive are mainly about how helpful, kind and professional staff have been; or about the quality of the services we commission or provide. Staff are encouraged to acknowledge compliments especially when people have taken the time and trouble to write at what may have been very difficult periods of their lives, including end of life care.**

On care management

I am writing to record my deep appreciation of the care and support provided to me ... During my aunt's long period of ill health (the care manager) was supportive, helpful and caring, even ringing up without instigation to enquire about (my aunt) after she had been admitted to (hospital). I have of course thanked (the care manager) personally, but would none the less wish to formally acknowledge to you my gratitude for her continued support.

On residential care staff

A young person wrote a letter to express his thanks to residential care staff for always being there to talk to him. He felt that staff have helped him know what he wants in life. He enjoyed Christmas and loves waking up and going to school. He thinks positively now thanks to staff and thanks them all for encouraging him to go to school as this has helped him a lot.

- 3.4 In 2013/14 adult social care received 309 written compliments about adult social care meaning that we received 4.5 compliments for each complaint, which improves on 2012/13 when we received 3.9 compliments for each complaint. We only log those compliments where people have put their words down in a card, letter or email. However, like in children's social care services, we are very aware that staff receive kind words verbally from the people who use our services, their families and carers on a daily basis.**
- 3.5 We also received several very welcome compliments from other professionals and organisations about our staff; children's social care records these compliments within their overall 'compliments' statistics. Compliments given by professionals were generally about observing good practice in situ and also about giving credit for the quality of on-going casework. In respect of adult social care only compliments from members of the public are reported within the overall 'compliments' statistics.**

3.6 Both adults and children’s social care compliments have increased this past year. Adult social care compliments in 2013/14 are up 12% on 2012/13 and children’s social care compliments are up 18%. Analysis suggests we are providing more opportunities for children, young people and adults to tell us what they think and we are also getting better at making sure feedback is registered appropriately. Some of this work has been noted in section 2 above.

On an in-house residential provider

I do appreciate so much what each of you does for (the service user) ... I don't believe he could be in better hands than he is now.

On the family placement team

A phone call was received from a social worker to say that the foster carer dealt with a situation very well when a child left their father after contact and was ‘heartbroken’. The foster carer gave the child lots of love and reassured child that they would be seeing their dad next week. The child became calm and relaxed.

3.7 The tables below show the services that have received compliments and how many times compliments were received during 2013/14:

ADULT AND CHILDREN’S SOCIAL CARE COMPLIMENTS 2013/14	TOTAL
Children’s social care	37
Complaints team (adult)	4
Care management learning disability teams	32
Care management mental health teams	21
Care management occupational therapy	5
Care management social care teams	31
Contracted providers (received at County Hall)	10
Enquiry referral coordinators	1
Finance	10
In-house learning day care services	49
In house residential care services	13
Joint equipment and loan service	3
Review team	6

Safeguarding adults team	2
School transport	1
Self-directed support team	1
Short term support service	117
Special educational needs	1
Valley care (telecare)	1
Welfare rights	3
Total	348

CONTINUING HEALTHCARE COMPLIMENTS 2013/14*	TOTAL
100% NHS funded packages	44
Part NHS funded packages	56
Total	100

*Reported by contracted providers

- 3.7 During 2013/14, 39 compliments were received by children's social care. 13 of these were from parents and 12 were from young people. The remaining 14 were from professionals from within Northumberland County Council and other agencies. Young people and their families' compliments were usually about staff involved with the child; particularly care staff who look after the children and social workers who are active in planning for young people and reactive to safeguarding issues.
- 3.8 As part of our on-going work in adult social care, to monitor how well our contracted providers are performing we ask them to report both complaints and compliments each quarter. In addition to the health compliments noted above, contracted providers also reported in 2013/14 a further 218 compliments about adult social care funded care and 88 compliments for privately funded care.
- 3.9 Throughout this report we have included people's own words about our staff and services.

On children's social work staff

An independent reviewing officer who chaired conferences wanted to pass on his thanks to the social worker regarding her evidence and the quality of her documentation from a case involved in care proceedings. They felt that the quality and preparation of the documentation were excellent.

On short term support service staff

Thank you so much for all your care during my slow road to recovery. It was lovely to see your smiling faces each morning to get the day under way. I am beginning to feel "normal" again but will never forget how your care helped lift my morale on the dark days.

4. “You said, we did” – learning from the people who use our services

4.1 Many of the issues which children, young people and adults have reported over 2013/14 reflect the kind of situations which can occur from time to time in a large care organisations – but we take each one seriously, and take steps to address both the individual situation of the complainant and any wider issues about systems, training and guidance which are raised, as the table below describes in general terms.

Key Themes	Responses to upheld complaint
Delays e.g. to arranging a service, appointment or assessment	Set up service, appointment or assessment at the earliest practicable time and apologise. Issue addressed through individual or team supervision as appropriate.
Communication e.g. lack of response to phone calls	Apology given. Ensure individual and team, as appropriate, comply with existing communication policy. Individual supervision and training as appropriate.
Staff attitude e.g. failure to handle a difficult situation sensitively	Apology given. Issue addressed through individual or team supervision and training as appropriate.
Quality of service provision e.g. treatment which caused poor outcomes or homecare provision that was of poor quality	Apology given. On-going monitoring and review of service quality. Service review through contract team and/or operational management.
Processes – especially financial, and poorly understood assessment processes	Restitution/refund or waiving of charge if appropriate. Emphasis on explaining matters to the service user. On-going monitoring of effectiveness of processes.

4.2 Where complaints have been resolved relatively quickly and satisfactorily the common factor is the most appropriate manager making early contact with the complainant, often face to face, and taking prompt action to resolve matters.

- 4.3 Here are some examples of improvements as a result of adult and children's complaints:**
- a. A new process has been implemented to deal with staff absence which includes (a) a review of all cases open to that member of staff; and (b) making sure duty officers alert team managers of regular activity on an absent colleague's caseload.**
 - b. We noticed several instances where parents wished to challenge the accuracy of social work reports. We raised this with team managers who ensured that the parents in question were given opportunities to discuss the report and where possible for amendments to be made. Since this has been raised as a recurring issue, work has been done with teams to support effective report writing. It appears that this has been effective because there has been a decrease in similar concerns and we have also received more positive feedback from other agencies about this.**
 - c. Team managers have been reminded of the importance of making sure that care managers are allocated to service users in a timely manner and they have also been reminded of the importance of listening to feedback from service users, families, carers and concerned others.**
 - d. Complaints from children in residential care were made about differences in approach from staff in terms of adherence to care planning and support strategy. This was resolved through addressing staff collectively in regular meetings and ensuring that daily shift handover meetings included time taken to discuss the requirements of each young person's plan and support strategy. In instances where agency staff needed to be used, arrangements were made with the agency to supply only designated staff who were familiar with the home, its routines and the young people resident there.**
 - e. An on-going piece of work is underway to look at the adult social care custom and practice of supervision to make sure that over the course of the year all cases are presented for a team manager's consideration. We have noted that supervision rightly focuses on pressing cases and apparently less urgent matters are left to the care manager's discretion. In one case this led to a serious but avoidable complaint.**
 - f. A complaint from a parent whose child was going to be adopted alerted the social work team to the fact that she was struggling to write a letter to him. Social workers were then able to help her with this which meant that the letter, which would be kept for her son as part of his life-story would be meaningful for him in years to come.**
 - g. Team managers have been reminded of the existing 'Transition Protocol' (transfer from Children's Social Care to Adult Social Care) following a delayed assessment and delayed provision of services.**
 - h. A foster carer complained that she had been given a limited budget to purchase a bed for a young person. Her point was that had the budget been increased within reason, she would have been able to purchase a good quality bed for the young person she was caring for. This was raised with the service manager who was able to increase the budget. The service manager**

stated that we need to value the young people we look after and provide them with the best quality of care possible.

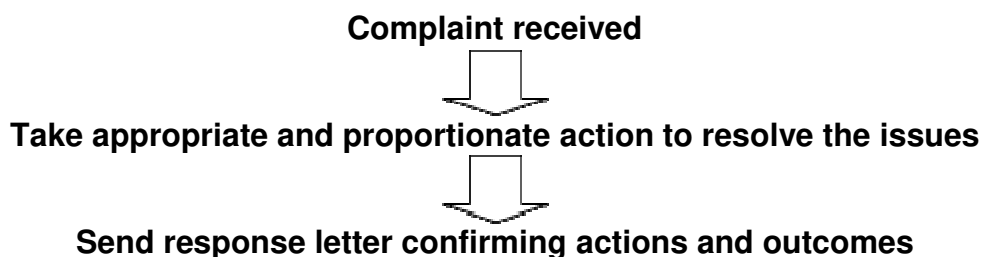
- 4.4 Over 2013/14 children's social care led on several case reviews that have resulted in positive changes to services in education, both adult and children's social care and health services.**
- 4.5 Listening to the views and experiences of the people who use our adult and children's social care services and of carers is extremely important, but what is more important is how we respond to this. Below are some examples of what adult and children's services has done over the past year:**
- a. You said:** Loneliness in later life was a significant issue for many people. **We did:** we planned workshops to look at the issues and possible solutions to loneliness.
 - b. You said:** People with dementia and their families would like more easily accessible information about dementia, support and planning for the future. **We did:** we continued to work in partnership with them and the Alzheimer's Society to provide information on dementia support planning.
 - c. You said:** You were concerned about children's and young people's safety following national and local coverage of children and young people using 'legal highs'. **We did:** The Northumberland Safeguarding Children's Board developed a range of age appropriate information and learning materials for schools and parents. Awareness raising posters and leaflets were placed in hospitals and GP practices across Northumberland and North Tyneside.
 - d. You said:** That older people want good quality information on issues that were of interest and benefit to them. **We did:** As part of the Ageing Well programme, organised a series of 'theme weeks' covering topics such as 'Be Healthy, Be Happy', 'You and Your Money' and 'Carers'.
 - e. You said:** People with a learning disability want more help with managing their weight, healthy eating and managing conditions such as diabetes. **We did:** Organised programmes of support with this in 2012 using our Health Trainers and Community Learning Disability Nurses.
 - f. You said:** Carers of people with dementia are concerned about the care and treatment of their loved ones in hospital. **We did:** Improved care by producing 'This is me' (a simple and practical tool that someone going into hospital can give staff to help them understand the condition), in partnership with carers, local Health Trusts and the Alzheimer's Society and trained hospital staff.
 - g. You said:** People with a learning disability want hospital staff to have a better understanding of their needs when they go into hospital. **We did:** Improved understanding by producing a joint North of Tyne 'Hospital Passport' so that whichever hospital people are admitted to or transferred between in our region, staff would be easily able to easily find out about their specific needs, preferences and who needs to be involved in their discharge.
 - h. You said:** You were concerned about risks to children and young people who were out and about with little or no parental supervision. **We did:** The Northumberland Safeguarding Children's Board developed an awareness raising campaign, putting

up posters in public places, recreational facilities, holiday parks and libraries advising about risks to children and young people and how to raise concerns.

- i. **You said:** You wanted us to continue to support families experiencing domestic violence. **We did:** The Northumberland Safeguarding Children's Board led on developing and sharing good practice and joint working across all agencies to make sure families received the help they needed.
- j. **You said:** We took too long to collect equipment that was no longer needed. **We did:** Improved speed by employing two new staff members.
- k. **You said:** We want to show what sport means to people with a learning disability part of the Olympic celebration. **We did:** Our Learning Disability Partnership Board is organising an exhibition of photographs which best capture the spirit and enjoyment of people with learning disabilities involved in sport.
- l. **You said:** People with disability wanted training in leadership skills. **We did:** we organised training on being a representative, being a co-chair and getting the most out of meetings.
- m. **You said:** You wanted assurances that professionals continue to work together to promote children's well-being. **We did:** The Northumberland Safeguarding Children's Board strengthened links across different agencies with existing link workers and named professionals.
- n. **You said:** People with complex needs and their families need to have a better experience of emergency admission to hospital. **We did:** We worked in partnership with the North East Ambulance Service on improving the questions asked on arrival and on an easy-read guide to calling the service.
- o. **You said:** service user surveys did not ask about arrangements for getting involved in services; and the accessibility of information about services. Questions could have been easier to understand and answer. **We did:** We added questions to the surveys asking if information about the service provided was easy to understand. We improved the design of services.
- p. **You said:** you wanted local groups rather than a single central representative meeting, making it easier for people to attend in their locality. **We did:** We worked with people with disability to set up a network of involvement empowering people by to provide support, appoint officers and control meetings.
- q. **You said:** People with learning disabilities found it difficult to report hate crime themselves. **We did:** we worked in partnership with Northumberland police to set up safe reporting centres in our day services.
- r. **You said:** people with learning disability and their carers were worried about being vulnerable to unscrupulous money lending. **We did:** We shared information about loan sharks at the LDPB and held a workshop and the Partnership Board on loan sharks.

5. How we handle individual complaints and case studies

- 5.1 Although we work to two separate procedures where there are distinct differences, both adults and children's complaints services work to the same principles in that all feedback is welcomed, is taken seriously, complaints are investigated thoroughly and a response provided in a timely manner. We aim to learn lessons from all feedback and utilise findings to influence and improve services going forward.
- 5.2 For adult social care the 2009 complaints regulations require us to send an acknowledgment to the complainant within 3 working days. The regulations also say we must "investigate the complaint in a manner appropriate to resolve it speedily and efficiently". The process should be person-centred with an emphasis on outcomes and learning.
- 5.3 To this end when we receive a complaint and in discussion with the complainant and the service, we develop a 'resolution plan' which may be refreshed as required.
- 5.4 The action we take to resolve a complaint should be appropriate and proportionate to the circumstances of the case, taking into account risk, seriousness, complexity or sensitivity of events. The officers tackling the complaint should not feel limited about the actions they can take but they should avoid lengthening the process. For example, a well-meant apology or an opportunity to meet and discuss the issues may suffice. Alternatively, the complaint may warrant a 'formal' investigation. Whatever the case we should always speak to the complainant to understand their experience and to ask them what they would like us to do in order to put things right. We should also keep them informed of progress and of any findings throughout their complaint.
- 5.5 The process ends with a final written response from the appropriate manager in which the complainant is directed to the Local Government Ombudsman should they remain dissatisfied with how we have handled their complaint or with our findings.
- 5.6 Our adults services process can be summarised as follows:



- 5.7 The arrangements for the statutory management of complaints from children and young people (and their representatives) are set out in the Children Act 1989 and Representations Procedure (England) Regulations 2006. Department for Education guidance, "Getting the Best from Complaints: Social Care Complaints and Representations for Children, Young People and Others", 2006, says that 'a good procedure should ensure that children and young people who make representations have their concerns resolved swiftly

and, wherever possible, by the people who provide the service locally. The complaints procedure should be a useful tool for indicating where services may need improving. It is a positive aid to inform and influence service improvements, not a negative process to apportion blame". All children and young people who receive or are entitled to a service and also those connected to them who have appropriate interest in a child or young person's welfare, can access the complaints process by a range of means. These include completing e-forms available on the Council's website, using a direct Freephone number, complaint forms available within most children's services information leaflets with free postage, email, text and access via the Council's contact centres.

- 5.8 The process for children's social care complaints has three stages after which a complainant may ask the Local Government Ombudsman to consider their complaint.

Stage 1 – local resolution:

The aim of this stage is to satisfactorily resolve the complaint if at all possible and this can be regarded as the most important stage. At this point, the complaint is dealt with by local managers who are in a position of knowing the most about the issues of the complaint.

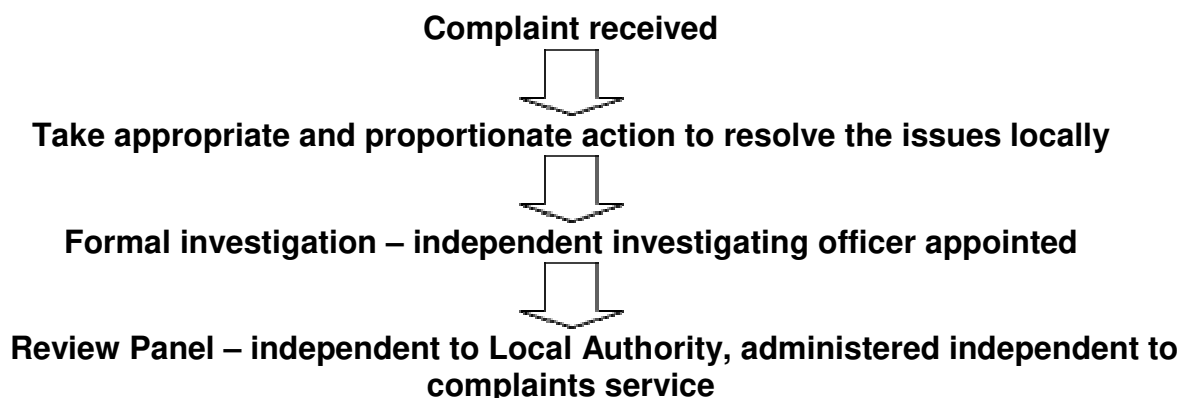
Stage 2 – formal investigation:

If a complaint cannot be resolved through local resolution, then a formal investigation can be arranged at the complainant's request. An independent investigating officer will be appointed, together with a statutorily required independent person who will monitor the investigation to ensure that it is conducted fairly and objectively and will report back about this. The investigating Officer's report will be sent to the Adjudicating Officer within Children's Services to respond to any recommendations and the final response to the complainant will come from the Executive Director of Wellbeing and Community Health Services.

Stage 3 – review panel:

If the complainant is dissatisfied with the findings or recommendations at stage 2, they can request that the matter be referred to a Complaint Review Panel. The panel is administered independently of Children's Services and comprises of three persons – a chair and two panel members, all of whom will be independent of the Authority.

- 5.9 Our children's social care services process can be summarised as follows:



5.10 Apologising is usually appropriate even if only because the person feels they have had a bad experience or because they felt strongly enough about their experience that they felt moved to make a complaint. The Scottish Public Services Ombudsman says, “A meaningful apology can help both sides calm their emotions and move on to put things right. It is often the first step to repairing a damaged relationship. It can help to restore dignity and trust. It says that both sides share values about appropriate behaviour towards each other and that the offending side has regrets when they do not behave in line with those values.”

5.11 The following are example complaints about children’s social care and relate to stage 1 complaints that were satisfactorily resolved:

- a. A young person in foster care complained that she had been raising concerns about her foster placement for some time and she did not feel listened to. She said that she was considering running away. She could not understand her carer’s boundaries and expectations. We organised a joint response from the key agencies and professionals involved in her care. A multi-agency meeting was arranged to include the young person who was supported by the Children’s Complaints Officer. The young person provided her views and took part in discussion and it became apparent in listening to her that the issues she had were actually about problems arising from her birth family and about her future on leaving school. The care team took the opportunity to involve the young person in devising a strategy to ensure that she felt secure in her placement and that she was able to access continuing support for her concerns. This helped reassure the young person that she was being listened to and that the points she was raising were being acted on. The young person stayed with her carers, is now in further education and has aspirations to work within children’s law.**

- b. A young person in residential care complained that he was having difficulty adjusting to life in a children’s home and raised a number of points about group living. These were resolved by supporting the young person to discuss these with his link-worker and the home manager. However, one of his issues was about a decision to withdraw the support he had been receiving from a longstanding support worker. This was important to the young person who felt that the support worker was the only ‘constant’ in his life at this point. The Children’s Complaints Officer liaised with the young person’s Independent Reviewing Officer about this and we were invited to take part in Care Team Meetings to represent the views of the young person. The issue was resolved following dialogue and the support worker has been able to continue to provide support which will decrease gradually until the young person has been able to settle into life in the Children’s Home and accept the support of his new link workers.**

5.12 The following are example complaints about adult social care:

a. Complaint

An older couple complained about a grab rail in their bathroom which had caused staining to the floor.



Actions taken

Investigation revealed that a rail not recommended for bathroom use had been fitted, and that this reflected weaknesses in communication procedures between those involved in arranging and delivering minor adaptations. Regarding the fitting of equipment to allow an older person to remain independent at home, the processes followed and relationships between health professionals, suppliers and installers were reviewed.



Outcomes

Improvements to these procedures should prevent any similar errors in future and were put in place in the process and in communications between all parties to ensure a better service to the customer. In respect of the older couple, they accepted a small sum of money in recognition of our mistake rather than ask us to replace the whole bathroom floor – they agreed this during a face to face meeting with a senior manager where an apology was made and explanation given about what had gone wrong.

b. Complaint

A family complained because they were very unhappy about a planned change of home care provider for their elderly relative, and were contemplating taking legal steps to try to stop this from happening. The service had initially been provided under a "spot contract" rather than by the provider usually contracted to deliver home care in that area, and the plan was to transfer responsibility to the usual provider, but the family perceived this as a reduction in the quality of the service.



Actions taken

The complaints team brokered meetings between the family and the new provider at which the provider was able to explain in detail how they would be providing care in the future and what the skills and training of their staff who would be carrying out the elderly relatives care plan were



Outcomes

A situation which had initially been confrontational was defused, and the end result was that the change to the new provider took place to the satisfaction of the family and service user.

5.8 The following are example complaints about CHC funded care:

a. Complaint

A family member was concerned about the quality of care her mother was receiving in a care home. In particular, they felt that the care home staff were unhelpful and also that they had lost some of her mother's clothes. The family member was also concerned about the involvement of the local mental health team with whom she had had difficulties in the past and the conduct of the care manager who had carried out a recent review.



Actions taken

A face to face meeting was arranged and the involvement of the mental health team was explained and an apology given because in this instance the care manager's conduct did not meet the expected standards. The care manager was changed.



Outcomes

Following a series of unannounced visits by the new care manager to discuss the service user's care with the care home staff, the complainant reported that the situation had improved and that she was pleased with the changes. The care home also agreed to meet the cost of replacing the missing clothes after discussions with the complaints team.

b. Complaint

The service user's wife complained on her and her husband's behalf. He had complex health needs following a stroke. She had planned to attend a family wedding and felt that his respite had only been arranged at the last minute. The complainant was also unhappy about the perceived lack of support from the care manager since her husband had left hospital a few months earlier.



Actions taken

On investigation it was found that the respite had been arranged at the last minute even though the request had been received several weeks before. It was also found that while the care manager had been proactive initially, more recently contact had reduced and the care manager had become more reactive.



Outcomes

To resolve matters and to have a fresh start, a new care manager was allocated and an apology given. The complainant later wrote, "Thank you very much for dealing with our complaint in a nice manner".

6. What people think about our services – complaints received in 2013/14

6.1 The adults and children’s complaints services directly handled all the social care and continuing healthcare complaints made to Northumberland County Council. That is, the 218 new complaints received between 01 April 2013 and 31 March 2014, 234 complaints in all when on-going complaints (16) from the previous year are taken into account.

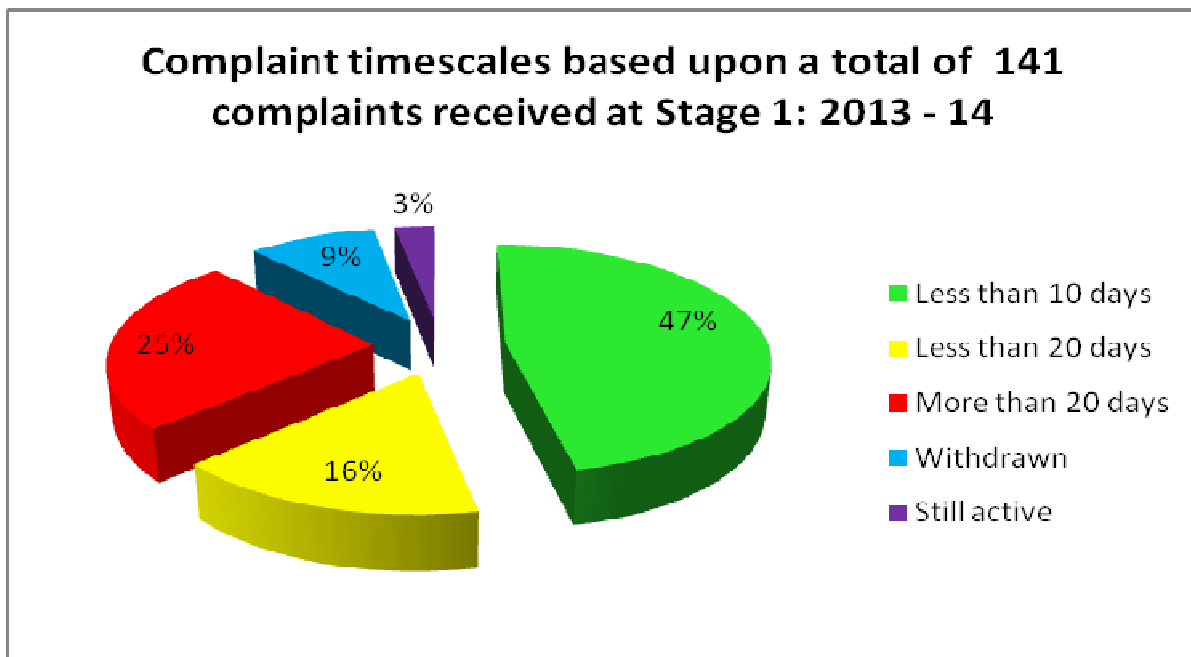
6.2 The table below notes the numbers of complaints received and responded to in 2013/14:

Complaints 2013/14	Adult social care	Children’s social care	CHC	Total
Received during 2013/14	69	141	8	218
Closed during 2013/14	73	137	5	215

6.3 The two complaint services acknowledged 100% of these complaints in line with the relevant regulations.

6.4 In children’s social care services, legislation requires a complaint at stage 1 to be resolved within 10 working days but this can be extended to 20 working days with the knowledge of the complainant. A further extension is possible if necessary however the complainant must be told the reason for the delay and given the option to move the complaint to stage 2 if desired. Legislation requires that a complaint at stage 2 should be resolved within 25 working days and there is provision to extend this to 65 working days if necessary. To progress to a review panel, a request must be received within 20 working days of receipt of stage 2 adjudication letter and a date for the review panel must be agreed within 30 working days of receipt of this request.

6.5 The following chart shows children’s complaints timescales at stage 1 for 2013/14:



6.6 Whilst the majority of complaints were resolved within the designated 10 to 20 days, 25% of these took longer to resolve. This was usually because the circumstances around the complaint were more complex and the complainants were happy to agree to the timescale being extended in the interests of a full investigation and resolution. The complainants are kept informed during the process and have an open line of contact with the complaints officer.

- Comparison with previous reporting period

Year	Number	< 10 days	< 20 days	>20 days	Withdrawn	Active
2012-13	106	46%	11%	31%	12%	n/a
2013-14	141	47%	16%	25%	9%	3%

6.7 Complaints at Stage 2: during 2013/14 three formal complaints were received, two of which were still in the process of resolution at the time of reporting and the remaining complaint was withdrawn because the young person involved did not consent to the complaint investigation.

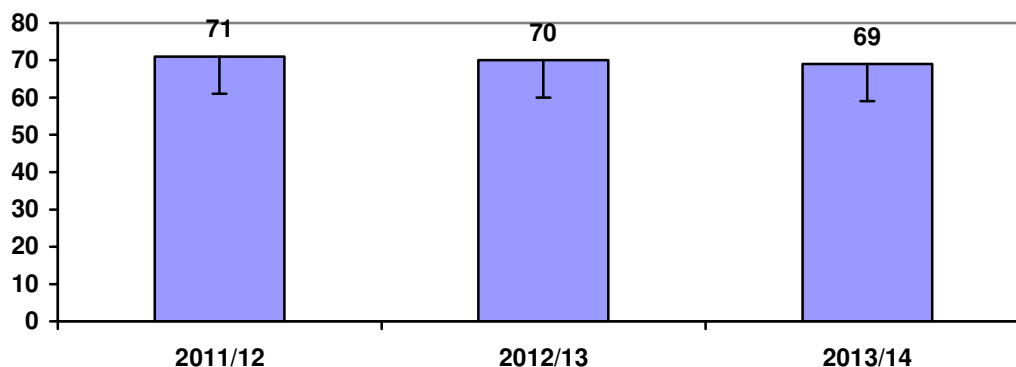
6.8 Complaints at Stage 3: during 2013/14 no requests for review were received.

6.9 For adult social care complaints an individual timetable for response is agreed with the complainant at the point of acknowledgement of the complaint. In adult social care we closed 100% of the complaints in the timeframe agreed with the complainant.

6.10 Below we report separately further information about adults and children’s social care complaints because this reflects the custom and practice that has evolved to meet the requirements of the respective legislation and guidance.

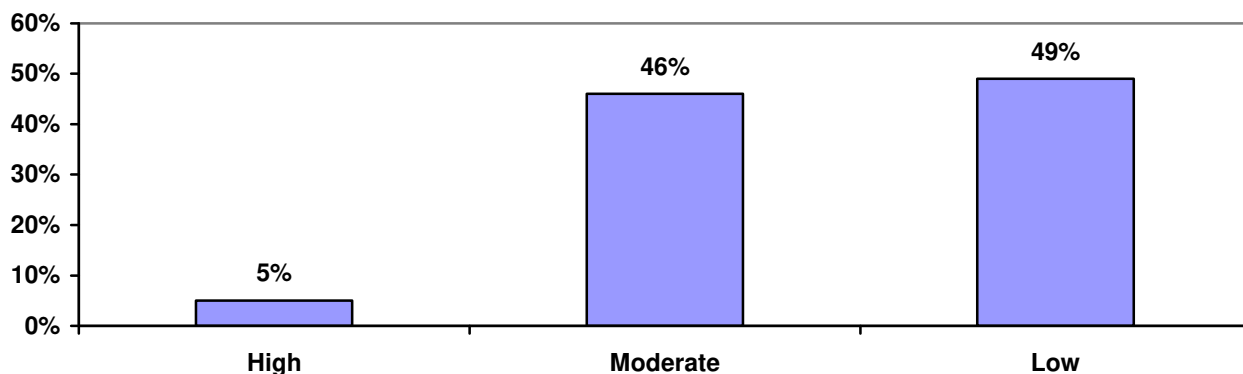
Adult complaints:

- 6.11 The chart below shows that the numbers of adult social care complaints has stayed about the same numerically over the past three years.



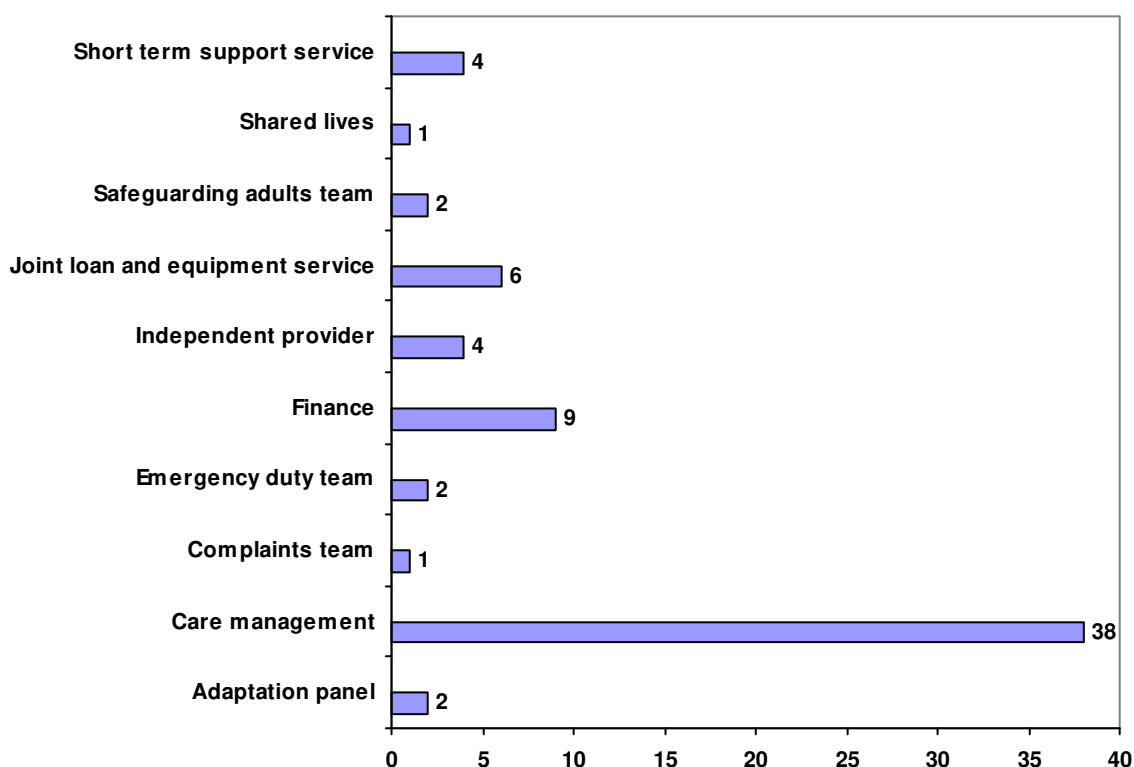
- 6.12 To put these complaints in context, in April 2014 care management had open 7,694 adult service users and had identified 3,671 carers. This is a reduction from April 2013 when care management had open 9,677 service users and had identified 3,952 carers. Therefore, adult social care has received a small increase in complaints proportionally in 2013/14 than in previous years.
- 6.13 Please note that the apparent fall in service users and carers is in part attributable to the short term support service which aims to maximise people's potential for independence, and avoid unnecessary dependency on long-term services. This has contributed to a fall in the number of people with a physical disability requiring long term care management. Also changes in partnership arrangements with the Northumberland Tyne and Wear NHS Foundation Trust (NTW) have led to a significant change in numbers for mental health. However, we anticipate an increase in these numbers when the new Care Act comes into force in 2015.
- 6.14 It is important that people know how to and feel confident to express their dissatisfaction with our services. Customer feedback, good or bad, is powerful information which helps us determine whether we are doing a good job or not and informs any changes we need to make.
- 6.15 When a complaint is received the complaints team carry out a risk assessment. The Department of Health's complaints best practice guidance, "Listening, Responding, Improving" (February 2009) says, "By correctly assessing the seriousness of a complaint about a service, the right course of action can be taken." The risk assessment process enables the need for a more proportionate response. That is, with a high risk complaint it is more important to understand what may have gone wrong and take remedial action more urgently; this usually requires a greater use of resources. Conversely, a low risk complaint may need fewer resources to resolve satisfactorily.

6.16 The chart below shows the adult social care complaints received in 2013/14 by risk category:



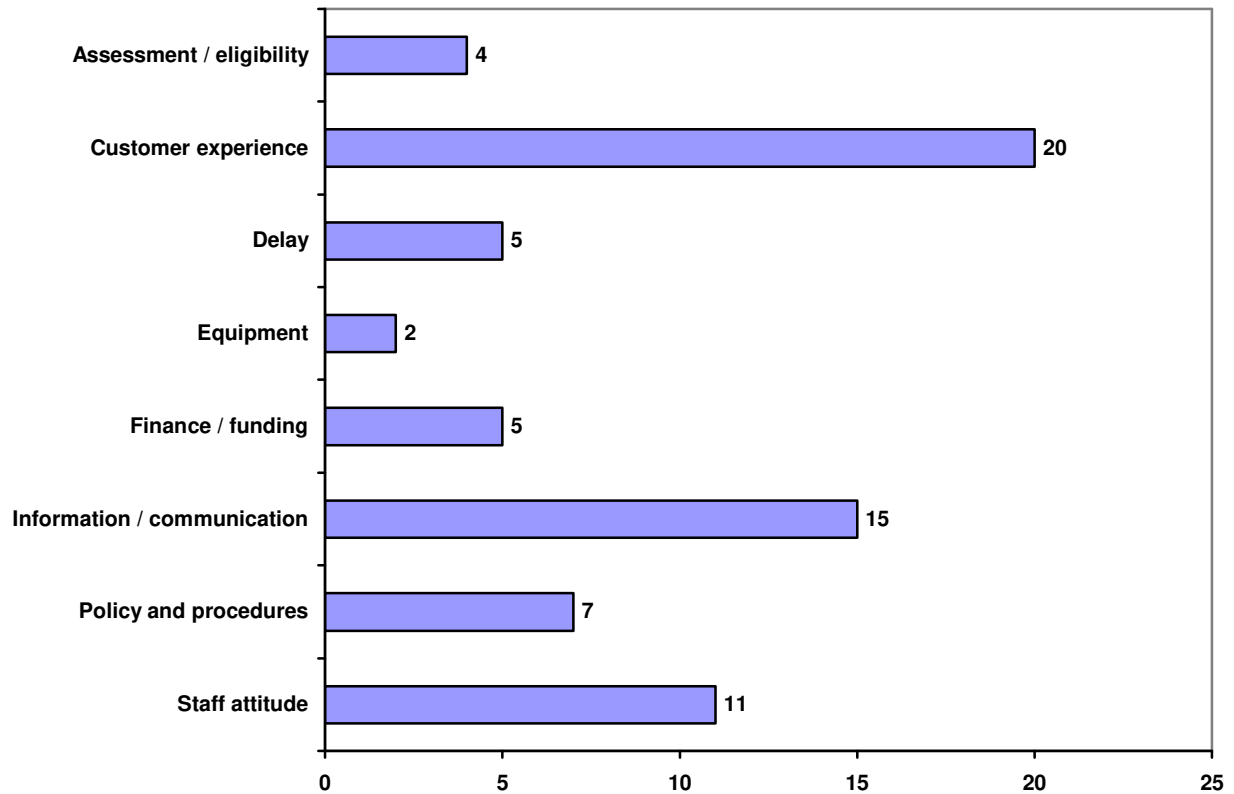
6.17 This means that efforts to resolve complaints can be more effectively targeted, especially in those cases where longstanding or complex issues have been identified.

6.18 The chart below identifies the adult social care service areas complained about in 2013/14:

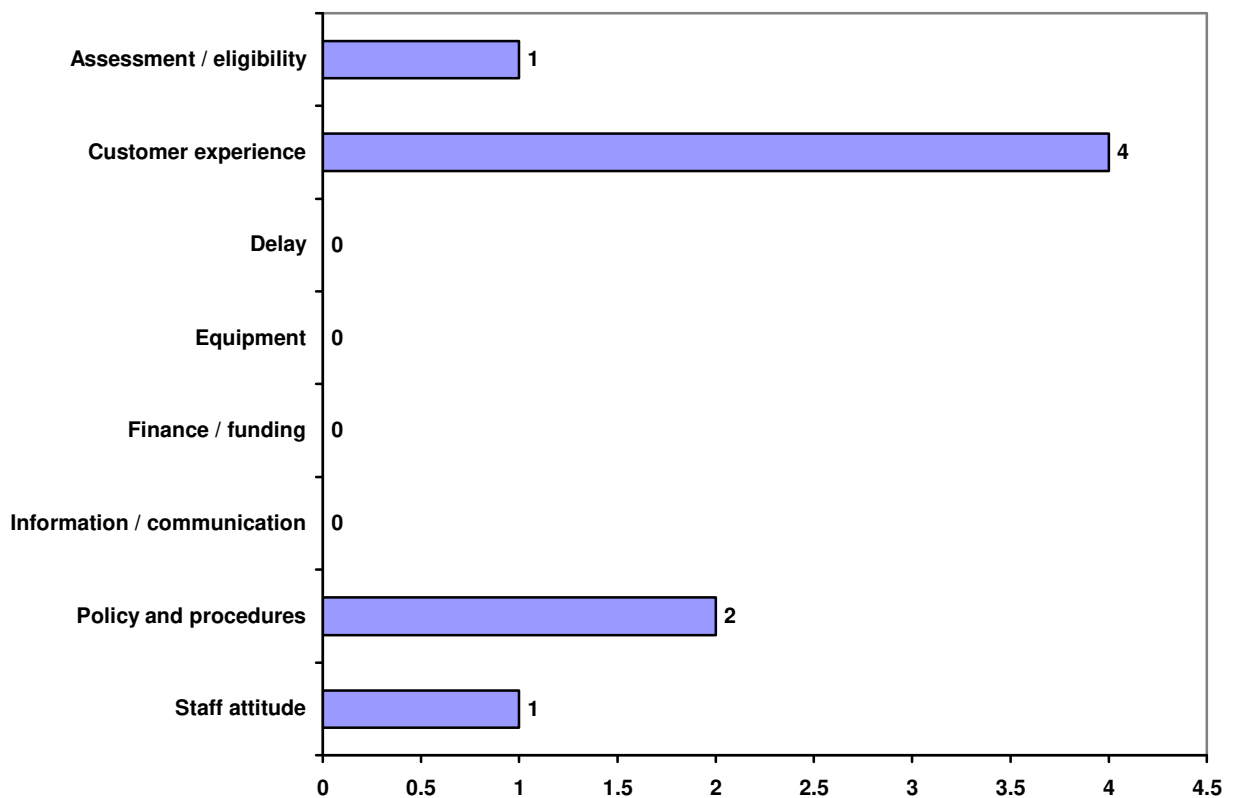


6.19 In respect of complaints about care management 50% (19) related to the physical disability and illness teams and 34% (13) related to the mental health teams.

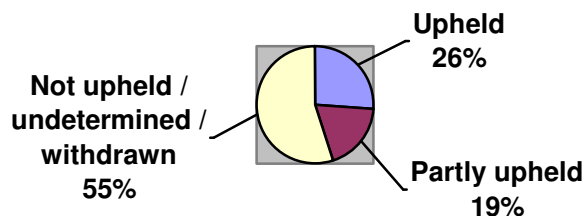
6.20 The chart below identifies the broad subject of the adult social care complaints over 2013/14:



6.21 The chart below identifies the broad subject of the CHC complaints over 2013/14:

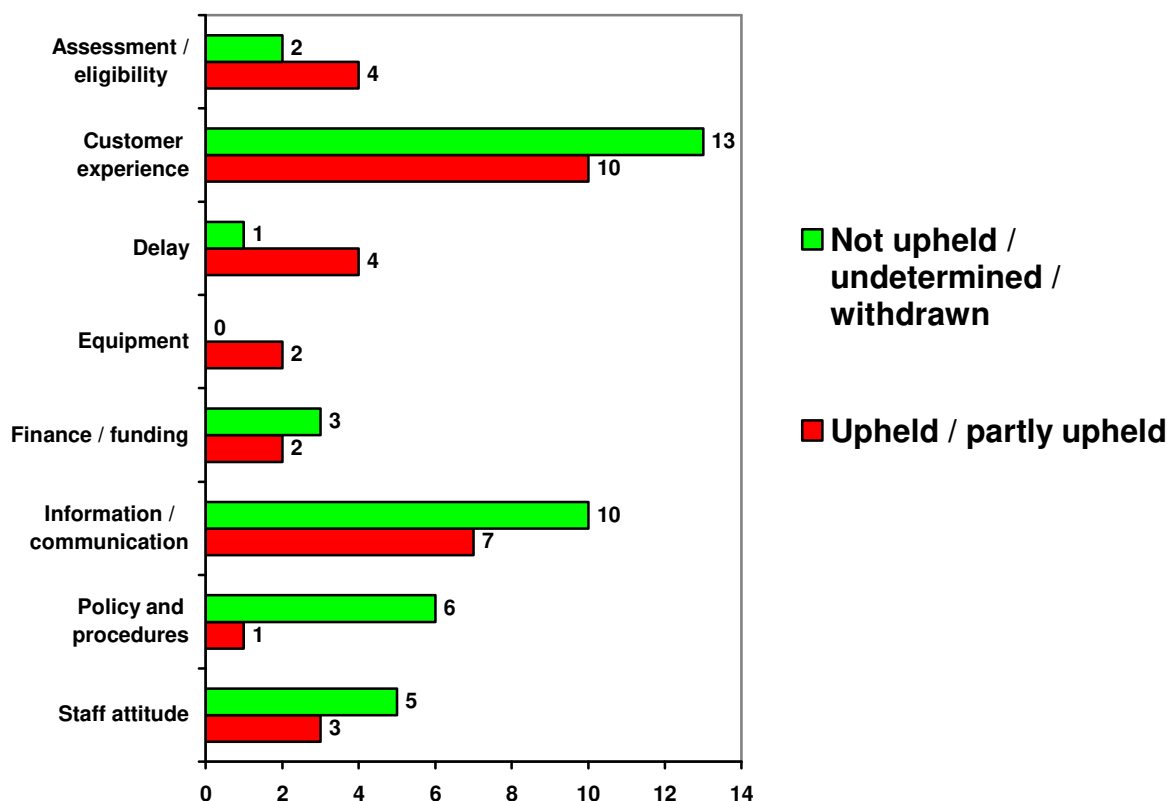


- 6.22 Customer experiences issues relate to a person's perception and actual experience of their services. Over 2013/14, across adult social care and CHC complaints 32% of customer care issues related to the perceived poor quality of services received, while issues related to information and communication (people not understanding) were raised in 22% of adult social care cases. Perceived poor staff attitude remains an important matter for all service areas.
- 6.23 While many of these kinds of issues are subjective, how someone experiences our services is an important piece of information that can still help us change and shape how we work.
- 6.24 As an organisation it is very important to consider how we communicate both as individual members of staff and as a wider organisation; that people understand how we work and what they can expect; and that our policies and procedures support the decision making process to give individuals their preferred outcomes, as far as possible.
- 6.25 Certain common themes emerged over 2013/14 and have been noted previously in section 4 above.
- 6.26 The chart below shows the proportion of adult social care complaints upheld, partly upheld and not upheld in 2013/14 (the 2009 regulations refer to 'well founded'):



- 6.27 These findings show that of the complaints responded to in 2013/14, 45% were partly or completely upheld. This is a reduction on 2012/13 when 50% of adult social care complaints were partly or completely upheld. Over the past year the complaints manager has encouraged managers to take early action to resolve concerns rather than to register them as formal matters. Analysis suggests this strategy has resulted in a higher proportion of complaints being made that reflect an underlying dissatisfaction with services or the situation rather than being 'well founded'.
- 6.28 In respect of CHC complaints closed, all were upheld (4 of 5) or partly upheld (1 of 5). However, the numbers are very low so no real conclusions can be drawn at this time.

6.29 The chart below indicates complaints closed by subject and outcome (upheld or not):

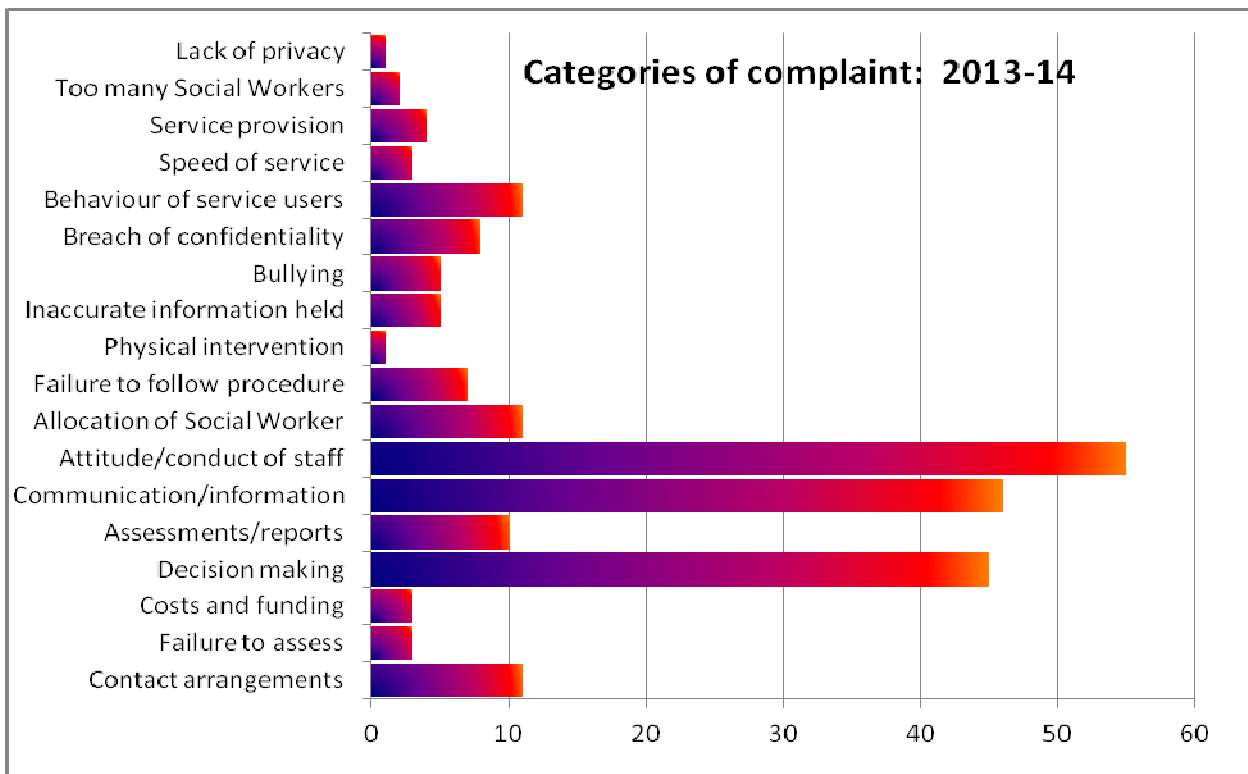


6.30 In the chart above it is noticeable that in respect of complaints about policy or procedures that staff have largely acted correctly; and where people have been dissatisfied with equipment we have provided, we have found that the equipment has been faulty in some way. Analysis suggests that where concrete issues have been raised (e.g. delay or assessment outcomes) we are often at fault. However, where the complaint is about perception (e.g. customer experience or perceived staff attitude) there is often not the evidence available to support the criticism. This suggests we must continue to be mindful that people do not always understand how we work and that we must explain this and be clear about what people can expect from services.

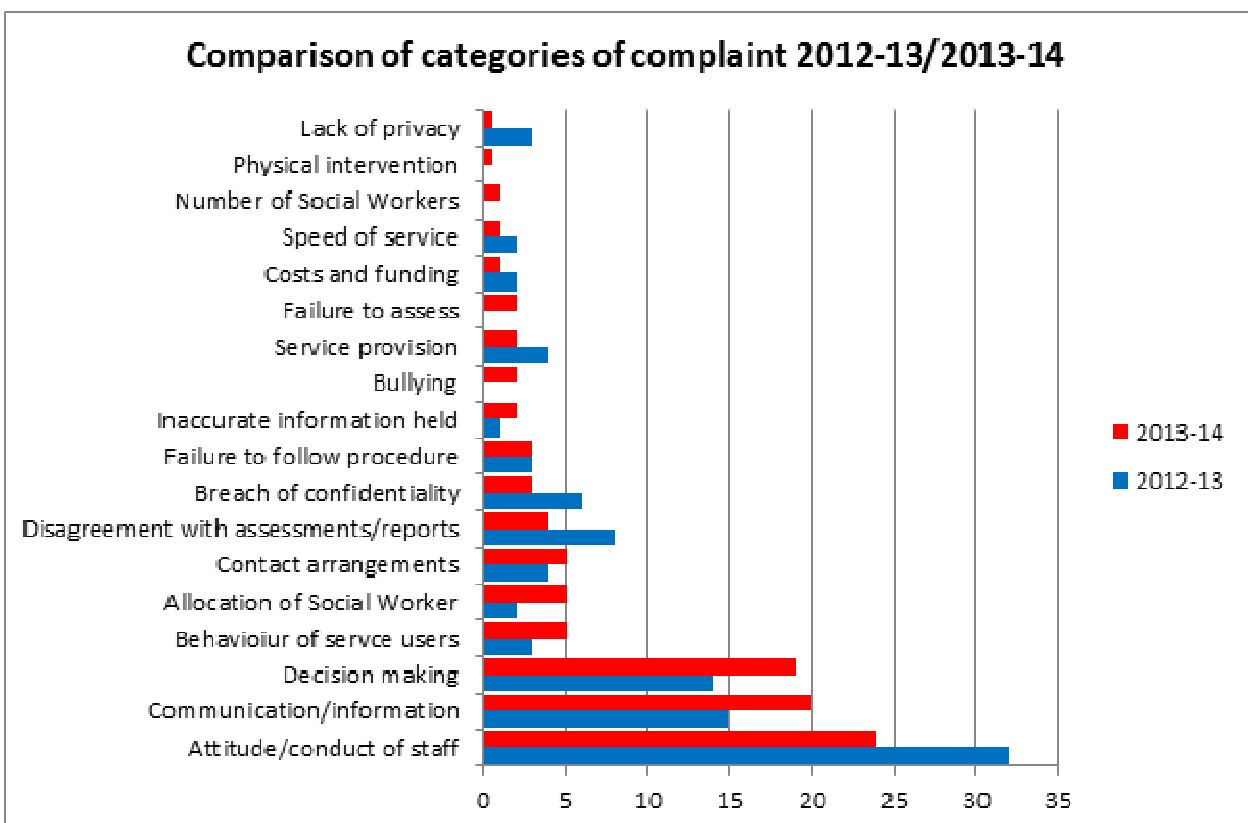
6.31 In respect of adult social care 65% of all adult service users are aged 65 and over and 27% are aged over 85. Nationally and particularly in Northumberland, we have an aging population – 20% of the Northumberland population is aged 65 or over; this is higher than for the North East generally (17.3%) and for England (16.3%), as well as for all of the counties / unitary authorities in the North East. This means in adult social care and complaints in particular we need to be acutely aware of the issues that affect old age and the kinds of help and support that may be available. This is especially important as the over 65 population is expected to account for over 30% of the total population in Northumberland by 2035.

Children's complaints

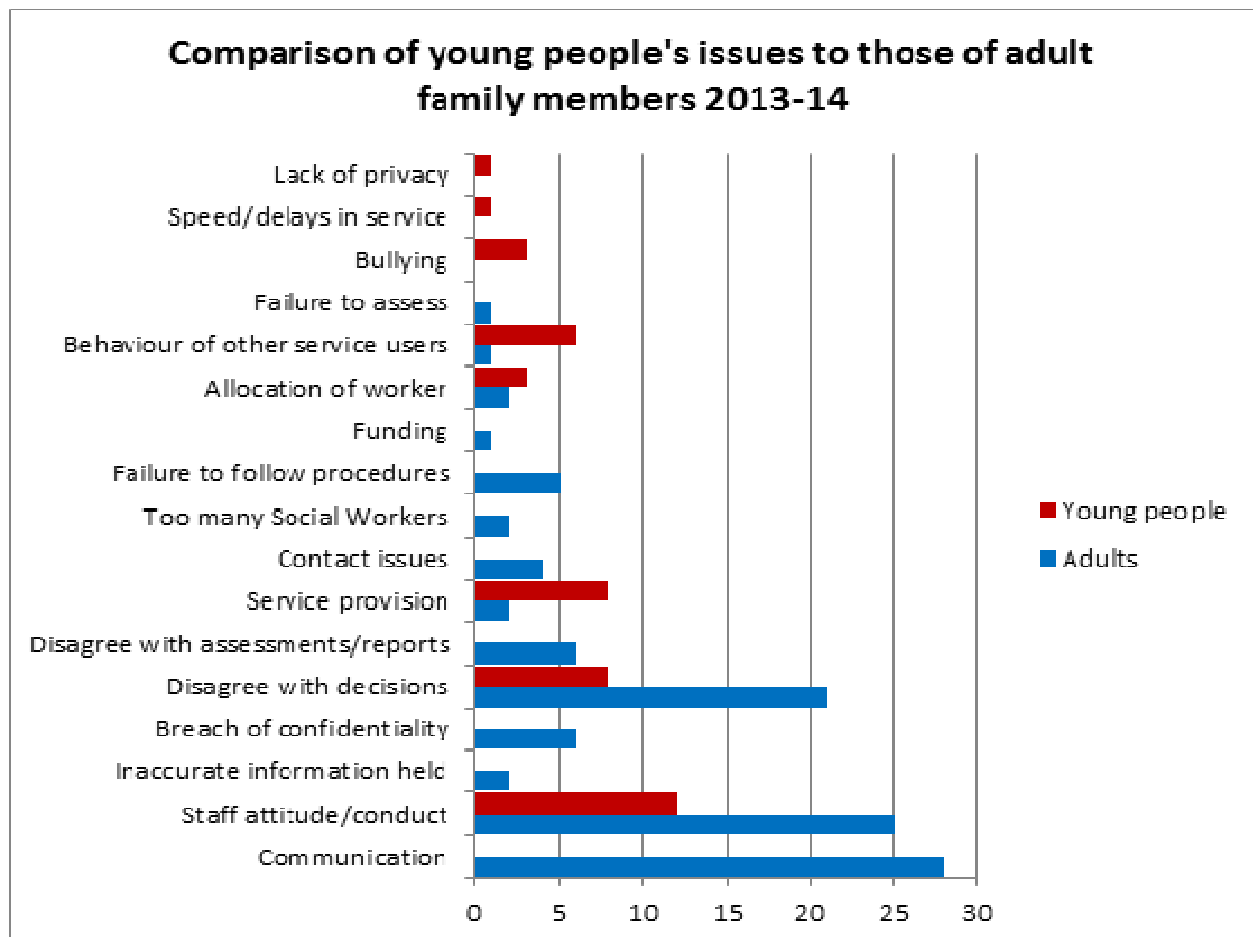
6.32 Complaints at Stage 1: the chart below illustrates a breakdown of the types of issues complained about:



6.33 The findings for 2013/14 were similar to 2012/13 with conduct of staff being the greatest concern to service users, followed by communication issues and disagreement with decision making. Comparisons can be seen in the chart below which illustrates complaints as a percentage:



- 6.34** During 2013/14, 25% of stage 1 complaints were brought by children and young people looked after by the Authority and this was the same in 2012/13. Of the adults making complaints on behalf of children, 13% of these were brought to our attention in relation to the care of children and young people who were looked after by the Authority.
- 6.35** Issues complained about by young people differed slightly in comparison with those raised by adult family members shown in the chart below:



- 6.36** It was clear that the young people's main concerns differed significantly from those of the adults in their family. It is positive to note the absence of complaints from children about communication. Most of the young people who complained were looked after in a residential setting where the importance of keeping children informed about all aspects of their care is recognised as a priority. Evidence from continuous internal review of practice and from external oversight indicates that children and young people in residential care continue to be presented with opportunities to raise issues and that many of these are resolved without the need to contact the complaints service. In contrast to this, complaints about communication was the most popular category at 26% of all adult family members' complaints.
- 6.37** A high proportion of young people raised issues about staff attitude and conduct and it is seen as a positive that children have this means of raising issues externally. The complaints service's links with Children's Safeguarding also ensure that such issues can be referred on should this prove necessary. Young people also used the complaints process to get

answers to their questions about decisions made about them and their care. These two categories combined to account for 55% of young people's complaints. These two categories also accounted for 43% of complaints brought by adults on behalf of children and young people.

- 6.38 17% of young people's complaints were about the impact that other service users were having on them and these came mainly from young people in residential care. Responses to these complaints assured us that staff caring for young people in residential settings are aware of the difficulties faced in terms of group living and there are a range of supports in place to help young people with this. Raising these concerns as a complaint is an additional resource open to young people.
- 6.39 There were two further categories of complaints raised solely by young people which again came from children in residential care. These were about bullying and lack of privacy. These issues are important to any young person and the complaints service has received assurances that the rights of young people are prioritised by those caring for them.
- 6.40 Of the two formal complaints investigated at Stage 2, there were four main areas of complaint:
- communication
 - staff attitude/conduct
 - disagreement with assessments/reports
 - delay
- 6.41 Advocacy is available for those people who, as a result of their particular needs, need support to represent themselves and do not have or want family or friends to do this on their behalf. Northumberland County Council is currently contracted with specialist advocacy providers in both Adults and Children's Services.
- 6.42 Although only a small proportion of service users lack the mental capacity to make a complaint in their own right, we have found that half of adult or older service users are represented by others, usually their immediate family, in the complaints process.
- 6.43 The high proportion of family members making a complaint relating to both adults and children's social services, can be about their wish to take or accept responsibility to challenge what is perceived as a poor service on behalf of a relative.
- 6.44 Complaints made by family members can be very emotionally challenging for all parties because the complainant often perceives that the child, young person or adult has suffered unnecessarily to some degree.

7. Complaints looked at by the Ombudsmen

- 7.1 It is the right of all complainants to ask the appropriate ombudsman to consider their complaint at any point if they remain dissatisfied. It is usual for the ombudsman to ask the complainant to exhaust local procedures before getting involved.**
- 7.2 The Local Government Ombudsman (LGO) considers complaints about adult and children’s social care. The Parliamentary and Health Service Ombudsman (PHSO) considers complaints about care funded by the Clinical Commissioning Group – Northumberland.**
- 7.3 Although every reasonable effort is made to resolve matters we direct the complainant to the relevant ombudsman should they remain dissatisfied in every final complaint response letter.**
- 7.4 In 2013/14 adult social care received 3 decisions from the LGO; and children’s social care 3 decisions of which LGO found that 2 were out of their jurisdiction because matters had been decided in Court previously.**
- 7.5 In 2013/14 we had no contact with the Parliamentary Health Services Ombudsman.**
- 7.6 Broadly speaking these decisions suggest that we have dealt with our complaints appropriately.**
- 7.7 Each year typically between 2 and 6 complainants ask the LGO to consider a complaint that adult and/or children’s social care has tried to resolve.**
- 7.8 Please note that in February 2014 the LGO changed its decision categories. Of particular note, the category, “Investigation complete and satisfied with authority actions or proposed actions and not appropriate to issue report”, is replaced by these new categories:**
- Upheld: Maladministration and Injustice**
 - Upheld: Maladministration, No Injustice**
 - Not upheld: No Maladministration**
- 7.9 The table on the following page summarises the 4 adult and children’s social care complaints considered by the LGO in 2013/14 and their decisions, all of which we received before the change in categories above.**

Summary of complaint	LGO final decision	Summary of LGO final decision
<p>When responding to concerns about a care provider (DSL) the Council failed to:</p> <ul style="list-style-type: none"> • Consider preventing a former carer continuing to supply care commissioned by the Council; • Monitor the care agency's supervision, absence, holiday cover and termination procedures; • Prevent children being looked after by a sole carer without proper clearance and training; • Consider reviewing the contract with the care agency in view of the concerns expressed. 	<p>Investigation complete and satisfied with authority actions</p>	<p>The Council's investigation found fault in DSL's restriction of the team of carers it could use to support the family. It found fault in the carer's decision to babysit for the family when to do so is against the rules. It found DSL had acted in line with the disciplinary procedure, and that its systems are robust enough to prevent this occurring in future. It is monitoring how DSL delivers care and in particular how it manages boundaries between the carer and client. It is also monitoring how DSL manages transition between carers.</p> <p>The Council is continuing to monitor DSL's provision of care. That is the proper response to the complaint. The Council acted without fault in investigating concerns about the care provided to Ms B.</p>
<p>Mr B, complained about the action Northumberland Council is taking in relation to the care needs of his mother, Mrs E.</p>	<p>Investigation complete and satisfied with authority actions</p>	<p>Mrs E has capacity to make decisions about her affairs. The Council has explained the action it is taking in reviewing the residential care needs of the complainant's mother. It has confirmed the complainant's</p>

		<p>mother has agreed to share information with the complainant. The Council has explained the position to Mr B. I have seen no evidence of fault in the way it has approached this matter.</p>
<p>Ms X complained that the Council failed to carry out a core assessment of a child properly. She also complained that it failed to reply adequately to her resulting complaints.</p>	<p>Investigation complete and satisfied with authority actions</p>	<p>The Council has explained that Mrs X had complained however her complaint was not in respect of this issue. Her complaint was responded to appropriately. The Council agreed that there had been a failure to carry out a core assessment however this had already been picked up by the social work team manager on review following the closure of the case. There was not an opportunity to remedy this however because the complainant had subsequently moved away. The Council agreed to remedy this with the complainant and issue an apology.</p>
<p>Miss X is unhappy as she says her friend's Care Manager persuaded her not to see Miss X anymore.</p>	<p>Not to initiate an investigation</p>	<p>The Ombudsman is not investigating this complaint as there is no evidence of fault by the Council.</p>

8. Enquires received in 2013/14

- 8.1 The complaints services also respond to a number of ‘enquiries’ from service users, carers, families and members of the public.
- 8.2 In the course of 2013/14, 207 enquiries were recorded by adult social care, up 73% on 2012/13. Of the 207 enquiries received, 174 related to adult social care which is more than double the enquiries related to adult social care received in 2012/13.
- 8.3 Over 2013/14 we recorded 52 instances in children’s services where issues were able to be resolved without becoming complaints.
- 8.4 Enquiries can escalate into complaints if they are not dealt with satisfactorily or in a timely manner. At first contact the complaints services provides or arranges answers or explanations to resolve the issues raised.
- 8.5 Typically, enquiries managed by the complaints services are contacts from members of the public, including the children, young people or adults who use our services, who may wish to complain but we can deal with their concerns immediately; or from people who have a specific question about our services; or from people who are not sure who to contact or who believe we are the responsible body.
- 8.6 The table below notes the enquiries received by service area:

SOCIAL CARE ENQUIRIES 2013/14	TOTAL
Children’s Social Work (including link workers in Care Homes)	35
Foster Care	8
Children’s corporate issues	3
Schools	6
Adaptations panel	2
Care management	77
Complaints team	3
Contracts team	1
Emergency duty team	2
Finance	7
Independent social care providers	17

Joint equipment and loan service	13
Miscellaneous	3
Northumberland County Council – other service areas	10
Northumbria Healthcare	15
Occupational therapy	2
Other organisations	8
Person centred planning	1
Safeguarding adults team	4
Short term support service	24
Total	259

- 8.7** Of the above adult enquiries the complaints service redirected 33. That is, 84% of enquiries received related to adult social care, and overall 91% related to services provided by adult social care or Northumbria Healthcare NHS Foundation Trust. These proportions are noticeably up on 2012/13 which indicates that we have been able to help people understand better how services are delivered in Northumberland.
- 8.8** In respect of the 52 enquiries about children’s social care, 67% were in relation to children’s social workers and residential care link workers; 15% related to foster care; 6% were corporate children’s issues (e.g. school admissions) and 12% were in relation to schools. These included instances where issues could be signposted elsewhere so that the service user was put in touch with expert staff. Sometimes service users contacted us to make comments or suggestions which were passed on to relevant services or used to help improve services.
- 8.9** In both adult and children’s complaints services each enquiry can take anything from a matter of minutes to several hours to complete. Many enquiries are dealt with over one to two working days.
- 8.10** Some enquiries contain information that was handled under either adults or children’s multiagency safeguarding procedures, especially information relating to independent providers. In these cases we let the enquirer know that they should contact the complaints team after the safeguarding process is complete if they remain dissatisfied with the outcomes.
- 8.11** Analysis suggests that we should continue to publicise our services to help people contact the correct organisation in the first instance.

On a residential link worker

A young person in residential care highlighted in his compliment how his link worker had helped him through his stay and how he helped with his problems; and that the link worker had had a lot of time for him while he was living in residential care.

On in-house services

My husband L has vascular dementia / Alzheimer's & he has recently started attending the Essendene Day Centre in Bedlington. I would like to express my gratitude to all the staff who work there, they do a tremendous job. As a carer I couldn't cope without the support they offer. I have visited the centre today & was made very welcome & shown around by C (care manager). I was very impressed with the facilities & the environment was friendly, warm and homely. Caring for someone with dementia is exhausting & upsetting, seeing someone you love fade into oblivion is so distressing. Thank goodness for places like Essendene. A huge thank you to all who work there.

9. People's experiences of making complaints

- 9.1 As previously stated in the annual report, both adults and children's social care services are committed to learning from the experiences of children, young people and adults making complaints. Although they offer an open line of communication regarding making complaints, our children's complaints service has identified the need to formalise the process of asking people who make complaints about children's social care services about the experience they have had during the complaints process. This will be part of our forward plan for 2014/15.
- 9.2 Two weeks after a complaint is made, Adult Services routinely send out a questionnaire to complainants. The questions relate to people's experiences of making a complaint. The numbers of returned questionnaires is unfortunately low with only one in five people responding.
- 9.3 In respect of Adult Services analysis from previous years suggested that those who felt particularly dissatisfied with the complaints process would be more likely to complete and return the questionnaire. However, over the past year, it appears we are beginning to see change with generally more positive feedback.
- 9.4 Over 2013/14, 14 completed questionnaires were returned which is an increase of 75% on 2012/13. Not everyone answered every question. The arrows indicate a change – either an increase or decrease on 2012/13.

Question	Yes	No	% positive	Change
Did the complaints team discuss how your complaint would be handled and agree a suitable time frame in which to respond to you?	13	1	93%	↑
Were you kept informed of the progress of the investigation?	11	3	79%	↑
Did our response address your concerns satisfactorily?	9	3	75%	↑
Was our response easy to understand?	13	0	100%	↑
Did you feel that lessons were learnt and appropriate actions were taken?	7	4	64%	↑
Did you, or the service user, feel that you were treated differently as a result of raising your concerns?	5	7	58%	↓
Overall, did you feel that your complaint was handled well?	11	3	79%	↑

9.4 At the end of the form is room for free text. Comments made included:

- May I say (you) did an excellent job in reconciling our complaints overall.**
- I was impressed with the speed and decision on the complaint due to its sensitive nature. I was updated and informed in a timely manner and treated with courtesy and understanding.**
- I had to ring for updates on the progress of the original complaint. I believe the matters raised could have been processed quicker. I accept that individuals were not always available, but I feel in these circumstances others could have been approached to speed things up. More proactive than reactive.**

9.5 Where appropriate the complaints team follows up any comments made.

9.6 Analysis also suggests we have more work to do to assure complainants that we learn lessons from their concerns. We do this by writing to them again after any lessons learnt have been implemented.

9.7 Whilst our leaflet offers assurances as do our complaints staff when they take calls, analysis suggests that we have more work to do to reassure people that they will not be treated differently if they complain.

10. Conclusions and future plans

- 10.1 We continue to be guided by the aim of responding to complaints in an appropriate and proportionate manner, understanding the perspective of each child, young person or adult that makes a complaint and where possible aiming to resolve things at an early opportunity.**
- 10.2 The Care Act 2014 proposes an appeals process against local authority decisions, to be implemented from April 2016 – which would potentially mean all decisions about individuals under Part I of the Act, including eligibility decisions, assessment outcomes, care and support plans and charge determinations. The amendment is enabling, so it does not of itself tell us what the appeal process will be. Adult social care complaints service will likely be affected by these changes therefore our intention is to develop an effective process to accommodate this and implement it over the coming months.**
- 10.3 We also continue to learn lessons, to make changes to improve things for individuals and their families, and to draw on what we learn to improve our services more generally.**
- 10.4 Over the coming year, 2014/15 we will continue to improve accessibility to make compliments, complaints and comments and the ways in which we demonstrate learning from complaints. We want to focus on the experiences of children in foster care, children with disabilities, adults with learning disabilities and older people in care homes.**
- 10.5 As part of our development work we will continue to work alongside contracted adult social care providers to report on all their registered compliments and complaints regardless of funding arrangements.**
- 10.6 We will continue to oversee monthly regulatory reports for providers of independent children's care using links with relevant services to ensure that a quality of service is maintained and that any concerns are acted upon.**
- 10.7 We will also continue to focus on handling enquiries promptly to try to prevent unnecessary escalation and dissatisfaction.**
- 10.8 We will further align the complaints services across adult and children's social care, sharing good practice and learning that is applicable across different service areas. Children's social care will particularly focus on collecting the customer's experience of the complaints process.**
- 10.9 We will also continue to support managers in resolving complaints at a local level and in a timely manner.**
- 10.10 We have plans for further training during 2014/15, in particular handling complaints proportionately and writing response letters. We will also continue to encourage teams to share their good news – it is useful to know when people feel that we are getting it right.**
- 10.11 More broadly, we continue to make and maintain links with a range of other organisations which will provide service users and others with new ways to**

tell us what they think about services and how services will develop, including:

- Healthwatch which has replaced the Local Involvement Network (LINK), with an extended role in NHS advocacy and support for people wanting to make complaints.
- The Clinical Commissioning Group (CCG) on whose behalf we handle complaints related to Continuing Healthcare (CHC) funding.
- The continuing development of integrated and partnership working across health and adult and children's social care services in Northumberland. Existing links will be further developed over the coming year.

10.7 Overall we have had a positive year with many compliments received and more enquiries dealt with at an early stage. We have successfully resolved the vast majority of complaints locally even when we have not been able to agree with the complainant's perspective. However, we always speak to people to hear their views and take their concerns very seriously. We are committed to improving our services and continue to receive support from staff and managers throughout the organisation in our day to day work.

On sensory impairment staff

I write to you again about a member of staff A. This lady is presently helping me convert my home to allow my wife to return after a prolonged spell in a care home. I cannot praise her highly enough for her professionalism, her valuable advice and her caring manner during this very stressful process. She is a credit to the department and it is so refreshing to meet and work alongside such a knowledgeable person.

On children's social work staff

I lost my way a bit and they helped me get back on track again. The most helpful thing was that she listened to me and my child. Really listened.

On children's social work staff

Email received, "I just wanted to feed back that your two documents completed for today's panel were well written, well structured, accurately scored with evidence to support in the relevant sections and had sound multi-agency plans. Your approach with the young person and their family comes through in the document and it's great to see the views of the young person and their parents or carers. So, thank you and well done. Keep up the good work."

On the complaints service

I was impressed with the speed and decision on the complaint due to its sensitive nature. I was updated and informed in a timely manner and treated with courtesy and understanding.