

NORTHUMBERLAND

Northumberland County Council

In partnership with

Northumbria Healthcare 
NHS Foundation Trust

and


*Northumberland
Clinical Commissioning Group*

Customer Experience: Compliments and Complaints Annual Report 2014/2015

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

- 1.1 This report describes jointly 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 2014/15. The report also describes 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:**

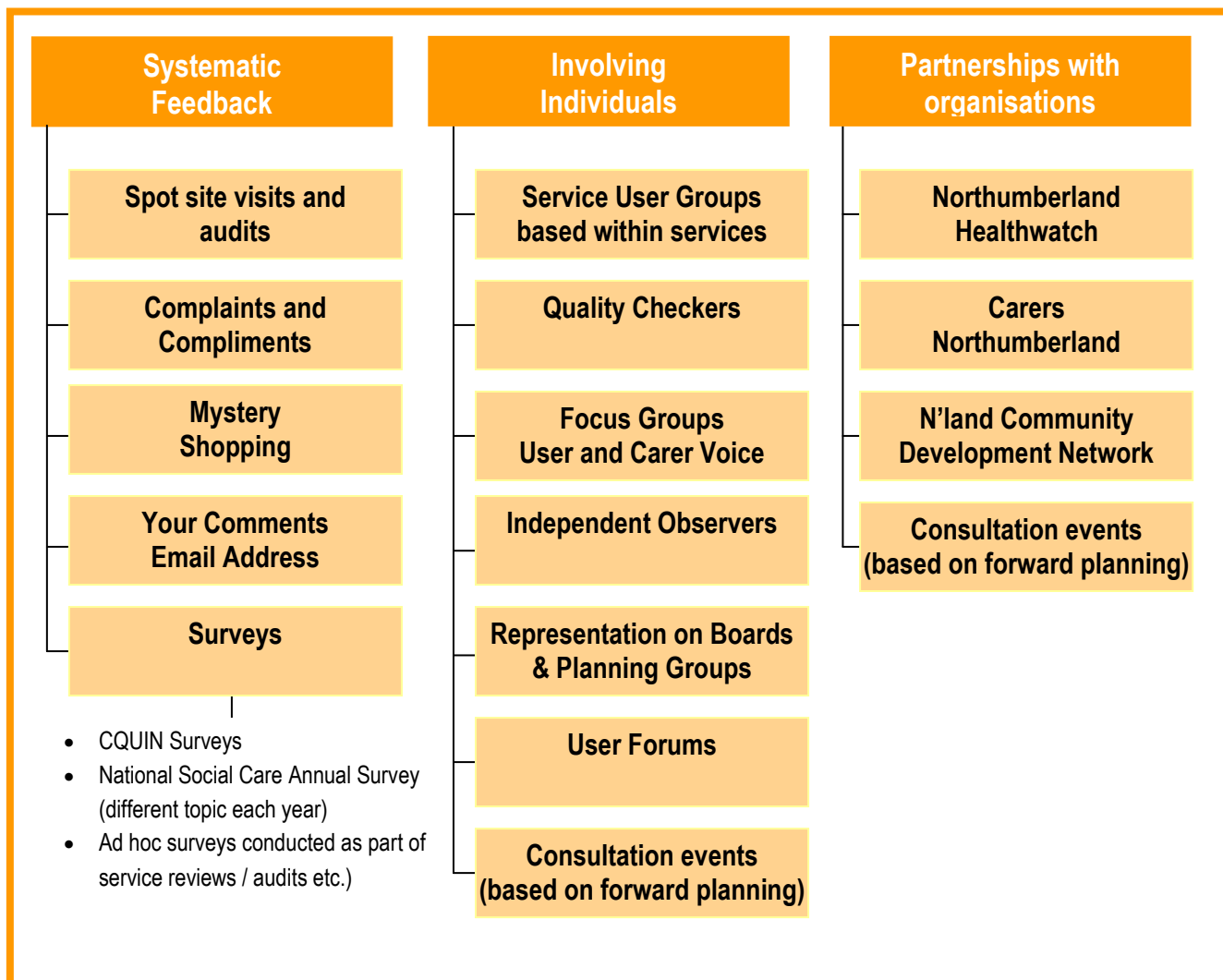


Figure 1

1.4 In respect of our children’s social care services we utilise the findings from the work undertaken by our Participation and Positive Activities Team that carries out regular surveys with young people across a range of services. They also support the development of participation for any vulnerable young person through a number events and groups. These groups regularly meet with senior managers, directors and councillors as part of their work. The groups have also contributed to the development of the Children and Young People Plan 2015-18 for Northumberland. A core work strand of the Participation and Positive Activities Team includes Northumberland’s Children in Care Council which is called Voices Making Choices (VMC). This is made up of several groups, including Young Voices Making Choices (YVMC) and Future Route, that run across the whole of Northumberland. Foster Carers’ forums take place 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. There are 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 comment on 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 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 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 In adult services we have published Northumberland's 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 over 2014/15 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

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?’

Routine sampling of people supported by care management demonstrates a strong overall performance. For example, in the final quarter of 2014/15:

- **97% of users were satisfied with their services and support arrangements (410 people asked)**
- **94% of carers were satisfied with their services and support arrangements (347 people asked)**

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 and Positive Activities Team who monitor and feedback any issues contained in the surveys they carry out with children looked after by the Council. Surveys include ‘Viewpoint’ which is rolled out to looked after children prior to reviews; ‘leaving care’ questionnaires; and regulation 34 surveys which use a traffic light system to ensure that the council is responsive to issues arising.

d. Children’s participation work

Some examples of project work undertaken:

- **‘My super social worker’ training pack to help train social workers to understand what young people think good social workers should do.**
- **‘My designated teacher’ training pack to help designated teachers see things from a looked after child’s perspective. This is now an integral part of designated teacher training.**

e. Children’s fostering and adoption service

The ‘Fostering: Children and young people (2014) – Northumberland’ survey carried out by Ofsted focussed on young people’s experience of fostering and highlighted some areas for improvement. For example, the need to better support a child to find out more about their foster family before moving in or having a short break with them.

f. Children’s services

A health-related behaviour survey, commissioned by Northumberland County Council and Northumberland Public Health to collect reliable information about young people's lifestyles, asked over 1700 12 to 15 year olds about a variety of topics, including being healthy, diet, exercise, drugs, sexual health, support, staying safe, bullying, internet safety, making a positive contribution, money and plans after 16. As a result of this work we have excellent data to be used by schools and the local authority, as well as

other statutory and voluntary agencies that support the health of young people in Northumberland. This work will inform action plans for joint working between and within organisations involved in improving the health and well-being of pupils in schools.

g. Joint Equipment and Loans Service (JELS)

An October 2014 survey found that 98% of respondents (86) rated their satisfaction of the JELS received as 'Very Satisfied' or 'Satisfied'; and all agreed that the staff delivering the equipment were polite and courteous.

h. Healthwatch Northumberland

Healthwatch Northumberland is the independent consumer champion for health and social care in the county. Information gathered by Healthwatch Northumberland on issues from the public, including positive and negative feedback, is being passed on directly to the services involved. In addition Healthwatch logs many comments each month about services including social care:

- "North County Council Homecare "Excellent""
- "Occupational Therapist at social services gave me back my independence. I hadn't thought I was entitled to anything because I work, but she gave me lots of support and arranged for lots equipment to be installed in my house, so I now have handles to help me stand up, and raised toilet seat and sofa etc. She was brilliant!"
- "I think there could be more care provided in the community."

i. Direct engagement through forums (children)

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.

In addition, 'Mind of My Own' (MOMO) is a self-advocacy service and an alternative to Viewpoint. MOMO can be used for a much wider age group and young people can access it via an 'app' or online. It can be used anytime with completed forms forwarded to the appropriate members of staff. Six months after its launch in October 2014 advocacy cases showed a 50% increase compared to the previous 12 months. MOMO has now been rolled out as a support tool for any vulnerable young person to use.

j. Direct engagement through forums (adults)

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:

- 'Blooming Well' – Gardening projects primarily aimed at people living with dementia and their carers are delivered in partnership with The Alwick Garden, Groundwork at Pegswood and 'Let's Get Growing' at Minsteracres in Tynedale.
- Health Roadshows – Ageing Well Ponteland delivered two health road shows in 2014; 'Stepping Into Spring' in May and 'Winter Warmers' in

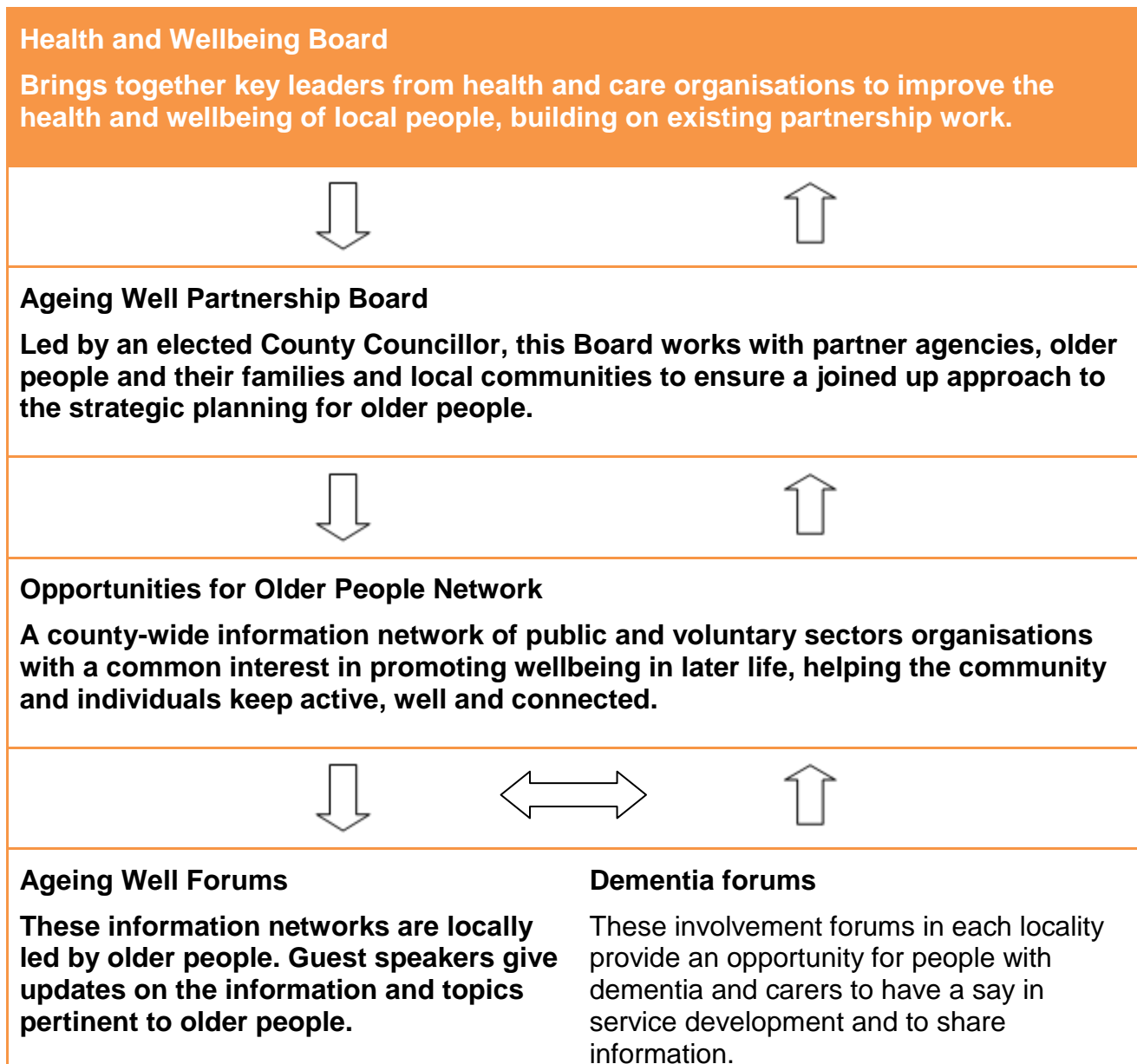
November 2014. They offered a variety of seasonal information on health related and leisure activities and the Ageing Well Health Trainer was in attendance at both events, offering one to one health checks. Both events evaluated well and are running again in 2015.

- **Supported Walks – This joint venture between Ageing Well, West Northumberland Health Walks and the Alzheimer’s Society provided a series of summer walks for people with dementia, learning difficulties and other mental health issues. Volunteers and walk leaders were recruited and trained through the ‘Walking for Health’ scheme and also undertook ‘Dementia Friends’ training.**
- **We have introduced a new style programme for the West and North adult forums to reflect that people told us they wanted more practical information to help them, an opportunity to meet with other people and carers and that some people wanted to know more about living with dementia but did not want to feel ‘labelled’ by coming to a dementia forum. This has resulted in us putting on sessions such as first aid in response to carers saying they had experienced first aid and emergency situations and would like more skills to help them cope.**
- **The Long Term Conditions Forum discussed safeguarding adults processes and how this works, ‘door step’ crime, Debt and illegal Money lending.**

k. Ageing Well

Ageing Well continues to engage with older people in Northumberland through service user forums, road shows, events, Health Trainer interventions across the county and strategically through the Opportunities for Older People Network and the Ageing Well Partnership Board. The project continues to have active support from a number of statutory, voluntary and community organisations, teams and individuals. Doing more together locally leads to people feeling more empowered. The project continues to spread organically as other people and organisations hear about Ageing Well and it is expanding steadily. Increasing the knowledge and skills in workers and volunteers around ageing is another key aspect of our plans for the coming year and we will be developing bespoke training to generate a workforce of ‘Ageing Well Allies’.

How Ageing Well information is shared



I. Short Term Support Service (adults)

Customer experience is gathered on an on-going basis by surveying adult service users following discharge from the service. 90% of respondents (620) were 'Extremely Satisfied' and 'Very Satisfied' with the service they received.

m. Mystery shopping

We have developed a systematic process and toolkit within adult services to evaluate customer experience across community based services.

As an example, the mystery shopping exercise demonstrated that there is a good overall satisfaction rate for callers to the Single Point of Access.

Overall 79 % of respondents were "satisfied" or "very satisfied" with the service they received and 80% would be "likely" or "extremely likely" to recommend this service to family and friends. The report did however give some recommendations for improvement, focusing mainly on consistency, in particular in the provision of information available.

In children's social care services, we use Mystery shopping as part of the contract compliance checks for the independent advocacy providers used by children in Northumberland.

n. 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. 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.

o. Outreach to children in residential care:

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.

p. Complaints services:

Over 2014/15 the complaints service have participated in or run several informal and formal training sessions on complaints handling and complaints resolution for both in-house and staff who work for contracted services. These sessions received very positive feedback – delegates considered that the training was relevant and enjoyable. We intend to run similar sessions again over the coming year.

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 can approach complaints team members seeking local intelligence around certain providers where concerns have been expressed.

On care management staff

I write to thank you on behalf of all three of us – my brother, my sister and myself for you thoughtful, professional care during your time as (our father's) social worker. We are deeply grateful for your careful consideration of all of the issues we have raised and you have investigated on our behalf in terms of dad's welfare. We would like to express our thanks for your work as his advocate in a situation where we found it difficult because we all live away from the North East. Our very best regards.

On children's social work staff

We are really sorry to hear we'll be losing you as our social worker. Your new clients are really lucky to have you! We want to say a really sincere thank you for all you have done for us. You started with us last year when things were incredibly difficult for us and your calm understanding and the help you put in place made an enormous difference to us. We think you are really skilled at your job and have made such a positive difference to the life of our whole family.

- 2.5 Changes do not need to be 'big' to be important or helpful. For example, children's services supported the project that researched and developed a book and photography exhibition to compare the care system from the early 1900s to present day; and people with learning disabilities throughout Northumberland have taken part in activities commemorating the centenary of the start of the First World War.

On care management staff

I am sending you this email to let you know how appreciative myself and my parents are of the support that (the care manager) has both provided and implemented for me since June. As you know she took on a complex case and it was at a time when I was extremely down, my life was what I would describe as a 'mess' ... I believe that she is dedicated to making a difference to the lives of her clients for the better and I can assure you that she does that to a tee. Obviously myself and my friends talk to each other about care management and each others care managers. I know that some of them are on (her) caseload and we all say the same. She does what she is employed to do to a tee! (She) is an asset to your team and Northumbria Healthcare and I am pleased to have her as my care manager. I have copied (Head of Service) into this email as I feel it is extremely important for him to know that his staff are dedicated to what they do ...

On children's social work staff

Thank you for your support. We're plodding on but I think there's an improvement. I'm glad we met you although the circumstances could have been better. Anyway, your help was much appreciated. I know you must have a tough job.

On mental health care management staff

We would like to express our sincere thanks to you all for the caring manner in which you looked after the interests of (our mother) from July 2014. From the beginning, progress was made rapidly and effectively to deliver the support that (she) needed. Although dementia prevented her from having a sound grasp of what was being done on her behalf, she was aware that support was being provided in her best interests. Your help made our own contribution so much easier.

On children's social work staff

Thank you so much for all of your help, support and understanding throughout the adoption process. You helped to make it all feel very safe and very positive. When we began we had no idea that a child as wonderful as *** would be placed with us. She is a wonder – so thank you for being the magic stork that brought her to us.

3. What people think about our services – compliments received in 2014/15

- 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

On behalf of (my wife) and myself I want to express our gratitude for the work done by (the care manager) with our son L. L has multiple problems both physical and mental and is often very difficult to work with. (The care manager) has shown great patience and understanding of his needs and has been very supportive of L during a very unsettled and anxious period for him. I cannot adequately express our appreciation of (the care manager’s) work and dedication. (She) is one of the few people L has been able to communicate with over recent months and her untiring encouragement has enabled L to cope better with recent changes in his life.

On residential care staff

I hope this letter finds you all well ... There has been a lot to do mostly done with a heavy heart. Losing J has been devastating and I miss him every day. We had been married just two weeks short of forty seven years, but together for fifty years. A long time, but they were very happy years, albeit difficult for the last few ... I remember when he first joined you – he was not a happy man – as I am sure you will recall! However, as time went on he accepted that I needed that one day break each week. He always spoke well of you all, recognising your commitment to do the right thing. I now thank you for that kindness. I also appreciated your support in those monthly ‘get-togethers’. Like J, I was a little unsure about joining at first but then so happy I did. Through those difficult times, the meetings were such a big help, no matter if I cried or laughed, it was good to be in the company of people in a similar situation, good people who understood ... My love and thanks to each and every one of you.

- 3.4 In 2014/15 adult social care received 621 compliments about adult social care meaning that we received 10 compliments for each complaint, which is an improvement on 2013/14 when we received 4.5 compliments for each complaint. 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, one of which is repeated at the end of this report; 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. Overall recorded compliments for adult and children’s social care in 2014/15 are up 95% on 2013/14; and continuing healthcare compliments are up 65%. 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

We wish to thank you all for looking after J so well, especially when we were very concerned about his health during his stay with you. He certainly looked better on his way home than when he came in!

On the family placement team

You are a double outstanding service

- 3.7 The tables below show the services that have received compliments and how many times compliments were received during 2014/15:

ADULT AND CHILDREN’S SOCIAL CARE COMPLIMENTS 2014/15	TOTAL
Children’s social care	30
Complaints service	2
Care management learning disability teams	19
Care management mental health teams	16
Care management occupational therapy	3
Care management social care teams	65
Contracted providers (received at County Hall)	2
Disabled children’s team	2
Enquiry referral coordinators (adults)	2

Enquiry referral coordinators (children's)	3
Finance	11
Fostering and adoption service	6
Hospital to Home Northumberland	3
Independent providers*	195
Independent reviewing officers	3
In-house day care services (adults)	110
In-house residential care services (adults)	11
In-house residential care services (children's)	8
Joint equipment and loan service	2
Learning and development team	1
Occupational therapy	7
Participation team	1
Review team	4
Self-directed support team	5
Senior management team (children's)	1
Sensory support team	1
Short term support service	163
Sorted	1
Total	677

CONTINUING HEALTHCARE COMPLIMENTS 2014/15*	TOTAL
100% NHS funded packages	75
Part NHS funded packages	90
Total	165

*Reported by contracted providers

- 3.7** During 2014/15, 67 compliments were received by children's social care and of these almost half (32) were from families and carers. The remaining 35 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.
- 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 the quality of her report, "It was thorough, well balanced with strengths and risks ... it was excellent. Additionally she engaged with the family very well at the conference and I was also under the impression they were a 'hard to reach family'."

On short term support service staff

Published in the Northumberland Gazette, "I would like to sing the praises of a service I had after my stay in hospital. It was Short Term Support Service. I had my meals and support stocking changed. They are angels. I did not know this service was around for me coming out of hospital, it was lovely and very helpful. A big thank you to them ... I am now independent. Onwards and upwards."

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 2014/15 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. All staff in the financial assessment section now record formally, on client files, any telephone calls received from clients or family members and set reminders for actions from those conversations. This change followed a routine written request to the service user asking them to update their financial circumstances; a family member telephoned to say that they would provide this information but no update arrived. The member of staff did not follow up the call and this resulted in arrears accumulating.**
 - b. An independent domiciliary provider has introduced an improved scheduling system to allocate visits following some missed calls. We have reviewed the effectiveness of this system and found that it is effective and well understood by the relevant members of staff.**
 - c. In respect of the Short Term Support Service all teams have been advised that all changes to their web based rostering system must be cross checked by the operator to ensure they have not been lost on the system. This followed a missed visit caused by a glitch in the system. As a result of the complaint, managers realised that changes to the timing of visits could cause the change not to be registered, effectively removing rather than updating the visit. Now the carer is contacted either face to face or by telephone to confirm any changes made to their rota.**
 - d. Following a complaint from a young person in residential care about the amount of weekly pocket money allocated it was found that changes were necessary. There had been no increase for some years. Several proposals were developed with young people and their views were taken into account when the final decision was made.**
 - e. A new framework has been developed to assist Adoption Service staff to carry out work with potential adoptive families who already have children living in their households. This change helps us to better understand, communicate with and support potential adopters. This improvement followed a complaint from a couple whose expectations had been raised unnecessarily through the matching process.**
 - f. Some ambiguities were highlighted in the professional guidance available to children's social care staff about information sharing. The guidance was reviewed and amended to provide greater clarity. This followed a complaint from a family member who was unhappy that social worker had not consulted with him before approaching another organisation for information about the family.**
 - g. Changes in shift patterns in residential care services were implemented following a complaint. This ensured that staff on duty had access to management level staff at all times to assist as necessary. In this case, the staff on site would have benefitted from senior advice in real time on how to manage a young person's challenging behaviour that was affecting their peers.**

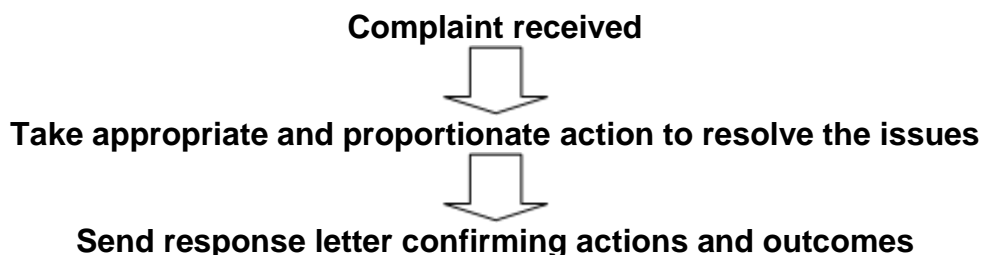
- 4.4 Over 2014/15 children's social care led on several case reviews that have resulted in positive changes to services in education, both adult and children's social care and health services.**
- 4.5 Listening to the views and experiences of the people who use our adult and children's social care services 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 'Step into Spring' and 'Winter Warmer' workshops to connect people to local information, activities and support to stay active, safe and well.
 - b. You said:** People with dementia and their carers told us they would like to be able to participate in enjoyable activities that support their needs. **We did:** we worked with partners to continue the Blooming Well gardening programme, develop a programme of supported walks and other social activities.
 - c. You said:** People with dementia and their families worried about giving up driving and relying on public transport or others for lifts. **We did:** we worked with transport companies to provide dementia awareness training for bus drivers.
 - d. You said:** That older people wanted local people who could support them in staying active and well. **We did:** As part of the Ageing Well programme, we organised Older People's Health Champion training and support to voluntary sector partners.
 - e. You said:** People with learning disabilities told us they wanted more help with understanding changes in their bodies, checking their own health, enjoying relationships and coping with bereavement. **We did:** We now have Jack and Josephine, our life size anatomical figures, have trained facilitators and can offer 1:1 and group workshops on a range of health and wellbeing topics. This project has been recognised in the National Learning Disability and Patient Experience Awards.
 - f. You said:** Carers and people with dementia or other long term conditions were concerned about managing changes in medication. **We did:** Invited a hospital pharmacist to discuss with them issues about changes, the trial self-administration scheme at Wansbeck and getting medication reviewed.
 - g. You said:** People with a learning disability want to have their achievements recognised. **We did:** For Learning Disability week we produced a newsletter celebrating the many sporting successes and other achievements people had.
 - h. You said:** It was sometimes hard to know who to contact to get the right help or information. **We did:** Set up a single point of access number for adult care at Foundry House and recruited Mystery Shoppers to check it.
 - i. You said:** People with dementia wanted support to be able to continue living in their own homes. **We did:** We are working with private landlords and housing providers to promote dementia awareness and help create more dementia friendly home environments.
 - j. You said:** You wanted more links to local groups to make it easier for people to get involved and have a say if they want to. **We did:** We revised the way some of the

local forums work to improve links with other groups and set up a wider network of involvement, empowering more people to have a say and share information.

- k. **You said:** Carers and people with dementia wanted to know more about what had happened as a result of what they told us they were experiencing and what impact their views had. **We did:** We created an annual bulletin designed to feedback the results of discussions and inform others about the work of the forums.
- l. **You said:** Some members of the forums would like to try out new activities before they committed themselves or to build confidence to try something new. **We did:** Arranged indoor target golf sessions and taster Going for Gold table tennis sessions as new options for enjoyable activities in their community.
- m. **You said:** Families wanted to be sure that robust measures were in place to guarantee the safety of children and young people with disabilities, an especially vulnerable group. **We did:** We arranged some joint working between social work staff who have responsibility for the welfare of children with disabilities and frontline locality based child protection social workers to strengthen knowledge and skills.
- n. **You said:** Following national media coverage of child exploitation families and professionals wanted to be assured about the plans in place to safeguard children and young people. **We did:** We arranged multi agency workshops and seminars to help professionals and the public to understand and recognise signs of child exploitation and how to take concerns forward effectively.
- o. **You said:** Some families felt that children's social workers could do more for absent parents, to promote contact with their children who no longer live with them. **We did:** Children's social services continued to promote the importance of a child's relationship with both parents and to support direct contact where appropriate. We also continue to give advice about indirect contact and to support parents to write cards and letters to their children.
- p. **You said:** Some former looked after children expressed a wish to understand their time in care. **We did:** We listened to their concerns, supported them to access their care records and provided face to face support to help them understand the information contained in the files.

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.

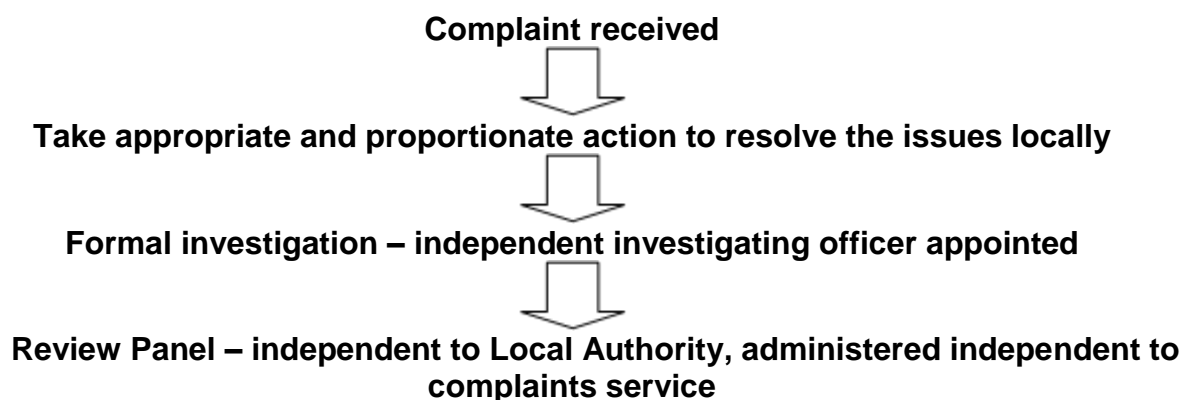
Stage 2 – formal investigation:


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:**
- 5.12 A complaint was received from a family who were experiencing difficulties in obtaining flexible short periods of respite care for their autistic child. The child’s ‘borderline’ level of difficulty meant that he was not eligible to be allocated a disabled children’s social worker and therefore the family approached the locality social work team for support. An assessment of need established that the team did not have the necessary resources to provide this service and the family complained about this. Discussions took place with a member of staff from Family Support Services (FSS) who specialised in supporting children with special needs. As a result the FSS officer was able to advise the social worker about resources independent of the Council which could be accessed. This complaint highlighted a gap in area teams’ knowledge and as a result suitable training and guidance is being rolled out to locality social work teams across the county. The complainants were also invited to be part of this process.**
- 5.13 The complainant's son was living independently out of authority but was ‘open’ to the 16+ Team. The complainant was upset at the standard of his son’s accommodation which he felt was damp and mouldy. In response to his concerns, the team manager met the complainant who provided photographs to support his point. The team manager confirmed that he was right to be concerned and spoke to officers in the hosting authority responsible for the property and landlord. The team manager visited the property personally and met the landlord as well as the hosting authority’s housing services. As a result of the team manager’s actions the necessary repairs were carried out and the dampness eradicated. An agreement was made with the hosting authority to reimburse the young person for any damage to his personal possessions caused by the damp.**
- 5.14 The following are example complaints about adult social care:**
- a. Complaint**
A daughter complained that an independent domiciliary provider failed to visit her mother four times.
- 
- Actions taken**
Investigation revealed that the complainant was correct and the provider apologised. The provider identified some weaknesses in their systems and offered both the Council and the complainant assurances that they had improved their scheduling system.



Outcomes

While the improvements should prevent any similar errors in future, to make sure that these changes were working as intended, the contracts team undertook three visits over the following months. They found that the new system was effective and well understood by the staff. Please note that the complainant wrote to the LGO to inform them of the case. Please see section 7, 'Complaints looked at by the Ombudsmen' below.

b. Complaint

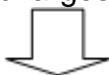
A family member complained that the care manager was not letting her father stay permanently in 24 hour care. She had supported him to use his entitlement to a short stay break in a care home over the Christmas period when he and his carers felt that he was not coping very well; and she said that he did not wish to return home.



Actions taken

It was found that there had been some misunderstanding between the care manager and the daughter about her father's care needs and what he wanted to do. An apology was given. To clarify the situation, a reassessment of need was quickly arranged to determine the service user's eligibility for 24 hour care. It was found that his health had deteriorated and that he was now eligible for 24 hour care going forward. The service user chose to remain in 24 hour care and the necessary arrangements were made.

After this and while confirming the charges the finance team manager spotted that when the electronic system had been updated to reflect the service user's change of status, the permanent placement start date was entered as the day he began his short stay break. This meant that he was being asked to pay the permanent charge from day one rather than from the date his short break ended. In turn this meant a slightly higher charge for the first month but still affordable. Although the service and the daughter had not realised what had happened they were informed; and the charges were amended.



Outcomes

The service user and his daughter were both satisfied with the actions taken to confirm the permanent placement in 24 hour care. They were also reassured that the charging policy had been correctly applied.

5.8 The following are example complaints about CHC funded care:

a. Complaint

A daughter of a service user living in a care home complained because she had been dissatisfied with the quality of care provided over a period of time and felt that nothing had improved despite raising her concerns several times. She also felt that her wish to move her mother had been ignored (the service user has dementia which has affected her ability to make both financial and welfare decisions).



Actions taken

It was found that the safeguarding adults team had conducted a wide ranging investigation and had worked with the care home to improve standards; they had also discussed matters with the families of the service user group, including the complainant. The safeguarding adults team had also kept CQC informed.

It was found that the complainant's wish to move her mother had not been addressed properly. As a result, a mental capacity assessment and best interest decision were facilitated and due to a perceived breakdown in relationship between the care home and complainant, it was agreed that the complainant could identify a new care home with a view to her mother moving.



Outcomes

The named case worker visits the care home regularly to make sure that the service user's needs are being met (they are) and keeps in close contact with the complainant to address any further concerns at an early stage. She also supports the complainant to find an alternative care home. The complainant has specific preferences in respect of banding and geographical location.

b. Complaint

From the partner of a service user who attends day care. Please note that the service user no longer has mental capacity to make her own welfare decisions and requires carers for transfers and personal care. The complainant was concerned about the way in which the day care manager had apparently suspended the placement without notice.



Actions taken

On investigation it was found that the placement had been suspended because the service user's mobility had been deteriorating further and staff required training with specific equipment to make sure that transfers were completed safely. However, it was found that communication with the complainant about the issues and how they would be resolved should have been better and an apology was given for this.



Outcomes

Training for staff was arranged in a timely manner and additional support was offered to the complainant while the patient remained at home.

6. What people think about our services – complaints received in 2014/15

6.1 The adults and children’s complaints services directly handled all the social care and continuing healthcare complaints made to Northumberland County Council. Please note that some complaints closed were carried over from 2013/14 and some on-going complaints will carry over into 2015/16.

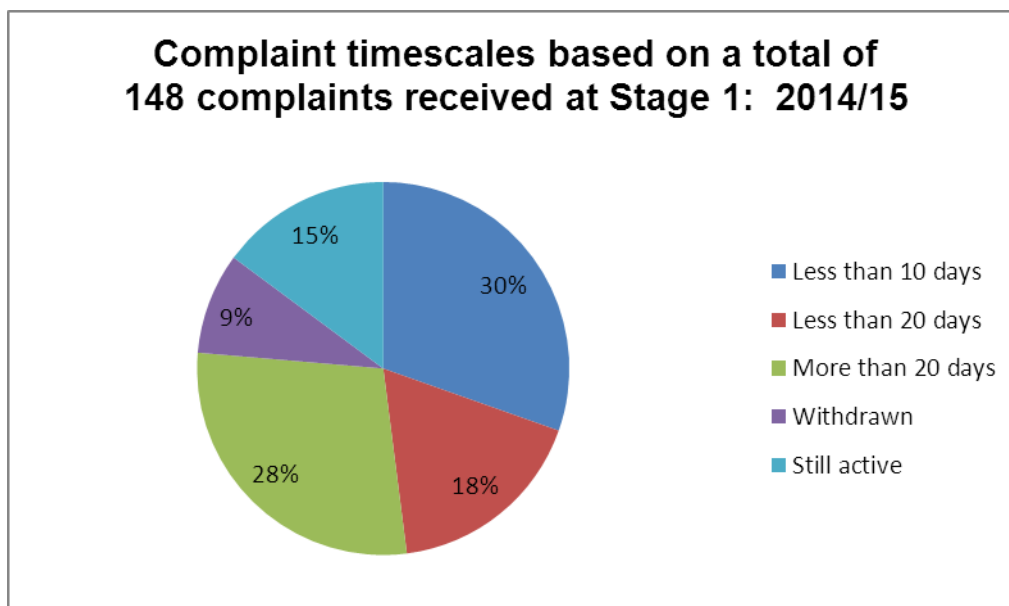
6.2 The table below notes the numbers of complaints received and responded to in 2014/15:

Complaints 2014/15	Adult social care	Children’s social care	CHC	Total
Received during 2014/15	61	148	16	225
Closed during 2014/15	72	127	14	213

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 2014/15:



6.6 Whilst the majority of complaints were resolved within the designated 10 to 20 days, 28% of these took longer than this to resolve – a small improvement on 2013/14. Analysis suggests that the circumstances around the complaint or the complainant were more complex and agreement to extended timescales allowed for a more comprehensive investigation and suitable resolution to take place. We endeavour to keep complainants informed during the process and offer an open line of contact with the complaints service.

- Comparison with previous reporting period

Year	Number	<10 days	<20 days	>20 days	Withdrawn	Active
2013-14	141	46%	11%	31%	12%	0%
2014-15	127	30%	18%	28%	9%	15%

6.7 Complaints at Stage 2: during 2014/15, 8 formal complaints were received, 6 were still in the process of resolution at the time of reporting; and of the remaining complaints 1 was withdrawn and 1 was placed on hold with the agreement of the complainant.

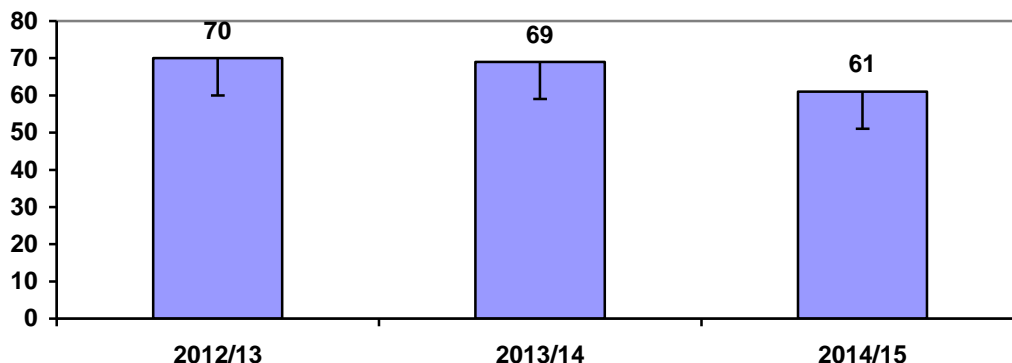
6.8 Complaints at Stage 3: during 2014/15 no requests for review were received.

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 few years but we have seen a 12% drop over 2014/15. Analysis suggests that dealing with people’s concerns at an early stage can result in fewer complaints being made.

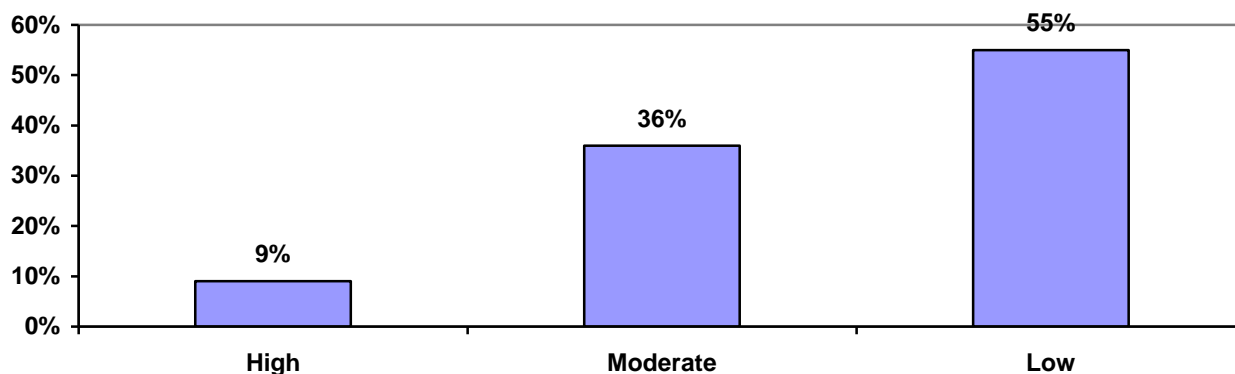


6.12 To put these complaints in context, in April 2015 care management had open 7,601 adult service users and had identified 3,538 carers. This is a small reduction from April 2014 when care management had open 7,678 service users and had identified 3,671 carers.

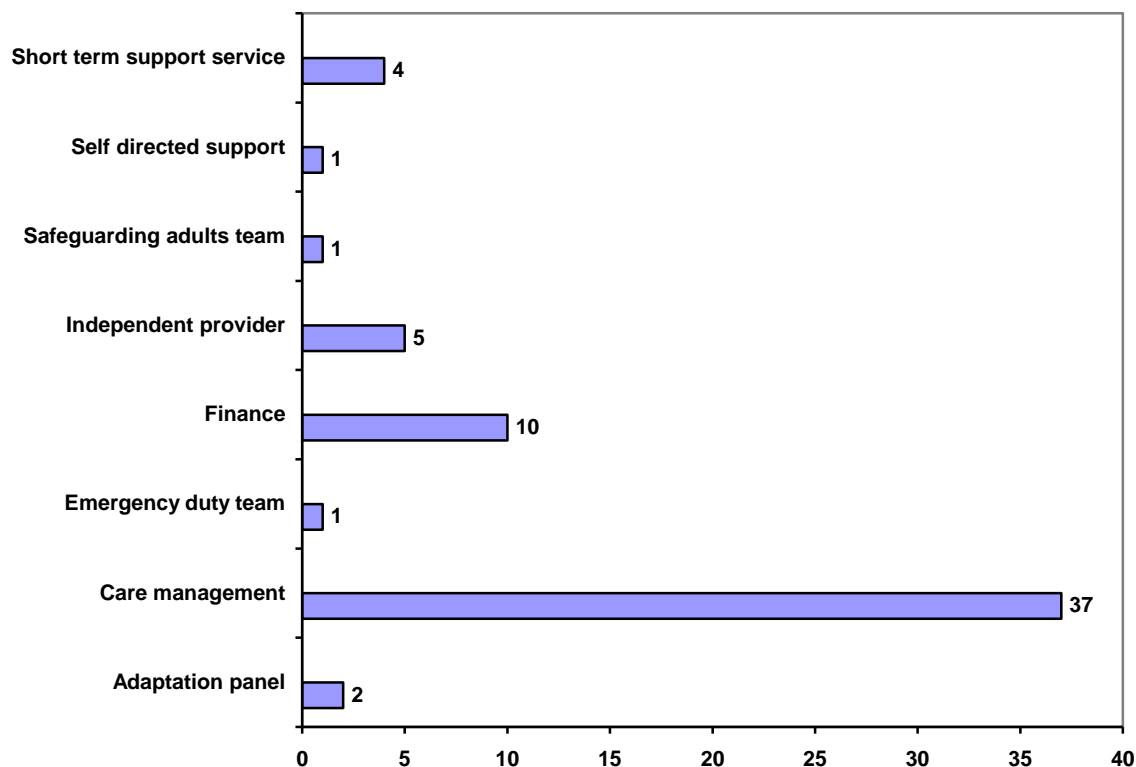
6.13 It is important that people know how to and feel confident to express their dissatisfaction with our services. Customer feedback, good or bad, is powerful information which helps us determine whether we are doing a good job or not and informs any changes we need to make.

6.14 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.

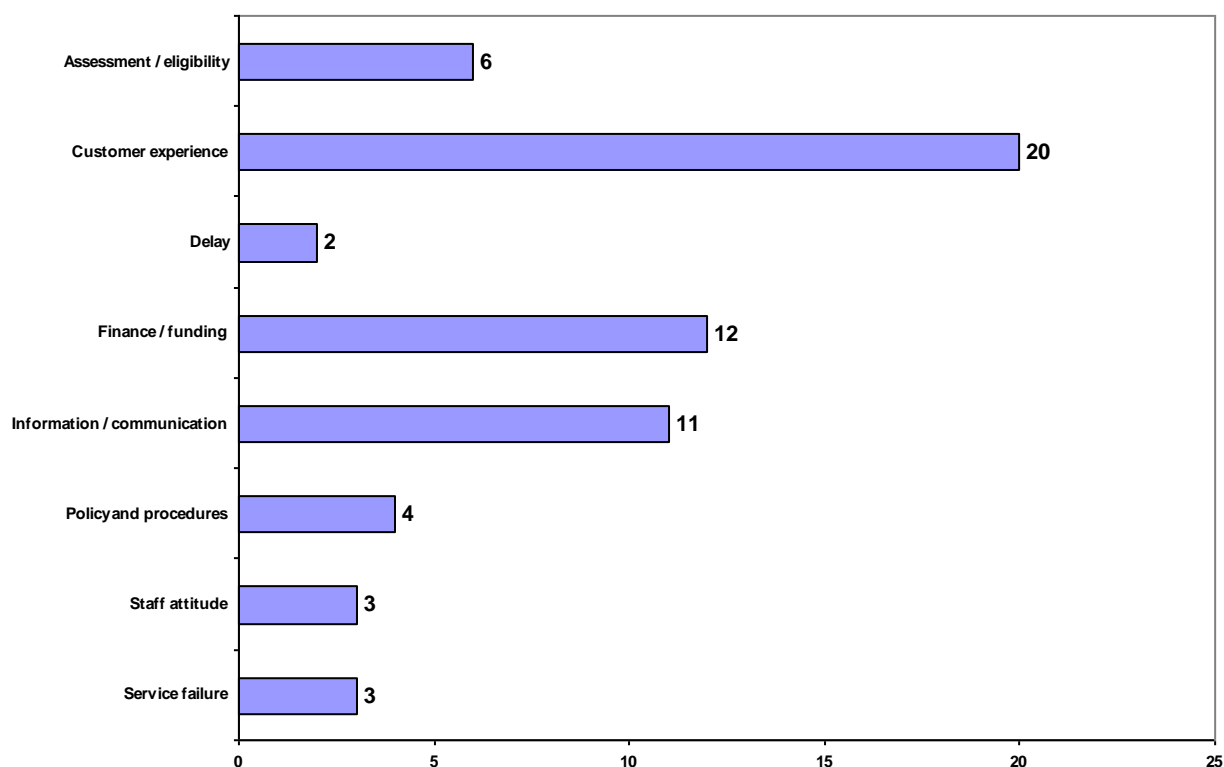
6.15 The chart below shows the adult social care complaints received in 2014/15 by risk category:



6.16 This means that efforts to resolve complaints can be more effectively targeted, especially in those cases where longstanding or complex issues have been identified. The chart below identifies the adult social care service areas complained about in 2014/15:

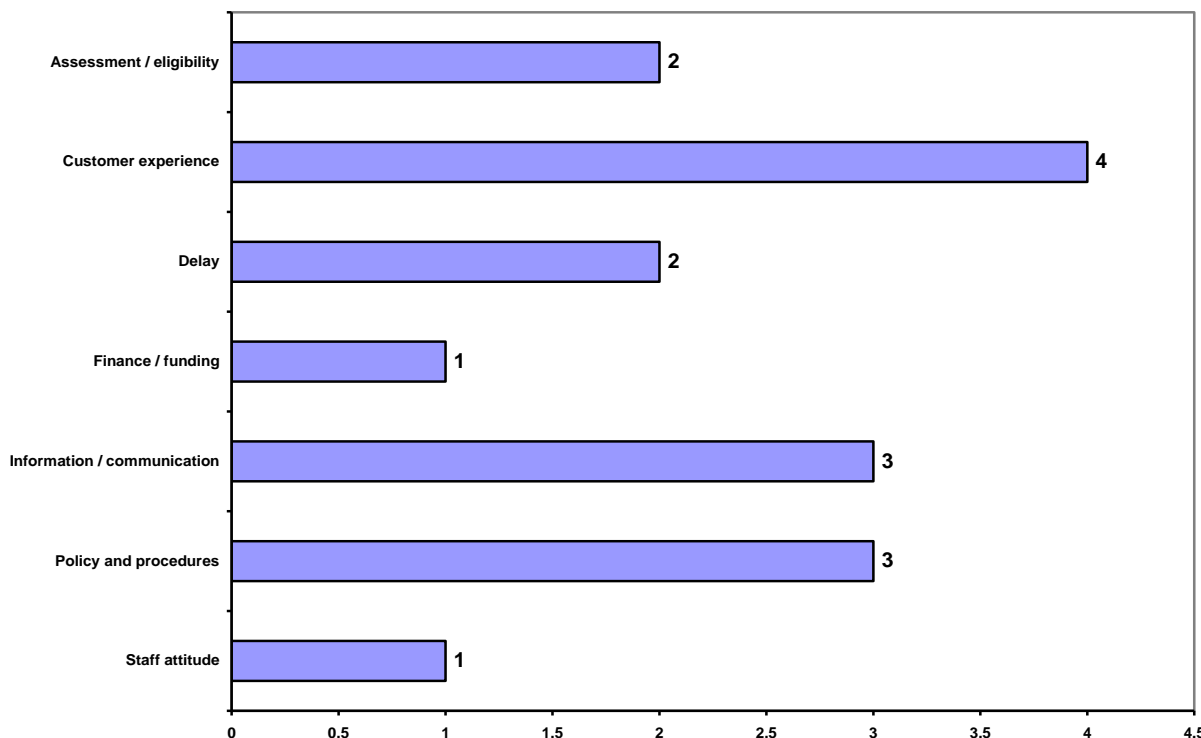


6.17 In respect of complaints about care management almost half 49% (18) related to the physical disability and illness teams and 41% (15) related to the mental health teams. The chart below identifies the broad subject of the adult social care complaints over 2014/15:



6.18 Over the past year we have seen significant drops in complaints about staff attitude (down to 3 from 11) and about information/communication (down to 11 from 20). However, we have also seen an increase in complaints related to finance/funding (up to 12 from 5).

6.19 The chart below identifies the broad subject of the CHC complaints over 2014/15:



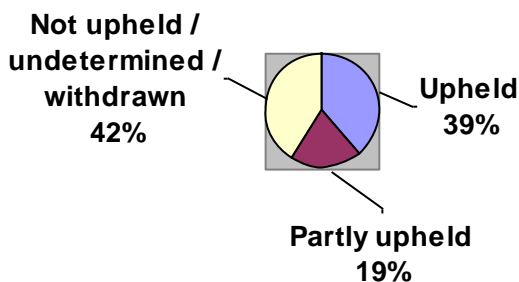
6.20 Customer experiences issues relate to a person’s perception and actual experience of their services. Over 2014/15, across adult social care and CHC complaints 31% of customer care issues related to the perceived poor quality of services received, while issues related to information and communication (people not understanding) were raised in 18% of adult social care cases. Complaints about perceived poor staff attitude have fallen significantly as noted earlier but concerns related to finance have increased.

6.21 While some 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.

6.22 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.

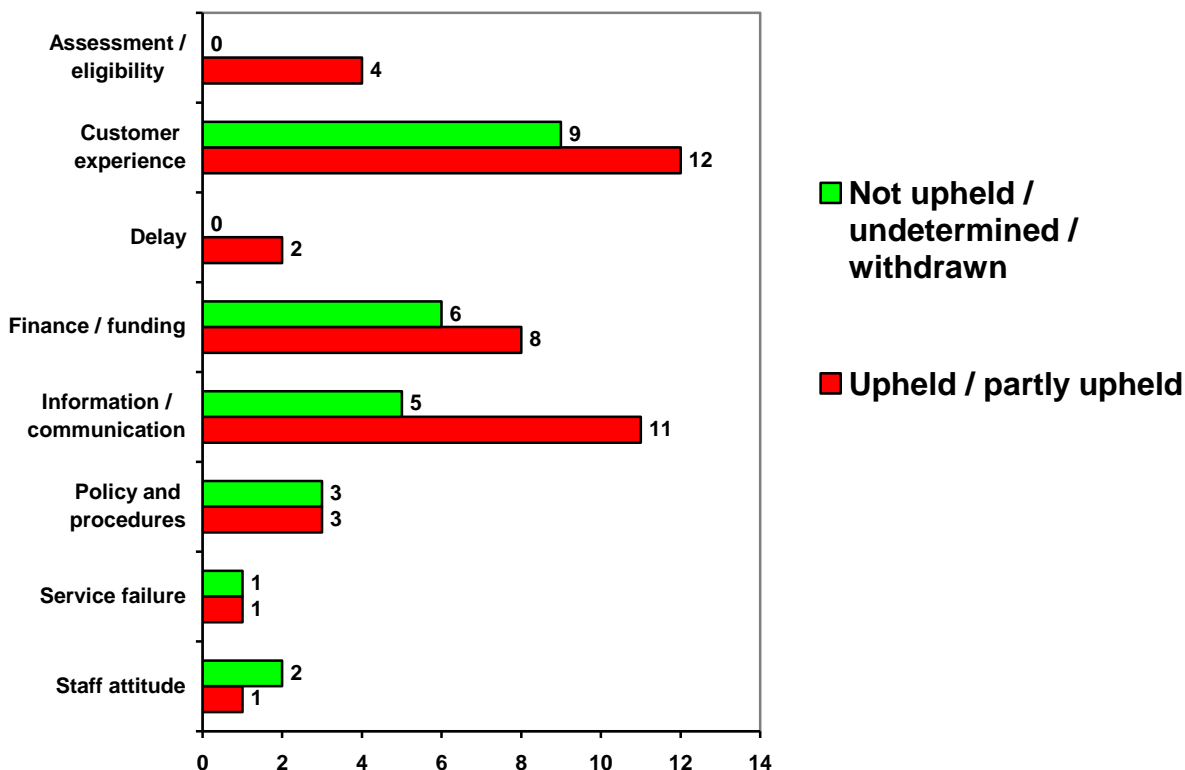
6.23 Certain common themes emerged over 2014/15 and have been noted previously in section 4 above.

6.24 The chart below shows the proportion of adult social care complaints upheld, partly upheld and not upheld in 2014/15 (the 2009 regulations refer to 'well founded'):



6.25 These findings show that of the complaints responded to in 2014/15, 58% were partly or completely upheld. This is an increase on 2013/14 when 45% 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 fewer complaints but more complex situations being considered under the complaints process and hopefully fairer outcomes for people. In respect of CHC complaints closed, 71% were upheld or partly upheld (10 of 14). However, the numbers remain low so no real conclusions can be drawn at this time.

6.26 The chart below indicates complaints closed by subject and outcome (upheld or not; four withdrawn complaints are not included):



6.27 Analysis suggests that while complaints have fallen, it is now more likely that complaints will be ‘well founded’ when people raise concerns with 58% being upheld or partly upheld. For example, over 2013/14 proportionally fewer complaints were upheld or partly upheld (45%). It appears that there is sometimes a mismatch between the service people should receive and the actual delivery. Where concrete issues have been raised (e.g. delay or assessment outcomes) we are much more likely to be at fault. However, where the complaint is about perception (e.g. customer experience or perceived staff attitude) there is sometimes less evidence available to support the criticism. Regardless of this we must continue to be mindful of people’s expectations, the standards that are expected and avoid defensiveness. A number of these complaints resulted from a perception that there was an (initial) reluctance to acknowledge that we may have got things wrong.

6.28 In respect of the upheld complaint about service failure, we found that on one occasion a carer did not attend the service user as expected. Appropriate action was taken to put things right and the service user suffered no harm. In respect of the three upheld complaints where it appears that policy was not correctly applied or procedure was not followed:

- The staff at a care home did not fully understand issues related to mental capacity – please see case study in 5.12(b) above for more details.
- When new information was presented by the complainant the original decision was reversed. The same outcome would likely have been reached had the person chosen to try to resolve matters informally.
- A member of staff contacted another local authority where the complainant lived to try to help that person resolve the problem they were having there but did so without their permission. Appropriate action was taken in this case.

6.29 In respect of adult social care 65% of all adult service users are aged 65 and over and 29% are aged over 85. Nationally and particularly in Northumberland, we have an aging population – 21.8% 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%). 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 set to increase by 27.1% by 2022 in Northumberland (North East 21.4% and England 22.4%).

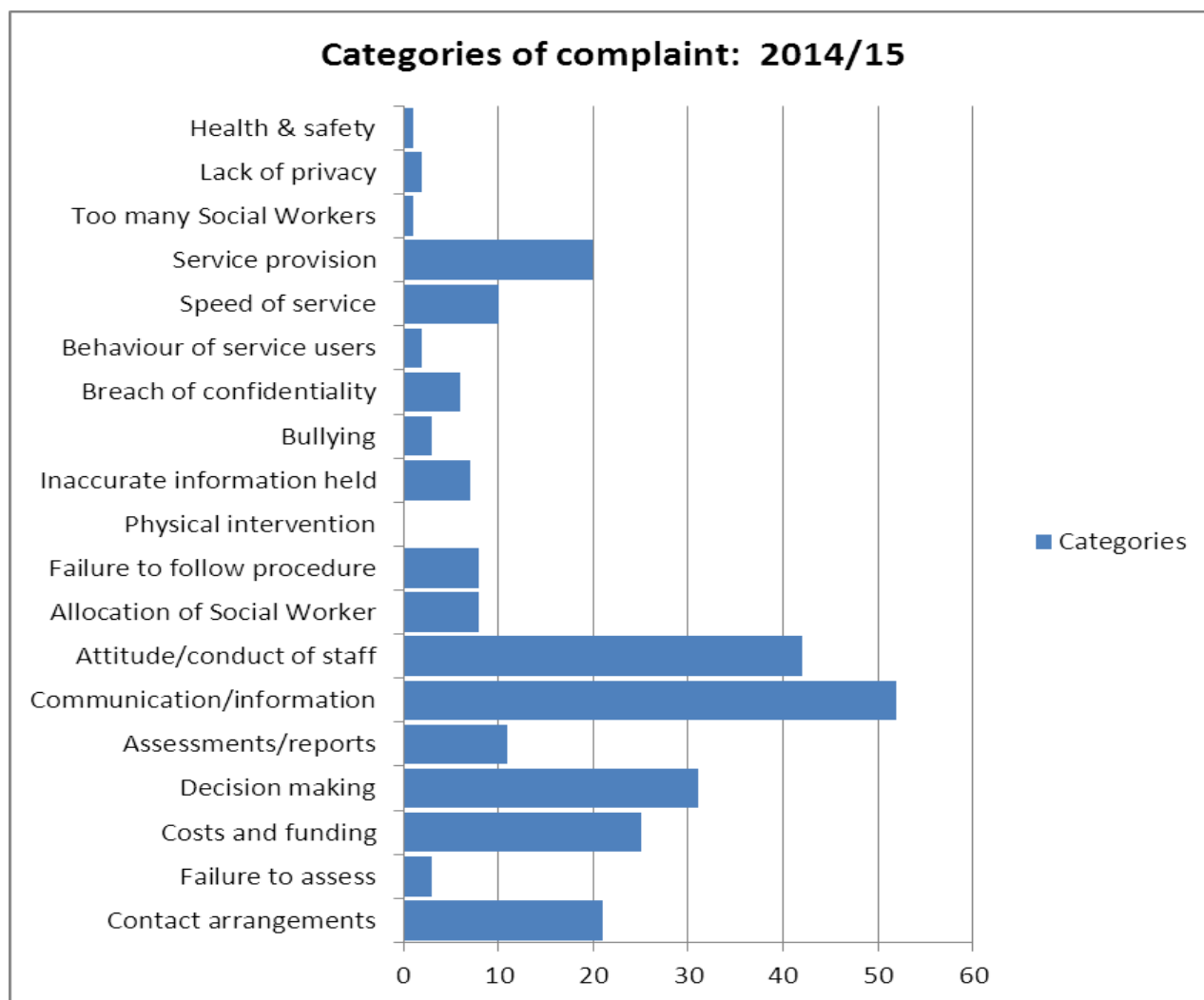
6.30 To address this some work is on-going. For example, we are helping to meet a need for ‘dementia friendly’ housing and dementia awareness training:

- There has been a new focus on a more practical approach for housing providers, private landlords and housing staff in supporting tenants with dementia by providing a more dementia friendly environment for people affected by memory loss.
- Workshop sessions have provided landlords with simple tips and information to consider when refurbishing or maintaining properties to help make continuing living at home safer and easier and enable people to maintain their tenancy longer.

- **Focussing on a more practical approach for those supporting or caring for people affected by memory loss and professionals such as pharmacy staff, short two hour sessions have been delivered by the Health Improvement Specialist for Ageing Well. Plans are in place to increase delivery over the next year to meet growing demand.**

Children’s complaints

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

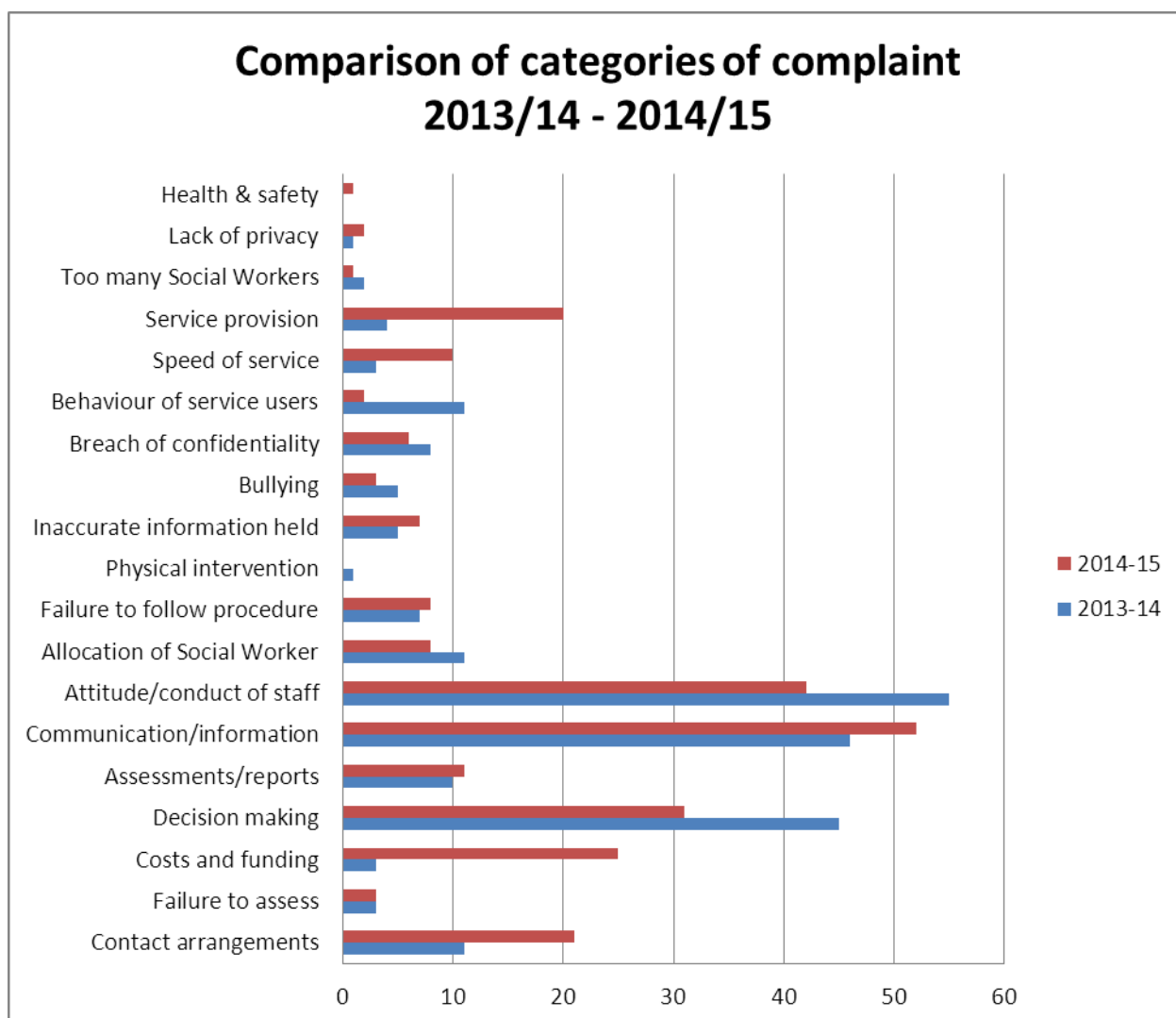


6.32 The findings for 2014/15 show significant variations in what is being complained about in comparison with 2013/14 and other years prior to this:

- **Complaints about staff attitude and conduct were in the highest category in 2013/14 and these have dropped in 2014/15 by 24%. There has also been a 31% decrease in complainants who disagree with decision making.**
- **However this has been offset by an increase in complaints received relating to service delivery in terms of quality and speed with an overall rise of 77%. It is also notable that complaints about costs and funding have risen by 88%.**

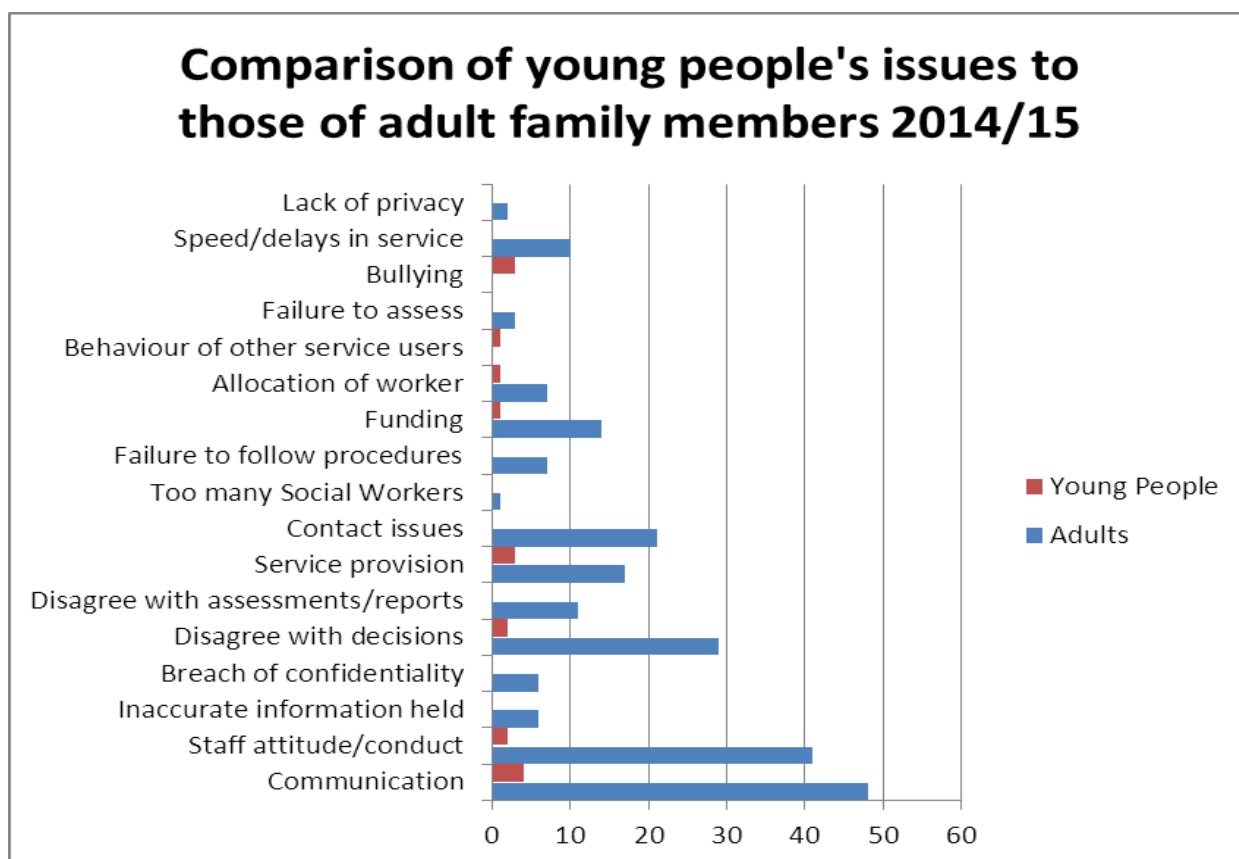
- **Complaints about communication and provision of information have continued to rank as one of the most frequent issues complained about and these have increased again in 2014/15 by 12%.**
- **The findings for 2014/15 were similar to 2013/14 with conduct of staff being the greatest concern to service users, followed by communication issues and disagreement with decision making.**

6.33 Comparisons can be seen in the chart below which illustrates complaints as a percentage:



6.34 During 2014/15 6% of stage 1 complaints were brought by children and young people looked after by the local authority. This represents a 19% decrease in children making complaints in comparison to 2013/14. Analysis suggests that this fall is due in part to timely responses by local teams supported by the complaints service as appropriate when young people have raised concerns. Of the adults making complaints on behalf of children during 2014/15, 17% of these were about Looked After Children and this represents a rise of 4% in comparison to 2013/14.

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 Young people’s main concerns often differ from those of adult complainants and this is to be expected. Young people’s complaints take into account their circumstances and many young people who complain are living in residential care settings and their complaints often reflect this. We were pleased to note that young people feel empowered to use the complaint procedures both internally to their care setting and externally. Issues resolved through the complaint procedures included bullying problems and concerns about how the behaviour of other young people can impact.

6.37 Adult complainants tended to issues on behalf of young people around service quality, funding, contact issues and decision making, and again this would be expected given the different perspectives of each group.

6.38 Common areas for complaint for both groups were in terms of decision making and staff attitude and conduct. However it was communication that was complained about most, being raised by 44% of young people and 35% of adults.

6.39 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 adult and children’s services.

6.40 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.

- 6.41 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.**
- 6.42 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 2014/15 adult social care received 5 decisions from the LGO; and children’s social care 2 decisions.
- 7.5** In 2014/15 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. This year is slightly higher than the norm but this is no reason for concern.
- 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”, has been replaced by these new categories:
- Upheld: Maladministration and Injustice
 - Upheld: Maladministration, No Injustice
 - Not upheld: No Maladministration
- 7.9** This means that we will see an increase in findings of maladministration because this is the only outcome when things goes wrong, regardless of degree and regardless of how effectively we respond to the issues when they are raised.
- 7.11** The table on the following page summarises the adult and children’s social care complaints considered by the LGO in 2014/15 and their decisions.

Summary of complaint	LGO final decision	Summary of LGO final decision
<p>Mrs D said that carers from an independent domiciliary provider acting on behalf of the Council failed to visit her mother on four occasions.</p> <p>Please see section 5 – this complaint is used to show how complaints are handled. Mrs D was satisfied with our response and wrote a letter to the LGO about her experiences because she felt that they needed to know about the provider. The LGO responded formally as if she had complained to them.</p>	<p>LGO will record the category as: Adult Care Services and the decision as: Upheld: maladministration and injustice.</p>	<p>LGO investigator wrote, “I have completed my investigation and found evidence of fault causing injustice (by the independent domiciliary provider acting on behalf of the Council). I have not recommended a remedy as the complainant is satisfied with the action the Council is taking.”</p>
<p>Mr G was unhappy that the Council charged his mother for her temporary residential care between December 2010 and August 2011. He believed that his mother should have received NHS Continuing Healthcare funding.</p>	<p>LGO will record the category as: Adult Care Services and the decision as: Closed after initial enquiries - no further action.</p>	<p>LGO investigator wrote, “It is not the Ombudsman’s role to decide whether Mr G’s mother was eligible for Continuing Healthcare funding. Such decisions are the responsibility of the NHS. It is speculative to say that Mr G’s mother would have been entitled to fully funded NHS Continuing Healthcare had the Council made the referral in 2010. There is no substantive evidence to support Mr G’s comments here.</p> <p>“Had Mr G made a complaint to the Ombudsman within the normal 12</p>

		<p>month period, in all likelihood we would have advised him of his right to make a retrospective application to the NHS for Continuing Healthcare funding. The fact that Mr G has missed the deadline for this is not a reason for the Ombudsman to investigate his complaint now.</p> <p>“There are no good reasons for the Ombudsman to exercise discretion and investigate this late complaint.”</p>
<p>Miss X said that the Council failed in its role as her appointee. She said that it had failed to properly manage her bank account and ignored her request to move accommodation. She also said it had not responded to her request for a new care manager. She said that the Council’s actions had affected her mental health. She wanted it to pay her compensation and to apologise.</p>	<p>LGO will record the category as: Adult Care Services and the decision as: Closed after initial enquiries - no further action.</p>	<p>LGO investigator wrote, “The Ombudsman will not investigate Miss X’s complaint about the support she has received from Social Services. There seems to be no evidence of fault in the way it has managed her financial affairs and provided support to her in her accommodation.”</p>
<p>An advice agency complained on behalf of Mrs A that the Council had refused to fund a grab rail to the outside of her home, which it had assessed would meet her needs as a disabled person. The advice agency said that as a result,</p>	<p>LGO will record the category as: Adult Care Services and the decision as: Not upheld: no maladministration</p>	<p>LGO investigator wrote, “The Council was entitled to take the view that Mrs A could seek funding for the necessary adaptation to her home from other sources ... The Council has ensured that its policy allows for emergency needs and</p>

<p>Mrs A will have to pay for an adaptation which the law says the Council as social services authority should provide free of charge.</p>		<p>so it has not fettered its discretion in considering applications. This is not an example of a case where funding is needed as an emergency to facilitate a hospital discharge. There is a statutory right to means-tested central government funding (the DFG). Mrs A has been assessed under that means-test as able to fund the adaptation herself. That is the nature of the means-test. The Council has a duty to protect the public purse and where there are other sources for funding, it is entitled to expect residents to apply to them.</p> <p>“Final decision: There is no evidence of fault on the part of the Council.”</p>
<p>Mrs T complained that the Council has refused to replace her walk-in shower with a bath.</p>	<p>LGO will record the category as: Adult Care Services and the decision as: Closed after initial enquiries - no further action.</p>	<p>LGO investigator wrote, “There is no evidence of fault in how the Council reached the decision to not install a bath in Mrs T’s home. The Council has taken into account relevant medical evidence when reaching its decision. For this reason the Ombudsman will not investigate this complaint.”</p>
<p>Miss B and her sister Ms C complained that the Council failed to properly investigate their</p>	<p>LGO will record the category as: Education & Children's Services and the decision as: Upheld:</p>	<p>The LGO wrote, “We welcome the action your Council has taken following the report on Miss B’s</p>

<p>complaints about its Children's Services.</p>	<p>maladministration and injustice.</p>	<p>and Ms C's complaint. This letter is therefore to tell you formally we are satisfied with the Council's response." In light of the LGO recommendations we made some changes to children's social care complaints handling.</p>
<p>Mr B complained the Council targeted his family on the basis he had a mental health problem when he did not; harassed him; presented inaccurate and unsupported evidence to child protection conferences; made untrue allegations about him; failed to investigate his complaint about the actions of Council officers; referred him to the police for harassment when he put in a complaint; and failed to provide him with support to move house, despite antisocial behaviour from his neighbours.</p>	<p>LGO will record the category as: Education & Children's Services and the decision as: Upheld: maladministration and injustice.</p>	<p>LGO investigator wrote, "The Council was not at fault for the way it handled child protection issues or dealt with Mr B's housing situation. The Council failed to respond in writing to Mr B's complaint and a social worker made ill advised comments. An apology and changes to the way the Council deals with complaints is satisfactory remedy for the injustice caused."</p>

7.12 In respect of the two children's social care complaints looked at by the LGO, staff had taken the issues seriously and worked towards resolving the respective situations. However, the complainants had not received written confirmation which contributed to the maladministration findings. This matter has now been addressed.

8. Enquires received in 2014/15

- 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 2014/15, 225 enquiries were recorded by adult social care, up 11% on 2013/14. Of the 225 enquiries received, 204 related to our services and were dealt with directly by the team which is an increase of 18% on the number of enquiries directly dealt with by the team in 2013/14.
- 8.3 Over 2014/15 we recorded 67 instances in children’s services where issues were able to be resolved without becoming complaints, an increase of 29% from 2013/14.
- 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 complaint service 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 2014/15	TOTAL
Adaptations panel	5
Care management	108
Children’s corporate issues	2
Children’s Social Work (including link workers in Care Homes)	25
Continuing healthcare	10
Family placement (fostering and adoption)	13
Family recovery project	1
Finance	9
Independent social care providers	20
In-house providers	2
Joint equipment and loan service	10

Northumberland County Council – other service areas	11
Northumbria Healthcare	5
Occupational therapy	5
Other organisations	6
Safeguarding adults team	1
Safeguarding children	2
Schools	23
Short term support service	34
Total	292

- 8.7 Of the above adult enquiries the complaints service redirected 21 which is proportionally less although numerically the same as 2013/14. Overall 91% of enquiries related to the core business of the complaints team.
- 8.8 In respect of the 67 enquiries about children’s social care, 36% were in relation to children’s social care; 19% related to foster care; 3% were corporate children’s issues (e.g. school admissions) and 34% 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 the majority of people are making contact with the right organisation first time when they have a query or concern. This suggests that our publicity is effective.

On the finance team

Thanks for the quick response. I have to say that Northumberland Council / Social Services really is shining in terms of customer service - lots of my friends find it's like getting blood out of a stone getting info on disability stuff from their Councils


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 is part of our forward plan for 2015/16.
- 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 We introduced two new questions during 2014/15, the first related to consent from the service user; the second related to information governance.
- 9.4 Over 2014/15, 14 completed questionnaires were returned which is the same number we received in 2013/14. Not everyone answered every question. The arrows indicate a change – either an increase or decrease on 2013/14.

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?	12	2	86%	↓
Were you kept informed of the progress of the investigation?	11	3	79%	Stayed the same
Did our response address your concerns satisfactorily?	9	5	64%	↓
Was our response easy to understand?	13	1	93%	↓
Did you feel that lessons were learnt and appropriate actions were taken?	8	4	67%	↑
Did you, or the service user, feel that you were treated differently as a result of raising your concerns?	3	11	79%	↑

Overall, did you feel that your complaint was handled well?	10	4	71%	
If you were making a complaint on behalf of another person did you feel that it was clearly explained why the consent of the service user was required?	3	0	100%	No data
Do you feel confident that any confidential information gathered during your complaint was treated as confidential?	13	1	93%	No data

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

- I'm still to receive a reply to my messages left for (independent care provider manager). However, I was very impressed with the empathy and politeness of the complaints team. The frequent phone calls keeping me up to date were very reassuring and gave me some comfort through this sorry state of affairs. Thank you.
- I thought I was treated underhanded and despicably by the (members of staff based in the community) and I don't think we should be treated in the way you have.
- I feel there should be some way of checking that some OTs have actually tried to get information before making a decision. The second OT took time to gather information and saw the full picture. From the time the complaint was made I can't fault the process.

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

9.6 Analysis suggests we have assured more complainants that we learn lessons from their concerns. We have also seen a significant increase in the numbers of people who felt that they were not treated differently when they made a complaint. However, these improvements have been mirrored by small falls in the other markers in the complaints handling process.

9.7 The numbers of questionnaires received remains small and we will continue to work to gather feedback about people's experiences of the complaints process.

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 proposal for an appeals system for care and support has been deferred to enable it to be considered as part of the wider Spending Review that will launch shortly.
- 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, 2015/16 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 focus on handling enquiries promptly to try to prevent unnecessary escalation and dissatisfaction.
- 10.7 We will continue to further align the complaints services across adult and children's social care as far as we are able, 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.
- 10.8 We will also continue to support managers in resolving complaints at a local level and in a timely manner.
- 10.9 We have plans for further training during 2015/16, 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.
- 10.10 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 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 the horticultural skills unit staff

A management course tutor sat in on a HSU meeting, "I am more than happy to convey in writing the feedback I gave you following the meeting I observed at Hepscoth Park Horticultural Unit ...The meeting involved service users and staff planning the day's activities. What stood out for me was the sense of partnership between staff and service users with a range of communication methods being used to meet different needs of individuals – this included pitch, facial expression, visual sources of reference and written sources of reference. Staff are evidently skilled at using a range of strategies to overcome any barriers to active participation by the service user. Health and safety risk management was embedded throughout the meeting discussion with compliance being balanced with the wishes of, and the benefits to, the service user. Also embedded was the promotion of equality and inclusion through empowering the service users to lead the meeting and to ensure everyone was involved and assigned a task. It was evident that a culture is promoted amongst the workforce of considering all aspects of the service users well-being and the transition from home into workplace was sensitively and subtly managed by staff in terms of mood on entry, any anxieties etc. Resources are well managed to enable achievement of positive outcomes and the monitoring and evaluation of these is evident in these meetings. There was a real sense of energy; staff are evidently creative and innovative and very committed to the vision and strategic direction of the service. I commented on the day that I was actually quite 'moved' by the meeting and I stressed I didn't give such positive feedback lightly. I have around 20 years' experience of working with adults with learning disabilities, the majority within a special residential college environment and do not underestimate the challenges in achieving truly meaningful participation, inclusion and empowerment in a work environment such as yours. It was an absolute pleasure to observe this meeting and a positive experience that will stay with me. Well done all of you."

On children's social work staff

A District Judge complimented the social workers involved in the case and referred to a 'Rolls Royce' service from the team.

On children's social work staff

From a head teacher, "D has been fantastic at reacting to concerns over one of our Year 10 students – he was quick to respond yesterday, sensitive to their concerns and back in today to agree a plan. Also one of your duty student social workers yesterday was fantastic in dealing with a concern about an open case."

On the complaints service

Thank you for your telephone calls and letter which I appreciate. I am very grateful for your kind and prompt attention to my concerns. The situation in respect of a care manager has been resolved. You have been very helpful.