

NORTHUMBERLAND

Northumberland County Council

In partnership with

Northumbria Healthcare 
NHS Foundation Trust

and


*Northumberland
Clinical Commissioning Group*

Customer Experience: Compliments and Complaints Annual Report 2015/2016

- **Adult Social Care and Children's Social Care**
 - **Clinical Commissioning Group – Northumberland**
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1.0 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 2015/16. 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).**
- 1.4 **In respect of our children's social care services we utilise the findings from the work undertaken by our Participation and Positive Programmes 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 Programmes 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 43 reports (previously 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
 - 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
- 2.4** 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. For example, results gathered over 2015/16 show that 91% of service users or their representative's desired outcomes were fully or partially met. This figure is based on closed referrals where people have expressed the outcomes they wanted. 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.
- c. Joint Equipment and Loans Service (JELS)**
The most recent 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.

d. 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.

e. Child care social work:

We surveyed 50 families who 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 Programmes Team who monitor and feedback any issues contained in the surveys they carry out with children looked after and accommodated by the Council.

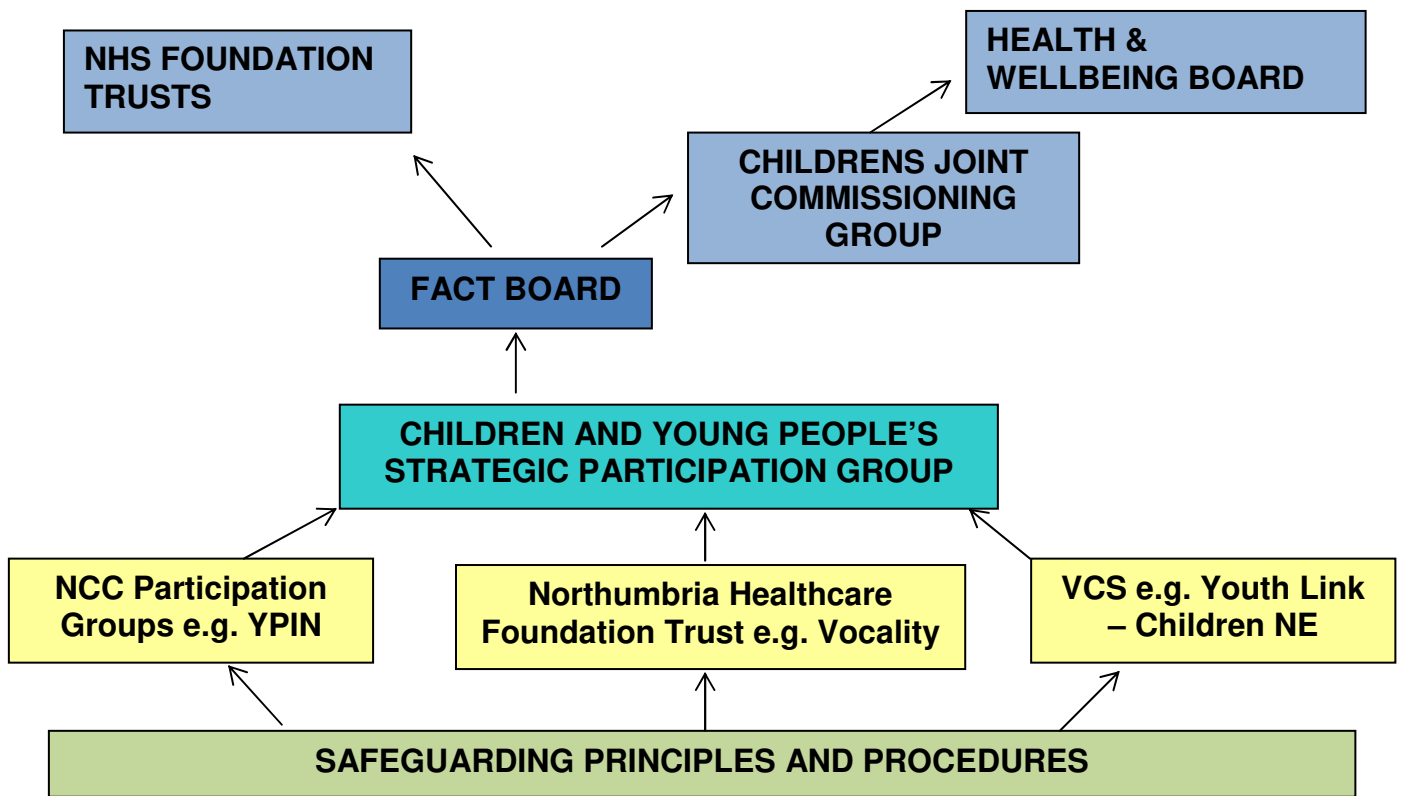
f. Participation Groups (children)

A wide range of participation activity takes place throughout Northumberland. Many services, agencies, organisations and schools engage in high level participation activities.

The Children and Young People's Strategic Participation Group supports the network of participation groups across the county to increase opportunities for children and young people. Groups currently include:

- Young People in Northumberland (YPIN)
- Northumberland Youth Cabinet & Youth Parliament
- Young Inspector Programme
- Vocality
- Northumberland's Children in Care Council which is made up of Voices Making Choices, Young Voices Making Choices and Future Route
- Respect Equals Change
- Splinter
- Youth Link - Children North East
- School councils and participation groups
- Sure Start Children's Centres and early years settings
- Tynedale Youth Forum
- 1001 Voices
- Young Advisors and Shadow Youth Board

The figure below shows how his information flows through the various agencies:



g. Children's participation work

Over the past year of work has been carried out in respect of the emotional wellbeing and mental health of children and young people. A number of events have taken place and these have led to an improved understanding of the issues involved amongst both young people and professionals. In turn this is leading to more effective interventions and to the development of self-help tools for those young people affected.

h. Children's services

Much of the council's website as it relates to young people has been changed in response to their feedback. Similarly, on-line resources have been improved and made more relevant, for example, in respect of offending behaviour, alcohol and on-line safety.

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 app (application) for young people. This self-advocacy app helps young people to express their views, wishes and feelings to their social worker and anyone else who are supporting them. Using it can help young people feel more in control of their own situation.

MOMO information has been sent out to all of Northumberland's looked after children, including looked after children who have a disability. Since launch – 68 young people have signed up to use MOMO and 59 young people have completed questionnaires.

j. Volunteers & Mentors (children)

Volunteers play a key role in delivery of our work within the Northumberland Adolescent Service and across Children's Social care. Currently there are 25 active mentors. A campaign was launched earlier this year to recruit an additional 25 mentors who will be involved with additional mentoring and advocacy work. This programme will be delivered in partnership with our voluntary sector partners Leading Link and Cramlington Youth Project. Over the whole of 2015 mentors delivered over 2,500 hours of positive interventions.

k. Mystery shopping

We have developed a systematic process and toolkit within adult services to evaluate customer experience across community based services. For example, over the past year mystery shoppers were asked to use each of the following five scenarios once in phone calls made randomly during weekdays to allow comparison with last year:

- Scenario 1 - Blue badge enquiry
- Scenario 2 - Care homes enquiry
- Scenario 3 - Continuing Healthcare Assessment enquiry
- Scenario 4 - Carer support enquiry
- Scenario 5 - Equipment enquiry

While satisfaction levels remain consistent at 78% when compared to previous exercises, the subsequent report did give some recommendations for improvement, for example, the provision of information available and queuing time. Overall initial greeting was significantly improved from previously and feedback on calls transferred on was very positive.

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.

l. Direct engagement through involvement 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:

- Learning Disability Forum members participated in the Community Safety Day at County Hall with two members from the North Learning Disability Forum following on from previous work in presenting their experiences of hate crime through a short film and a second explaining her experiences in person to people who attended on the day.
- There is on-going carer involvement in Joint Carers Strategy Reference and Strategic Partnership Group, via Carers Northumberland local involvement panels, community forums and specialist boards e.g. LD (learning disability) Partnership Board, Safeguarding Adults Board, Ageing Well Partnership Board. Planning of Step into Spring events and Ageing Well conference commencing.

m. 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 Ageing Well 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 into 2016/17.

Evaluations of the Ageing Well programme activities indicate improved social contact and connectedness and enriched health and wellbeing which all support a good quality of life. Feedback continues to show high levels of satisfaction with the activities and events by those who participated or attended; including:

- feeling better informed about what was available;**
- enjoying the increased social interaction; and**
- experiencing health and wellbeing benefits beyond the activity itself**
- valuing opportunities to contribute to the planning and delivery of the programme**

Stepping into Spring and Winter Warmers road shows took place across the county. These events promote activities in local areas, improve health and wellbeing, help reduce social isolation and increase awareness of safety. They offered a variety of seasonal information and advice. A health trainer was in attendance offering blood pressure checks and healthy life style information. In total over 700 people attended. Feedback included: “Very useful and informative for a wide range of people”. From attending a Winter Warmer road show an elderly lady was successful in being awarded attendance allowance and commented, “I can’t believe I am entitled to this benefit. It has changed our lives. We will be able to go on holiday and go out for more meals and coffee”.

New training that has been developed in the last year resulting in over 100 ‘Ageing Well Allies’ being trained in the county. The training has been developed to help people who work with, care for, or volunteer with older people become more confident to recognise signs and symptoms of when an older person might need some support, basic health information or advice and signpost them to the appropriate source. Feedback has been very positive.

Dementia Awareness training focusses on a more practical approach for those supporting or caring for people affected by memory loss and professionals such as pharmacy staff, have also evaluated well. Plans are in place to increase delivery over the next year to meet growing demand.

The following figure shows how Ageing Well information is shared:

Health and Wellbeing Board

Brings together key leaders from health and care organisations to improve the health and wellbeing of local people, building on existing partnership work.



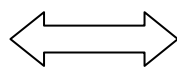
Ageing Well Partnership Board

Led by an elected County Councillor, this Board works with partner agencies, older people and their families and local communities to ensure a joined up approach to the strategic planning for older people.



Opportunities for Older People Network

A county-wide information network of public and voluntary sectors organisations with a common interest in promoting wellbeing in later life, helping the community and individuals keep active, well and connected.



Ageing Well

These information networks are locally led by older people. Guest speakers give updates on the information and topics pertinent to older people.

Dementia forums

These involvement forums in each locality provide an opportunity for people with dementia and carers to have a say in service development and to share information.

n. Short Term Support Service (adults)

Customer experience is gathered on an on-going basis by surveying adult service users. For example, an overall satisfaction rating of 98% was found in quarter 3 2015/16; 97% had received the information they felt they needed about what STSS was going to do and why; and overall service users felt treated very well by staff and enjoyed wider benefits of social contact too.

o. 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.

p. Complaints services:

Over 2015/16 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 don't know whether I ever thanked you for doing a fab job with mum's case ... it's been a massive roller coaster for us but thankfully things seem to be settling down now.

On children's social work staff

It is fair to say it has caused us both sadness however I would just like it to be noted that the work (the social worker) has done on this case is exceptional. She has been a great social worker to work with and has kept me informed, sought my advice and views every step of the way during the care proceedings. Her practice is very child centred and has served these children well.

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

Thank you does not seem enough to say how much I appreciate what you have done to keep my mother safe. You listened when other people would not! You have been very caring and very efficient.

On children's social work staff

I just wanted to express how much I appreciate all your support with the family. I think throughout 2015 you've played a key role in making sure the children's needs are met as much as possible ... I'm very appreciative of this and of the fact that you're continuing to be involved at such a level ... Very many thanks.

On mental health care management staff

You listened when I needed someone to listen while others who had the opportunity to do so chose not to. I shall forever be indebted to you and the professionalism which you showed at that time and have done since.

On children's social work staff

We also wanted to say that we have had nothing but "5 Gold Star" support from you. You expect nothing but high standards, which we admire, and (the child) is very fortunate to have you as her social worker.

3. What people think about our services – compliments received in 2015/16

- 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

Many thanks to both yourself and all of your colleagues for your invaluable support to both my parents during what has been a very difficult time for them.

On residential care staff

Thanks for the last 6 months looking after dad and putting up with me! You must be saints!

- 3.4 In 2015/16 adult social care received 659 compliments about adult social care meaning that we received over 13 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; 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 Social care compliments have increased a little this past year; and continuing healthcare compliments have remained the same. Analysis suggests that while we are providing more opportunities for children, young people and adults to tell us what they think and we have got better at making sure feedback is registered appropriately. Some of this work has been noted in section 2 above.**

3.7 The table below shows the number of compliments received over the past three years:

Service area	2015/16	2014/15	2013/14
Social care	696	677	348
CHC	165	165	100
Total	861	842	448

On an in-house day care provider

As far as I am concerned the service given to (my wife) is excellent. The transport to and from the centre is on time ... The staff are always pleasant, helpful and have a caring manner. I would like to thank all staff who help (my wife) and thank staff for the care that is given on her visits there.

On children's social work staff

(An out of authority parent said) it is obvious a lot of hard work and thought has gone into making sure (my daughter) is safe and well cared for, and her individual problems have been thoroughly investigated, for this I sincerely thank everybody involved.

3.8 The two tables below show the services that have received compliments and how many times compliments were received during 2015/16:

ADULT AND CHILDREN'S SOCIAL CARE COMPLIMENTS 2015/16	TOTAL
Adoption service (children's)	2
Children's social work teams	31
Complaints service	1
Care management learning disability teams (adults)	6
Care management mental health teams (adults)	15
Care management social care teams (adults)	30
Disabled children's team	1
Enquiry referral coordinators (adults)	2
Finance (adults)	20
Hospital to Home Northumberland (adults)	10

Independent providers* (adults)	300
Independent reviewing officers (children's)	2
In-house residential care homes (children's)	1
In-house day care services (adults)	76
In-house residential care services (adults)	16
Joint equipment and loan service	1
Occupational therapy (adults)	3
Review team (adults)	2
Self-directed support team (adults)	3
Senior management team (adults)	4
Short term support service (adults)	157
Single point of access (adults)	2
Support planners (adults)	10
Welfare rights	1
Total	696

CONTINUING HEALTHCARE COMPLIMENTS 2015/16*	TOTAL
100% NHS funded packages	87
Part NHS funded packages	78
Total	165

***Reported by contracted providers**

3.9 During 2015/16, 37 compliments were received by children's social care and of these almost half (16) were from families and carers. One of these from a young person is presented at the end of this report although it has been anonymised.

3.10 The remaining 21 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.

3.11 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.

3.12 Throughout this report we have included people's own words about our staff and services.

On children's social work staff

As I have a whinge when things go wrong, I thought it only fair to speak up when I have been very impressed by (the social worker).

On short term support service staff

On behalf of my wife, daughter and myself, we would like to thank you and all the wonderful carers who attended and cared for (my wife) during the time they were needed. Words of praise cannot be too high for the professionalism, kindness and friendliness which they extended to (her), they were truly remarkable. Please do pass on to all concerned our sincere thanks and appreciation for the wonderful job so expertly done by all.

4. Learning from the people who use our services

4.1 Many of the issues which children, young people and adults have reported over 2015/16 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.
Questions about the information in reports or assessments	Factual errors are amended, text clarified as appropriate and explanations given about outcomes and conclusions.
Processes – especially financial, legal and poorly understood assessment processes	Restitution/refund or waiving of charge if appropriate. Emphasis on explaining matters. Review any financial arrangements to make sure that they are correct. Advice/signposting especially in

	<p>respect of court matters and how adult or children's services work relates to this.</p> <p>In children's services, reinforcing contact and safety plans and why e.g. supervised contact is required, that the child and the child's views are at the centre of decision making (e.g. contact with parent(s) should be positive for them; child choosing not to have contact).</p> <p>On-going monitoring of effectiveness of processes.</p>
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- 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. It is important to listen and to acknowledge people's experiences; and to apologise as appropriate.
- 4.3** 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 improvements as a result of adult, CHC and children's complaints:
- a. Adult services' staff were advised about Independent Funding Requests (IFR) which may be available via the GP for people who have health needs and may require a treatment not ordinarily provided by the NHS. This followed a complaint from a disabled adult who felt that they benefitted from regular massages and who wanted the treatment funded.
 - b. During assessments for adaptations members of the OT service were advised to contact Homefinder if medical information is needed and the service user has been re-housed following a Homefinder application. This action can speed up the process because it does not require the OT to contact the person's GP for information. This followed a complaint about the apparent delay completing an assessment and a subsequent review by the senior manager of the process.
 - c. Adult social care staff now are asked to check that the costed care package is correct on the electronic system (Swift) when a review is held. This is an additional check to make sure that the service user is charged the correct amount and followed a complaint when this was not the case.
 - d. Following a series of instances where children's social care staff put through a parent or family member to the complaints team because this person was upset or angry about a perceived lack of response from the local team we developed 'Admin Guidance to Managing Concerns and Complaints' to support the resolution of issues locally when appropriate to do so.
 - e. Following some concerns from complainants that they did not fully understand what happens when a child becomes 'looked after', we started a review of information/literature for LAC and their families which will include

advice about rights and what financial support may be available and in what circumstances.

- f. Connected people – in children’s social care these are people connected to the child in some way and who wish to be considered as a carer if the child cannot live with parents. The process is clear about the need to communicate outcomes from screening and viability assessments when positive. Following a complaint when a connected person’s (in this case a family friend’s) assessment was negative they were left not knowing why. Therefore, we agreed to amend the process to make sure proper explanations are given even if the outcome is negative.**
- g. In respect of complaints handling, we have introduced the following after feedback:**
- A leaflet aimed at staff named in a complaint describing the process and what to expect.**
 - The introduction of a communication plan at stage 2 of the children’s complaints process to make sure all parties, especially the complaint is kept up to date about progress (stage 2 complaints can take several weeks to complete)**
 - A glossary of terms to explain the process aimed at complainants**
 - Template and report letters aimed at managers and investigating officers**

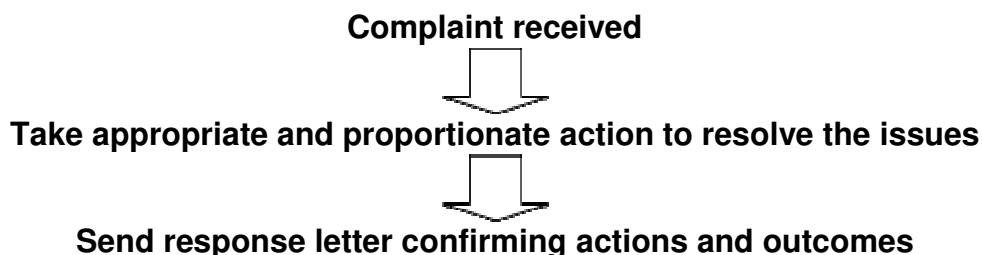
4.4 It is important to note that learning can come from other kinds of feedback, not just complaints. For example, we received an enquiry about charges which led to an exercise to make sure all relevant staff understood about charging policy. We undertook this because over time we have identified several occasions when charges were not explained or explained poorly. Below is an excerpt with a real example from the complaints team tracker which we trialled in this case and which we now use to make sure lessons are learned. Each relevant manager informs us when and how they made sure the relevant matters have been disseminated.

COMPLAINTS: LESSONS LEARNED TRACKING SHEET

COMPLAINT CODE NUMBER:		DATE RECEIVED:	
SUMMARY OF LESSON LEARNED:	<p>1. When a care manager arranges care and support they should inform the service user (and/or their financial representative as appropriate) that we expect everyone to contribute what they can afford to towards the cost of this. The contribution will be based on the cost of these services, up to the maximum the service user can afford. See 4 below.</p> <p>2. When a care manager arranges a permanent placement in a care home they should inform the service user (and/or their financial representative as appropriate) that most people living in care homes do have to pay towards the fees. Charges apply to all kinds of care home where the County Council is providing the funding, including nursing homes and homes owned by the Council itself. See 4 below.</p> <p>For additional information please refer to the following found on Northumberland County Council's website: Information sheet C8 – paying for care and support Information sheet C9 – charges for living in a care home Care managers should make sure that they give all the information sheets with an asterix (*) to everyone when they first ask for support. This includes information sheets C8 and C9.</p> <p>3. Where a service user is eligible for NHS Continuing Healthcare (CHC funding) or receives aftercare under section 117 of the Mental Health Act the care manager should explain to them (and/or their financial representative as appropriate) that these arrangements are subject to review. This means that at some point in the future the service user may become liable to contribute what they can afford to towards the cost of their care and support; or to pay towards the fees if they live in a care home. See 4 below.</p> <p>4. The care manager should also explain to the service user and/or their financial representative that they should not intentionally deprive or decrease their overall assets in order to reduce the amount they are charged towards their care. The service user and/or their financial representative should ask the finance team if they have any questions about this.</p> <p>5. The care manager should record a discussion about charges in the CSP1.</p>		
PLEASE TICK APPROPRIATE:			
OPS MANAGER ONLY	<input type="checkbox"/>	OPS & TEAM MANAGER ONLY	<input type="checkbox"/>
		ALL STAFF	<input type="checkbox"/>
NAME	TEAM	COMPLAINT CODE NO.	DATE DISSEMINATED
	20		

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.

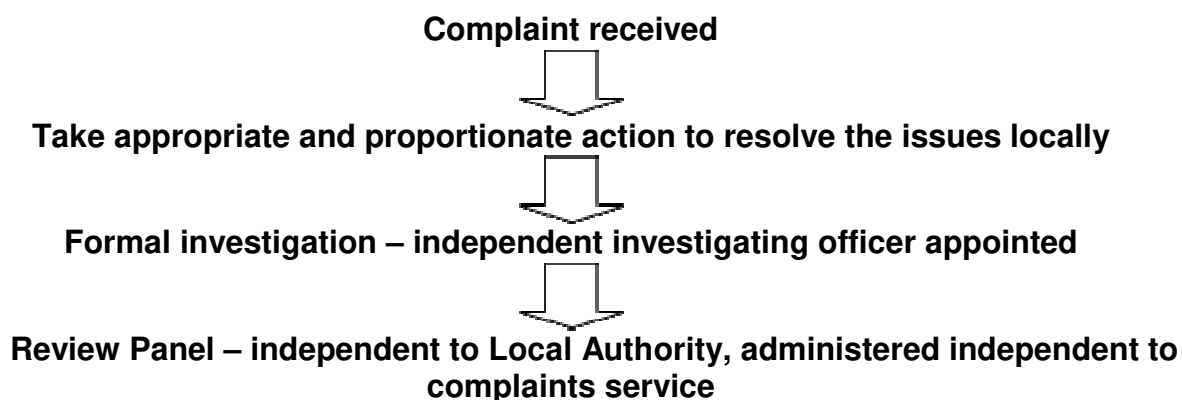
Stage 2 – formal investigation:

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 issues that were satisfactorily resolved:**
- a. A young person in care felt unsettled by another young person’s behaviour which included verbal insults directed towards her. On investigation it was found that the behaviour of the other young person was exceptionally challenging and although he received staff supervision he was still able to shout insults when passing outside or in the corridor and would do so from his own room. It was found that appropriate strategies were in place to minimise the effect of the behaviour and social work staff were actively seeking an alternate environment. The young person who raised the complaint was able to seek staff support as required and while staff had not done anything wrong her concerns and feeling were acknowledged.**
 - b. A couple were looking after a relative’s child and received payments from the local authority to do this. This situation continued for several years until circumstances changed and the Special Guardianship Order (SGO) ended. The couple complained because it had become apparent that they had been overpaid and were being asked for a repayment but felt that it was not their fault. On investigation it was found that the finance system had been paying them foster carer’s allowance which was higher than SGO monies. Unfortunately, because the payments had been set up several years previously it was not possible to determine what had gone wrong. An apology was made and assurances given that some improvements to internal process had already been made in the previous few months to prevent recurrence following the appointment of a new manager. The overpayment was waived.**
 - c. A parent whose children were in foster care was dissatisfied with a number of issues including the manner of staff who supervised contact, that two staff were apparently needed and that a schedule of staff who would supervise the contacts was not available. A senior manager investigated this complaint. It was found that the staff involved had not intended to upset the parent but an apology was made for the parent’s experience. In addition it was clearly explained that two member of staff were required due to the parent’s presentation and that they had made a number of allegations about staff behaviour towards the children. It was also clearly explained that a schedule of staff was being worked on because there were not many members of staff available (as a result of the parent’s behaviour and allegations).**

5.12 The following are example complaints about adult social care:

a. Complaint

The wife of an elderly service user with multiple health problems complained about her experiences of using a personal budget. It appeared that an overpayment had been made and the finance team were seeking its recovery.



Actions taken

On investigation it was found that the service user's health fluctuated and meant that he was not always able to attend day care twice a week as planned. As a result monies accumulated in his personal budget account. The complainant had found this difficult to manage. In addition, because his preferred provider was not contracted to the Council, the only apparent solution was to provide a personal budget. Whilst nothing had gone wrong *per se* we listened to the complainant's experiences and helped resolved the complainant's worries about the overpayment.



Outcomes

An apology was offered to the complainant and action was taken to remind both team managers and support planners that if there is not an existing contractual arrangement with a provider it is possible in some circumstances to accredit the provider for day care so a personal budget is not always necessary. We recognised that personal budgets can be a positive way of delivering services for some people for others this may not be the case.

b. Complaint

Two daughters who lived out of area raised concerns that they had not been told about a change to their mother's care manager; that it had taken over a week to sort out medication collections that had apparently left their mother without medication for some days; and that the timing of the domiciliary care visits was arranged without consultation and was confusing and disruptive for their mother.



Actions taken

It was found that neither the service user nor her daughters had been informed of a change in care manager; there appeared to be an issue with the local administrative processes.

The issues around the missed medication had already been addressed through the safeguarding adults procedures and appropriate action taken when the complaint was made – it was found that it took over a week to establish appropriate collections of medication between GP, pharmacist and care provider.

It was also found that the timing of the visits had been made without consultation with the daughters who had become aware that this was causing their mother some disruption although she herself had not objected.



Outcomes

An apology was offered to the daughter's and their mother.

The process being followed locally by the administrative staff was reviewed to prevent recurrence; and work was undertaken to make sure a provider who had capacity to offer domiciliary visits at the service user's preferred times was involved. Relevant staff were also reminded about the importance of communication with both the service user and their family.

5.8 The following are example complaints about CHC funded care:

a. Complaint

A family member complained that the CHC funded postural support chair provided to their mother who lives in a care home was not suitable and in poor repair.



Actions taken

An OT visited the service user in her care home which was out of authority, read the home's records and spoke to family members. It was found that the chair provided was a temporary measure while an appropriate chair was sourced. This issue appears to have been a result of miscommunication between the family, the OT service in Newcastle who assessed her; and the OT service in Northumberland who arranged the funding.



Outcomes

Suitable reminders were given to relevant staff about cross-border working and an apology was offered to the service user and her family for any misunderstanding,

b. Complaint

The mother of a CHC funded patient raised concerns about the time that it was taking to agree a day care placement. The patient has severe physical and learning disabilities. The complainant preferred an out of authority placement.



Actions taken

On investigation it was found that there had been a delay making the necessary arrangements, in part the fault of the care manager. A review of the decision about how the patient's needs could be met was made and it was found that a bespoke in-house service would also meet the patient's needs.



Outcomes

An apology was given and a decision taken about the placement. An in-house service was offered and accepted. Follow up meetings with the complainant were arranged to make sure that the placement was satisfactory and was meeting the patient's needs.

6. What people think about our services – complaints received in 2015/16

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 2014/15 and some on-going complaints will carry over into 2016/17.

6.2 The table below notes the numbers of complaints received and responded to in 2015/16:

Complaints	Adult social care	Children’s social care	CHC	Total
Received during 2015/16	48	128	7	183
Closed during 2015/16	43	125	6	174

For comparison, see the table below that shows the complaints received in the past two previous years:

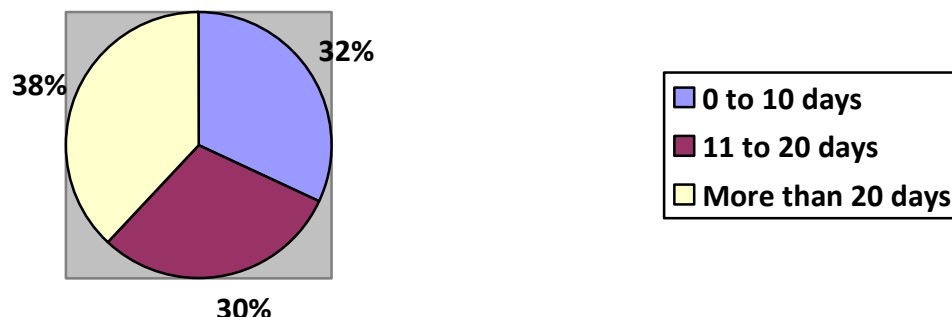
Service area	2014/15	2013/14
Adult social care	61	69
Children’s social care	148	141
CHC	16	8
Total	225	218

6.3 The complaint service 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 2015/16:

Stage one children's social care timeframes



6.6 Whilst the majority of complaints were resolved within the designated 20 working days, 38% of these took longer than this to resolve. 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.

6.7 Complaints at Stage 2: during 2015/16, 4 formal complaints were received, 3 were still in the process of resolution at the time of reporting; and the remaining complaint was withdrawn.

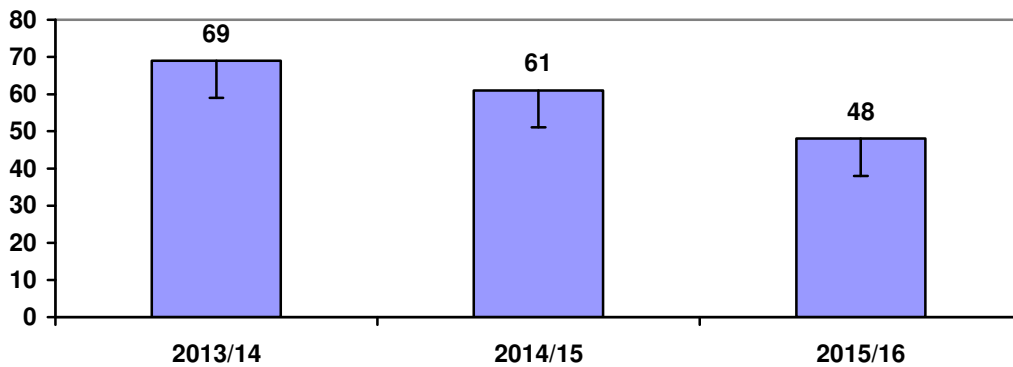
6.8 Complaints at Stage 3: during 2015/16 we received 2 requests for a review panel which were both completed in timeframe. Review panels are made of three people independent to the council including the chair.

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 been reducing over the past few years. Analysis suggests that dealing with people's concerns at an early stage can result in fewer complaints being made.

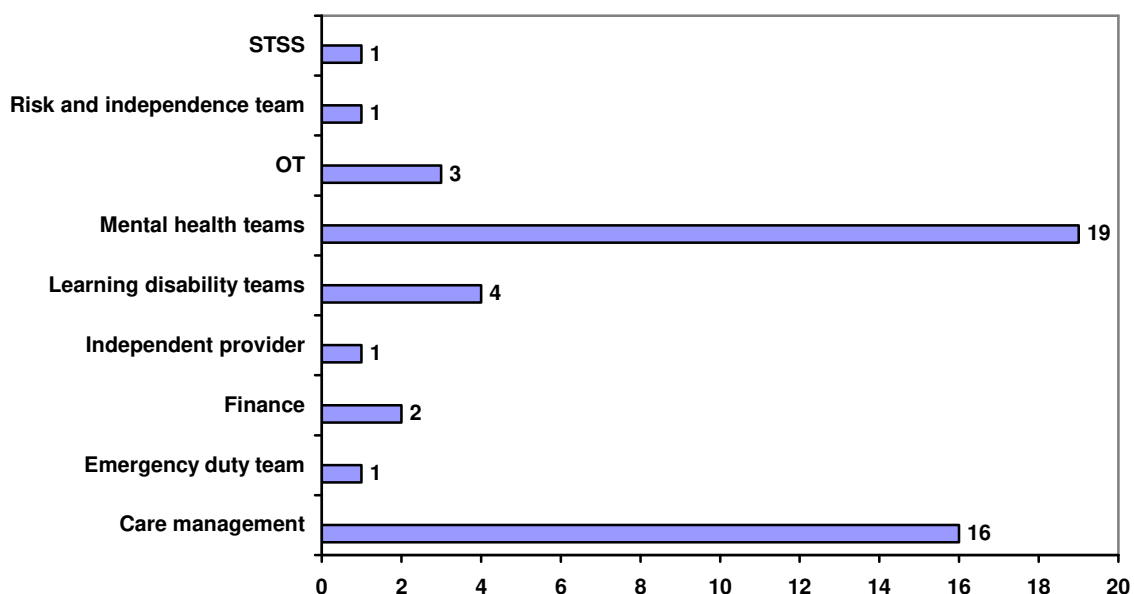


6.12 To put these complaints in context, in April 2016 care management had open 7,740 adult service users and had identified 3,360 carers. These numbers have stayed approximately the same for the past couple of years.

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.

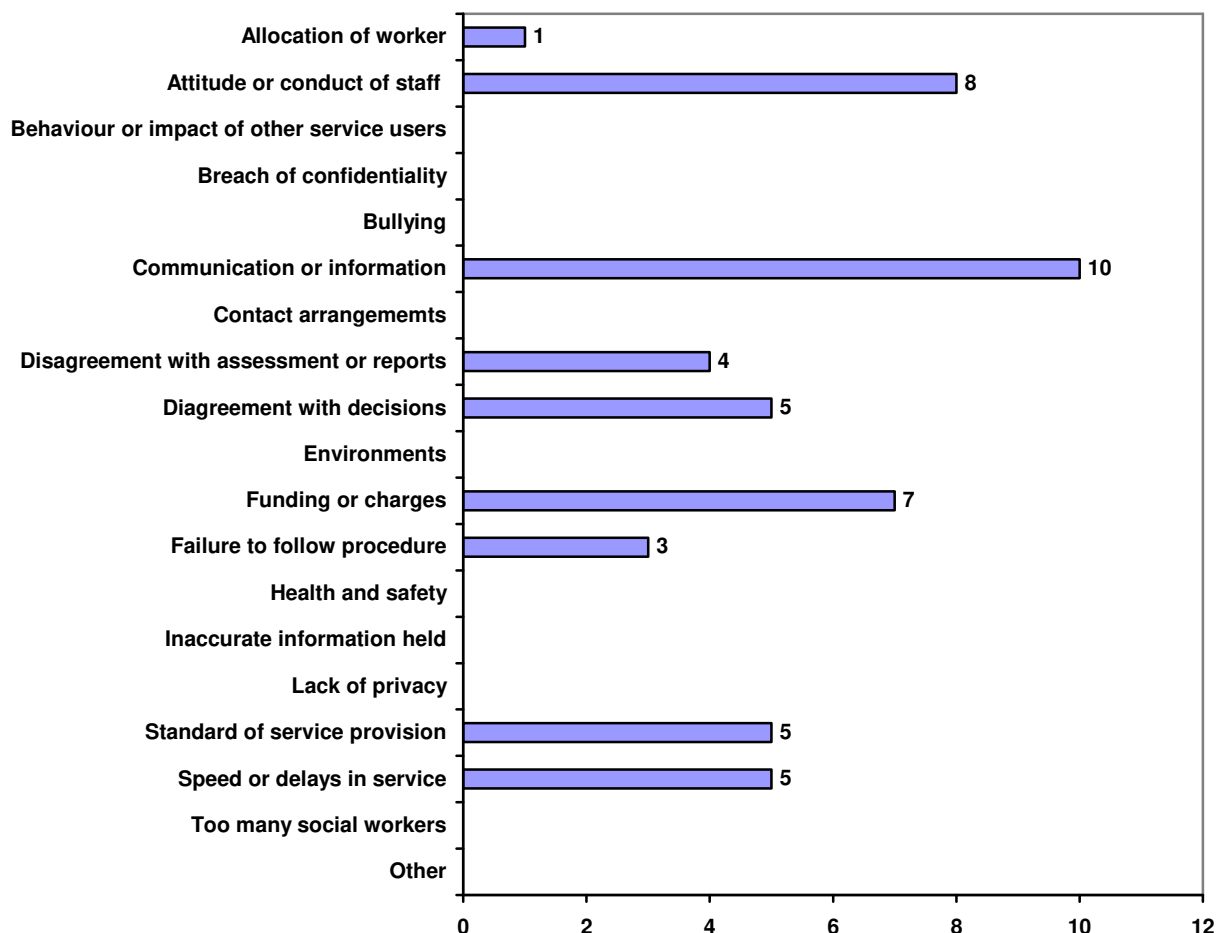
6.14 When a complaint is received the complaints team carry out a risk assessment. The Department of Health’s complaints best practice guidance, “Listening, Responding, Improving” (February 2009) says, “By correctly assessing the seriousness of a complaint about a service, the right course of action 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 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 2015/16:



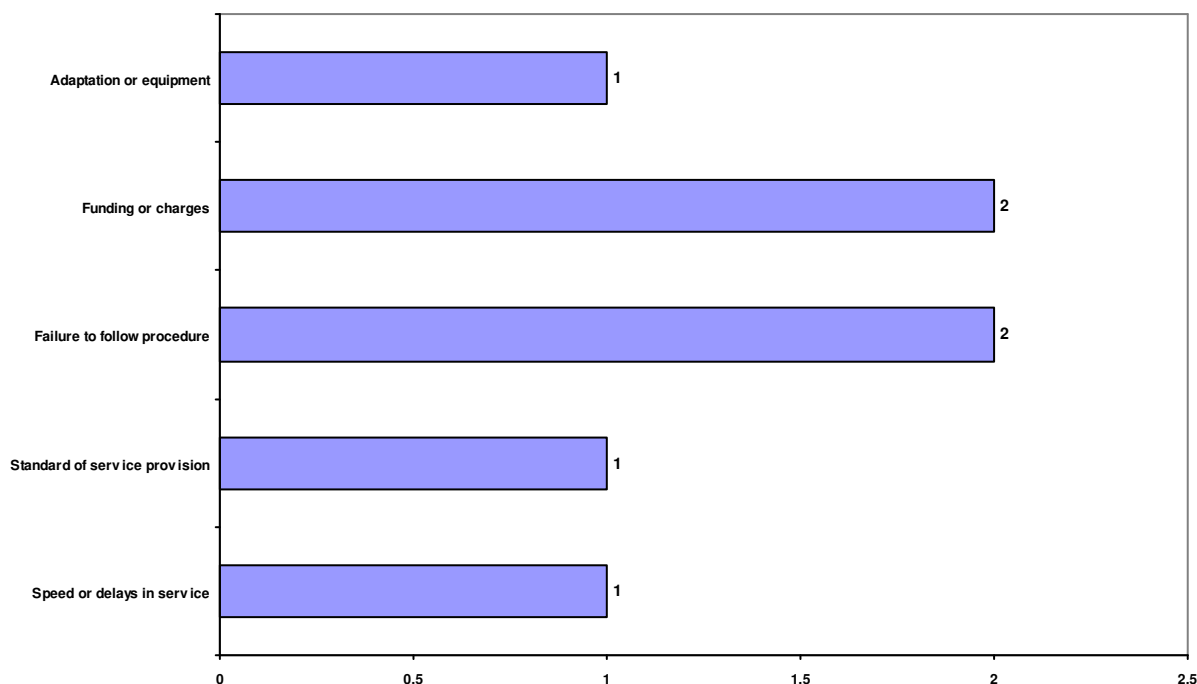
6.16 Over 2015/16 we have seen a small increase in the number of complaints about the mental health teams (15 to 19) and a significant decrease in complaints about the finance team (from 10 to 2) although matters relating finance or funding continue to be a source of disagreement or dissatisfaction for approximately 1 in 7 people.

6.17 The chart below identifies the broad subject of the adult social care complaints over 2015/16:



6.18 Over the past year we have seen a broadly similar spread of issues raised as in the previous years although we note an increase in complaints about staff attitude (up to 8 from 3) and a fall in complaints related to finance or funding (down to 7 from 12), although not unexpectedly this remains a main source of disagreement.

6.19 The chart below identifies the broad subject of the CHC complaints over 2015/16:



6.20 Over 2015/16 18% of complaints related to a perceived lack of information or communication; and 16% to funding or charging matters. However, of particular note, 22% of complaints related to dissatisfaction with the standard of service or with apparent delay. Examples include:

- **The apparent failure to support his sister as her dementia has progressed;**
- **The time it was taking to convert a garage into bedroom and wet room; and**
- **The apparent lack of progress with transition plans for her daughter.**

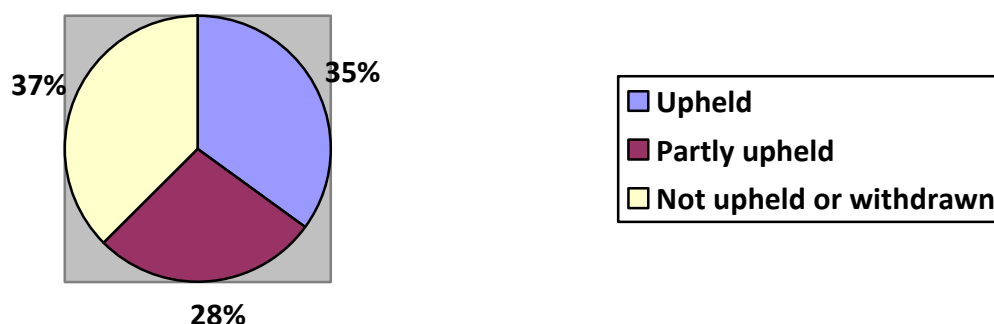
6.21 While some of these kinds of issues are subjective, how someone experiences or perceives our services is an important piece of information that can still help us change and shape how we work.

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.

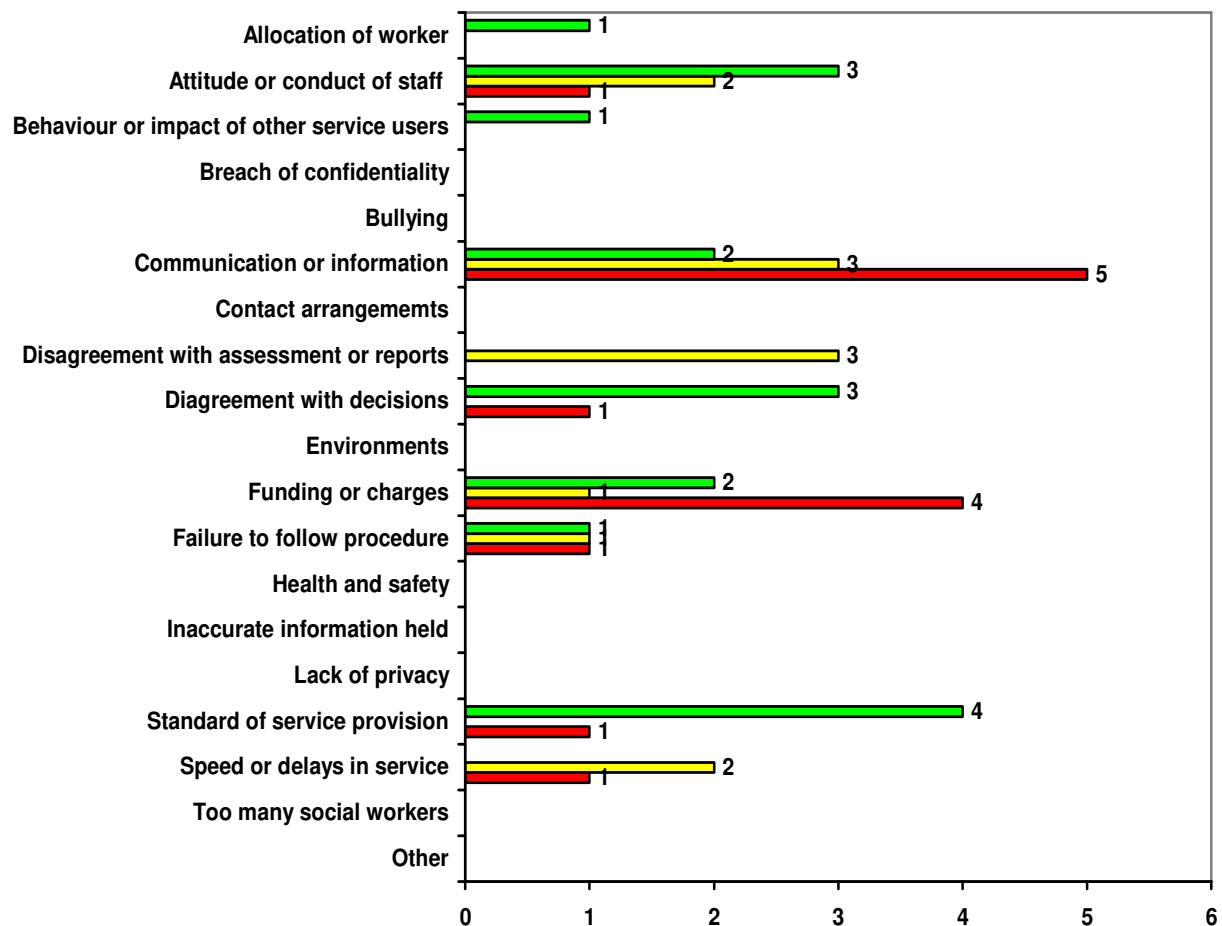
6.23 Certain common themes emerged over 2015/16 and have been noted previously in section 4 above.

6.24 The chart below shows the proportion of adult social care complaints upheld, partly upheld and not upheld in 2015/16 (the 2009 regulations refer to ‘well founded’):

Adult social complaint outcomes



- 6.25 These findings show that of the complaints responded to in 2015/16, 63% were partly or completely upheld. This is an increase on 2014/15 when 58% of adult social care complaints were partly or completely upheld which was an increase on the previous year. 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, 66% were upheld or partly upheld (4 of 6). However, the numbers remain low so no real conclusions can be drawn at this time.
- 6.26 The chart below indicates adult social care complaints closed by subject and outcome (upheld and in red; partly upheld in yellow; not upheld or undetermined as resolved in green):



6.27 Analysis shows 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. Of note are the complaints about the standard of service or about decisions made of which 4 out of 5 and 3 out of 4 respectively were not upheld. It appears that there is sometimes a mismatch between the service people feel should be the case and the actual delivery.

6.28 In respect of the increase in the number of concerns raised about staff manner or attitude, only one complaint was fully upheld (an in-house carer did not pay sufficient attention to a service user on one occasion, only staying for a short time – this was dealt with appropriately with the member of staff in question). Analysis suggests that in general terms staff conduct themselves well but may find themselves criticised as a result as a result of difficult discussions or when expectations are not met.

6.29 Where concrete issues have been raised (e.g. delay or whether specific information was given) we are much more likely to be at fault. However, where the complaint is about perception 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.

6.30 In respect of the upheld complaint about a failure to follow procedure, 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 upheld complaints related to finance/funding, we found in those cases that either a simple administrative error had occurred; or the service user or their representative was not told that charges applied and so was not able to make an informed decision about accepting a service or not.

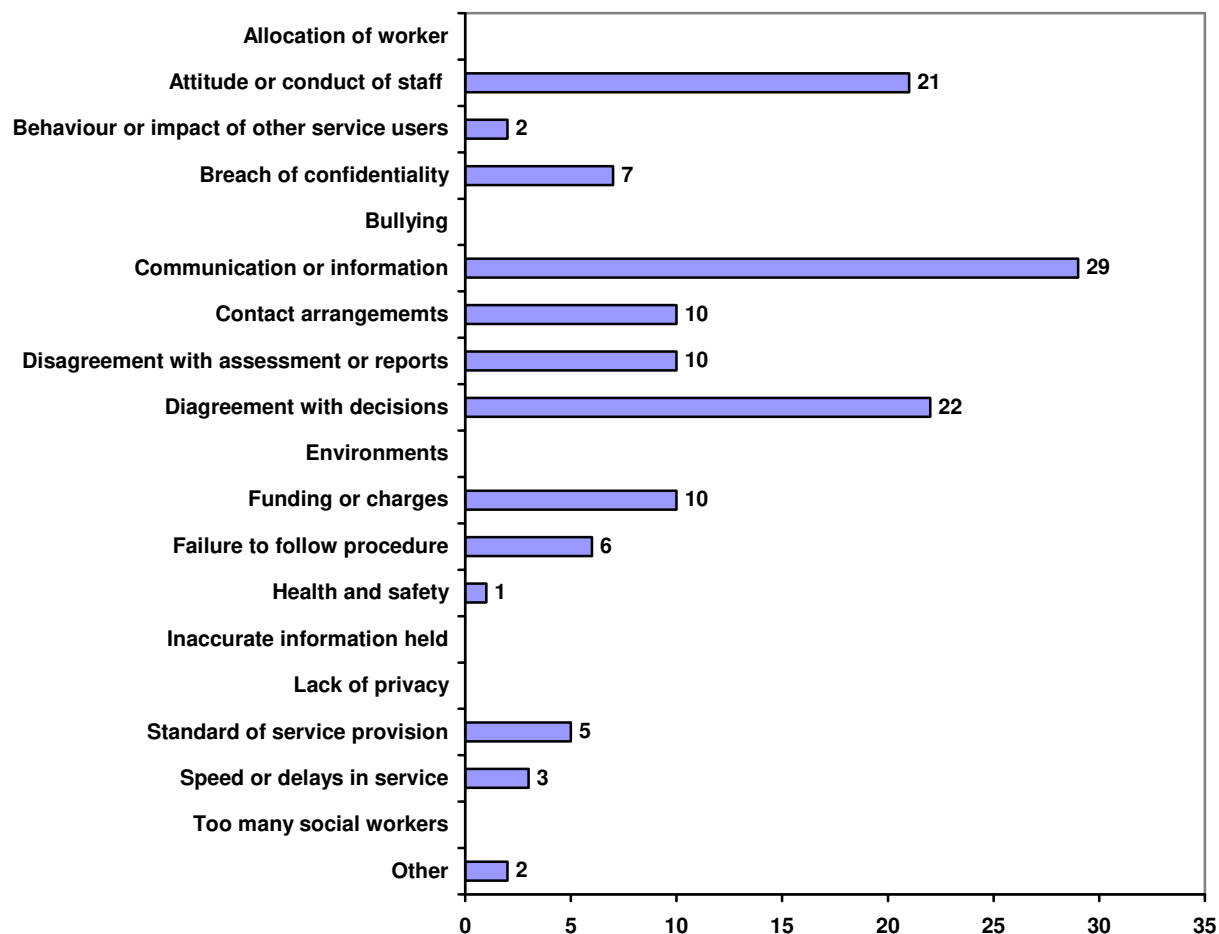
6.31 In respect of adult social care 65% of all adult service users are aged 65 and over and 29% are aged over 85. Nationally and particularly in Northumberland, we have an aging population – 21.8% of the Northumberland population is aged 65 or over; this is higher than for the North East generally (17.3%) 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%).

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

- There has been an on-going 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.**

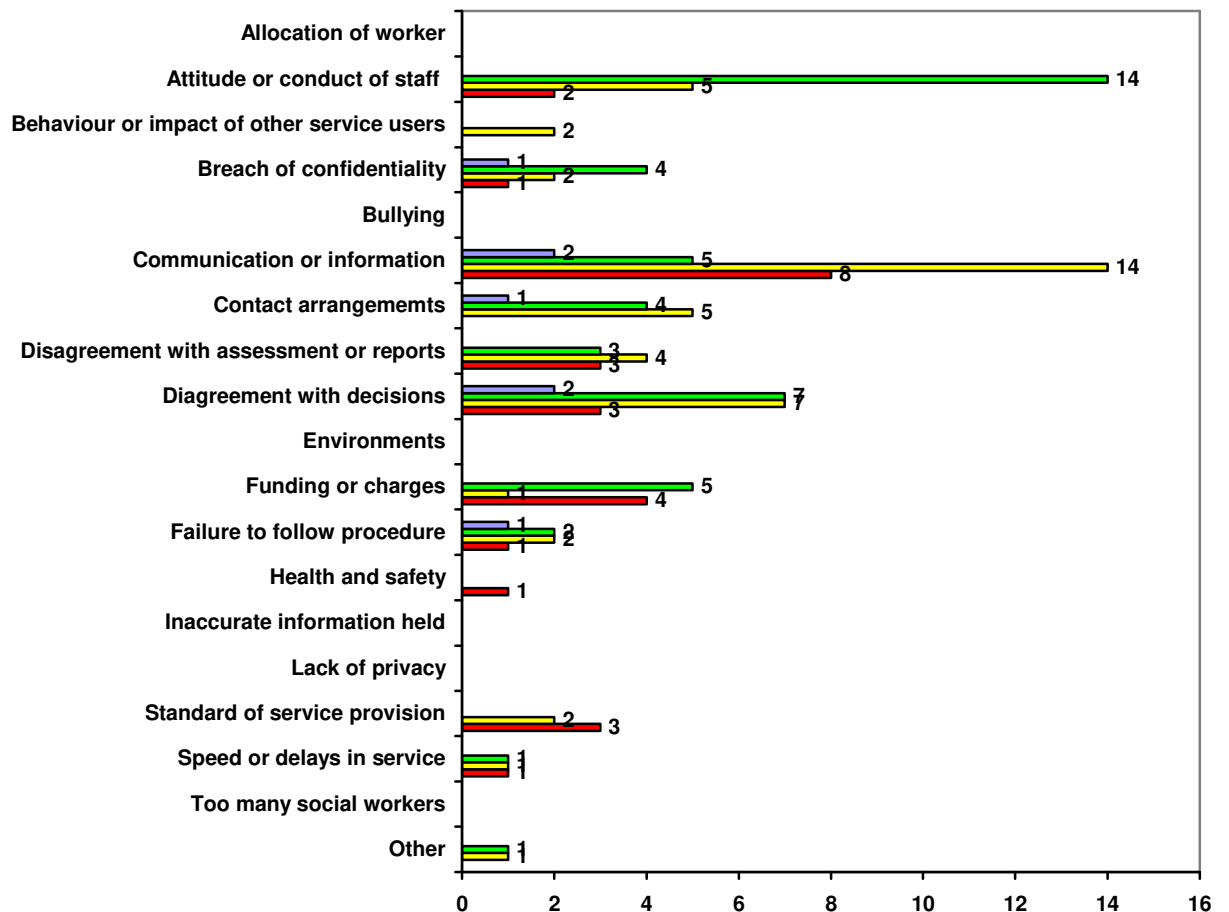
Children's complaints

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



6.34 The findings for 2015/16 are broadly in step with previous years with attitude or conduct of staff, communication or information issues and disagreement with decision making being the top three issues each time.

6.35 The chart below indicates children's social care complaints closed by subject and outcome (upheld and in red; partly upheld in yellow; not upheld or undetermined as resolved in green):

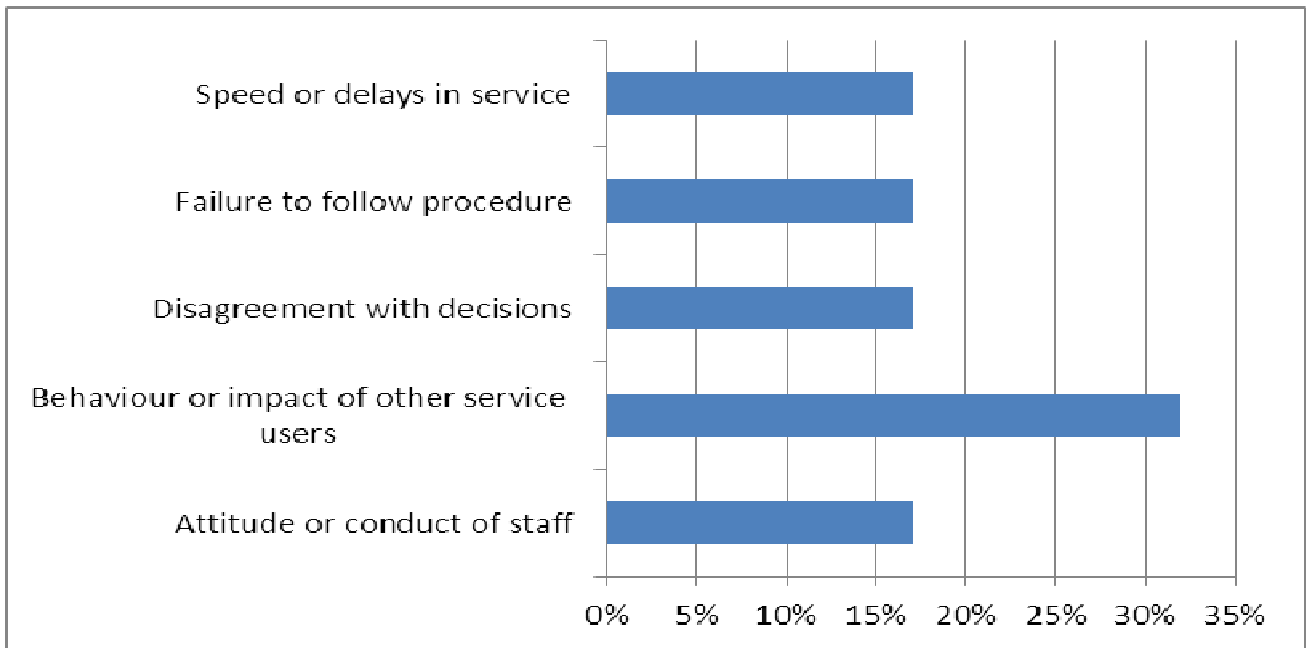


6.36 Numerically, complaints about attitude or conduct of staff have fallen again. These dropped in 2014/15 but were in the highest category in 2013/14. There has also been a decrease in complainants who disagree with decision making although this remains comparatively high with 17% of the total. We have also seen a fall in the number of complaints about contact arrangements. Complaints about communication or information continue to rank as one of the most frequent issues raised making up 23% of the total complaints made.

6.37 Of the complaints made the overwhelming majority are from adults, usually a parent or a grandparent. Comparatively few are made by young people and children. Over 2015/16 six complaints have been logged from young people and all were living in a care home at the time.

6.38 Young people are able to raise a concern with someone outside of their unit if they so choose. When they contact the complaints team, a member of the team will visit them to listen to their concerns and to agree a way forward. This includes the use of the complaints procedure as appropriate.

6.39 The graph below shows the concerns raised by young people who have made a complaint over 2015/16:



6.40 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 concerns about how the behaviour of other young people can impact.

6.41 The graph below shows the outcomes from the six complaints made by young people or children:



6.42 While none of the complaints were upheld, enabling young people to express their concerns outside of the care home can help them feel that they are being listened to and taken seriously. The partly upheld complaints related to the difficulties two different young people were experiencing with one or more of their peers. While staff in both cases were doing as much as they could to manage the situations, it was acknowledged that both young people were affected by others’ behaviour.

- 6.43 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.**
- 6.44 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.**
- 6.45 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. Please see section 9, Advocacy for further information.**
- 6.46 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.**
- 6.47 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.**
- 6.48 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 2015/16 adult social care received 4 decisions from the LGO; children’s social care 2 decisions; and one ‘other’ decision was given.**
- 7.5 In 2015/16 we had no decisions from the Parliamentary Health Services Ombudsman.**
- 7.6 Analysis suggests that during the complaints resolution process we are able to recognise where we have got things wrong and to take appropriate remedial action. Please note that in recent years the LGO has changed their focus and will highlight any faults in the original case handling over how effectively we investigated and remedied the issues raised. The LGO is the final stage in the complaints process and there is no appeal except through judicial review.**
- 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 The following summarises the adult and children’s social care complaints considered by the LGO in 2015/16 and their findings. We received no contact from PHSO in 2015/16.**

Summary of complaint	Summary of LGO final decision
Adult social care	
<p>A family member was dissatisfied with how his mother's care had been handled. In particular, he felt that when his mother was admitted to hospital out of authority that Northumberland did not 'track' her leading to delay; and when she was discharged that her care manager did not support a move to the residential home he preferred.</p>	<p>The LGO said, "The Council's faults did not result in Mrs Y staying in hospital longer than necessary. I am satisfied with the action the Council has taken to deal with its identified faults. And I have found no fault with the Council's decision not to allow Mrs Y to go to a care home which could not meet her assessed needs."</p> <p>The faults identified related to poor communication by the care manager and appropriate action was taken to address this.</p>
<p>A family friend complained on behalf of the service user that the Council sought to charge the service user for a period of residential care while his needs were still being assessed for potential CHC funding.</p>	<p>The LGO said, "There is no evidence of fault in the way the Council carried out the financial assessment for Mr X. The Council was entitled to rely on the information that Mr X was not eligible for Continuing Healthcare funding at that time. Mrs X gave consent for the assessment to be undertaken. The complaint is not upheld."</p>
<p>A family member complained about the care of her brother while he was using the Shared Lives service (he had two placements). In particular she says his first placement was poorly supervised, especially as the carer was new to the role. Ms Y says the carer sought to isolate Mr X from his family and left his care to a friend. The carer failed to ensure Mr X</p>	<p>The LGO said, "There was fault on the part of the Council which caused injustice." In particular, "Mr X suffered injustice as a result of the Council's failure to act during his first placement. He was not supported to keep health appointments. There was a lack of clarity about lines of responsibility for his needs. There were muddled attempts by Mrs A's support worker to interfere in his finances. He was isolated because of his inability to communicate with his sister when his hearing aids were not mended.</p> <p>"He also suffered some injustice in his second placement, which was arranged as an emergency and so was not matched to his increased needs.</p> <p>"Ms Y suffered some injustice too. She felt her views were not properly</p>

<p>kept his hospital appointments and after he was admitted as an inpatient, the carer was unavailable to have him back.</p> <p>She also complained that Mr X was then moved on an emergency basis to another unsuitable placement.</p>	<p>considered by the Council in the face of different reports from the carers. She says she is now always worried about her brother's future living arrangements."</p> <p>As a result of this complaint the following remedial actions were taken:</p> <p>A written apology was sent to the complainant and the service user for the way it failed to recognise the poor management of the first Shared Lives Northumberland placement.</p> <p>A modest payment was offered to the service user in acknowledgement that there were failings in the way his two Shared Lives Northumberland placements were managed</p> <p>A modest payment was offered to the complainant in acknowledgement of the confusion and mixed messages about the placement, and the time and trouble caused to her in making the complaint.</p> <p>Senior staff reviewed the processes for managing Shared Lives Northumberland and as a result took appropriate action.</p>
<p>A service user complained that the Council did not properly consider her needs and offered her a property that was unsuitable in that it had inadequate bathing facilities.</p>	<p>In this case the housing officer, acting on behalf of the Council, did not ask for an OT assessment of the property, despite this being on the system, before letting the property.</p> <p>As a result the LGO said, "The complaint is partly upheld. There was fault by the Council in failing to carry out an occupational therapy assessment of the property before offering it to the complainant."</p>
<p>Children's social care</p>	
<p>A parent complained that the council has failed to investigate her complaint about its children's services team at stage 2 of the statutory complaints procedure. She says her complaint to the council is that it has failed to</p>	<p>The LGO investigator said, "The Council delayed slightly in sending the statement of complaint at stage 2 of the complaints process but the injustice this caused is minimal and does not merit further investigation."</p> <p>A stage 2 complaint was carried out.</p>

<p>provide an acceptable service to her disabled 17 year old son.</p>	
<p>A parent complained that the Council had:</p> <ul style="list-style-type: none"> • unreasonably decided that her children should be adopted; • failed to consider her mother as a suitable carer; and • has not allowed her or her family to have indirect contact with the children. 	<p>The LGO said, “The Ombudsman has no power to investigate Miss M’s complaint about the decision to have her children adopted. The decision was made by a court over which the Ombudsman has no jurisdiction.”</p>
<p>Other</p>	
<p>The complainant said that a member of his ex-partner’s family, who is a social worker, should not have become involved in a personal dispute between him and his ex-partner. As a consequence of the unprofessional intervention some of his belongings were broken and damaged. The complainant said that the family member should be reprimanded or dismissed for getting involved in something that was nothing do with them.</p>	<p>The LGO said, “The Ombudsman cannot investigate Mr A’s complaint about the action of a family member of his ex-partner. This is because the issues complained of are not administrative functions of the Council.”</p>

8. Enquires received in 2015/16

- 8.1 The complaints services also respond to a number of ‘enquiries’ from service users, carers, families and members of the public.
- 8.2 Enquiries can escalate into complaints if they are not dealt with satisfactorily or in a timely manner. At first contact the complaints service provides or arranges answers or explanations to resolve the issues raised.
- 8.3 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.
- 8.4 In the course of 2015/16, 170 enquiries were recorded by the team that related to adult social care; and 162 that related to children’s services. Overall this is an increase in activity of 14% on 2014/15.
- 8.5 Of the 332 enquiries received, the majority related to our services and were dealt with directly by the team. These included instances where issues could be signposted elsewhere so that the person 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.
- 8.6 In respect of individual school matters please note that while the Council’s authority is limited, in most cases we were able to offer suitable advice; or to put the person in touch with the relevant service within the Council for advice or on occasion practical help. For example, with concerns about bullying or where the child has been identified as having a special educational need or disability.
- 8.7 The table below notes the enquiries received by service area:

ENQUIRIES RECEIVED 2015/16	
Adaptations / equipment	8
Administration	1
Admissions to schools	1
Adult learning and skills	1
Care management	108
Children’s Social Work (including link workers in Care Homes)	89
Complaints team	5

Continuing healthcare	5
Education welfare	7
Family placement (fostering and adoption)	4
Finance	2
Independent social care providers	9
In-house providers	2
Locality Inclusion Support Team	1
Northumberland County Council – other service areas	3
Northumbria Healthcare	4
Other organisations	4
Safeguarding adults team	3
Safeguarding children	5
School transport	1
Schools	48
SEND	5
Short term support service	16
Total	332

8.8 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.

8.9 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.

8.10 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

I would like to say a huge thank you for your time and patience when dealing with my mother’s affairs.

On in-house services

The family would like to pass on our thanks to all the carers who made (the service user's) final few days as comfortable as possible. Every individual treated him with courtesy, dignity and provided such amount of care that was above all expectations and for that we will be forever grateful. The service provided is second to none. The staff are friendly, polite and caring. The ability to provide someone with dignity and respect in their final days is an exceptional gift and the team of carers certainly have this magnificent gift. Thank you.

9. Advocacy

Adult social care

- 9.1 In respect of advocacy for people wishing to make an adult social care complaint, the complaints service is always mindful that on occasion the use of an advocate may be a constructive way to support the complainant to achieve a positive outcome from their complaint. Advocacy is not a right under the regulations for adult social care complaints.
- 9.2 The complaints service is able to access advocacy for adult social care complaints from local providers as necessary and with the agreement of the complainant. Decisions are made on a case by case basis. Please note that many complaints about adult social care come from a family member or family friend on behalf of the service user. In each case we ask for the service user's consent unless they lack the mental capacity to make a complaint in their own right; in these cases we make a best interest decision.

Children's social care

- 9.3 In respect of advocacy for adults who wish to make a children's social care complaint, as above the complaints service can support the involvement of an advocate on a case by case basis. Some parents or other family members use a solicitor for this purpose.
- 9.4 In respect of advocacy for a child or young person to make a children's social care complaint, the complaints service supports them by actively providing information and advice. For example and as noted earlier in this report the Council's new website now includes a section specifically for participation and the 'voice of the child'. This includes information about how to get involved and have a say about how services for children are delivered in Northumberland.
- 9.5 In respect of advocacy for children and young people specifically, the Council has an in-house Advocacy Service as part of the Participation & Advocacy Team. Young people can choose to receive support from the Participation and Advocacy Officer at any point during their care, not just for making complaints. The service is there to support them to have their views heard if they feel they are not being listened to, or feel unable to put across their views themselves.
- 9.6 Under certain circumstances, such as a young person requiring legal advice or should a child or young person not want to use an in-house advocate, an advocacy referral will be made to the local contracted provider. This provider has also supplied advocates for child protection conferences.
- 9.7 Please note that the advocacy offer has been recently been revised, and is now accessible to any child or young person living in Northumberland who needs it, not just Looked After Children. This includes those on child protection or child in need plans, or subject to special guardianship orders. A new advocacy leaflet has been developed, as well as a child protection conference advocacy pack. These are promoted via the social care teams and

the Independent Reviewing Officers as well as schools, health organisations and the voluntary and community sector in Northumberland (VCS). It is anticipated that we will see an increase in the use of advocacy services over 2016/17 from the 37 referrals made in 2015/16.

CHC complaints

- 9.8 In respect of advocacy for people who wish to make a complaint complaints about CHC funded care packages the complainant has a right to advocacy if they so choose and we signpost people to the relevant contracted provider.**

Other information

- 9.9 In general terms and irrespective the different advocacy arrangements in place the complaints service considers how to meet the varying needs of complainants on a case by case basis making reasonable adjustments as appropriate. This is particularly important in relation to complainants whose first language is not English and those with communication difficulties.**

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 were deferred to 2017 when we expect to receive further information.
- 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, 2016/17 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 continue 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 We also aim to support the development and use of a council wide complaints module which we have been using over the past year.
- 10.6 As part of our other 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.
- 10.7 We will continue to focus on handling enquiries promptly to try to prevent unnecessary escalation and dissatisfaction.
- 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 2016/17, 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 a 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 enquiry response coordinators

Thank you for organising this for me. It is really appreciate as I know you will be very busy and stretched to the maximum capacity in your work.

On the independent reviewing officers

They were saying they were pleased it was you again as although you "told it like it is" last time they liked that as there was no misunderstandings and nothing got missed. They said you were good.

On children's social work staff

I have nothing but praise for your practice; your passion for children to be safe and secure and your commitment to your job. I get loads of positive feedback from peer, clients and your direct line management about you. In fact (the senior manager) had nothing but praise about your recent presentation to a panel. Apart from that you make a ** cup of tea!**

On the support planners

A big thank you for what you have done. A huge thank you to you.

IT WAS GREAT WORKING WITH YOU. SUCH AN AMAZING PERSON, I'VE NEVER BEEN AROUND SOMEONE LIKE YOU, ESPECIALLY NOT A WORKER ETC, THANK YOU FOR ALL YOUR HELP AND SUPPORT.

WAS A PLEASURE WORKING WITH YOU, YOU HAVE TO BE TOP NOTCH IN THAT JOB OF YOURS THEY SHOULD BE PROUD TO HAVE SUCH AN OUTGOING HAPPY BUBBLY LAD WORKING FOR THEM. THANK AGAIN
TAKE CARE 