

Complaints and Compliments Annual Report 2010/11

Community Business Unit

In partnership with

NORTHUMBERLAND

Northumberland County Council

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1. Complaints policy and context

- 1.1 This is the final complaints and compliments annual report for Northumberland Care Trust which was responsible for adult social care and community health in Northumberland including healthcare at HMP Acklington and HMP Castington.
- 1.2 On 01 April 2011 Northumberland Care Trust and North Tyneside Primary Care Trust joined Northumbria Healthcare Foundation Trust to become the Community Business Unit within that organisation. The Community Business Unit is now responsible for most adult social care services for individuals in Northumberland, and for community health services in North Tyneside. The Complaints Team transferred to Northumbria Healthcare alongside these services. Also on 01 April 2011 Care UK, an independent provider of health and social care services, took over healthcare in HMP Acklington and HMP Castington.
- 1.3 The law requires the NHS and councils with social care functions to have a complaints procedure; specifically, to comply with The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. For the first time the previously separate procedures for adult social care and health complaints were brought together into a single process. Children's social care was excluded from this change and has retained its own procedures.
- 1.4 This is also the second complaints and compliments annual report entirely within the process required by the 2009 regulations which aimed at a culture change within complaints handling. It is an opportunity to see how far Northumberland Care Trust has adjusted.
- 1.5 The Department of Health has said, "The (2009 regulations) will ensure organisations work more closely with people to find an early resolution to complaints. With more emphasis placed on people being able to talk directly to the people involved we believe that every opportunity should be taken to resolve things through discussion and negotiation rather than by using a set procedure ... People should feel that they can take an active role in finding a resolution and must feel confident that the steps being taken to sort things out are safe and appropriate" (Making Experiences Count consultation 2007).
- 1.6 The 2009 regulations say, "Investigate the complaint in a manner appropriate to resolve it speedily and efficiently". It is important to understand what may have gone wrong; but it is equally important that the response to the complaint is appropriate and proportionate to the circumstances of the case, taking into account risk, seriousness, complexity or sensitivity of events i.e. one size does not fit all.
- 1.7 The 2009 complaints regulations are much more person centred rather than process centred.

- 1.8 Northumberland Care Trust recognised that complaints, compliments and other comments are a way to encourage organisational learning and a valuable source of feedback on service delivery. This report seeks to give some examples of how ‘customer feedback’ has led to improvements for the people who use our services.**
- 1.9 The complaints process operated by Northumberland Care Trust in 2010/11 is described in Appendix 2 of this document. The regulations require us to be person centred and focussed on outcomes rather than process.**

2. The complaints team

- 2.1 The Care Trust consisted of one Complaints and Customer Relations Manager and two Complaints Officers, all funded by Northumberland County Council.**
- 2.2 The 2009 regulations place a duty to cooperate onto statutory health and social care commissioners and providers who “must co-operate for the purpose of (a) co-ordinating the handling of the complaint; and (b) ensuring that the complainant receives a co-ordinated response to the complaint.” To this end the complaints team has continued to develop links with, for example:**
- NHS North of Tyne who manage complaints about the commissioning of NHS services for adults, including complaints about GP services**
 - Northumberland Tyne and Wear NHS Foundation Trust who provide mental health and learning disability hospital services and community services, including social care mental health services for working age adults provided in partnership with Northumberland County Council**
 - Northumbria Healthcare NHS Foundation Trust who provide acute hospital services in Northumberland and North Tyneside**
 - Private, voluntary and independent social care providers (domiciliary care, day care and residential and nursing care)**
 - The team collaborates as appropriate with the Patient Advice and Liaison Service (PALS) and the Independent Complaints Advocacy Service (ICAS)**
 - The team also collaborates as appropriate with the Contracts and the Safeguarding Adults Teams; senior staff in each section meet regularly to share information and to discuss themes and trends**
- 2.3 The complaints team cooperates with the Local Government Ombudsman (LGO) and the Parliamentary Health Service Ombudsman (PHSO) as and when they become involved in a particular complaint.**
- 2.4 From 01 October 2010 the LGO has new powers to deal with complaints from people who self-fund or arrange their own personal adult social care. The Health Act 2009 has amended the Local Government Act 1974, which gives the LGO its extended powers. The new service will give ‘self-funders’ the same access to the service as those who have assistance from their council. Until then a person using services under a private contract could only go to court if they had an unresolved dispute with the provider. We ask independent social care providers to signpost all complainants to the Community Business Unit (formerly Northumberland**

Care Trust) in their final response. This can allow a further opportunity to try to resolve matters if the person remains dissatisfied.

2.5 This change has re-emphasised the need for the complaints and contracts teams to work closely together in respect of private, voluntary and independent social care providers.

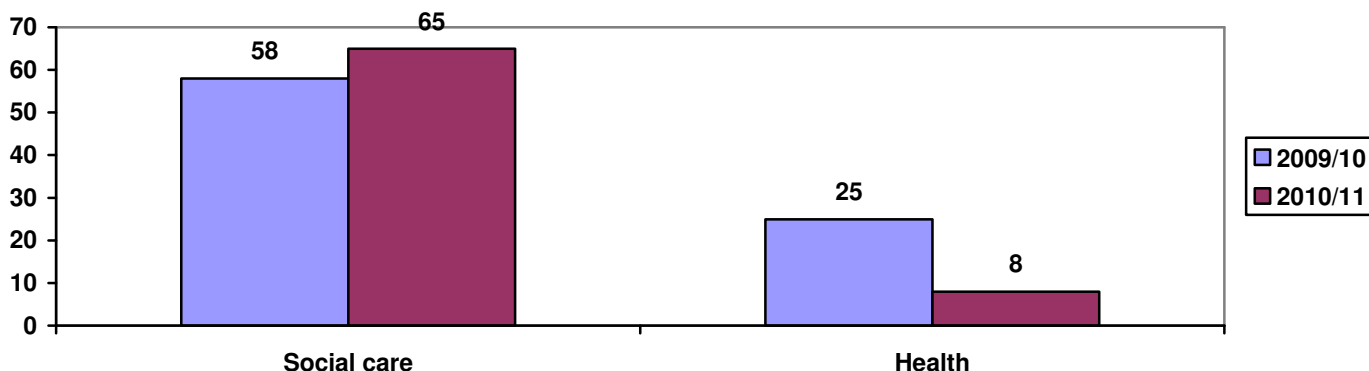
2.6 In July 2010 the Complaints Team replaced its limited electronic database with a more sophisticated in-house database.

3. Complaints received in 2010/11

- 3.1 The complaints team directly handled all social care and community health complaints; that is, the 74 new complaints received between 01 April 2010 and 31 March 2011, 89 complaints in all when ongoing complaints from the previous year are taken into account.
- 3.2 The children's health complaints were handled by NHS North of Tyne and the prison healthcare complaints were handled by the Performance and Complaints Lead based at HMP Acklington.
- 3.3 A NHS North of Tyne complaints audit carried out in the first half of 2010/11 made a number of recommendations for improved complaints handling; the final report noted, "the Trust has significant assurance with some issues of note, that there is a generally sound system of control designed to meet the organisation's objectives".
- 3.4 Northumberland Care Trust acted promptly on the audit's recommendations which included reporting on children's health and prison healthcare complaint to Board from quarter 3. Social care and health complaints had always been reported.
- 3.5 The table below notes the numbers of complaints in progress, received and responded to in 2010/11:

Complaints 2010/11	Social care	Community health	Children's health	Prison health	Total
In progress at 01 April 2010	13	2	2	0	17
Received during 2010/11	65	8	1	73	147
Total in progress during 2010/11	78	10	3	73	164
<i>Of which</i>					
Responded to during 2010/11	55	5	3	73	136
Withdrawn / on hold	5	1	0	0	6
In progress at 01 April 2011	18	4	0	0	22

3.6 The chart below compares the 2009/10 and 2010/11 social care and health received complaints:



3.7 In 2010/11 there has been a 12% increase in social care complaints received and a 68% drop in community health complaints received during 2010/11.

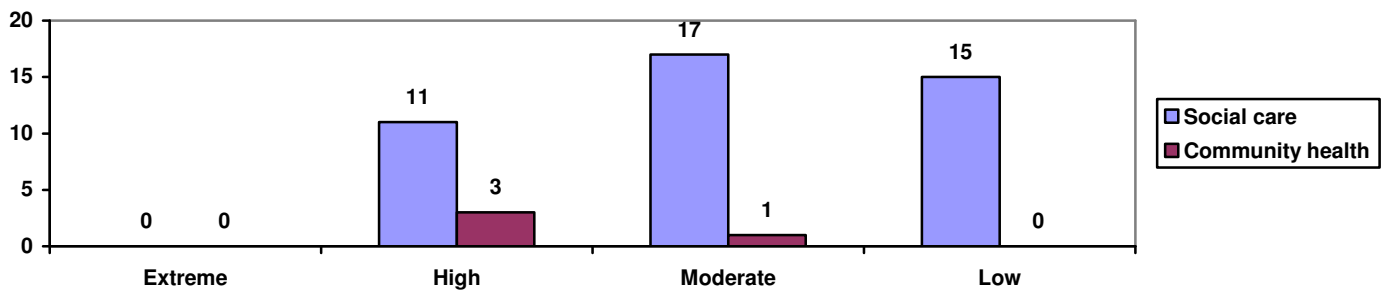
3.8 The marked decrease in health complaints is explained by several factors:

- Ongoing awareness raising about complaints with community nurses in their forums
- Ongoing series of workshops for community matrons which includes complaints handling, safeguarding issues, policies and procedures in general and managing staff
- A focus on sharing best practice across teams
- Offering carers assessments for the first time during 2010/11

3.9 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 allows for a more proportionate response. That is, a high risk complaint would likely require more time and effort to resolve than a low risk complaint.

3.10 The complaints team adopted the risk assessment example provided in the Department of Health’s complaints best practice guidance, “Listening, Responding, Improving” (February 2009). This describes complaints as low, moderate, high or extreme dependent on the seriousness of the issues raised and the likelihood of recurrence.

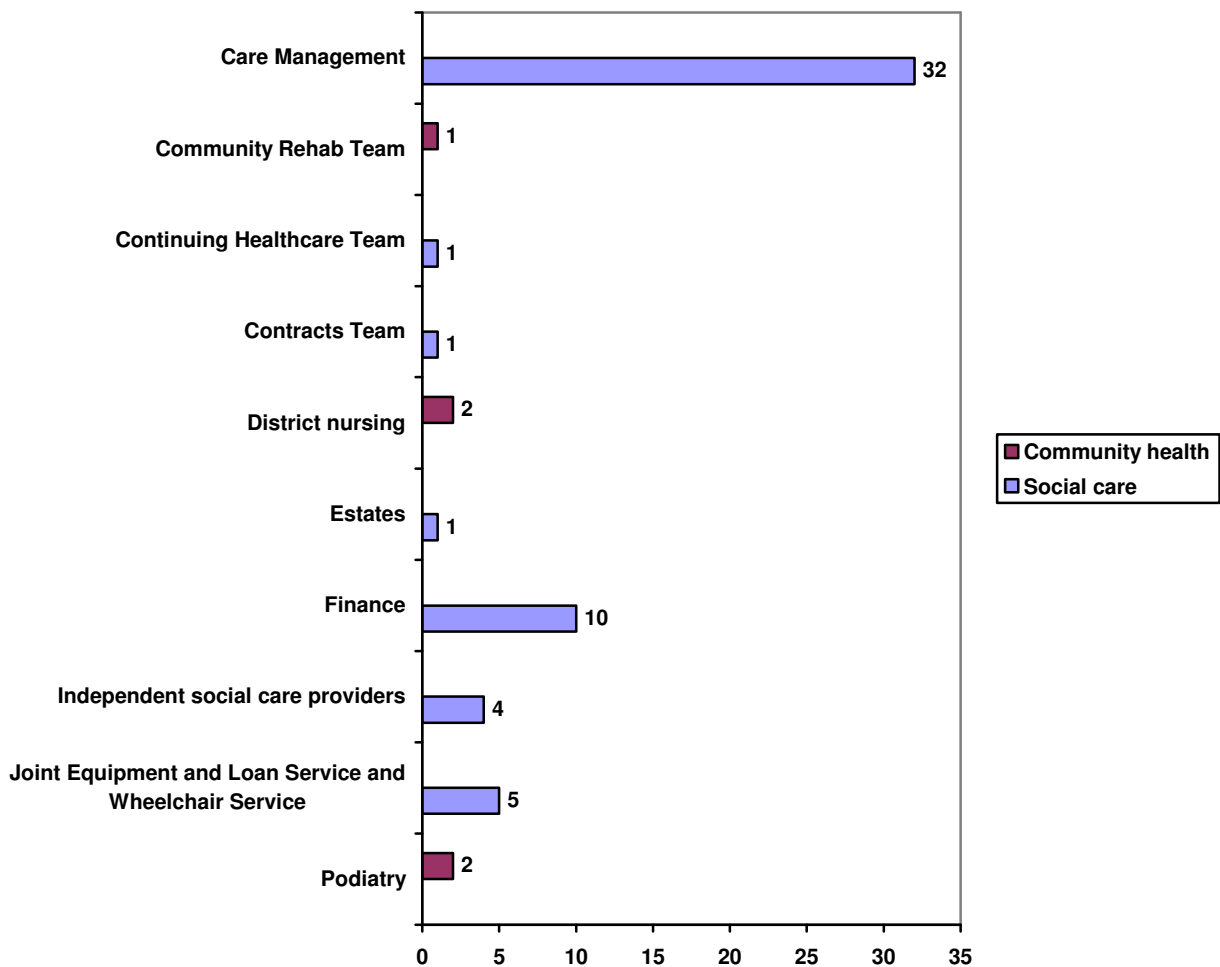
3.11 The chart below shows how the complaints team categorised the social care and community health complaints responded to in 2010/11 by risk category:



3.12 The risk categories of the complaints carried over from 2009/10 have not been included in these figures because this information was not recorded on the electronic database used at that time.

3.13 The risk category results for community health (no low risk complaints and many more high than moderate risks) may be explained by the fact nurses and other health professionals carry out a considerable amount of hands on care and treatment. That is, the consequences if a health procedure is done incorrectly are potentially more serious than failings in social care.

3.14 The chart below shows the different teams or service areas complained about during 2010/11:

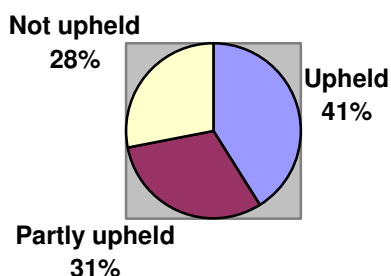


- 3.15 Care management covers all the care management teams, such as the physical illness and disability teams (6 complaints), learning disability teams (6 complaints) and older persons' mental health teams (5 complaints). The remaining complaints were distributed throughout the other teams. There does not appear to be any particular trend or pattern in respect of the care management teams.**
- 3.16 Please note Joint Equipment and Loan Service (JELS) and the Wheelchair Service (WCS) are managed within care management although JELS provides a mixed service and WCS a health service.**
- 3.17 To put the numbers of complaints in context, at the end of February 2011 care management had open 10,087 service users and had identified 3,456 carers.**
- 3.18 In 2008 the National Audit Office's "survey of people who had used NHS and social care services in the past three years found that around 14 per cent were in some way dissatisfied with their experience. Of these, only five per cent of people who were dissatisfied about the NHS went on to make a formal complaint compared to one third who made a formal complaint about adult social care services. The main reason people did not complain formally was that they did not feel anything would be done as a result. Where people are dissatisfied, there is a low propensity for them to go on to make a formal complaint."**
- 3.19 Taking into account this National Audit Office survey it appears the numbers of complaints received by Northumberland Care Trust are low, especially its community health complaints and complaints about independent social care providers. More assertive marketing of the complaints procedure may be required alongside the need to provide extra reassurances to people who wish to complain (that we take all complaints seriously and that their services will not be affected for making a complaint). Similarly work to improve complaints accessibility may also be required.**
- 3.20 Certain common themes emerged over 2010/11 and have been addressed appropriately. The table below gives some examples and how they were resolved:**

Common 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	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. Ongoing monitoring and review of service quality. Compensation if appropriate. Service review through contract team and/or operational management.
A failure to involve or communicate with family members	Apology given. Reminders given to care managers about the importance of communicating with family members
Processes – especially financial and poorly understood assessment processes	Restitution/refund or waiving of charge if appropriate. Emphasis on explaining matters to the service user. Ongoing monitoring of effectiveness of processes.

3.21 One change to note in complaints handling during 2010/11 is how complaints that include safeguarding issues are handled. The safeguarding team now lead on and the complaints team pick up any other issues at the end of that process and follow up as necessary.

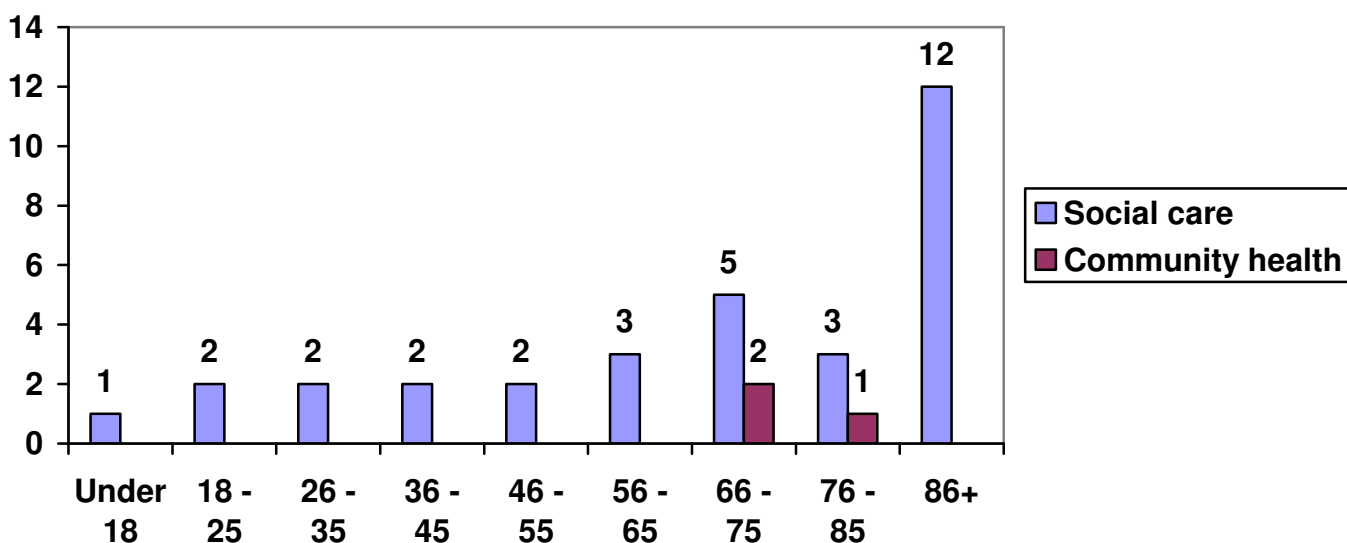
3.22 The chart below show the proportion of social care and community health complaints upheld, partly upheld and not upheld in 2010/11 compared to 2009/10:



3.23 The 2009 regulations say the annual report must “specify the number of complaints which the responsible body decided were well-founded”. We consider ‘upheld’ is the same as ‘well founded’.

3.24 The chart shows that of the complaints responded to in 2010/11 72% were partly or completely upheld. This compares with 2009/10 showed when 71% of complaints responded to were upheld or partly upheld.

3.25 The chart below shows the age profile of the social care service users and the community health patients, where known, who had complaints responded to in 2010/11:

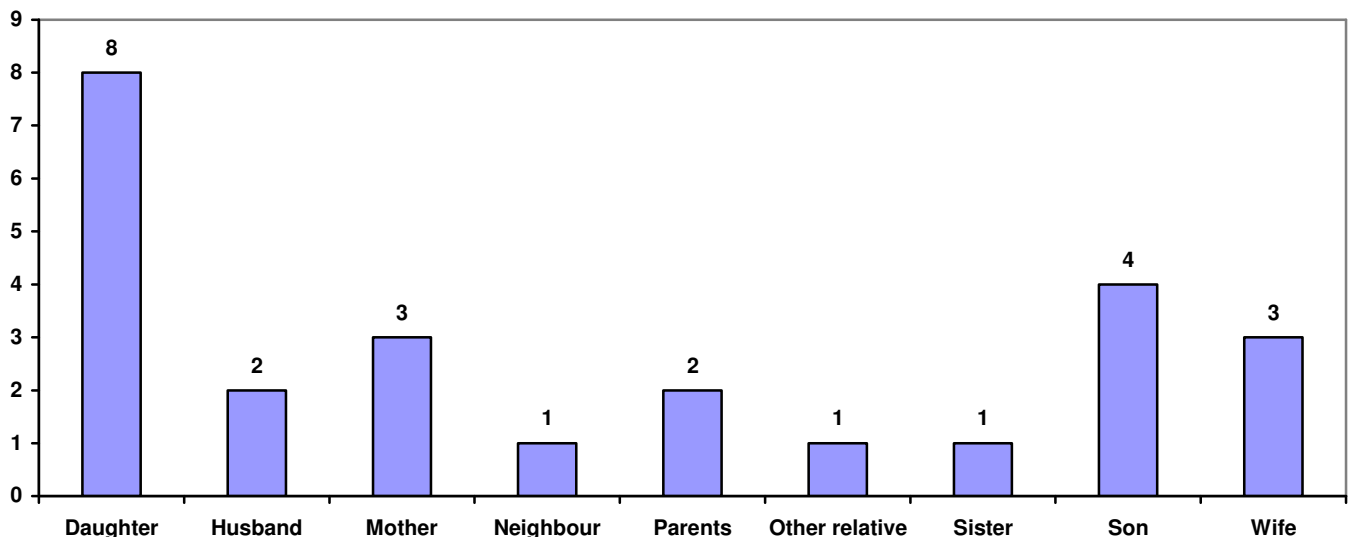


3.26 The chart shows two thirds (66%) of people over the age of 65 and just over one third (34%) aged over 85. The service user under 18 was aged 16 and the complaint was about the Wheelchair Service.

3.27 The older person profile reflects the overall age profile of people who use Northumberland Care Trust’s services, “Most (70%) of the Care Trust’s patients and service users are older adults (over 65). However, there are also significant numbers of working age people with long term conditions or Learning Disability and children and young people

accessing community health services. (Mental Health services for working age adults are managed through NTW Foundation Trust in partnership with The Care Trust and County Council)” (from the Update Report on the Public Involvement Strategy 2010-2011).

3.28 Of the social care and community health complaints responded to during 2010/11, 42% were made by representatives and the chart below shows their profile:



3.29 The high proportion of family members making a complaint may relate to the age profile noted above. That is, a family member taking or accepting responsibility to challenge what is perceived a poor service on behalf of a relative who is an older person. Similarly, it is often family members who make complaints on behalf of adult with a learning disability.

3.30 Complaints made by family members can be very emotionally challenging for all parties because the complainant often perceives that the service user or patient has suffered unnecessarily to some degree.

3.31 The 2009 complaints regulations says a complaint may be made by a person (a representative) acting on behalf of a service user or patient who

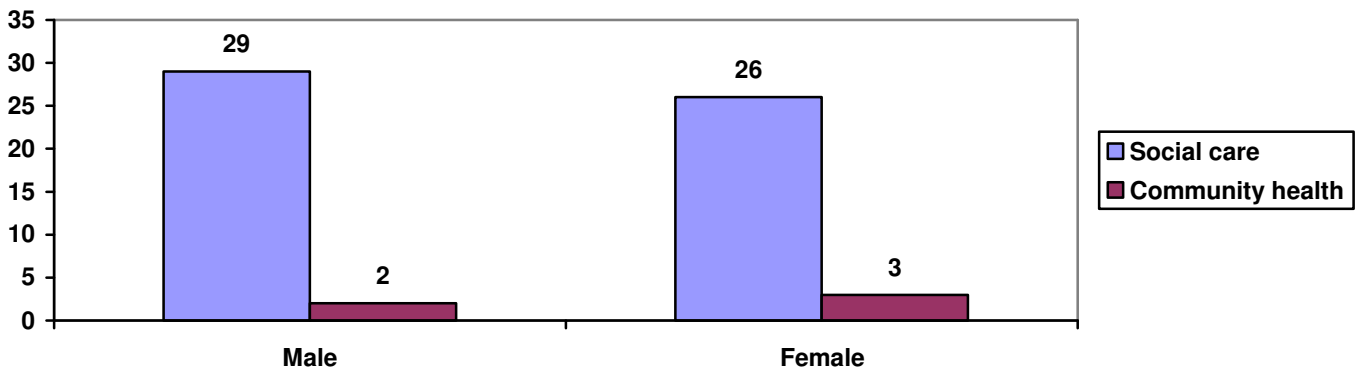
- (a) has died;
- (b) is a child;
- (c) is unable to make the complaint themselves because of –
 - (i) physical incapacity; or
 - (ii) lack of capacity within the meaning of the Mental Capacity Act 2005(a); or
- (d) has requested the representative to act on their behalf.

3.32 Where a service user or patient has not requested a representative to complain on their behalf Northumberland Care Trust requires either

signed consent or a best interests decision where the person lacks mental capacity to make a complaint in their own right.

3.33 Each year we receive a number of complaints made on behalf of the deceased.

3.34 The chart below shows the gender profile of the social care service users and community health patients whose complaint was received in 2010/11:



3.35 The chart shows roughly a 50:50 split between men and women in respect of all complaints.

3.36 The 2009 complaints regulations have no set timescale but instead say the responsible organisation should “investigate the complaint in a manner appropriate to resolve it speedily and efficiently”.

3.37 The Local Government Ombudsman and Parliamentary and Health Service Ombudsman expect complaints to be dealt with in a timely manner.

3.38 To this end each complainant is told when they are likely to be sent their final written response. As noted previously the complaints process is now very much person centred; this means potentially different timescales dependent on the nature and seriousness of the complaint and the actions to be taken to try to resolve it.

3.39 Timescales are negotiated between the complainant, the complaints team and the manager who will be responsible for trying to resolve the complaint.

3.40 Negotiated timescales sometimes cannot be met and require an amended schedule. Some 30% of these complainants do not receive an amended schedule, for example, because the response is sent just a few days after the timescale’s expiry; but all complainants receive a final written response. Complaints Officers remain in contact with the complainant throughout the complaints process.

- 3.41 The Department of Health’s 2009 best practice guidance, “Listening, Responding, Improving”, says in respect of deciding how long it should take to resolve a complaint, “The person making the complaint will want to know what is being done – and when. However, accurately gauging how long an issue may take to resolve can be difficult, especially if it is a complex matter involving more than one person or organisation.”**
- 3.42 During 2010/11 Northumberland Care Trust acknowledged 99% of all complaints received within 3 working days (a legal requirement) and work is underway to reduce the length of time taken to provide a final written response.**
- 3.43 Two complaints were not acknowledged within time because one complaints officer was off work and the other was new in post.**

4. Complaints looked into by the Local Government Ombudsman or the Parliamentary Health Service Ombudsman

- 4.1 The 2009 complaints regulations require organisations to take appropriate but proportionate steps to try to resolve matters. However, it is the right of all complainants to ask the relevant ombudsman to consider their complaint at any point if they remain dissatisfied. However, it is usual for the ombudsman to ask the complainant to exhaust local procedures before getting involved.**
- 4.2 The Local Government Ombudsman's (LGO) website says in respect of adult social care:**
- From October 2010 the Local Government Ombudsman can consider complaints from people who arrange or fund their own adult social care. This is in addition to complaints about care arranged and funded by local authorities, which the LGO has dealt with for more than 35 years.**
 - The LGO's new role includes those who 'self-fund' from their own resources or have a personalised budget. It will ensure that everyone has access to the same independent Ombudsman service regardless of how the care service is funded. In most cases we will only consider a complaint once the care provider has been given a reasonable opportunity to deal with the situation. It is a free service. Our job is to investigate complaints in a fair and independent way. We do not take sides and do not champion complaints.**
 - We are independent of politicians, local authorities, government departments, advocacy and campaigning groups, the care industry, and the Care Quality Commission. We are not a regulator and do not inspect care providers.**
- 4.3 The Parliamentary Health Service Ombudsman website says:**
- The Parliamentary and Health Service Ombudsman exists to provide a service to the public by undertaking independent investigations into complaints that government departments, a range of other public bodies in the UK, and the NHS in England have not acted properly or fairly or have provided a poor service.**
 - The Ombudsman will normally only take on a complaint after you have first tried to resolve the complaint with the organisation involved and have received a response from them. The Ombudsman believes that the organisation should be given a chance to respond and, where appropriate, try to put things right before they get involved.**
- 4.4 Although every reasonable effort is made to resolve matters Northumberland Care Trust directs the complainant to the relevant ombudsman if they remain dissatisfied in every final complaint response letter.**
- 4.5 In 2010/11 Northumberland Care Trust received six decisions from the Local Government Ombudsman.**

- 4.6 The Local Government Ombudsman took two cases into 2011/12 of which one also involved the Parliamentary and Health Service Ombudsman.
- 4.7 The table below summarises the complaints and the Local Government Ombudsman decisions received during 2010/11 (two further decisions were carried over into 2011/12):

Summary of complaint	LGO final decision	Summary of LGO final decision
<p>The complaint centres around issues ... when the Complainant's relative ... had apparently fallen (at) home, but no-one was able to gain entry to the property for some time. When access was obtained, the relative was taken to hospital where (they) later died. The complaint is about why no-one was able to gain access and the procedures that allowed this to happen.</p>	<p>Ombudsman's discretion</p>	<p>... the Authority has taken steps to ensure this tragic situation is not repeated; this is a positive example of a constructive response to a terrible situation ... As promised, the Ombudsman will raise the issue of Key Safes and access with all local authorities in England.</p>
<p>That the (alleged) delay in the Council bringing (a safeguarding) matter to a conclusion was unreasonable.</p>	<p>Ombudsman's discretion</p>	<p>The involvement of the Ombudsman will now be discontinued at this stage to allow an opportunity for (the complainant) and the Council to resolve matters between them. (The matters were successfully resolved without further intervention by LGO.)</p>
<p>That the Council has not acted either properly or in a timely fashion, in seeking assessments for the complainant's relative</p>	<p>No or insufficient evidence of maladministration</p>	<p>The delays appear to be primarily due to the difficulties in arranging this kind of assessment and commissioning the relevant experts. Once the experts had been instructed by the Council, it is difficult to see that</p>

		<p>the Council has been responsible for the subsequent delays; in fact it has provided the information requested by the experts in a timely manner.</p>
<p>That the Council has failed to address (the complainant's) bathing needs properly and have refused to install a suitable bath in his property. (The complainant says) that officers have failed to take into account corrected information from (their) doctor.</p>	<p>No or insufficient evidence of maladministration</p>	<p>(The complainant) has been visited and assessed several times by different officers and on each occasion the decision has been taken in accordance with the Council's criteria and has been the same.</p> <p>... the fact that the Council has been willing to reassess on several occasions and to get advice from (the complainant's) consultant seems to me to demonstrate a real effort on the part of the Council to ensure that all the relevant information was available before the decision was taken.</p> <p>... I have not seen any evidence of maladministration in the way in which the Council has taken the decision not to do so. My final decision therefore is that there are no grounds to pursue the complaint further.</p>
<p>That the Council (via the offices of the care trust) sought to assess (the service user's) assets jointly with (the service user's partner's) assets when they went into residential care, despite the section of the relevant</p>	<p>Local settlement</p>	<p>The Council said that the advice contained in (the national charging rules) was less than clear on the point of shared ownership of the property ... The Council has now said that in the specific and unusual</p>

<p>law which says that the Council has no power to assess a couple according to their joint resources.</p>		<p>circumstances of (the couple involved), there is some genuine uncertainty about whether it would be proper to take account of the value of (the service user's) share in the property. The Council has therefore decided not to pursue the element of charges for (the service user) which was attributable to its valuation of her share of the property.</p> <p>It seems to me that this is a reasonable way to resolve the complaint and on that basis I do not intend to pursue the matter further. The Council's decision not to pursue this element of the charges resolves any outstanding injustice.</p>
<p>That the Council failed to act correctly in the way in which it sought to audit the Direct Payments ... that (the service user) was given conflicting messages about what expenditure was appropriate, poor advice on the recruitment of essential staff and then officers sought to reclaim monies which (the complainant) says (they) used on legitimate expenses ... that the audit process was not clear and there were no written guidelines which explained how the audit would be undertaken ... that (they were) asked to justify the details of (their) care plan to staff who were not part of (their) care management.</p>	<p>Local settlement</p>	<p>My final decision is that, in the light of the Council's increased offer of compensation and pursuit of an agreement over audit criteria, there are now no grounds for the Ombudsman to pursue the complaint further.</p>

- 4.8 Broadly speaking these LGO decisions confirm that Northumberland Care Trust had dealt with the complaints raised in an appropriate manner and had learnt from any mistakes; similarly these decisions also show Northumberland Care Trust was willing to reconsider matters when presented with new information.**
- 4.9 The main outcomes for Northumberland Care Trust in these matters were:**
- 4.9.1 The introduction of a key safe protocol to make sure that carers and staff who need to know the combination have easy access to that information as required.**
- 4.9.2 That where a couple jointly own a private property and both have moved into residential or nursing care, the national rules that govern how a person is financially assessed are not clear; that is, to include the value of their share of the property in the financial assessment is open to challenge.**

5. Compliments about Northumberland Care Trust services received in 2010/11

- 5.1 In 2010/11 the complaints team logged 456 compliments made by members of the public (usually people who use our services, their families and carers) about Northumberland Care Trust staff.**
- 5.2 Compliments are mainly about how helpful, kind and professional staff managed the health and care needs of the people who use our services. Staff are encouraged to acknowledge compliments especially when people have taken the time and trouble to write at what may have been very difficult moments of their lives, including end of life care.**
- 5.3 Compliments are a way of confirming that by and large that people are satisfied with our services. In 2010/11 we received 6 compliments for each complaint.**
- 5.4 The complaints team also received several very welcome compliments from other professionals and organisations; however, only compliments from members of the public are collected within the compliments statistics.**
- 5.5 Last year it was noted that the process needed to be formalised across community health and social care because at that time the gathering of compliments had been undertaken more systematically in social care. This year there has been significant increase in compliments logged about community nursing and rehab services, up from 14 and 4 compliments in 2009/10 to 98 and 73 in 2010/11.**
- 5.6 However, there is still an imbalance in the statistics between service areas and team; but this is not a reflection of the quality of the service. For example, each year the wheelchair service and the Joint Equipment Loan Service between them provide tens of thousands pieces of equipment. The comparatively small number of compliments they received should not in any way reflect poorly on what are essential and anecdotally very well received services.**
- 5.7 Therefore, the collection, logging and acknowledgment of compliments will form part of ongoing development work within the complaints team.**
- 5.8 The two tables below show the total number of compliments logged during 2010/11 split between social and health care services:**

SOCIAL CARE SERVICES LOGGED COMPLIMENTS 2010/11	TOTAL
Adult care finance	3
Care management (this generic category was removed after quarter 1)	8
Support planners	4
Learning disability team	7
Safeguarding adults team	1
Complaints team	4
Intake teams Physical Disability and Illness	9
Long term teams Physical Disability and Illness	19
In-house home care and Short Term Assessment and Reablement Team (START)	47
Public involvement (user and carer)	1
Older Persons' Mental Health	22
Residential and day care	11
Review team	5
Supporting people	3
Learning disability day service	1
Welfare rights team	5
Wheelchair service and the Joint Equipment Loan Service (JELS)	12
Operational services (admin)	1
Working age mental health	1
Grand total	164

COMMUNITY HEALTH SERVICES LOGGED COMPLIMENTS 2010/11	TOTAL
Community health (this generic category was removed after quarter 1)	5
Community nursing teams	98
Community rehab teams	73
Care centre	2
Hospital occupational therapists	16
Podiatry	16
Primary care access centre	27
Health improvements (public health)	36
Sexual health	0
Rapid response team	3
Marie Curie	7
Palliative care at home	6
Macmillan	3
Grand total	292

6. Enquires received in 2010-11

6.1 The Complaints Team also responded to a number of ‘enquiries’ from service users, carers, families and members of the public. In the course of 2010/11 133 enquiries were recorded, down from 157 from 2009/10. The table below notes the enquiries received by service area:

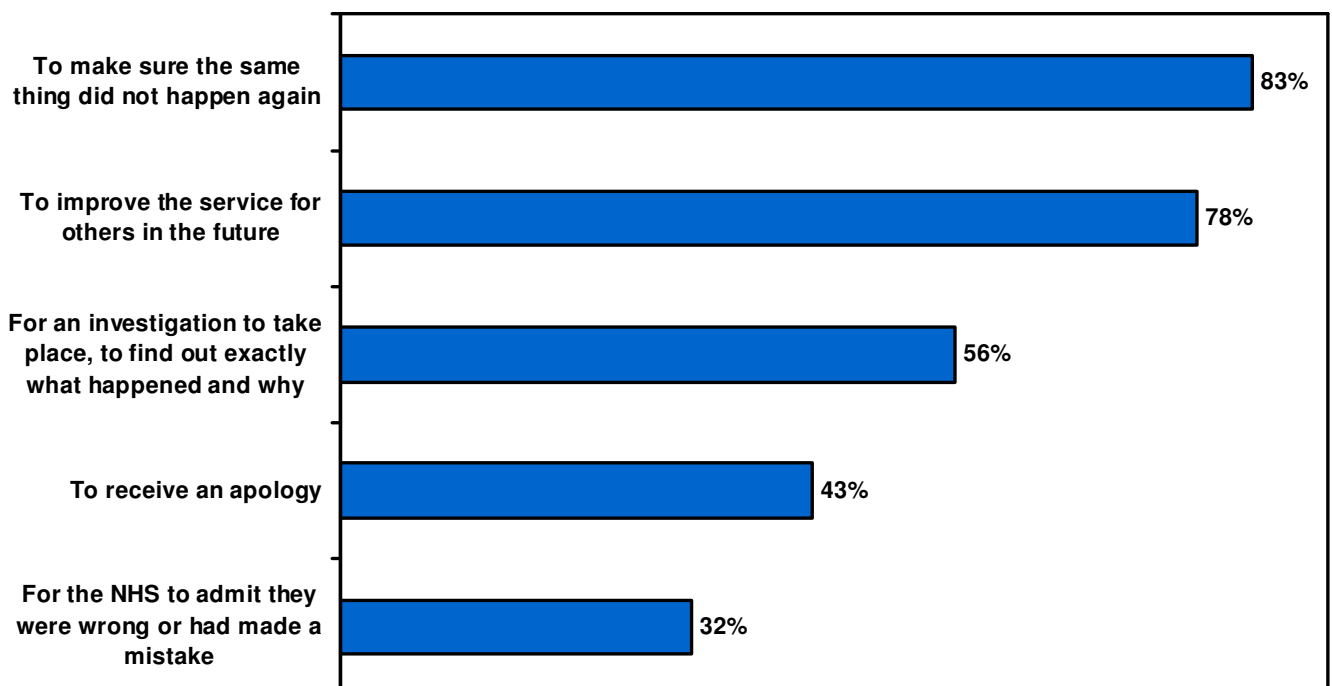
Enquiries by service area	Total
Adult placement	1
Care management	30
Children’s services	2
Community health	6
Continuing healthcare assessment	3
Dentistry	2
Emergency duty team	2
Finance	7
GP Services	11
Hospital services	13
Independent social care providers	13
Joint Equipment Loan Service (JELS)	1
Learning disability services	1
Mental health services	4
National Blood Transfusion Service	1
Northumberland County Council	2
Out of hours services	1
Enquiries cutting across one or more services / other	13
Housing	1
Pharmacy	3

Enquiries by service area continued	Total
Podiatry	4
Police	1
Prison healthcare	3
Speech and language therapy	3
Supporting people services	1
Total	133

- 6.2 Northumberland Care Trust provided some but not all of the above services. The complaints team redirected almost 30% of these enquiries.**
- 6.3 Each enquiry can take anything from a matter of minutes to, in one case, several weeks to complete. Most enquiries are dealt with over one to two working days.**
- 6.4 Typically, enquiries managed by the complaints team are contacts from members of the public, including the people 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 Northumberland Care Trust to be the responsible body.**
- 6.5 Commissioning and provision of health and asocial care services has become increasingly dispersed over the years, therefore, it is to be expected that people an incomplete understanding of which organisations are responsible for what services.**
- 6.6 This suggests that we should market our services as clearly as practicable to enable people to contact the right organisation first time.**

7. Learning from complaints: key themes

- 7.1 In the absence of a similar study for England and Wales we refer to the Scottish Public Services Ombudsman and Scottish Health Council report “Experience and attitudes in relation to NHS complaints since the introduction of the new procedure” (December 2006).
- 7.2 The Scottish NHS complaints process is similar to the 2009 complaint regulations used in England and Wales by NHS Trusts and local authorities with social care functions.
- 7.3 The report describes the top 5 motivations for complaining as chosen by the people who took part in the study (each person could pick one or more motivating factors):



- 7.4 In effect this report says 4 out of 5 complainants want the organisation to learn from mistakes and to put things right.
- 7.5 In some cases, lessons following a complaint are small and specific, and may need to be passed only to one manager. Others have implications for systems and practice, and lessons learned and actions taken arising from individual complaints are presented within appendix one of this document.
- 7.6 However, there are some notable examples of complaints raising systemic issues that Northumberland Care Trust is using or has used to improve services. For example:
- Following some complaints about delay and communication within the Wheelchair Service we will undertake a process flow exercise to map out the client’s journey from time of referral (or re-referral) until the time the equipment is delivered or modified. The intention is to

smooth this journey out as much as possible and to identify and address any 'problem' areas that are found in the current practices. This work is due for completion in July 2011. Please note that overall the Wheelchair Service's performance is good and work is done to deadline.

- Of greater note are the wheelchair eligibility guidelines that we operate on behalf of the specialist commissioners. The guidelines are not person centred. We are in discussion with Wheelchair Services and the relevant Head of Service to see if we can influence the commissioners to introduce appropriate flexibility into the guidelines which are due for review this year.
- Northumberland Care Trust has received a number of complaints relating to charges for short term domiciliary care on discharge from hospital. There appear to be anomalies about charging in respect to geography in the county and in the use of external providers. The complaints team is monitoring this area of business and understand planned changes to the way domiciliary care is delivered should address this particular issue. These changes should implemented around the start of July 2011.
- As a result of one complaint some weaknesses in the financial assessment / invoicing processes have been identified and remedial action taken.

7.7 There are other complaints that have offered the opportunity to try different ways to try and resolve things. This is very much in the spirit of the 2009 regulations and best practice guidance. For example:

- A care manager was able to adapt a previously rigid health funded care package to a man with physical and learning disabilities and make it much more flexible. In particular to allow another to provide care at times when the service user was unable to attend day care when otherwise responsibility fell on their parent who had a long term health condition.
- A care manager was able to adapt a disabled student's care package to allow them social opportunities at the time they wanted rather than the traditional 9 to 5 time.

7.8 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 things.

8. Development issues for complaints

8.1 There were a number of development issues within the previous annual complaints report that were noted for attention in 2010-11. These issues related to delays, investigating officers and policy and procedures.

8.2 Delays in the complaints process.

- The complaints team have begun to refocus the process away from traditional investigation and towards resolution. That is, to emphasise immediate action (where appropriate); and personal contact by managers with the complainant, ideally face to face. Whilst of themselves these changes may not necessarily reduce the time taken to provide a final written response any ongoing contact with the manager responsible for resolving the complaint should help alleviate any feelings of stress or frustration experienced by the complainant.
- Training for managers who may have to handle complaints was provided over March and April 2011.

8.3 Investigating Officers

- In 2010/11 a change in emphasis in handling complaints has meant a change to the Investigating Officers' role. Specifically, instead of being appointed by the Head of Service and undertaking an investigation as a discrete piece of work, the complaints team now can directly approach the best placed manager and agree what actions they can take to resolve things.

8.4 Policy and procedures

- The November 2010 NHS North of Tyne audit report into complaints, noted in section 3.3 above identified a number of issues and made recommendations for improvement. There were no high or very high risks identified only low and moderate risks. The table below notes the moderate risks:

Gaps in control	Response
CONSENT FOR DISCLOSURE OF INFORMATION Testing identified omission in one case	This issue has been discussed with complaints officers who have been reminded of the need to be vigilant. A random audit of files will be completed internally by the complaints team, periodically to ensure compliance with the regulations in that respect.
RESPONDING TO COMPLAINTS Testing identified one complaint had been acknowledged in 4 working days	Complaints officers have been reminded of the need to be vigilant in these matters. This will be supported by the refresh of the complaints policy and

<p>instead of the 3 required by legislation.</p> <p>Testing identified that no timescale was set for the response in three cases.</p> <p>Testing identified timescales were not met in one case.</p> <p>Testing identified that in one case where a timescale could not be met the letter informing the complainant was not on file.</p>	<p>procedure.</p> <p>Responding to complaints will also be supported by new IT (we changed to a much improved system on 01 April 2011).</p> <p>A random audit undertaken within the complaints team will be carried out periodically to ensure compliance with these requirements.</p>
<p>NON-REPORTING OF CHILD HEALTH COMPLAINTS THROUGH GOVERNANCE STRUCTURES</p> <p>Testing identified that reporting only covered adult care and not children's health.</p>	<p>We began reporting on prison and health complaints from the start of quarter 3 2010/11.</p>

8.5 In respect of work for 2011/12 the following is planned:

- Responding to new organisational form in relation to policy and function, especially closer working with the corporate complaints team in Northumbria Healthcare NHS Foundation Trust
- Promotional work with private, voluntary and independent social care providers to support complaints handling
- A focus on 'customer experience' and how we can encourage more feedback from service users, families and carers about our services
- A focus on lessons learned to ensure improvements are demonstrated
- Supporting the development of a new complaints policy and procedure for acute services, community health services and social care

Ann Abraham, Parliamentary and Health Service Ombudsman, said to the House of Commons Health Committee in February 2011:

It is just extraordinary when you think of so many organisations who would think (a complaint) was gold dust in terms of improving their service. I don't get depressed very often, but there are two things I hear far too frequently. One is complainants, or people with concerns, saying "It's not worth speaking up, nothing ever changes." The other one is where I hear a clinician say, "I have heard everything. I'm sorry you are distressed, but I wouldn't have done anything differently." That sense of "Even though I have had that feedback, I am not going to change my practice" or "I am not going to change my behaviour" or "I am not going to learn from it" are the sort of attitudes we need to identify and spotlight, not least because we are losing so much by way of patient feedback when people think it is not worth speaking up.

Appendix 1

Adult social care and community health

Lessons learnt Q 1 2010/11 – complaints closed during Q1

Reference	Service	Description of the complaint and lessons learnt/changes made
COMP10/09-10	Care Management Learning Disabilities Service	<p>Issue/s Relative complained that insufficient action had been taken to find the service user suitable accommodation in the community prior to discharge from hospital.</p> <p>Action taken / Lesson learnt Care Managers reminded of the importance of working closely with families and not just the service user (regular contact was maintained with the family once service user discharged from hospital).</p> <p>Complaint was partially upheld</p>

C0910/78	Care Management Older Persons Mental Health Team, West	<p>Issue/s</p> <p>Service user considered advice he had been given by a Care Manager to have been insulting and unethical.</p> <p>Action taken / Lesson learnt</p> <p>The care manager's advice was determined not to be unethical. An apology was offered because of the service user's bad experience.</p> <p>Complaint was not upheld.</p>
C0910/79	Care Management and Housing function of Northumberland County Council	<p>Issue/s</p> <p>Concern about the length of time to organise adaptations to the home.</p> <p>Action taken / Lessons learnt</p> <p>The investigation noted conflicting information provided and misunderstanding on the part of the service user.</p> <p>Housing Renewals and Care Management will review communication within the DFG process.</p> <p>Complaint was partially upheld</p>

C0910/84	Care Management Learning Disability Team North	<p>Issue/s</p> <p>Family member was concerned about the quality of care the service user receiving in a residential care home.</p> <p>Action taken / Lesson learnt</p> <p>Safeguarding action started. Not all the allegations could be determined but the service user was allocated a different care manager and the care plan was reviewed. Advice was given to the home regarding record keeping.</p> <p>Complaint was partially upheld</p>
C0910/85	Care Management Learning Disability Team West	<p>Issue/s</p> <p>Family member concerned about delay arranging care and not working in partnership with families.</p> <p>Action taken / Lessons learnt</p> <p>Service user is now in accommodation of their choice with an appropriate care package.</p> <p>Complaint was partially upheld.</p>

C0910/87	Care Management Learning Disability Team Central	<p>Issue/s</p> <p>Carer felt unsupported and dissatisfied with care manager's apparent dismissive attitude; carer also believed service user needed more formal care.</p> <p>Action taken/ Lesson learnt</p> <p>Carer offered care manager in their own right. A better relationship has been established between carer and professionals. Everyone is now working in partnership to support the service user become more independent.</p> <p>Complaint was partially upheld</p>
C0910/88	District Nursing Team	<p>Issue/s</p> <p>Patient dissatisfied with treatment.</p> <p>Action taken / Lessons learnt</p> <p>Advice given to District Nursing Team about message taking, the use of the electronic monthly planner and telephone answering style. Guidance given to mentors of 3rd year students and to students about documenting discussions.</p> <p>Complaint was upheld</p>

C0910/89	District Nursing Team	<p>Issue/s</p> <p>Family member complained about the continual and repeated mistakes being made with medical supplies for the patient.</p> <p>Action taken / Lessons learnt</p> <p>The investigation recommended action to improve the efficient ordering of equipment in the future and apologies for perceived attitude of staff.</p> <p>Complaint was upheld</p>
C0910/90	Care Management PDI Central	<p>Issue/s</p> <p>Service user disagreed with decision that they must pay for a conversion of garage into a wet room.</p> <p>Action taken / Lessons learnt</p> <p>Within a few weeks the service user felt that most of the issues had been addressed and declined a written response.</p> <p>Complaint was closed without a formal response</p>

COMP07/09-10	Safeguarding Adults Team	<p>Issue/s</p> <p>Concern about actions consequent to referral to the Safeguarding Adults Team.</p> <p>Action taken / Lessons learnt</p> <p>An explanation of events was provided together with an apology. Safeguarding policies and procedures were reviewed. The findings were also discussed within the Safeguarding Adults Committee with a view to improving training. All involved were written to regarding the key points. Compensation for time and trouble and for any upset and distress was offered and was accepted.</p> <p>Complaint was upheld</p>
C1011/01	Podiatry Team North	<p>Issue/s</p> <p>Patient was unhappy with arrangements for regular (8 weekly) podiatry appointments.</p> <p>Action taken / Lessons learnt</p> <p>It was agreed that patient had not received information about the changed arrangements to make appointments and apology was given. Future arrangements for making appointments agreed and patient offered an urgent appointment.</p> <p>Complaint was upheld</p>

C1011/03	Finance Section	<p>Issue/s</p> <p>Family member complained because service user was charged for a full week of care when they had been away together for 5 days.</p> <p>Action taken / Lessons learnt</p> <p>Investigation determined service user had not been charged for any times when the service was not received. A full explanation was provided.</p> <p>Complaint not upheld</p>
C1011/12	Care Management Older Peoples Services Central	<p>Issue/s</p> <p>Unhappy with assessment outcome that said serviced user did not need requested adaptation and therefore would not be supported to apply for a Disabled Facilities Grant (DFG).</p> <p>Action taken / Lessons learnt</p> <p>A second assessment was carried out which determined the requested adaptation should be recommended and therefore support was given to apply for a DFG.</p> <p>Complaint was partially upheld</p>

C1011/14	Finance Section and Care Management	<p>Issue/s</p> <p>Family concerned about the apparent accumulation of money while the service user was in a residential home; lack of contact with family by staff of Northumberland Care Trust.</p> <p>Action taken / Lessons learnt</p> <p>The professionals involved were reminded to keeping the service user's appointee up to date with financial information. Further to be held between family and care management once court of protection has dealt with deputyship application.</p> <p>Complaint was partially upheld</p>
C1011/15	Independent Residential Care Home	<p>Issue/s</p> <p>Family member was unwilling to pay for care when they considered the service user had been neglected</p> <p>Action taken / Lessons learnt</p> <p>The allegation of neglect was unfounded but a waiver was agreed in recognition of upset caused because of a nine month delay sending the bill.</p> <p>Complaint upheld</p>

Adult social care and community health

Lessons learnt Q 2 2010/11 – complaints closed during Q2

Reference	Service	Description of the complaint and lessons learnt/changes made
C0910/77	Independent Residential Care Home Provider	<p>Issue/s</p> <p>Family member complained about the poor standard of care service user was apparently receiving.</p> <p>Action taken / Lesson learnt</p> <p>Following safeguarding action a new internal complaints procedure has been introduced in the home. The service user was found to need a higher level of care and moved to the nursing unit in the same home.</p> <p>Complaint was upheld</p>
C0910/80	Independent Home Care Provider	<p>Issue/s</p> <p>Family member dissatisfied with quality of care.</p> <p>Action taken / Lesson learnt</p> <p>Family member declined to confirm details of complaint. Advised to contact team again if they changed their mind.</p> <p>Complaint was closed</p>

C0910/83	Older Persons Care Management Team Blyth	<p>Issue/s</p> <p>Family member unhappy that Northumberland County Council would not pay for service user's funeral because they believed the care manager had said this would be the case.</p> <p>Action taken / Lessons learnt</p> <p>Investigation determined Northumberland County Council and Northumberland Care Trust staff gave clear information that they would not pay funeral expenses.</p> <p>The Care Trust adopted the bereavement information leaflet produced by the Register's Officer so that it is available to care managers to share with service users and their families at time of bereavement.</p> <p>Complaint was not upheld</p>
C1011/02	Care Management Long Term Team	<p>Issue/s</p> <p>Service user was not happy with independent living proposals.</p> <p>Action taken / Lesson learnt</p> <p>An apology given for any upset caused for raising expectations that further placements at a particular establishment were possible.</p> <p>Complaint was not upheld</p>

C1011/05	Care Management Long Term Team Blyth	<p>Issue/s</p> <p>Service user was unhappy with attitude and involvement of a named occupational therapist (OT) in relation to the application for specialised housing.</p> <p>Action taken / Lessons learnt</p> <p>Although it was not possible to substantiate the complaint the service user was offered a change of OT and a re-assessment.</p> <p>Complaint was not upheld</p>
C1011/07	Independent residential nursing home.	<p>Issue/s</p> <p>Family member was unhappy with treatment service user received at a Nursing Home and their refusal with no notice to have service user back.</p> <p>Action taken/ Lesson learnt</p> <p>The complaint, including safeguarding issues, was investigated. An apology given by the owners of the home which included actions they intended to take to ensure the incident did not reoccur.</p> <p>Complaint was upheld</p>

C1011/08	Care Management Learning Disability Team Central	<p>Issue/s</p> <p>Family member dissatisfied because of a 6 month delay to assess for a new stair lift which meant they had to physically support service user getting upstairs.</p> <p>Action taken / Lessons learnt</p> <p>Community teams were reminded of the need to carry out risk assessments. A further carer's assessment was offered. A reassessment of the service user's needs was carried out. A review of how the occupational therapy waiting list is managed was carried out to make sure such delay does not reoccur.</p> <p>Complaint was partially upheld</p>
C1011/09	In-house day Centre and Independent Home Care Service	<p>Issue/s</p> <p>Family member complained because of confusion over day centre arrangements which led them to contact the police (family member believed service user to be at home when in fact they were at the day centre). Home care provider implicated.</p> <p>Action taken / Lessons learnt</p> <p>Explanation and apology were given for the communication failures and for any anxiety and distress caused. Changes were made to prevent recurrence.</p> <p>Complaint was upheld</p>

C1011/10	Care Management Older Persons Mental Health Team	<p>Issue/s</p> <p>Member of the public was concerned about the care of a neighbour living at home. Two other neighbours supported the complainant.</p> <p>Action taken / Lessons learnt</p> <p>The investigation determined the level of care was appropriate.</p> <p>Complaint was not upheld</p>
C1011/11	Finance Section	<p>Issue/s</p> <p>Family member had asked for information about charges for service use's care from the finance section and via a Freedom of Information (FOI) request. They had not been happy with the responses.</p> <p>Action taken / Lessons learnt</p> <p>The family member failed to respond to letters and telephone messages trying to resolve matters.</p> <p>Complaint was closed</p>

C1011/13	Independent Residential Care Home	<p>Issue/s</p> <p>Family member raised concerns about the standard of care.</p> <p>Action taken / Lessons learnt</p> <p>A full investigation was carried out but no evidence was found to support allegations.</p> <p>Complaint not upheld</p>
C1011/16	Care Management YPD	<p>Issue/s</p> <p>Family member was concerned about reduction in support services following service user's 18th birthday. Concerns also raised about quality of care and the adequacy of the bathroom adaptation.</p> <p>Action taken / Lessons learnt</p> <p>Social care needs reassessed and respite increased. Occupational Therapist reassessed bathing needs and took outcomes forward. A multi-disciplinary meeting was arranged to include family member with service user's agreement.</p> <p>Complaint was partially upheld</p>

C1011/19	Finance Section	<p>Issue/s</p> <p>Family member was unhappy that about being asked to pay for service user's care by direct debit rather than standing order because they felt the invoices can be inaccurate.</p> <p>Action taken / Lessons learnt</p> <p>An explanation was provided of how invoices are administered and the reason for the request. Apology was offered for any misunderstanding.</p> <p>Complaint was not upheld</p>
C1011/26	North of Tyne Estates	<p>Issue/s</p> <p>Patient complained about the pot holes at the entrance of his local Health Centre. NCT had responsibility for the building and grounds.</p> <p>Action taken / Lessons learnt</p> <p>Pot holes filled.</p> <p>Complaint was upheld</p>

Adult social care and community health

Lessons learnt Q 3 2010/11 – complaints closed during Q3

Reference	Service	Description of the complaint and lessons learnt/changes made
COMP32/08-09	YPD West	<p>Issues</p> <p>Service user would like a new care manager and help with his heating system.</p> <p>Action taken / lessons learnt</p> <p>New care manager introduced and considerable work was done to support the service user working with the Council who are responsible for the heating system.</p> <p>The complaint was not upheld</p>
C1011/17	OPMH (north)	<p>Issue/s</p> <p>Alleged over-reaction by care manager in managing risk to parent which initiated a state of high anxiety within the family; contact with the wrong member of the family - confidentiality issues.</p> <p>Action taken / Lessons learnt</p> <p>New older person's specialist mental health service user's consent to share information form drafted. Training and support for staff delivering unexpected news to family members is being progressed.</p> <p>The complaint was partially upheld</p>

C1011/20	Alnwick Older Person's long-term team	<p>Issue/s</p> <p>Family member complained on behalf of service user about the unsatisfactory service from service provider; about the standard communication of Care Management staff with carer as well as client; about action taken to address emotional distress of carer; repeated requests for history from staff within Northumberland Care Trust</p> <p>Action taken / Lessons learnt</p> <p>The investigation by service provider was combined with the investigation by Care Management. The service provider apologised of the poor experience of their service. Explanations were provided where required from Care Management as well as the service provider. Charges waived in recognitions of failures.</p> <p>Care Management staff reminded</p> <ul style="list-style-type: none"> • of the type of information to be communicated to the carer; • to liaise with other professionals to minimise duplication; <p>Complaint was partially upheld</p>
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C1011/22	OPMH (south)	<p>Issue/s</p> <p>Carer's assessment and application for disabled facilities grant</p> <p>Action taken / Lessons learnt</p> <p>Written response was sent explaining the findings of the investigation.</p> <p>Care Management staff to be reminded to be aware of terminologies they use so risks of upset and offence are reduced.</p> <p>Use of terminologies discussed and agreed by Operational Manages.</p> <p>Complaint not upheld</p>
C1011/23	Cramlington long term team	<p>Issue/s</p> <p>Service user's home care service failed to attend at the weekend after discharge home following surgery.</p> <p>Action taken / Lesson learnt</p> <p>Guidance offered Care Management Teams how to request new care packages with providers and proper use of CP1 in this. Supervision used for staff involved to reinforce the need to follow agreed procedure and maintain records to professional standard.</p> <p>Complaint upheld</p>

C1011/24	Blyth long term team	<p>Issue/s</p> <p>Service user has had a contract since 1998 where the Council pays for the service and repairs to the stair lift and does not record any restriction. Service user has now been told this service will not be extended to the new lift. The new lift was required because the present lift needed to be replaced.</p> <p>Action taken / Lessons learnt</p> <p>The complaint was investigated. An apology was given and decision made to continue to pay for the servicing of the lift for the time being.</p> <p>A review of the historic and current arrangements will be undertaken in 2011/12. Service user to be advised of the outcome of this review.</p> <p>Complaint upheld</p>
C1011/25	Wheelchair service	<p>Issue/s</p> <p>Service user unhappy with apparent delay to the delivery of a new wheelchair. He is unable to go out in his current wheelchair because of its design.</p> <p>Action taken/ Lesson learnt</p> <p>Service user has now been provided with a suitable outdoor and indoor wheelchair to meet his requirements. Minor adjustments were needed but were quickly carried out. No further actions needed.</p> <p>Complaint partially upheld</p>

C1011/27	Blyth/Cramlington Learning Disability Team	<p>Issue/s</p> <p>When service user was moving from one Adult Placement to another the previous carers left him by himself with his belongings on the door step before the new carers arrived to collect him.</p> <p>Action taken / Lessons learnt</p> <p>The carers actions were clearly wrong and they wrote letter of apology; other areas of concern are being addressed with the carers by the Adult Placement Scheme Manager.</p> <p>Complaint upheld</p>
C1011/29	Prudhoe/Ponteland long team	<p>Issue/s</p> <p>Service user was told in about a debt relating to domiciliary care that had accrued weekly over the previous 9 months for £1753. Service user refuses to pay because they consider the error was ours.</p> <p>Action taken / Lesson learnt</p> <p>Charges waived. It was determined the fault lay with Northumberland Care Trust – the care manager had not input an increase in care onto the system; finance found this error some time later and thought to recover monies.</p> <p>Complaint upheld</p>

C1011/30	Community Rehab Team (west)	<p>Issue/s Family member complained that a front door steps built by a builder appointed by the Council to allow easier access for the service user was 'woefully substandard'.</p> <p>Action taken / Lesson learnt</p> <p>The faulty steps were replaced. A new system of minor adaptations has meant no action was needed against the original builder.</p> <p>Complaint upheld</p>
C1011/31	Finance team	<p>Issue/s</p> <p>Family member unhappy with an invoice for a temporary care package for service user on discharge home. Hourly rate had not been specified and £11 an hour is paid privately and they had assumed it would be the same charge but £13.92 per hour charged instead.</p> <p>Action taken / Lesson learnt</p> <p>Quarter hourly rate was included in package of information given to service user who had just had an operation to remove cataracts; charges were not specifically discussed. Waiver agreed.</p> <p>Complaint partially upheld</p>

C1011/32	Learning Disability team (west)	<p>Issue/s</p> <p>Family member unhappy that care management were not helping to enforce the court order that gives access to the service user. Family member believes we have a duty to enforce this court order.</p> <p>Action taken / Lesson learnt</p> <p>NCT has no duty or right to enforce this court order. Family member advised to get legal advice if ex-partner is refusing access as per court order.</p> <p>Complaint not upheld</p>
C1011/33	Finance team	<p>Issue/s</p> <p>Service user unhappy they were charged for the respite care when she was having essential repairs done on the bathroom at home. Secondly the refurbished bathroom does not clear of water – no 'slope' provided for water to run away.</p> <p>Action taken / Lessons learnt</p> <p>On investigation it was determined the service user made an informed choice to have respite care rather than remain at home.</p> <p>The issue was really with Homes for Northumberland, the landlord. Advice was sought about the usual procedure in this type of case – Homes for Northumberland would not pay for respite care in these circumstances.</p> <p>Complaints procedure for Home for Northumberland sent with response. Information given about whom to contact with ongoing problem of water failing to drain away.</p> <p>Complaint not upheld</p>

C1011/35	Care Management Berwick and single point of access phone line	<p>Issue/s</p> <p>Family member had tried to contact service user's care manager to be told that they only work 2 days a week. They had not known this before. Family member was then were put through to the "call centre" – 'single access point' – and was informed they could not be put through without a staff surname.</p> <p>Action taken / Lessons learnt</p> <p>Call has been checked and specific call not identified. Team Manager contacted family member personally to explain matters. No solution available until Enquiry Response Coordinators in post.</p> <p>Appointment of Enquiry Referral Coordinators at central access point now complete – complainant informed.</p> <p>Complaint upheld</p>
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C1011/36	OPMH (west)	<p>Issue/s</p> <p>Family member complained on behalf of parents, who were eligible for services, about the failure to provide a service.</p> <p>Action taken / Lesson learnt</p> <p>Immediate action was taken to provide the care required. Together the Operations Manager and Team Manager spoke to family member personally to answer concerns.</p> <p>Care Management staff reminded that all care plans must be dated; that every effort must be made to achieve reviews by the date quoted or to explain to the client the cause of the delay and the new date by which the care plan will be reviewed.</p> <p>Action taken to ensure all staff are aware of the contact details of the Director of Adult Care; to make sure charging information is directly brought to people's attention rather than expecting them to find it in the Care Management Information Pack; to work with the named member of staff to increase confidence and improve communication skills.</p> <p>Complaint upheld</p>
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C1011/38	Care Management (Central and Blyth)	<p>Issue/s</p> <p>Service user who is disabled has recently gone to Newcastle University. They receive 24 hour support but how care is delivered means they are in bed at 11pm each night. The service user would like two late nights until 3 am each week.</p> <p>Also support package during university holidays was felt to be insufficient. Informal carer needs more help in the holidays.</p> <p>The move to university was very stressful as things were not finally agreed until 3 days before term started. Lack of communication about arrangements upcoming holidays causing anxiety.</p> <p>Action taken / Lessons learnt</p> <p>Most of the complaint upheld but the complaint about flexibility around bedtime has been resolved by the suggestion of a couple of possible solutions which are being agreed with the care manager.</p> <p>Complaint partially upheld</p>
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C1011/39	Community Rehab Team	<p>Issue/s</p> <p>Family member complained about the apparent lack of ongoing physiotherapy service for patient who is in a residential care home following her discharge from an acute hospital.</p> <p>Action taken / Lessons learnt</p> <p>A new assessment of the patient's physiotherapy needs took place. This confirmed the outcome of the initial physiotherapy assessment – that ongoing physiotherapy was not appropriate or needed.</p> <p>As a result of this complaint NCT will work with Northumbria Healthcare NHS Foundation Trust to complete a pathway of care for patients being discharged home from acute care into the community.</p> <p>Complaint not upheld</p>
C1011/40	In-take North	<p>Issue/s</p> <p>Service user complained that care management cannot provide a bed-settee as requested and that there is apparently only 'one member of staff available to speak to the people of Berwick Borough'.</p> <p>Action taken / Lesson learnt</p> <p>Service user received an explanation of the new telephone answering system which will provide a single point of access in 2011. It was also explained that an Occupational Therapy assessment is required before any equipment can be provided.</p> <p>Complaint not upheld</p>

Adult social care and community health

Lessons learnt Q4 2010/11 – complaints closed during Q4

Reference	Service	Description of the complaint and lessons learnt/changes made
C1011/21	Podiatry Service	<p>Issue/s</p> <p>Family member complained about the quality of care. This apparently resulted in the patient's foot bleeding after treatment.</p> <p>Action taken / Lesson learnt</p> <p>The investigation found that the podiatrist's treatment and advice was appropriate but that it had caused some bleeding because of the nature of the patient's health condition; an apology was offered and it was noted the patient chose to go directly to casualty instead of seeking advice from the podiatrist which would have been usual.</p> <p>Complaint was partly upheld.</p>
C1011/41	Wheelchair service	<p>Issue/s</p> <p>Complainant unhappy because of apparently unnecessary delays providing cushion for the service user.</p> <p>Action taken / Lesson learnt</p> <p>Several individual administrative and communication errors identified in this case.</p> <p>The complaint was upheld</p>

C1011/44	Finance	<p>Issue/s</p> <p>Family member complained after twice receiving an invoice for service user's services which they were told would be free. They had been assured that the matter was sorted out but the invoice had been sent again.</p> <p>Action taken / Lesson learnt</p> <p>Waiver agreed - no further action required. Family member also provided with information about the support they could get as a carer.</p> <p>Complaint upheld</p>
C1011/45	Occupational therapy	<p>Issue/s</p> <p>Adaptation Panel refused to recommend the installation of a bath to replace shower.</p> <p>Action taken / Lessons learnt</p> <p>Service user advised that the refusal was based on the risks - they have a health condition that makes them prone to unpredictable attacks of dizziness and falling. There is a risk of drowning and an increased risk of falling during transfer into and out of a bath, risks that are not apparent using a shower. Offer made to improve existing shower or to install walk-in shower.</p> <p>Complaint not upheld</p>

C1011/48	Finance	<p>Issue/s</p> <p>Family member received a significant invoice for care the service user received in 2007.</p> <p>Action taken / Lesson learnt</p> <p>An apology made and the invoice was cancelled.</p> <p>It was found the original financial assessment had not been completed. This was down to individual officers failures. From a systems point of view action has been taken to ensure invoices are not issued until the financial assessment is complete; that financial assessments are completed in a timely manner; and that invoices are issued within 3 months of the service for which the charge is being made.</p> <p>Complaint upheld</p>
C1011/54	Finance	<p>Issue/s</p> <p>Family member complained about a series of reminders that had been sent out when invoices had been paid well within time.</p> <p>Action taken / Lessons learnt</p> <p>It was discovered that the service user had been using an old payment book and that money was going to an old pre-unification of the district and county councils bank account. Family member advised to ask service user to use the barcode scanning system now available (a barcode is printed each invoice) rather than the old payment book to reduce the risk of unnecessary reminders being sent out.</p> <p>Complaint partially upheld</p>

C1011/55	Physical Disability and Illness Team – Alnwick	<p>Issue/s</p> <p>Service user believed they had cancelled their service but had continued to be charged for three months.</p> <p>Action taken/ Lesson learnt</p> <p>There appeared to have been some communication issues and as a gesture of goodwill the small charge outstanding was waived.</p> <p>Complaint partially upheld</p>
C1011/58	Occupational therapy / Joint Equipment and Loans Service	<p>Issue/s</p> <p>The service user's riser recliner chair had broken. They were unhappy at the initial one week wait for an occupational therapy (OT) assessment to determine if a new chair was needed (it was); then dissatisfied at the length of time before a replacement chair was ready.</p> <p>Action taken / Lessons learnt</p> <p>The OT assessment visit was brought forward but the time to deliver a new chair, 4-6 weeks, was out of our control. Another suitable chair was loaned in the meantime. OT also assessed service user's need for other equipment for daily living.</p> <p>Complaint not upheld</p>

C1011/60	Independent social care provider	<p>Issue/s</p> <p>The service user was visited by a member of staff who had an infection (a cold) a few days before admission into hospital for planned surgery. Also the service user was left until 1.30 pm one day when they should have been visited at 9.00 am.</p> <p>Action taken / Lessons learnt</p> <p>Apology given – contracts and safeguarding teams made aware. Fortunately, the service user suffered no ill effects and the planned surgery went ahead.</p> <p>Complaint upheld</p>
C1011/59	Occupational therapy	<p>Issue/s</p> <p>Family member had been trying to get an occupational therapy bathing assessment for the service user for several weeks and in the interim had apparently received two bath boards - the first had a broken attachment and the second only had three attachments. Apparently staff had not been responding to messages.</p> <p>Action taken / Lessons learnt</p> <p>Bathing assessment completed quickly and a new bath board fitted - confirmed problems with the first bath board. Grab rail also fitted.</p> <p>Complaint upheld</p>

C1011/43	Wheelchair Service	<p>Issue/s</p> <p>Family member was unhappy because although a powered wheelchair had apparently been ordered it had not been received 3 months later. The family member had damaged their back pushing the service user in his manual chair and a respite stay was needed for the service user to allow the family member to recover.</p> <p>Action taken / Lessons learnt</p> <p>"Regionally agreed criteria for assessment and provision of wheelchairs and associated equipment" are not person centred. Ongoing work between complaints, the wheelchair service and the specialist commissioners to resolve.</p> <p>Complaint partially upheld</p>
C1011/51	Continuing Healthcare	<p>Issue/s</p> <p>Family member felt Continuing Healthcare (CHC) funding should have been awarded to the now deceased serviced user several weeks before it was.</p> <p>Action taken / Lessons learnt</p> <p>Consideration to be given by Senior Managers to distributing the NHS continuing healthcare and NHS funded nursing care leaflet when people go into long-term care. It is likely that this would be beneficial as relatives, carers and service users would have a better understanding of the process and be able to have a more active role in these assessments.</p> <p>It was acknowledged a continuing care checklist could have been done sooner.</p> <p>Complaint was partially upheld</p>

C1011/62	Finance	<p>Issue/s</p> <p>The family member looks after the service user's finances and received a large invoice for the increase in the service user's care home fees 10 months after the fact.</p> <p>Action taken / Lessons learnt</p> <p>In the future Finance Section will not wait for top-up fees to be confirmed before invoices for increases in care home fees are agreed and sent out.</p> <p>Complaint upheld</p>
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Children's community health

Lessons learnt Q3 and Q4 2010/11 – complaints closed during Q3 and Q4

Reference	Service	Description of the complaint and lessons learnt/changes made
C1011/34	Speech and language therapy	<p>Issue/s</p> <p>That their relative did not receive timely speech therapy after they were transferred to a community hospital from the specialist stroke ward.</p> <p>Action taken / Lesson learnt</p> <p>NCT investigated the matter and identified several improvements to the service. These included an extension to the speech therapist service by involving healthcare assistants in some specific tasks; providing a monthly timetable to wards in advance of speech therapy availability; and explore the deployment of speech therapists across the team to maximise resources. It appears the service user's recovery was not affected by initial lack of service on transfer.</p> <p>Complaint upheld</p>

Not applicable	Health visiting	<p>Issue/s</p> <p>The first of two complaints from the same person dating back to March 2010. Although responded to in June 2010 the complainant was unhappy with North of Tyne's response about the health visiting input. (Child subject to a child protection plan.)</p> <p>Action taken / Lesson learnt</p> <p>Discussions to resolve this completed in December 2010 and a final response has now been provided. Complaint closed.</p> <p>Complaint not upheld</p>
Not applicable	School nursing	<p>Issue/s</p> <p>The second of two complaints from the same person dating back to March 2010. Although responded to in June 2010 the complainant was unhappy with North of Tyne's response. (Child subject to a child protection plan.)</p> <p>Action taken / Lesson learnt</p> <p>Discussions to resolve this completed in December 2010 and a final response has now been provided. Complaint closed.</p> <p>Complaint not upheld</p>

Prison health

Lessons learnt Q3 and Q4 2010/11 – complaints closed during Q3 and Q4

Reference	Service	Description of the complaint and lessons learnt/changes made
Not applicable	Smoking Cessation Service HMP Acklington	<p>Issue/s</p> <p>Prisoner unhappy he could no longer attend his smoking cessation group.</p> <p>Action taken / Lesson learnt</p> <p>In was determined the prisoner did not comply with the rules of the group which includes attending every session. The prisoner chose not to attend every session.</p> <p>The complaint was not upheld</p>
Not applicable	Smoking Cessation Service HMP Acklington	<p>Issue/s</p> <p>Prisoner complained that he had applied three times to attend a smoking cessation group but had not been allocated a place.</p> <p>Action taken / Lesson learnt</p> <p>No evidence could be found to support his statement that he had applied at all.</p> <p>The complaint was not upheld</p>

Not applicable	Nursing staff HMP Acklington	<p>Issue/s</p> <p>Prisoner considered staff member treated him unfairly at the medication hatch.</p> <p>Action taken / Lesson learnt</p> <p>Staff member interviewed. It appeared the prisoner was very disappointed to find no medication to collect. The staff member had no control over this prescribing issue but they resolved it by getting a prescription from the GP later that day and dispensing the medication. No witnesses to the alleged behaviour.</p> <p>The complaint was undetermined</p>
Not applicable	Smoking Cessation Service HMP Castington	<p>Issue/s</p> <p>Prisoner unhappy because he cannot attend a smoking cessation group.</p> <p>Action taken / Lesson learnt</p> <p>Apology given because this service is temporarily unavailable in HMP Castington. Agreement to keep prisoner up to date with plans to restart it and assurance he will be able to attend in the first group.</p> <p>The complaint was upheld</p>

Not applicable	Nursing staff HMP Acklington	<p>Issue/s</p> <p>Prisoner alleged nursing staff failed to remind him to sign for his medication which resulted in supplies being returned and not received.</p> <p>Action taken / Lesson learnt</p> <p>It was determined the staff member did not comply with procedures.</p> <p>The complaint was upheld</p>
Not applicable	Genito-Urinary Medicine (GUM) Service HMP Acklington	<p>Issue/s</p> <p>Prisoner complained that he had attended 3 GUM appointments which each time had been cancelled.</p> <p>Action taken / Lesson learnt</p> <p>Health sessions are held during fixed times at the end of which prisoners are returned to their wing. If prison service officers bring prisoners late to a session there is a risk time may run out and one or more prisoners may not be seen. In this case it was found there had been delay bringing the prisoner to his appointments. It was also noted that the GUM Service only uses the afternoon for sessions and this is the shorter session. The GUM Service has been asked to consider providing a morning session instead of an afternoon session to reduce the risks of prisoners not being seen.</p> <p>The complaint was upheld</p>

Not applicable	Administrative staff HMP Acklington	<p>Issue/s</p> <p>Prisoner complained when he was returned to his wing and had not seen the GP he was rebooked to see a nurse.</p> <p>Action taken / Lesson learnt</p> <p>In this case the prisoner was correct. In mitigation staff explained he was booked to see a nurse because that appointment was sooner than the next GP appointment and at the time it was felt to be the right thing to do. If a prisoner misses their appointment and is returned to their wing the appointment is rebooked straight away in the next available slot.</p> <p>The complaint was upheld</p>
Not applicable	Administrative staff HMP Acklington	<p>Issue/s</p> <p>Prisoner unhappy because he considered 6 days too long to wait for a GP appointment. He considered NCT staff responsible.</p> <p>Action taken / Lesson learnt</p> <p>It was found that the appointment was not urgent and in the circumstances 6 days was not considered an unreasonable period of time to wait. NCT are not responsible for the amount of time the GP service is available or for any delays bringing prisoners to the sessions; however, they support the service by booking appointments.</p> <p>The complaint was not upheld</p>

Not applicable	Nursing staff HMP Acklington	<p>Issue/s</p> <p>Prisoner complained about nursing staff manner which they said made them feel “embarrassed and ashamed”.</p> <p>Action taken / Lesson learnt</p> <p>An apology was given although it was noted it was not the nurse’s intent to cause upset.</p> <p>The complaint was upheld</p>
Not applicable	Nursing staff HMP Acklington	<p>Issue/s</p> <p>Prisoner complained about not getting a particular medication which they had apparently been taking for several years.</p> <p>Action taken / Lesson learnt</p> <p>It was found the nurse in question acted on this prisoner’s information in a timely manner and referred him to the GP.</p> <p>The complaint was not upheld</p>

Not applicable	Administrative staff HMP Acklington	<p>Issue/s</p> <p>Prisoner believed there had been a delay recalling him for a follow up appointment after a positive test.</p> <p>Action taken / Lesson learnt</p> <p>The criticism was accepted and an apology given. Senior staff looked at ways of improving the system.</p> <p>The complaint was upheld</p>
Not applicable	Nursing staff HMP Acklington	<p>Issue/s</p> <p>Prisoner unhappy that staff had not replaced his mattress or provided an under mattress board.</p> <p>Action taken / Lesson learnt</p> <p>It was determined that the prison service was responsible for considering the prisoner's request; healthcare staff agreed to support his request.</p> <p>The complaint was not upheld</p>

Not applicable	Administrative staff HMP Acklington	<p>Issue/s</p> <p>A relative was unhappy that staff would not share information about a prisoner's welfare and had given the impression they were sick of the apparently numerous telephone calls.</p> <p>Action taken / Lesson learnt</p> <p>Explanation that staff cannot share personal information without permission which they did not have; apology given for any upset given when discussing the frequency of telephone calls.</p> <p>The complaint was not upheld</p>
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Appendix 2: Complaints process 2010/11

1. The pre April 2009 complaints procedures were:

NHS

- Investigation and Chief Executive written response within 25 working days
- Healthcare Commission
- Parliamentary and Health Service Ombudsman

Local Authority social services for adults:

- Stage 1 (local resolution) – manager responds in writing within 20 working days
- Stage 2 – investigation and adjudication letter within 25 working days or up to 65 working days
- Stage 3 – review panel and Director’s written response within 30 working days
- Local Government Ombudsman

2. Since April 2009 there is a single approach for dealing with complaints about NHS and adult social care services. Organisations are encouraged to ask people what they think of their care, to sort out problems more effectively and to use the opportunities to learn. It ends the bureaucracy of the old system.

3. The complaints process is person centred with an emphasis on outcomes and learning:

- A ‘resolution plan’ is developed that outlines how the complaint is going to be tackled, who will be involved and the roles they will play, including a timescale appropriate to the ‘plan’ plus how the person making the complaint will be kept informed of progress (we aim to make more formal this last element)
- The ‘resolution plan’ may be refreshed as things move along although to date we have not needed to. (It may be that what appeared originally to be a simple case becomes more complex as further information is obtained.)
- The response to the complaint is appropriate and proportionate to the circumstances of the case, taking into account risk, seriousness, complexity or sensitivity of events
- The officers tackling the complaint will be able to access a number of options to try and resolve things and 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 actions are taken the draft findings / response should be discussed with the complainant (a recent introduction)
- The process ends with a final written response in which the complainant is directed to the Local Government Ombudsman or the Parliamentary and Health Service Ombudsman if they remain dissatisfied

4. **We are making genuine efforts to engage with the intention of the new regulations rather than continue as we always have with (minor) adjustments.**
5. **In our complaints handling we consider:**
 - **The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009**
 - **NHS Constitution**
 - **“Principles of Good Complaint Handling” by the Parliamentary and Health Service Ombudsman 2008**
 - **“Guidance on running a complaints system” by the Local Government Ombudsman 2009**
 - **The Department of Health best practice guidance “Listening, Responding, Improving” 2009**
6. **Our approach to complaints is to:**
 - **Be person centred (flexible) with appropriate, proportionate and timely responses**
 - **Be highly accessible and simple to use especially for people with complex needs and / or a complex complaint**
 - **Focus on resolution and outcomes rather than ‘investigation’ and numbers**
 - **Put things right for the individual**
 - **Emphasise learning from complaints and drive improvements in service quality**