

Customer Experience: Compliments and Complaints Annual Report 2012/2013

Adult Services

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1. Introduction

1.1 This report describes what people have said about our adult social care services in Northumberland and what we have learned as a consequence during 2012/13.

1.2 Our arrangements for looking into complaints and receiving compliments are one of a wide range of methods which we use to ensure that we learn from the experiences of the people who use our services. 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).

1.3 Our overall arrangements are summarised in figure 1 below:

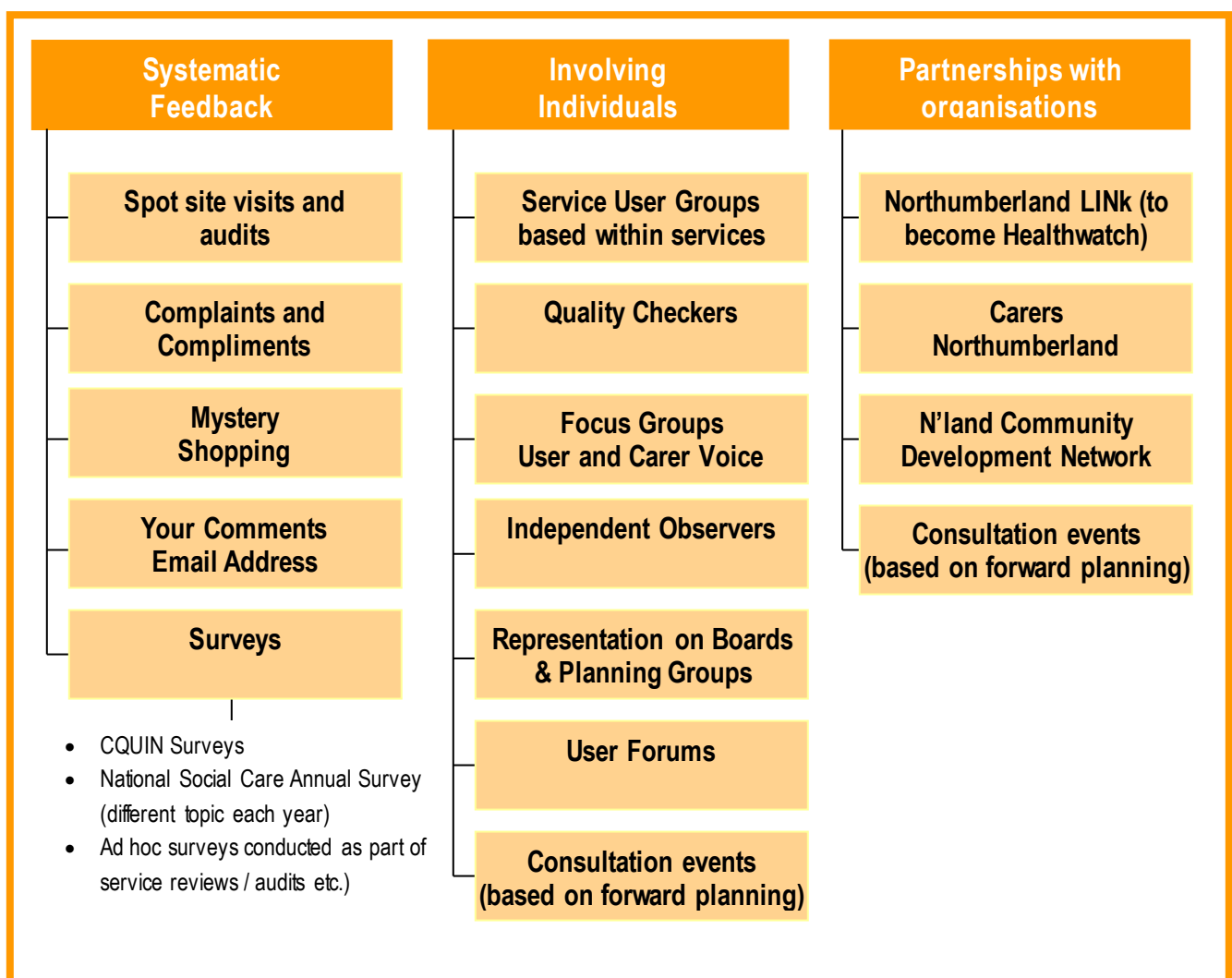


Figure 1

1.4 Complaints about social care are handled under national regulations introduced in 2009. The 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. Customer Experience

- 2.1 We need to understand more about how our services are affecting people's lives, rather than simply what outcomes services are achieving. If personalisation demands putting the user at the heart of care planning and provision, then user experience information is critical for understanding the impact and results achieved, enabling choice and informing service development, particularly through this period of transformation for adult social care.
- 2.2 In 2012 we published Northumberland's first 'Local Account' of our performance on delivering adult social care services to people in Northumberland. It is an important part of Northumberland County Council's commitment to being clear and open with our residents and sets out what we have done to improve outcomes for ill and disabled people and their carers across the following areas:
- Prevention
 - Reablement
 - Long term support
 - Keeping people safe
 - End of Life Care
- 2.3 We believe that the best way to find out how good our services are is to ask the people who use them. Over recent years we have developed a number of different ways to gather views from people who use our services and involve them in decision-making which include:
- Our network of user forums across the county
 - Regular satisfaction surveys
 - Service user and carer representation on key strategic groups
 - Interviews and focus groups
- 2.4 The 2012/13 Adult Social Care Survey, a survey of adult social care service users, found that 91% (94% in 2011/12) of people were satisfied with the care and support services they receive, and that 93% (no data for 2011/12) said care and support services helped them have a better quality of life.
- 2.5 88% (88% in 2011/12) of people said that services help them feel safe and secure, and 90% (86% in 2011/12) said that services give them control over their lives. The results across many key areas have improved on the previous year, and initial indications are that Northumberland compares well with other local authorities.

On long term team care management staff

Thank you to Hazel for all the help and support she has given me and my wife. She is a credit to organisation and deserves a pat on the back – very professional and knowledgeable.

- 2.6 We have also conducted the first biannual carer's survey over 2012/13. This survey was conducted in order to find out more about whether or not services

received by carers are helping them in their caring role and their life outside of caring, and also their perception of services provided to the cared-for person. Our results found that 77% of carers are satisfied with the support or services they and the person they care for receive. When discussions took place about the support or services provided to the person they care for 95% of carers felt involved and consulted and 87% felt encouraged and supported in their caring role. The caring role is one which can place people under great pressure and our results found that 11% of carers feel socially isolated and 13% feel they have neglected themselves in terms of getting enough sleep or eating well.

- 2.7 On a more positive note our carers survey also found that 85% of carers said they either had not needed to look for information or had found it fairly easy to find and that 88% of carers who accessed information found it had been helpful.
- 2.8 As a result national research and of what carers have told us over the past year we have formed a Carers Task Group in Wansbeck General Hospital which looks to improve the experience of carers in acute hospital settings. This group includes carers and carer organisations, two hospital matrons identified as 'Carer Champions', operational staff and managers. With carers we will provide training in carer issues to all newly qualified doctors and develop training for staff in carer issues through programmes such as the 'Shared Purpose Programme'. In relation to community health we have introduced a new system to better identify carers of patients seen by district nurses. We have also published a carers information leaflet for use by professionals, the Northumberland Carers Wellbeing Check, a self-assessment for carers designed to encourage them to think about their own health and to access GP services at an early stage; it also signposts carers to other agencies such as adult social care and Carers Northumberland. Our Carers Survey 2012/13 found that 64% of carers had some sort of health problem themselves and of the overall group 52% were caring for more than 50 hours each week.
- 2.9 We have significant work programme planned around carers as a result of their feedback. For example:
- Improving flexibility and choice around short breaks and ensuring emergency planning for carers is integral to support planning (our Carers Survey found that 88% of carers said that they were able to spend time as they want, doing things they value or enjoy, however, 64% would still value more time to themselves).
 - Working with employers to promote carer-friendly employment practices in Northumberland (our Carers Survey 2012-13 found that 35% of carers said they were juggling work with care and of those only 15% felt supported by their employer).
- 2.10 Our network of service user forums has continued to grow and expand. We now have well established older people's forums in Berwick, Ashington and Hexham, a long term conditions forum in south east Northumberland, a dementia forums throughout Northumberland and local networks for people with a learning disability. These provide an important way of finding out what health and social care issues people are facing, and to exchange information. There are currently around 175 people actively involved in the forums.

- 2.11 Our forums discuss matters relevant and important to each group and through this work members help influence service development across both health and social care. For example, dementia forum members identified that not having accurate information in a timely manner was a problem. This information was passed to the Dementia Reference Group (which also includes professionals); in turn this group fed into the Strategic Planning Group (professionals only). As a result those professionals made sure that under the dementia primary care pathway, clinical information is given consistently and that people are signposted to organisations which can help, such as the independent sector and adult social care. Our forums have contributed to making sure there is now a much more coherent approach to helping those people who develop dementia and their carers.**
- 2.12 Our learning disability forums identified that unplanned admissions or transfers between hospitals can be problematic for adults with a learning disability. As a result of this and in a similar way as described above, in June 2012 we introduced a standard ‘hospital passport’ for people with a learning disability to replace the myriad of other documents that existed which were of variable quality and usefulness. This passport is modelled on the ‘This is me’ leaflet our community engagement manager developed previously (now adopted nationally by the Royal College of Nursing and Alzheimer’s Society) which provides valuable information about a person with complex needs to guide and support professionals who do not know them. It includes information such as their name and how they prefer to be known, any communication needs they may have, their presenting health condition, medication and details about the people who know them best. It also includes more personal information such as things about their life so far, and their hobbies or interests.**
- 2.13 In respect of our learning disability forums we have changed their structure in response to comments from the group about the practical difficulties of getting to a central group in Northumberland and more people wanting to get involved. We now have several local networks and people are supported by two main independent organisations to participate. We have also increased carer and service user representation on the Learning Disability Partnership Board.**
- 2.14 Our ‘In It Together’ Parent Carer Professional Forum is helping improve the transition from Children’s to Adult Service. Parents frequently do not understand the differences between these two statutory functions or the limits of each. As a result Adult Services has had to handle several complaints which have often been about parents’ naturally high expectations of the quantity or intensity of help available.**
- 2.15 Changes do not need to be ‘big’ to be important or helpful. For example, what people have told us through our ‘Aging Well’ groups led to a walking group in the west and tea dances in Blyth; and we have sourced funding to develop dementia awareness as part of the Certificate of Professional Competence for bus drivers in Northumberland.**
- 2.16 We also support people with complex needs to access services and there are a number of professionals who work with health and social care providers to**

make sure people's experiences are positive. This usually takes the form of a 'reasonable adjustment'. For example,

- We asked a GP to allow 'double' appointments for a patient with a learning disability because of (1) his general deterioration in health (heart problems, epilepsy and blood pressure problems); and (2) it takes him a little time to explain how he is feeling. As a result the patient was able to discuss and express his needs and feelings which were then taken into account in his care.
- Another patient with a learning disability needed a general anaesthetic for surgery. After discussion with hospital staff the patient was allowed to walk into theatre and a Learning Disability Community Nurse offered reassurance; the patient then agreed to the anaesthetist 'putting him under'. Hospital staff also enabled the Learning Disability Community Nurse to gown up and be in the recovery suite waiting when patient came round in order to provide support and reassurance.

2.17 Our September 2012 satisfaction survey about a range in-house services for adults with a disability showed overall a very high level of satisfaction with the different services provided. In particular, service users were very positive about the staff who work with them. The services involved include day services, horticultural services, residential care and supported living.

2.18 Responses about day services included:

- 98% agreed with the statement, "I like going to the (service)"
- 95% agreed with the statement, "The staff listen to me"

On long term team care management staff

I really appreciate everything you have done for me. Without you I wouldn't have got anything done. A big thank you.

2.19 Responses about residential care included:

- 88% agreed with the statement, "I get to decide how I want the support I need provided"
- 100% agreed with the statement, "I feel in control of my life"

2.20 Feedback about our Short term Support Service (STSS) is collected quarterly and in the last quarter 4 of 2012/13 results showed a high level of satisfaction (99%) amongst the people who have used this service. 99% also said they were treated as an individual and 100% said the staff seemed to have the right skills and knowledge to help.

2.21 We also aim to set up a system to get routine satisfaction feedback from the people who receive our care management services and this will include the main carer. This will be done at the end of each review and to measure overall satisfaction with the support we provide or are planning to provide.

2.22 In respect of our community health services we regularly ask users about their experiences. Our most recent surveys found in respect of district nursing that:

- 99% found staff welcoming and friendly
- 99% said they were treated with dignity and respect
- 98% said they were confident the staff they saw had the rights skills and knowledge to help
- 97% said staff met their needs
- 97% said they were satisfied with the service they received

And in respect of podiatry in Northumberland:

- 100% agreed that if they needed more than one service, our staff made sure that the care information was clearly and accurately shared and 100% also said our staff made sure services were well coordinated
- 96% felt they got answers they could understand to their questions
- 89% felt able to discuss their preferences, beliefs and concerns as part of their care

2.23 We have also developed the 'Frail Elderly pathway' in conjunction with the majority of GP practices in Northumberland. This pathway identifies high risk patients and one of the involved professionals, for example, the practice nurse or district nurse, acts as a keyworker to ensure services are delivered in an effective and timely manner. To date 88% of patients are positive about their experiences of this model of care compared to 68% of patients before this more coordinated method was introduced. Of particular note are the 98% who felt they received the right amount of information to help them to manage their health (up from 64%); and the 91% who think the support and care they receive is joined-up and working (up from 77%).

On older persons mental health care management staff

Thank you to Tracey for the help and support given to my mother-in-law over last two years of her life. Her advice and care gave the family great support at often difficult times.

3. What people think about our services – compliments received in 2012/13

- 3.1 We receive 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 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 long term team care management services

Thank you for the professionalism, care and compassion in helping make the last few years of my father's life as comfortable as possible.

- 3.3 In 2012/13 we received 275 written compliments about adult social care. We only log those compliments where people have put their words down in a card, letter or email. However, 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.**
- 3.4 By way of comparison in 2012/13 we received 3.9 compliments for each complaint, which is an improvement on 2011/12 when we received 3.4 compliments for each complaint.**
- 3.5 We also received several very welcome compliments from other professionals and organisations about our staff; however, only compliments from members of the public are reported within the compliments statistics.**
- 3.6 Adult social care compliments in 2012/13 are up 38% on 2011/12; and 2011/12 was up over 20% on the previous year. Analysis suggests we are providing more opportunities for people to tell us what they think and we are also getting better at making sure feedback is registered appropriately.**

On an independent social care provider

I want to say how impressed I am with the service. I had previously complained and find that improvements have been made. My husband is allowed to keep what little independence he has and is much more relaxed with the carers.

- 3.6 The tables below shows the teams that have received compliments and how many times compliments were received during 2012/13:**

ADULT SOCIAL CARE COMPLIMENTS 2012/13	TOTAL
Complaints team	2
Care management intake teams	9
Care management learning disability	29
Care management long term teams	42
Care management older persons mental health teams	15
Self-directed support team	7
Contracts and commissioning	1
Review team	9
In-house learning disability day and residential services	15
In house older persons day and residential care services	6
JELS	1
Independent social care providers (received at County Hall)	3
Finance	7
User and care involvement team	2
Valley Care	2
Sensory impairment team	5
Welfare Rights	3
Short Term Support Service	117
Total	275

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

On short term support service staff

Thank you for a wonderful service. Special mention to Paul who was a delightful person and has a caring nature and a lovely attitude.

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

4.1 Many of the issues which people have reported over 2012/13 reflect the kind of situations which can occur from time to time in a large care organisation – but we take each one seriously, and take steps to address both the individual situation of the complainant and any wider issues about systems, training and guidance which are raised, as the table below describes in general terms.

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

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

4.3 Regardless of the issues raised and whether or not they are well founded we can still respond positively and learn from people’s experiences. To highlight

a number of elements central to adult social care, we have distilled a number of “you said, we did” examples from issues raised with us during 2012/13.

- **You said we did not clearly explain our charging policy**

We now monitor across all care management services to make sure staff explain the Council’s charging policy and how it can affect people who use our services; and evidence that they have done this.

- **You said a member of staff did not respect your confidentiality**

We reminded all care managers about the relevant policies and advice about information sharing because while we found the member of staff did share personal information and there were mitigating circumstances related to welfare, this was not explained beforehand, in line with best practice.

- **You said the 118 118 phone line gave you the wrong number for our services**

We asked 118 118 to update their contact details and then checked later to make sure they had.

- **You said you were unhappy with discharge plans**

We found that we should have managed your discharge better. Therefore, we shared your experience more widely to make sure lessons were learned across hospital and community services and not just within the team responsible.

- **You said you were dissatisfied with the quality of care you received and did not wish to pay**

We told you that we can consider charging less when standards of care consistently fall well short of what can reasonably be expected.

- **You said you were unhappy about inaccuracies in our care management files**

We explained our responsibility to record contacts and that recording should be objective and they should avoid 'opinions'. In this instance we found that the care manager had made their record in good faith but that you disagreed with what was recorded.

- **You said you were unhappy about the equipment we provided and that we had closed the case**

We replaced the equipment because it was faulty and also reminded staff that we should always contact service users before closing our involvement which we had not done in this instance.

- **You said we were slow making minor adaptations in your home**

We found you were right and made sure that the contractors completed their work as a matter of urgency. We also reminded the staff involved to keep people informed of progress when we arrange adaptations.

- **You said our Short Term Support Service physiotherapy assessment was delayed**

We found that there had been a delay and apologised for this. As a result of this complaint we amended our priority system to further ensure everyone is visited within an appropriate timeframe although we also found the majority of people are seen within the timescales they should expect.

- **You said your Closomat toilet had not been serviced for over a year**

We found that you were correct and found that a number of other 'services' for other service users were also outstanding. We directed the contractor to complete this work and to keep us informed of progress.

- **You said you were dissatisfied with the care home and wanted your mother to live with you**

We found that your mother had severe dementia. We agreed to review her 'mental capacity assessment' and take another 'best interests decision' taking into account your views and the views of those who had an interest in your mother's welfare. We also appointed an Independent Mental Capacity Advocate (IMCA) to give your mother an independent voice. We found that your mother was appropriately placed and that she should remain in the care home.

- **You said you were concerned about the safety of a visually impaired person when he went out for walks**

Although your concerns were not well founded we did reassure you, with the service user's consent, that we monitored his care and supported him to manage risks as appropriate.

- **You said you had not received the right advice about our Disabled Facilities Grant and had made some bad financial decisions as a consequence**

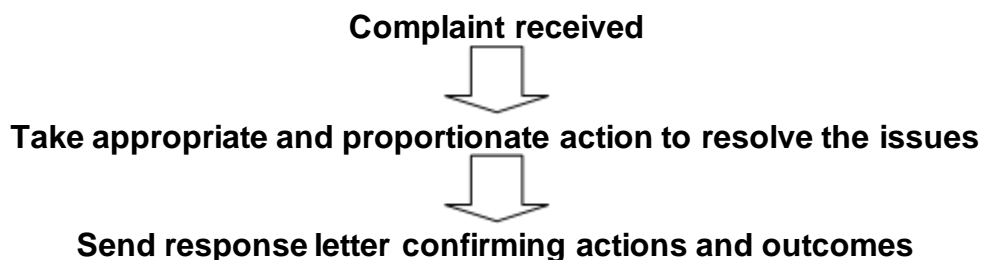
We investigated and put you back in the financial position you would have been if you had received the right advice at the right time.

- **You said that you were unhappy with the provider's response to your complaint**

Although the provider had received your letter we found that the manager handling your complaint had not spoken to you to clarify the issues or your desired outcome. On your behalf we met the provider's manager and he amended his response in light of the information you gave us about the situation. You told us you were satisfied with this amended response.

5. How we handle individual complaints and case studies

- 5.1 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.
- 5.2 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.
- 5.3 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 to put things right. We should also keep them informed of progress and of any findings throughout their complaint.
- 5.4 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.
- 5.5 Our process can be summarised as follows:



- 5.6 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 they had 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.”
- 5.7 The following are three of our local case studies:

a. **Complaint**

A father complained about our plans to change his daughter's care manager. When we spoke to him he explained that his daughter had severe learning difficulties and autism and had had the same care manager for over 7 years.



Actions taken

When we spoke to the care management team we found that the complainant and his wife wanted to support their daughter going into full time residential care. Both

were in their 70s and wanted to plan for their daughter's future. The complainant confirmed this.

We also found the proposed care manager was professionally qualified and would be able to reassess needs and support a move into residential care; the current care manager was unqualified and could not undertake this type of work.



Outcomes

We explained why we wanted to change the care manager. The complainant agreed to a joint visit from the current and proposed care managers. We also agreed that the two care managers would work together for a period until the family were familiar with the new worker. The complainant was satisfied with this outcome.

b. Complaint

An older service user was unhappy about paying for her day care and wanted reimbursement for the period when she was not able to attend because of illness.



Actions taken

When we spoke to the complainant we found that she felt that the range of activities in the day centre had reduced.

We found that charges had been introduced some years previously and that the complainant had been properly informed. We also found that her two periods of absence were both less than 3 weeks, the point at which charging is suspended. This had been well advertised and again the complainant had been informed of this policy at its inception.



Outcomes

We did not reimburse for her absence for the reasons noted above. However, we acknowledged that her experience of day care was no longer positive and helped her find an alternative. The complainant was satisfied with this outcome.

As a consequence of this complaint we asked care management to ask other service users about their experiences of this day centre. The findings from reviews that were already planned over the next several months were shared with the contracts team in order to follow up as necessary.

c. Complaint

A blind service user complained because she had been turned down for an intercom for her front door when she had one in her old house.



Actions taken

We found that when the complainant moved house she asked us to remove and refit the intercom that was on her old house. However, our decision (not to do this) took time and in between our eligibility criteria changed. This meant that the complainant was no longer eligible for the intercom. Therefore, when the complainant followed up her original request we told her that she could not have a new intercom but we did not take into account her original request to us to remove and refit her old one or the time our response took.



Outcomes

We fitted her new house with a suitable intercom. This was because our decision to refuse an intercom was unfair; and we had delayed making a decision and thereby denied her the opportunity to make her own arrangements for removal and refitting.

6. What people think about our services – complaints received in 2012/13

6.1 The complaints team directly handled the adult social care complaints made to the Northumberland County Council. That is, the 71 new complaints received between 01 April 2012 and 31 March 2013, 97 complaints in all when ongoing complaints from the previous year are taken into account.

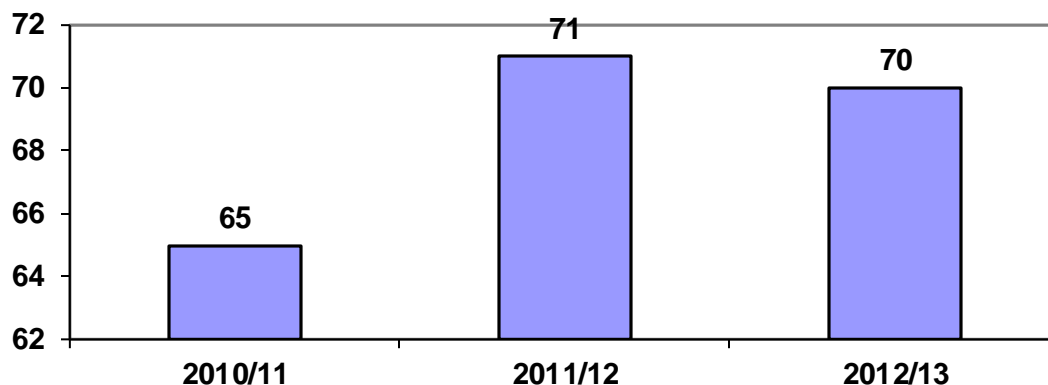
6.2 The table below notes the numbers of complaints in progress, received and responded to in 2012/13:

Complaints 2011/12	Social care	Community health	Children's health in N'land	Housing	Total
In progress at 01 April 2012	20	5	1	0	26
Received during 2012/13	70	n/a	n/a	1	71
Total in progress during 2012/13	90	5	1	1	97
Of which					
Responded to during 2012/13	65	5	1	1	72
Withdrawn or referred on	13	0	0	0	13
In progress at 01 April 2013	12	0	0	0	12

6.3 Please note responsibility for community health complaints transferred to Northumbria Foundation Trust's corporate complaints team on 01 April 2012. The small numbers noted above were received towards the end of 2011/12 and closed in 2012/13

6.4 We acknowledged 100% of our complaints within three working days in line with the 2009 regulations.

6.5 The chart below compares the numbers of adult social care complaints received during 2010/11, 2011/12 and 2012/13.

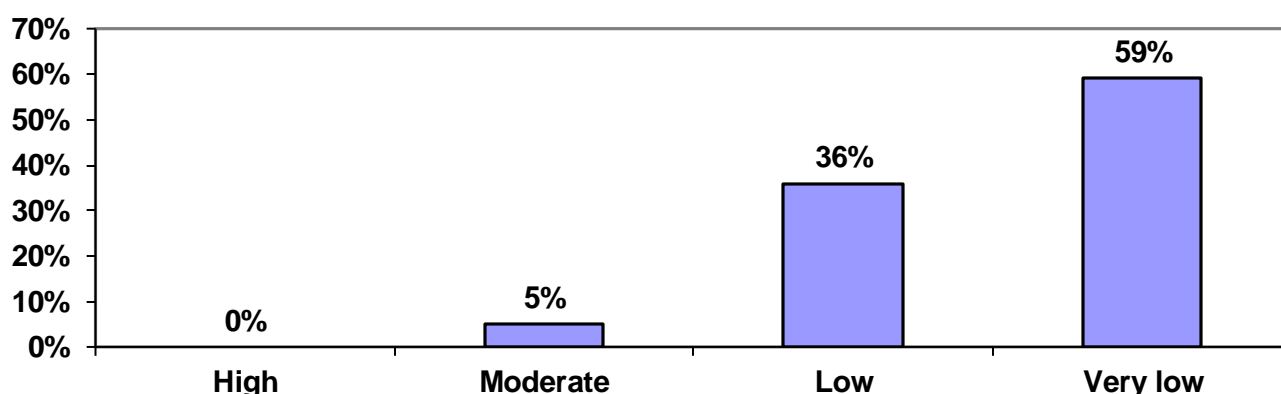


6.6 To put some of these numbers of complaints in context, in April 2012 care management had open 9,891 service users and had identified 4,106 carers. In April 2013 care management had open 9,677 service users and had identified 3,952 carers.

6.7 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 and informs any changes we need to make.

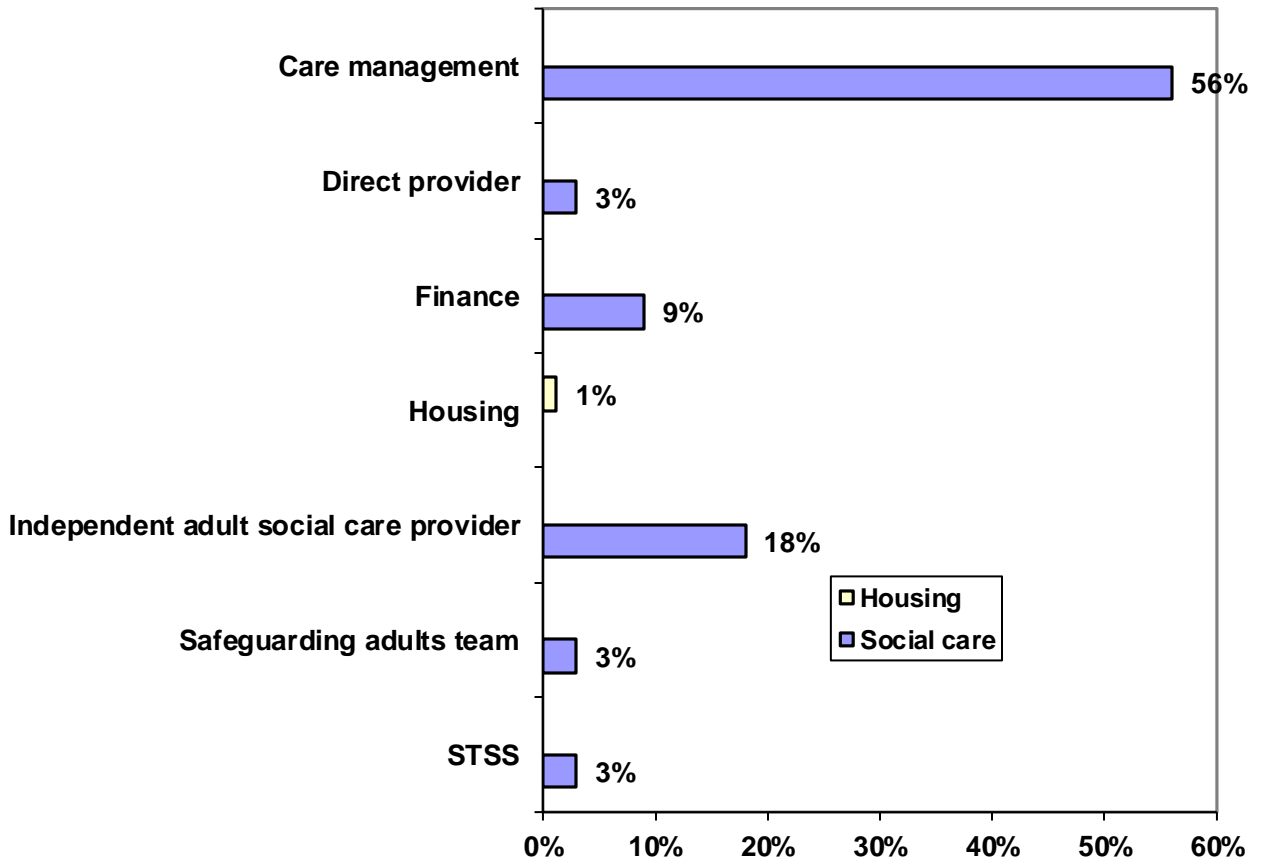
6.8 When a complaint is received the complaints team carry out a risk assessment. The Department of Health's complaints best practice guidance, "Listening, Responding, Improving" (February 2009) says, "By correctly assessing the seriousness of a complaint about a service, the right course of action can 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.

6.9 The chart below shows the social care complaints responded to in 2012/13 by risk category:

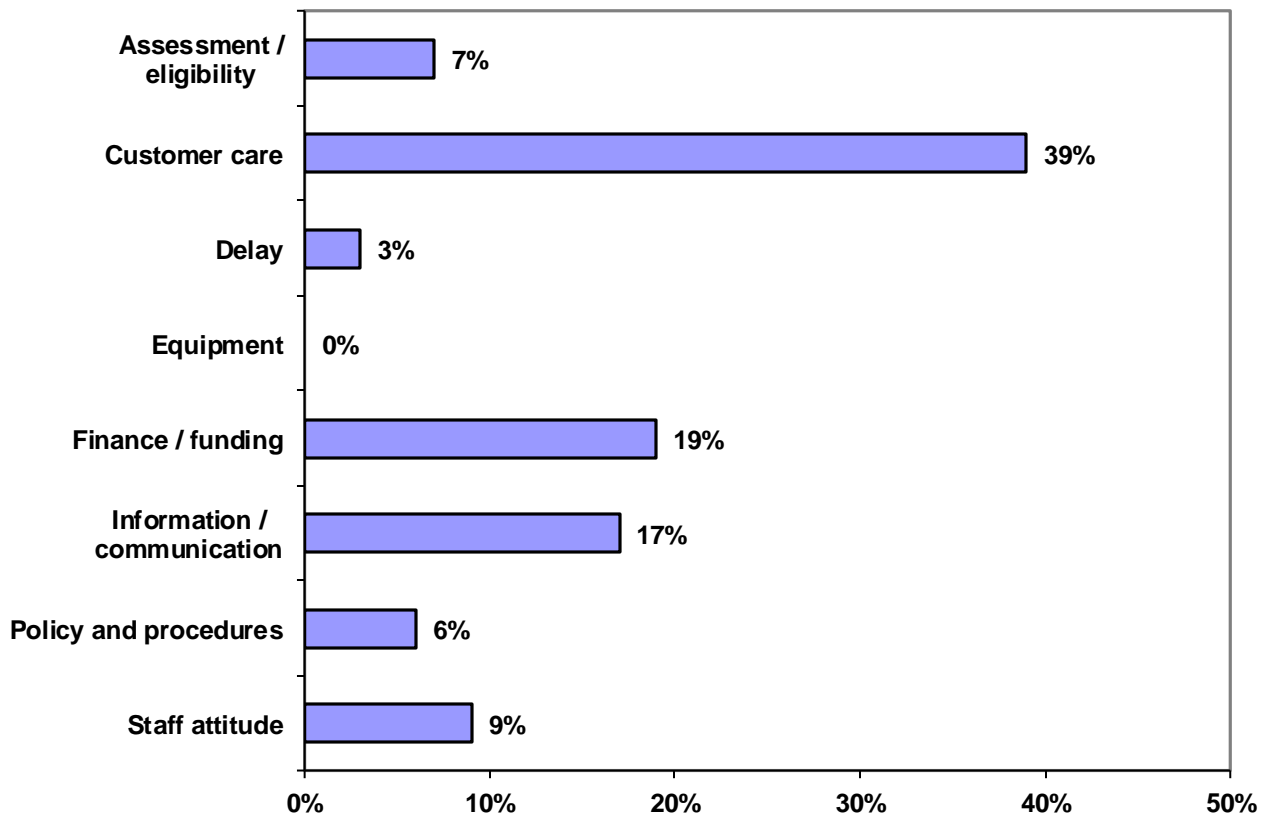


6.10 Please note when complaints are responded to the risk category is reassessed. During 2012/13 some complaints were categorised as 'high' on receipt but were downgraded once the facts were established. Over 2012/13 some complaints were upgraded but none to the 'high' category. This change is made in light of the facts as established during the complaints resolution process.

6.11

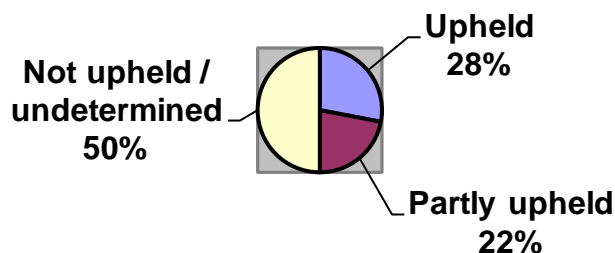


6.12 In respect of care management, the largest recipient of complaints, 42% of their complaints related to Long Term Teams, 16% to Learning Disability Teams, 13% to Older Persons Mental Health Teams, 11% to Intake Teams and the remaining percentage to other teams or functions.



- 6.13 Customer care issues relate to a person's perception and experience of their services. Over 2012/13, 80% of customer care issues related to the perceived poor quality of services received, while the remaining 20% related to concerns about the quantity of care received. Many of these kinds of issues are subjective but how someone experiences our services is an important piece of information that can still help us change and shape how we work.**
- 6.14 As an organisation it is very important to consider how we communicate both as individual members of staff and as an 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.**
- 6.15 Certain common themes emerged over 2012/13 and have noted in section 4 above.**

6.16 The chart below show the proportion of complaints upheld, partly upheld and not upheld in 2012/13 (the 2009 regulations refer to 'well founded'):



6.17 The findings show that of the complaints responded to in 2012/13, 50% were partly or completely upheld. This is in contrast to 2011/12 when 67% of adult social care complaints were partly or completely upheld. Over the past year the complaints manager has encouraged care management managers to take early action to resolve concerns rather than to register them as formal matters. Analysis suggests this strategy has resulted in a higher proportion of complaints being made that reflect an underlying dissatisfaction with services rather than being 'well founded'.

6.18 Over 2012/13 38% of older service users and 44% working age service users made a complaint in their own right rather than be represented by another.

6.19 In respect of adult social care 65% of all service users are aged 65 and over and 27 % are aged over 85. Although nationally and particularly in Northumberland we have an aging population, in comparison 9% of Northumberland's population is aged over 75 and 18% aged over 60. This means in adult social care and complaints in particular we need to be particularly aware of the issues that affect old age and the kinds of help and support that may be available.

6.20 Advocacy is available for those people who, as a result of their particular needs, need support to represent themselves and do not have family or friends to do this. Northumberland County Council is currently contracted with a specialist advocacy provider, Spiral Skills which is part of the charity Learning First, who will represent people with learning disability or mental health problems as required.

6.21 Although only a small proportion of service users lack the mental capacity to make a complaint in their own right, the majority of service users, 55%, are represented by others, usually their immediate family, in the complaints process.

6.22 The high proportion of family members making a complaint may relate their wish to take or accept responsibility to challenge what is perceived a poor service on behalf of a relative.

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

7. Complaints looked at by the Local Government Ombudsman

- 7.1 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 Local Government Ombudsman (LGO) 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 Although every reasonable effort is made to resolve matters we direct the complainant to the LGO should they remain dissatisfied in every final complaint response letter.**
- 7.3 In 2012/13 we received 2 decisions from the Local Government Ombudsman.**
- 7.4 The table on the following page summarises these complaints. There are no LGO decisions pending as of 01 April 2013.**
- 7.5 Broadly speaking these LGO decisions suggest that we have dealt with our complaints appropriately. In the cases above the complainants held unrealistic expectations of the complaints process and did not agree that we had acted as far as we reasonably and proportionately in order to resolve the issues they raised.**
- 7.6 The number of times LGO has made decisions about our services and complaints handling in 2012/13 compares favourably with previous years when we received 4 decisions in 2011/12 and 6 decisions in 2010/11. It is reasonable to conclude that we are able and more likely to resolve the majority of our complaints locally.**

Summary of complaint	LGO final decision	Summary of LGO final decision
<p>Through their representative, Mr H, Mr F and his wife complained on behalf of Mr F's elderly mother. Mr and Mrs F were unhappy at what happened when Mr F's mother was discharged from hospital into a care home in 2011. Mr H made 30 separate complaints.</p>	<p>Not to initiate an investigation</p>	<p>The LGO found that we had responded appropriately to the concerns raised by Mr and Mrs F. The LGO wrote in respect of some of the issues raised, "Mr H claims the Council is in breach of various Articles of the Human Rights Act. As he will no doubt be aware, the Ombudsman cannot make a finding in this respect. Such matters are properly determined by the courts. Mr H also alleges negligence, abuse of authority and misfeasance. Again, these are matters for the courts to determine, not the Ombudsman."</p>
<p>Mrs R felt there had been recurring and on-going communication failures which had affected her and her family; in particular, the communication between the care manager and care home about her mother's health.</p>	<p>Not to initiate an investigation</p>	<p>Mrs F withdrew her complaint from LGO and subsequently criticised LGO to the Parliamentary Communities and Local Government Committee. It appears Mrs F disagreed with the LGO's decision not to investigate.</p>

8. Enquires received in 2012/13

- 8.1 The Complaints Team also responded to a number of 'enquiries' from service users, carers, families and members of the public. In the course of 2012/13, 120 enquiries were recorded.
- 8.2 Of the 120 enquiries, 85 related to adult social care which is an increase of 10% on 2011/12.
- 8.3 Enquiries can escalate into complaints if they are not dealt with satisfactorily or in a timely manner. At first contact the complaints team provides or arranges answers or explanations to resolve the issues raised.
- 8.4 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 we are the responsible body.
- 8.5 The table below notes the enquiries received by service area:

ADULT SOCIAL CARE ENQUIRIES 2012/13	TOTAL
Care management	11
Care management intake teams	2
Care management learning disability	7
Care management long term teams	19
Care management older persons mental health teams	6
Self directed support team	2
Review team	4
Adult placement	1
Joint Equipment and Loan Service	2
Finance	2
Housing	3
In-house learning disability day and residential services	1
Sensory impairment team	1
Short Term Support Service	8

Safeguarding Adults Team	1
Independent adult social care providers	14
Contracts and commissioning team	1
Total	85

COMMUNITY HEALTH ENQUIRIES 2012/13	TOTAL
Child health	1
District nursing	1
Podiatry	2
North Tyneside community health services	3
Wheelchair Service	2
Total	9

OTHER ENQUIRIES 2012/13	TOTAL
Northumberland County Council	9
Northumbria Healthcare NHS Foundation Trust (acute)	2
North of Tyne	6
NTW	5
Northumbria Healthcare NHS Foundation Trust (estates)	1
Other organisations	3
Total	26

- 8.6 Of the 120 enquiries the complaints team redirected 35 to the correct organisation. That is, 71% of enquiries received related to adult social care, but overall 81% related to services provided by adult social care or Northumbria Healthcare NHS Foundation Trust.
- 8.7 Each enquiry can take anything from a matter of minutes to several hours to complete. Most enquiries are dealt with over one to two working days.
- 8.8 Some enquiries contain information that was handled under our multiagency safeguarding adults procedure, especially information relating to independent

adult social care 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.

8.9 Commissioning and provision of health and social care services has changed significantly over the years, therefore, it is to be expected that people have an incomplete understanding of which organisations are responsible for what services across Northumberland.

8.10 This suggests that we should continue to publicise our services clearly so people can contact the correct organisation in the first instance.

On in-house residential learning disability services

So grateful to staff for care given to my brother ... he now lives in the community and friendship between him and staff still continues.

9. People's experiences of making complaints

- 9.1 Two weeks after a complaint is made, a questionnaire is routinely sent out. The questions relate to people's experiences of making a complaint. The numbers of returned questionnaires is very low.
- 9.2 Analysis suggests that those who feel particularly dissatisfied with the complaints process are more likely to complete and return the questionnaire.
- 9.3 Over 2012/13 only 8 completed questionnaires were returned. Not everyone answered every question.

Question	Yes	No	% positive
Did the complaints team discuss how your complaint would be handled and agree a suitable time frame in which to respond to you?	5	3	63%
Were you kept informed of the progress of the investigation?	5	3	63%
Did our response address your concerns satisfactorily?	3	5	37%
Was our response easy to understand?	5	3	63%
Did you feel that lessons were learnt and appropriate actions were taken?	3	3	50%
Did you, of the service user, feel that you were treated differently as a result of raising your concerns?	2	6	75%
Overall, did you feel that your complaint was handled well?	4	4	50%

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

- Although disappointed with the final decision I consider that my request was dealt with in a considerate and sympathetic way
- As the medical and mental health have let me down dramatically I did think I would get more help to get my mum out of the care home the rest of the family selfishly put her into ... (the complainant's mother lacked mental capacity to decide where to live and the best interests decision that followed the complaint was that she should remain in 24 hour care)

9.5 Where appropriate the complaints team follows up comments made.

9.6 Analysis also suggests we have more work to do to assure complainants that we learn lessons from their concerns and we will do this by writing to them again when any changes we have.

10. Conclusions

- 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 person who makes a complaint and where possible aiming to resolve things at an early opportunity.
- 10.2** We also continue to learn lessons, to make changes to improve things for individual service users and patients and their families, and to draw on what we learn to improve our services more generally.
- 10.3** Over the coming year, 2013/14 we will continue to improve accessibility to make compliments, complaints and comments and the ways in which we demonstrate learning from complaints. We will also continue to focus on handling enquiries promptly to try to prevent unnecessary escalation and dissatisfaction.
- 10.4** We will also continue to support managers in resolving complaints at a local level and in a timely manner. We have plans for further training during 2013/14, in particular handling complaints proportionately and writing response letters.
- 10.5** As part of our development work from 01 April 2013 we have asked contracted adult social care providers to report on all their registered compliments and complaints regardless of funding arrangements. We will also be running complaints handling workshops aimed at helping our contracted adult social care providers.
- 10.6** More broadly, we continue to make and maintain links with a range of other significant developments which will provide service users and others with new ways to tell us what they think about services and how services will develop, including:
- Healthwatch which has replaced the current Local Involvement Network (LINK), with an extended role in NHS advocacy and support for people wanting to make complaints
 - The continuing development of safeguarding arrangements for adults, which place an increasing emphasis on the need to learn from cumulative information which may point to a larger risk that vulnerable adults may be at risk of abuse or neglect
 - The new Clinical Commissioning Group (CCG) on whose behalf we will handle complaints related to Continuing Healthcare (CHC) funding from 01 April 2013
 - Also from 01 April 2013 public health services such as smoking cessation and sexual health are commissioned by the local authority. Existing links will be further developed over the coming year

- **The continuing development of integrated and partnership working across health and social care services in Northumberland**

10.7 Overall we have had a positive year with more 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 service and continue to receive support from staff and managers throughout the organisation in our day to day work.

On sensory impairment staff

I wanted to say how impressed I was with Jane who looked after and consulted with me after the fitting of my new hearing aids. She made me feel very comfortable and at ease and explained fully, without jargon, and demonstrated so that I fully understood everything. Jane has set a very high standard and provides an excellent caring service.

Appendix 1 – complaints policy and context

- a. **The Department of Health has said, “The (current 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). The complaints regulations are person centred rather than process centred and require us to focus on outcomes.**
- b. **The adult social care complaints staff team are employed by Northumbria Healthcare NHS Foundation Trust (NHFT) and are a team within the Community Services Business Unit (CSBU).**
- c. **NHFT Patient Services handles all complaints about acute hospital services and community health complaints across Northumberland and North Tyneside.**
- d. **The CSBU complaints team, part of the Adult Services and Housing Group, focuses on adult social care compliments, complaints and other related matters including issues related to independent adult social care provider concerns and complaints. The team also supports complaints handling within Strategic Housing as required.**
- e. **A new complaints policy and procedure to cover all our services, whether hospital or community based was completed in March 2012. This policy and procedure is sensitive to the specific needs of adult social care and addresses the needs of those service users and services. We are clear that legal responsibility for adult social care complaints remains with Northumberland County Council.**
- f. **The Adult Services complaints team handles complaints related to Northumberland County Council’s exercise of its social services functions either directly or discharged or contracted to another organisation. This means dealing directly with several NHS Trusts and independent adult social care providers as required.**
- g. **We recognise 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.**

Appendix 2 – the complaints team

The complaints team consists of one Complaints Manager and two Complaints Officers.

a. The complaints regulations place a duty 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 developed links within NHFT and, for example:

- NHS North of Tyne who managed complaints about the commissioning of NHS services for adults, including complaints about GP services until the end of March 2013. From 01 April 2013 clinical commissioning groups (CCGs) will commission the majority of health services
- Northumberland Tyne and Wear NHS Foundation Trust who provide mental health and learning disability hospital services and community services
- Independent adult social care providers (domiciliary care, day care and residential and nursing care)
- The Contracts and the Safeguarding Adults Teams; senior staff in each section meet regularly to share information and to discuss themes and trends
- The team collaborates as appropriate with advocacy services

On the complaints team

Thank you to Astrid for her help in solving this complaint so quickly. I am very pleased with the outcome.