

**ANNUAL REPORT ON**  
**ADULT SERVICES COMPLAINTS-COMPLIMENTS-REPRESENTATIONS**  
**1 APRIL 2015 – 31 MARCH 2016**

### **Introduction**

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 came into force on 1 April 2009. This legislation sets down the procedures that Adult Social Care Services and National Health Services, (NHS), must follow when complaints or representations are made.

Representations may not always be complaints; they might also be positive remarks or ideas that require a response from the Council. Enquiries or comments about the availability, delivery or quality of a service, which are not criticisms, also constitute representations.

As part of the responsibilities set out in the Act, local authorities must produce an annual report on all complaints and representations received. This report fulfils Gateshead Council's obligations and provides information on all representations received about the Council's Adult Social Care Services from 1 April 2015 – 31 March 2016.

There are two steps to the Statutory Complaints Process;

1. Informal (Local) resolution by the Council;
2. Independent consideration by the Local Government Ombudsman, (LGO).

All complaints must be assessed and given a grading. Categories of complaint are:

- Green      Low-level or minimal risk for either the service user or the Council;
- Amber      Moderate or medium risk;
- Red      Serious complaint graded as high risk.

There are no prescribed timescales for resolution as the quality of the investigation and outcome is significantly more important than attempting to adhere to a stipulated period for response. However, it is very important that the complainant is always kept up to date on the progress of investigation.

### **Publicity and Information**

Publicity on how to complain can be provided in several formats, encouraging and facilitating easy access to the complaints process. All new service users receive a complaints leaflet in their information pack. A leaflet is also provided when a service user receives the outcome to an assessment / reassessment of need.

### **Independent Element**

The Council operates an internal investigation procedure. Complaints administration is fully independent of any service delivery to ensure fairness and impartiality.

### **Advocacy and Special Needs**

Vulnerable people receiving a Social Care service are encouraged and supported to express their views and to access the complaints procedure if they wish. In all cases advocacy is offered if it is felt that the complainant would benefit from this service.

Individuals who wish to complain about a Public Health service can obtain free independent advocacy support. This advocacy is Government funded and is exclusively for Health Service complaints.

## **Training and Employee Development**

Training for Investigating Officers is provided on an annual basis. All Adult Social Care Team Managers / Service Managers are expected to have undertaken investigating skills training.

The Investigating Skills Training Course is facilitated by the Local Government Ombudsman. This training concentrates on defining, investigating and resolving complex complaints. It also emphasises the need to identify any improvements that may be necessary as a direct result of individual complaints.

A Local Government Ombudsman Investigating Skills Training Course is to be arranged for October 2016. This will allow new Adult Social Care Managers to be trained to the LGO investigation standards. It will also provide existing Managers with the opportunity to refresh their investigatory skills.

## **Equalities Monitoring**

Gateshead Council recognises that equality monitoring of service delivery is crucial for effective planning and scrutiny of the services that it provides. This monitoring can identify which groups are using services and gauge their level of satisfaction. The information can then be used to highlight possible inequalities, investigate their underlying causes and address any unfairness or disadvantage.

Information about the complaints process can be made available in key languages and formats. Information for customers with sight or hearing impairment can also be provided.

## **Representations Received from 1 April 2015 and 31 March 2016.**

During 2015/16, 62 complaints were received regarding Adult Social Care Services. This is a 3% decrease on complaints received during 2014/15, (64).

The number of low level issues received also decreased by 23% during 2015/16, (44 from 57). The majority of low level issues were dealt with directly by the services concerned and were resolved to the customer's satisfaction. In some cases, all that was required was a discussion between the complainant and either the Social Worker or the Team Manager to clarify issues or to identify what was required to put things right. Before closure, the complainant is asked to confirm that they are satisfied that the issue had been resolved.

## **Themes of Complaints Received 2015/16**

There were two main themes of complaints received during 2015/16.

### **1. Quality of Service**

During 2015/16, quality of service remained the main theme of complaint. 53%, (33), of complaints that were received during this period were regarding the quality of the services being provided. Issues raised included:

- The quality of support given to individuals;
- Disputes when workers did not support the views of family members;
- Disputes when workers were acting in the best interests of the service user;
- Issues about how assessments were carried out. In particular sharing information about charging for care.

After investigation, 34%, (10), of complaints were not found to be justified and 41%, (12), were partially upheld. Only 20%, (6), of complaints about quality of service were upheld. Any improvements from these complaints are included within this report.

## 2. Staff Issues

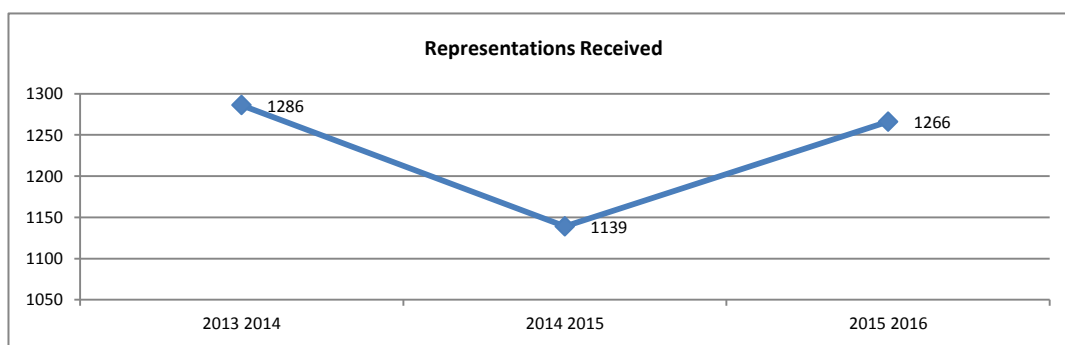
Since April 2015, all complaints that include areas of staff actions or behaviour are recorded under the primary category of "Staff Issues". This ensures that this area is at the centre of any investigation. This re-categorisation has resulted in an increase in complaints about staff as their main concern. However, the categorisation will be regularly reviewed to ensure that it does not give an unwarranted negative impression of all Adult Social Care staff who are complained about.

18 complaints were received which included issues around staff actions. In all cases any areas about staff behaviour are fully investigated to ensure that if there is any indication of unprofessional behaviour, that this is swiftly resolved and if necessary, measures are put in place to prevent any reoccurrence. This could be either monitoring staff behaviour through individual supervision sessions or by providing additional or refresher training. If the issues were serious, the Council may also invoke their own internal employment procedures.

### Details and numbers of Complaints and representations over the past 3 years

This section deals with the number of complaints and representations received over the past 3 years

All Formal Contacts	2013 2014		2014 2015		2015 2016	
Commissioned Service - own investigation signposted by Council.	0.08%	1	1.23%	14	1.35%	18
Corporate Complaints	0.00%	0	0.09%	1	0.16%	2
Complaints	6.30%	81	5.62%	64	4.91%	62
Complaint Related Queries	4.43%	57	5.00%	57	3.40%	43
Commissioned Services Issues	0.00%	n/a	5.62%	64	4.04%	51
Compliments	87.71%	1128	80.42%	916	85.04%	1074
Data Breach	0.00%	n/a	0.18%	2	0.00%	0
Health & Social Care Joint Investigations	0.47%	6	0.44%	5	0.24%	3
Insurance Claim	Na	Na	0.26%	3	0.08%	1
Inter-Agency Concerns	0.39%	5	0.35%	4	0.16%	2
MP / MEP Responses	0.16%	2	0.18%	2	0.24%	3
Safeguarding Alerts	0.39%	5	0.44%	5	0.16%	4
Whistle Blow	0.08%	1	0.18%	2	0.24%	3
		<b>1286</b>		<b>1139</b>		<b>1266</b>



- There has been a 11% increase in formal recorded contacts since 2014/15.
- However this is due to the increase in **compliments** received during this period as the number of formal concerns received have reduced by 3%.
- Complaint related queries reduced by 25%. Complaint related queries are low-level representations that must be resolved within one working day after receipt.
- The main theme from low level issues received during 2015/16 was regarding the quality of home care services, (9). 5 were regarding commissioned home care and 4 were about Council provided home care and were mostly around charging for care. All home care issues were resolved to the complainant's satisfaction.
- After consideration of all low level issues received during 2015/16, it was found that no low level concern had resulted in a formal complaint.

- Commissioned Service Issues are concerns received by other professionals on behalf of service users which are then shared with the providers to resolve themselves. During 2015/16, 51 commissioned service issues were received. This is a 20% decrease on the number received during 2014/15, (64).
- After consideration of the issues raised, 4 statutory complaints were immediately referred to the Safeguarding Adults Procedure. Safeguarding Adult Co-ordinators are then responsible for liaising with the complainant and ensuring that they are kept up to date of any developments.
- 85% of representations made during 2015/16 were compliments and only 15% were concerns or formal complaints.

Complaint Categories	2013 2014	2014 2015	2015 2016
Green	40	7	4
Amber	40	56	57
Red	1	1	1
<b>All</b>	<b>81</b>	<b>64</b>	<b>62</b>

- Overall, Adult Services complaints decreased by 3% compared to 2014/15 figures.
- Complaints about Assessment and Personalisation and Provider Services increased since 2014/15, but have continued to reduce from the number received during 2013/14, (81). The Services have confirmed that the continued reduction from 2013/14 is partly a result of more people having a better understanding of changes in practice resulting from the Care Act 2014.
- The number of complaints assessed as Green (minimal risk to the Council or service user) accounted for 6% of the total number of complaints received.
- Amber complaints, which are medium risk to the Council or the service user, accounted for 92% of all complaints received. This evidences that complaints are continuing to increase in complexity and often include a number of issues.
- The number of complaints that are assessed as Red, (high risk to the Council or the service user), has remained constant since 2013/14.

Service Area	2013 2014	2014 2015	2015 2016
Assessment & Personalisation	67.90% 55	40.63% 26	54.84% 34
Care Call	3.70% 3	7.81% 5	6.45% 4
Commissioning & Business Development	7.41% 6	23.44% 15	6.45% 4
Finance & ICT	2.47% 2	0.00% 0	3.23% 2
Health & Housing Support	2.47% 2	12.50% 8	8.06% 5
Provider Services	16.05% 13	15.63% 10	20.97% 13
<b>Total</b>	<b>81</b>	<b>64</b>	<b>62</b>

- During 2015/16, almost 55%, (34), of complaints were about the Assessment & Personalisation service.
- This is a 31% increase on the number received during 2014/15, (26).
- Only 6%, (3), complaints were regarding disputes to assessed needs. This is a reduction of 86% on the number of complaints regarding this area received during 2014/15 (**21**). This has been attributed to how Assessing Officers apply the eligibility criteria and to the improved communication of decisions made to the service user or their family.
- 29%, (10), of Assessment & Personalisation complaints were regarding the attitude or behaviour of staff. All included elements of alleged improper conduct. This dissatisfaction was mainly about how the professional conduct of the worker carrying out assessments or reviews was perceived.
- After investigation, 25%, (2), of complaints about staff were not upheld, 50% (4) were partially upheld, 12.5% (1) was upheld and 12.5%, (1), was moved to the Insurance Process.
- One complaint was dealt with through the Council's internal employment procedures.
- Complaints about Council Provider Services increased by 30%, (13), since 2014/15.
- Provider Services include Promoting Independence Centres, Shared Lives Services and Council homecare.
- 46%, (6), of complaints about Provider Services were regarding the standard of care provided by the Promoting Independence Centres.

- After investigation, 80%, (4), of complaints were partially upheld, 20%, (1), was fully upheld and 20%, (1), was not upheld. Any improvements resulting from these complaints will be detailed within this report.
- 15%, (2), complaints were about the attitude of staff members. After investigation, 1 complaint was partially upheld and the other complaint was later withdrawn.

Distribution by Service Division	2013 2014		2014 2015		2015 2016	
Services for People under 65	49.38%	40	36%	23	30.65%	19
Services for People over 65	49.38%	40	64%	41	67.74%	42
Health & Housing Support – Children’s Services	1.23%	1	Na	Na	1.61%	1
<b>Total</b>		<b>81</b>		<b>64</b>		<b>62</b>

- 67%, (42), of complaints were about services for people over 65. This figure has been consistent over the last three years.
- 12%, (5), of these complaints were made by service users themselves.
- 1 complaint, 1 low level issue and 35 compliments were received from service users with a learning disability.

Issues of Complaint	2013/2014		2014 2015		2015 2016	
Delay	6.1%	5	3%	2	6.45%	4
Lack of Service	2.4%	2	5%	3	11.29%	7
Quality of Service	72.8%	59	80%	51	53.23%	33
Refusal of Service	3.7%	3	6%	4	0.00%	0
Staff Issues	14.8%	12	6%	4	29.03%	18
Service User Conduct	0%	0	0%	0	0.00%	0
<b>Total</b>		<b>81</b>		<b>64</b>		<b>62</b>

- 53%, (33), of complaints were around the quality of services received and remains the greatest cause for complaint. However, the number of complaints raised regarding quality decreased by 35%, (51), from 2014/15.
  - Quality of service involves alleged failure of service delivery, for example:
    1. Home carers not turning up;
    2. Non return of telephone calls;
    3. Late or missed visits, either by assessing officers or by social workers;
    4. Poor response after a request for service.
- 24%, (8), of complaints were regarding the quality of the support provided.
- 28%, (2), of the 7 complaints responded to regarding support were not upheld. 28%, (2), were partially upheld, 28%, (2), was not upheld and 14%, (1), was later withdrawn.
- 29%, (18), complaints were regarding attitude or behaviour of staff.
- 83%, (15), of these complaints cited staff attitude as their main issue. After investigation, 61% of complaints about attitude or behaviour of staff were either partially or fully upheld.
- All staff conduct complaints are formally investigated and responded to by either a Team or a Service Manager. Any professional development areas, including standards of work are highlighted and closely monitored where appropriate.

Outcomes of complaints	2013/2014		2014 2015		2015 2016	
Outstanding		2		8		6
Closed or withdrawn	2.5%	2	1.5%	1	12.50%	7
Not upheld	43.0%	34	41%	23	28.57%	16
Partially upheld	31.6%	25	22%	18	35.71%	20
Upheld	22.8%	18	25%	14	23.21%	13
<b>Total</b>		<b>81</b>		<b>64</b>		<b>56</b>

- 28%, (16), of all complaints were not upheld after investigation.
- 59%, (33), of complaints were either fully or partially upheld during 2015/16. This is a 12% increase on the number of complaints that were either fully or partially upheld during 2014/15.
- After initial a short period of investigation, 1 complaint was closed and transferred to the Safeguarding Adults Process.

## Timescales

- 40 working days was the average time to investigate complaints during 2015/16.
- Although there are no statutory timescales for response, the Council expects all complaints to be completed within **30** working days of receipt. However, after consideration of the issues raised, it is clear that complaints are becoming more complex and often include a number of issues requiring investigation. Therefore, it is important that the quality of the investigation is not compromised to achieve timescales. In all cases, the Investigating Officer is expected to ensure that the complainant is kept informed of any delays and is informed on when they can expect a response.

Method of Complaint	2013/2014		2014 2015		2015 2016	
Service Feedback Form	7%	6	7.9%	5	4.84%	3
Complaints Form	10%	8	0%	0	3.23%	2
Email	22%	18	31.3%	20	33.87%	21
Letter	28%	23	39.1%	25	27.42%	17
Personal Visit	6%	5	4.7%	3	9.68%	6
Telephone	26%	21	17.2%	11	20.97%	13
		<b>81</b>		<b>64</b>		<b>62</b>

- Letters and emails are now the main method of referral accounting for 61%, (38), of all complaints received.
- In response to a request from members of the Physical Disability, Sensory Impairment Forum, it was agreed to set up a Text Messaging Service for complaints and representations. However, despite the number being included on all complaint documentation, no text representations have yet been received.

## Equalities Monitoring

Ethnic Status	2013 2014		2014 2015		2015 2016	
White British	97.53%	79	96.88%	62	98.39%	61
Black/ Black British	0.00%	0	0.00%	0	1.61%	1
Chinese	0.00%	0	0.00%	0	0.00%	0
Mixed	0.00%	0	0.00%	0	0.00%	0
Asian / Asian British	0.00%	0	1.56%	1	0.00%	0
Other White	2.47%	2	1.56%	1	0.00%	0
		<b>81</b>		<b>64</b>		<b>62</b>

- 1 formal complaint and 11 compliments were raised by members of the BME community.
- All compliments were regarding the quality of the services provided by Adult Social Care.

## Specific Areas of Complaint within Adult Social Care

### Commissioned Care Services – All issues received

Commissioned Services	2013 2014	2014 2015	2015 2016
Formal Complaints	6	10	1
Complaint Related Queries	7	8	7
Commissioned Service Issues	NA	64	51
Provider – Own Response	1	14	18
Insurance Claim	0	1	0
Moved to Safeguarding	Na	Na	3
Whistle Blows	0	2	2
<b>Total</b>	<b>15</b>	<b>99</b>	<b>82</b>

- During 2015/16, 1 formal complaint was received regarding a commissioned care home. This issue was investigated and responded to by a Contract Management Officer, within the Commissioning Team, and was found to be partially upheld.

- 18 complaints were assessed and deemed suitable to be passed to the commissioned service to progress through their own complaints procedure. In each case, the service is requested to share a copy of the response letter with the Council for contract monitoring purposes.
- 63%, (12), of complaints investigated through commissioned services own procedures were regarding commissioned home care.
- 31%, (6), were regarding the quality of care provided by commissioned care homes.
- 51 low level issues about commissioned services were also received from either Assessing Officers or Social Workers in relation to concerns raised during an assessment or review.
- 82 of these concerns were regarding the quality of home care services.
- Concerns about late, missed or short care visits remains the main theme of complaint.
- 11 issues were regarding the quality of the care provided by residential homes.

Once complaints are resolved, Contract Management Officers are expected to ensure that any proposed actions or improvements to service are carried out and fully monitored. Any feedback, which includes dissatisfaction, is helpful to inform the Commissioning Team of how the current care services are operating and how they could be commissioned in the future.

- During 2015/16, 4 compliments were received about the quality of the work carried out by individual Contract Management Officers.

## **Health & Social Care Joint Investigations**

The statutory complaints process covers NHS and Social Care Services.

All complaints that are received which are about services provided by both Health and Social Care are co-ordinated by either the Council's Complaints Manager or the Complaints Manager responsible for the Health Service area subject to the complaint. The organisation responsible for the majority of the complaint will take the lead in the investigation and will ensure that a combined response letter is sent to the complainant within the agreed timescales.

3 complaints were around services provided by both Health and Social Care during 2015/16. This is a decrease of 40%, (5), since 2014/15.

2 complaints were led by Adult Social Care, 1 complaint was led by colleagues within Health. All complaints included elements regarding the Queen Elizabeth Hospital. Issues complained about included the standard of care provided to the service user by both Adult Social Care and Health workers, the quality of support provided in relation to discharge, how sensitive information was dealt with and delays organising a service.

After investigation, 2 complaints were upheld and 1 complaint was partially upheld. Any improvements to Adult Services are outlined within this report.

## **Safeguarding Adults Concerns**

During 2015/16, 4 concerns were received which immediately identified areas of possible abuse against vulnerable adults. All 4 complaints were considered through the Safeguarding Adults Process.

3 complaints were received about the management of the Safeguarding Process. This is a decrease of 40%, (5), since 2014/15. The complaints were all regarding the quality of communication to families or representatives of service users who were the subject of the alleged abuse. After investigation, 1 complaint was not upheld, 1 complaint was partially upheld and 1 complaint was later withdrawn.

## **Public Health Complaints**

During 2015/16, there were no formal complaints received by the Council regarding Public Health Services. However, as all commissioned services, which includes Public Health, are required to have their own complaints procedure, the services are responsible for the management of their complaints and compliments themselves.

To ensure that all of the services offered by Public Health are of a recognised standard, the Public Health Contract Management Officer has developed a reporting mechanism so satisfaction / dissatisfaction can be monitored.

The agencies have continued to report the number of complaints and compliments received on a regular basis. During 2015/16, there have been 19 concerns and 199 compliments about Public Health Services.

Public Health Complaints & Compliments	2015 - 2016	
	Compliments	Concerns
Gateshead Evolve	11	3
Platform Gateshead	3	0
South Tyneside Foundation Trust	123	7
Integrated Sexual Health	62	7
Live Well	0	2
	199	19

### **Learning from Complaints: Examples of Service Improvements**

Learning from complaints is critical to prevent recurrence of the cause(s) of the original complaint. It is important that we make sure that people's experiences help the Council to improve services where possible. Changes can include policy, procedure or employee development.

Complaints about individual practice or failure to follow procedures are dealt with by reinforcement of processes and reiterating customer care standards through Service / Team meetings or individual supervision sessions.

In all cases, any justified issues regarding attitude or conduct of staff are dealt with in line with internal employment procedures.

### **Improvements after a complaint include:**

#### **Promoting Independence Centres**

- If medical assistance for a resident within the Promoting Independence Centre is summoned, even if non-urgent, family or carers must be informed at the earliest opportunity, even if they are expected at some point the same day. This recommendation is now embedded in the service quality assurance systems and has been communicated to all staff.
- Staff at Promoting Independence Centres now contact Gateshead Equipment Service, (GES), immediately if there are any concerns relating to equipment supplied by GES. After which they will inform the Social Worker, district nurse and/or other professionals involved in the persons care.
- Promoting Independence Staff should record all settings of equipment installed, to ensure that they are appropriate to the person using the equipment.
- All Promoting Independence Centre equipment is now inspected and reviewed on a regular basis and prior to use to ensure that it meets health and safety requirements. This inspection is then validated within written records.
- On admission to the Promoting Independence Centre where multi-agency involvement is required, all professionals will be expected to meet with service users and their families to explain roles and responsibilities. This will ensure well-defined goal plans and outcomes and guarantee a positive experience within the Centre.



- Appropriate documentation has been developed for multi-agency use to ensure records demonstrate seamless and chronological recordings of the input and actions of professionals' involvement.
- Regular planning and review meetings are now held with service users/families to update on progress. It will also gather views about service user's experiences during their stay within a Promoting Independence Centre.
- Carer consultations are also now carried out on a regular and timely basis to ensure that they are reassured and satisfied with the care being provided.
- A timetable of activities should be fully visible within Promoting Independence Centres to ensure service users and their families are aware of social opportunities during a stay. This information is also now discussed on admission and within review meetings.
- At least one member of staff now remains visible in residential communal areas where a number of service users' are present to provide assistance when necessary.
- Promoting Independence Staff now ensure that all visitors, including nurses or other professionals are reminded to sign the visitor's book. A visual notice has also been placed above the book instructing all visitors to sign in/out.
- All Promoting Independence Centre's who accept an emergency admission must ensure that they confirm that the service user or their representative is aware of the fees and charges required for their stay and gain the service user/representatives agreement to this.
- All staff within Promoting Independence Centres have been reminded of their own personal responsibility when dealing with dissatisfaction. Staff have also been reminded that any concerns reported to them directly should be dealt with through the appropriate process / procedure.

## **Assessment & Personalisation**

- All workers have been reminded of the need to include close family members, (or any others significant in the care of the service user), in the assessment and care planning process. This requirement will be regularly discussed and recorded on personal supervision documents.
- All staff have been reminded to ensure that clear information is given to service users and their families when terminating services.
- It has been arranged with the Queen Elizabeth Hospital that before a referral to Adult Social Care is made, that staff must gain written confirmation from either the service user or appropriate family members. This will ensure that people want to engage with Adult Social Care beforehand. It has also been arranged with Hospital staff that a private room is made available for those patients and relatives who want to talk confidentially with a social worker or assessing officer.
- The Rapid Response Team have developed a contingency plan as part of their Standard Operating Procedures, which is now followed in times of increased pressure on the service. This will ensure that staff are aware of the procedure and give them confidence to accept all appropriate referrals with the knowledge they will be able to respond within their target time of 2 hours.
- A clear method of communication has been set up between the Rapid Response Team and the out of hours Care Call and Emergency Duty Team, to keep them informed of service developments and clarifying the remit of the Rapid Response service.

## Compliments

Information about compliments is fed into all Adult Social Care Services, including the Commissioning Team, to highlight good practice and to identify opportunities for improvements to services.

There has been a 17% increase in compliments compared to the amount received during 2014/15. Compliments accounted for 85% of all representations made during 2015/16.

- 32%, (347), of compliments, received in 2015/16 focused on the care provided by the Councils Promoting Independence Centres.
- 30%, (327), were regarding Council provided Domiciliary Care.
- 55%, (181), of Council Domiciliary Care compliments were about the START service. The START Service is a short term reablement team who concentrate on providing service users with the skills to remain at home. This service can help prevent the need for larger or more long term packages of care.
- 14%, (154), of compliments were regarding Services provided by Assessment & Personalisation.
- 58%, (89), of compliments about Assessment & Personalisation were about the Physical Disability Teams.
- 5%, (56), of all compliments were regarding Health & Housing Support.

## Conclusions

Adult Services complaints decreased by 3% compared to 2014/15 figures.

Although complaints about Assessment and Personalisation and Provider Services increased, the Service have confirmed that the continued reduction from the high number received in 2013/14 is partly a result of more people having a better understanding of changes in practice resulting from the Care Act 2014. Workers are now applying eligibility criteria robustly which often results in dissatisfaction from those who either dispute the outcome of their assessment or feel that the Assessing Officer had not conducted the assessment / review appropriately or in some case acted unprofessionally.

The national profile of Commissioned Care Services continues to be raised throughout national and local media. This scrutiny is reflected with the number of concerns raised either by relatives of those receiving a service or by other professionals undertaking reviews of services. This evidences that all those who are involved in a service user's care, either professionally or a family member ensure that any concerns are highlighted and dealt with appropriately.

Gateshead Council's Adult Social Care has recently been reviewed. It is expected that changes to how the services are delivered in future will be beneficial to both current service users and those who may later require a service. It will also mean that referrals and requests for support are dealt with quickly and any identified needs of service users are met in a timely manner.