

AGENDA ITEM: 7

Pages: 7-12

Meeting	Safeguarding Overview and Scrutiny Committee
Date	10 October 2011
Subject	Annual Complaints Report 2010/2011
Report of	Director of Adult Social Care and Health
Summary	Adult Social Care and Health is required under statutory regulations, to report annually to the relevant Council committee on adult social care complaints and to compile an annual report.

Officer Contributors	Mathew Kendall, Assistant Director, Transformation and Resources, Adult Social Care and Health Emily Bowler, Customer Care and Business Manager, Transformation and Resources, Adult Social Care and Health
Status (public or exempt)	Public
Wards affected	All
Enclosures	Appendix A: Adult Social Care and Health Annual Complaints Report 2010/2011
Reason for urgency / exemption from call-in	Not applicable
Key decision	No

Contact for further information: Emily Bowler 020 8359 4463

1. RECOMMENDATION

- 1.1 That the Safeguarding Overview and Scrutiny Committee make comments and /or recommendations to the Cabinet Member for Adults on the contents of the Annual Complaints Report.**

2. RELEVANT PREVIOUS DECISIONS

- 2.1 None.

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

- 3.1 The Overview and Scrutiny Committees must ensure that the work of the Scrutiny is reflective of the council's priorities.

- 3.2 The Corporate Plan 2011-2013 has the following priorities relevant to the work of Adult Social Care and Health:

Better services with less money

- Create a more customer-centric council that enables customers to efficiently achieve the desired outcome
- Ensure our support services effectively serve the organisation through high quality, high value services

Sharing opportunities and sharing responsibilities:

- Promote personalisation of services and enhanced quality of life for adult social service users.

A successful London Suburb

- Ensure a positive experience of care and support for carers

Listening and acting on customer feedback is essential to achieving these priorities. It also enables us to monitor our progress and focus on key areas to improve customer experience in relation to Adult Social Care and Health.

4. RISK MANAGEMENT ISSUES

- 4.1 The quality of services is assured by regular monitoring as part of the procedures for internal control within Adult Social Care and Health.

- 4.2 Advocacy support is available to complainants to assist them in making their complaint and all staff are advised to promote the use of advocates. Advocacy services are commissioned through service level agreements with two voluntary sector groups, Advocacy in Barnet and Mind in Barnet.

- 4.3 The complaints process provides the council with an additional means of monitoring performance and improving service quality, and provides an important opportunity to learn from complaints. Key learning with actions taken in 2010/2011 is included in Section 8 of the Annual Complaints Report (Appendix A).

- 4.4 Where complaints are received and highlight any safeguarding issues, we would deal with these under the Multi-Agency Adult Safeguarding Policy and Procedure.

4.5 Adult Social Care and Health works closely with the Care Quality Commission (CQC) who are responsible for the inspection and registration of the following services:

- Care homes, including care homes with nursing
- Home care agencies
- Independent health care establishments
- Adult Placement Schemes

CQC are informed, with the permission of the complainant, if the complaint is about any of the services listed above.

4.6 With effect from the 1 October 2010 the Local Government Ombudsman (LGO) were given new powers to investigate complaints from people who fund and arrange their own care. This means that self-funders now have the right to complain to the LGO, which provides a free, independent and impartial complaints service.

In the past, it has only been service users who have had their care arranged and funded by the council who have had access to an independent complaints service. All clients should in the first instance take up their complaint with the service provider and go through their complaints process. If the issue is not resolved to the client's satisfaction, the following process is followed:

- If funded and arranged by the council, the Adult Social Care and Health complaints and representations procedure is followed
- If self-funding or arranging care privately, individuals will contact the Local Government Ombudsman's Office in London

4.7 The council is committed to tackling fraud and other forms of malpractice and treats these issues seriously. It recognises that some concerns may be extremely sensitive and has therefore developed a system under the Whistle Blowing Procedure, which allows for the confidential raising of concerns.

5. EQUALITIES AND DIVERSITY ISSUES

5.1 Pursuant to the Equality Act 2010 ("the Act"), the council has a legislative duty to have 'due regard' to eliminating unlawful discrimination, advancing equality and fostering good relations in the contexts of age, disability, gender reassignment, pregnancy, and maternity, religion or belief and sexual orientation.

5.2 In addition to the Terms of Reference of the Committee, and in so far as relating to matters within its remit, the responsibility of the Committee is to perform the Overview and Scrutiny role in relation to:

- The council's leadership role in relation to diversity and inclusiveness, and
- The fulfilment of the council's duties as employer including recruitment and retention, personnel, pensions and payroll services, staff development, equalities and health and safety.

5.3 The complaints procedure supports the council in meeting the legislative duties outlined above, and a number of steps have been taken to ensure that it is

- 5.4 Adult Social Care and Health welcomes complaints from advocacy services such as Disability Action in the borough of Barnet (DabB), Disability Law Service etc. from people who are not able to make representations and complaints in their own right to ensure that they too have a voice and are listened to.
- 5.5 The report includes data which outlines the number of complaints recorded in Adult Social Care and Health from 1 April 2010 to 31 March 2011 by ethnicity. (Section 4g, Bar chart 7a and table 7b). The ethnic profile of complainants is broadly reflective of the profile of the general population in the borough, although there were no complaints made from Chinese residents or those from 'Any Other Ethnic Group'. The data also shows that the BME representation amongst complainants is much higher than that seen in the Adult Social Care and Health client-base, particularly Asian/Asian British and Black/Black British. The reasons for this are unclear. The Adult Social Care and Health Equalities Network (attended by managers from across the department) will be exploring these issues at their next meeting to discuss possible reasons and find appropriate solutions for the future.

6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)

- 6.1 As Adult Social Care and Health make significant changes to how services are managed and delivered, we anticipate that we will receive more complaints from our customers.
- 6.2 To reduce the number of complaints we may receive, we will continue to fully consult with users and carers on any planned service changes to ensure they feel engaged in the process.

7. LEGAL ISSUES

- 7.1 Adult Social Care and Health is required to operate a statutory complaints procedure under the Local Authority Social Services and National Health Services Complaints (England) Regulations 2009 and the Local Authority Social Services and National Health Service Complaints (England) (Amendment) Regulations 2009.

8. CONSTITUTIONAL POWERS

- 8.1 The scope of Overview and Scrutiny committees is contained within Part 2, Article 6 of the Constitution.
- 8.2 The Terms of Reference of the Overview and Scrutiny Committees are in the Overview and Scrutiny Procedure Rules (Part 4 of the Constitution).
- 8.3 The Safeguarding Overview and Scrutiny Committee has within its terms of reference responsibility:

"To scrutinise the provision of adult social care services (including those who have physical disabilities, sensory impairment, learning disabilities, mental health needs

or other special needs) to ensure that residents are safeguarded and supported to lead as independent lives as possible in their own homes.”

9. BACKGROUND INFORMATION

- 9.1 In discharging their responsibility to scrutinise the provision of adult social care services, the Committee are requested to consider the Annual Complaints Report 2010-2011 for Adult Social Care and Health, as attached as Appendix A to this report, and make appropriate comments to the Cabinet Member for Adults.
- 9.2 The report includes information on the statutory social care complaints procedure, statistical information over a 3-year period for compliments and complaints (including corporate complaints), the new role of the Local Government Ombudsman in social care, complaints managed by Contractors, learning from complaints and embedding the learning and the outcome from the complaint user survey.
- 9.3 For the first time in 3 years more complaints were received than compliments; however this was anticipated due to the current financial constraints the council faces.
- 9.4 The highest proportion of complaints received (33%) related to assessments of need for potential services. Overall the perception is that our service users are not feeling included or listened to throughout the assessment process and this has been fed back through Leadership Team and front line staff have been asked to pay particular attention to this in order to improve our performance for the future.
- 9.5 As it is a requirement by the Department of Health for health and social care organisations to better understand the benefits of using information from complaints to improve services Adult Social Care and Health has embraced the expectation and introduced measures to ensure this happens in a systematic way. Following the investigation of each complaint managers are required and routinely asked to outline in writing exactly what lessons have been learnt, together with what actions have been taken as a result of the complaint. Key learning with actions taken in 2010/2011 is included in Section 8 of the Annual Complaints Report (Appendix A). The benefits of this include higher levels of satisfaction, more opportunities to improve services for everyone and an increase in our reputation with the people we serve.
- 9.6 In 2010-2011, we received 10 corporate complaints and followed the current corporate complaints procedure to investigate and respond to them. All were satisfactory resolved at stage 1 and did not progress to stage 2 and beyond hence not requiring input from corporate complaints team.
- 9.7 Since July 2011, we have forged a positive relationship with the new Corporate Complaints Officer and work in partnership when responding to LGO enquiries and complaints. We are also being consulted on the new corporate complaints procedure.
- 9.8 For the first time, a complaint user survey was conducted to elicit feedback from our complainants on how they found the complaints process and how Adult Social Care and Health could improve the complaints journey in the future. The key

- A need to ensure the initial telephone conversation with the complainant and investigating manager happens. During that conversation, managers have been reminded to ensure the expectations of complainants are managed effectively. Never to over promise; also where unreasonable expectations are apparent from the complainant this is addressed accordingly.
- Complainants expect a written response to be provided to each and every issue raised in the complaint at the time of writing the complaint and all the new issues raised during the subsequent telephone conversation.
- Complainants require a full explanation for the decisions made and the reasoning behind the decision and outcome of the complaint
- Managers need to remember to follow through all actions as stated in the response, so they do exactly what they say they will do, ensuring all delegated tasks are monitored and completed.

10. LIST OF BACKGROUND PAPERS

10.1 None.

Legal – LC
CFO – MC

**London Borough of Barnet
Adult Social Care and Health**

Adult Social Care and Health Annual Complaints Report

2010 - 2011

Freedom of Information Act Protective Marking Information	
Protective marking	NOT RESTRICTED
Suitable for publication scheme	Yes
Title and version	Annual Complaints Report 2010 – 2011 V: FINAL
Purpose	Managerial action
Relevant to	All Adult Social Care and Health
Author	Jennifer Watson-Roberts
Summary	Annual Complaints Report (Statutory requirement)
Department	Adult Social Care and Health
Date created / last reviewed	13 September 2011

London Borough of Barnet Adult Social Care and Health

2010/2011 – Annual Complaints Report

1. Introduction.....	3
1.1 Background	3
2. Adult Social Care and Health complaints procedure	3
3. Accessing the complaints procedure	4
4. Compliments, Complaints and Representations	4
a. Compliments	4
Table 1a: Compliments	4
Table 1c: 2010/11 - Compliments by service area and period received	5
b. Complaints	6
Table 2a: Complaints	6
c. Compliments compared to complaints	6
Table 3a: Number of Compliments and Complaints	6
d. Complaints by procedure	6
Table 4a: Complaints by procedure	6
Table 4b: 2010/11 - Complaints by procedure and seriousness/stage	7
Table 4c: Complaints by service area	7
Table 4d: 2010/11 - Complaints by service area and period received	8
Table 4f: Complaints by subject category	9
e. Outcome of complaints	10
Table 5a (ii): 2009/10 and 2010/11 - Complaints by outcome	11
f. Timeliness of complaints handling - Performance Standards	12
Table 6a: 2010/11 - Acknowledgment letter/email sent	12
g. Breakdown of ethnicity	13
Table 7b: 2010/11 - Comparative ethnicity data	13
5. Local Government Ombudsman (LGO)	14
6. Local Government Ombudsman enquiries and complaints	15
Table 8a: Complaints via Local Government Ombudsman (LGO) - 2009/2010	15
Table 8b: 2010/2011 - Complaints via Local Government Ombudsman	15
7. Complaints managed by Contractors	16
8. Representations.....	16
9. Learning from complaints and representations	16
10. Service improvements	17
11. Complaint User Survey	18
12. Adult Social Care and NHS Complaints - Network	19
13. Training.....	19
Appendix 1 - Adult Social Care and Health Outcome – 2010/11	
Complaints User Survey July 2011	20

1. Introduction

1.1 Background

Adult Social Care and Health is required under statutory regulations, to report annually to the relevant Council committee on adult social care complaints.

Adult Social Care and Health is required to operate a separate statutory complaints and representations procedure in accordance with the Local Authority Social Services and National Health Services Complaints (England) Regulations 2009 and the Local Authority Social Services and National Health Service Complaints (England) (Amendment) Regulations 2009 (hereby referred to as 'the Regulations') and the Health and Social Care Act 2003. Any complaint which does not fall under these requirements will be considered under the council's corporate complaints procedure.

This report provides information on complaints for Barnet Adult Social Care and Health for the period 1 April 2010 to 31 March 2011 dealt with through the statutory social care complaints procedures and corporate complaints procedures.

2. Adult Social Care and Health complaints procedure

From 1 April 2009 new complaints have been assessed in terms of their seriousness and how likely the issue is to recur, so that appropriate and proportionate action can be taken in response. This is in line with the Department of Health's Guidance 'Listening, Responding, Improving', where complaints are considered as low, moderate or high risk. Barnet Adult Social Care and Health then designates low and moderate risk complaints as 'Straightforward' and high risk complaints as 'Serious and/or Complex'. A complaint can be re-designated if new information arises during the investigation process.

Straightforward Complaints (Low or Moderate risk) - Local resolution

When a complaint is assessed as straightforward, it is dealt with by a member of staff and/or line manager in the team providing the services, within 20 working days with the aim of achieving resolution. Where possible, the response is provided within 10 working days.

The complainant is invited to comment on the response. Where there is disagreement, a meeting is offered to discuss the concerns with a manager and the Complaints and Representations Manager. A final decision on the complaint is then provided by the Head of Service.

Serious and/or Complex Complaints (High risk) - Independent investigation

If the complaint is especially serious and/or complex an independent investigation will be arranged that produces a report. Adjudication with remedy is then provided within 25 working days (extendable to 65 working days) from the date the complaint is agreed.

The complainant is invited to comment on the response and if there is disagreement, a meeting is arranged to discuss the concerns with a senior manager and the Complaints and Representations Manager. A final decision on the complaint is then provided by the Senior Manager.

3. Accessing the complaints procedure

A number of steps have been taken to ensure that the complaints procedure is accessible to all service users and carers. The Adult Social Care and Health complaints procedure continues to be widely publicised:

- Comments, Compliments and Complaints booklet has been widely distributed to public offices in the borough, including voluntary organisations and BME community groups.
- Posters have also been distributed widely telling people how to make a comments, compliment or complaints about the service.
- The Easy Read version of the booklet 'Comments, Compliments and Complaints' has also been widely distributed. This is aimed at people with learning disabilities and people whose first language is not English.
- Information about making a comment, compliment or complaint is included on all Health and Social Care web pages on the Barnet Council website and Adult Social Care and Health, Social Care Connect website.
- Public information about making a complaint about Adult Social Care and Health is always available at public events. In 2010/2011 we held several public events including a Carers Rights Day, Older Adults' Assembly, which also included people with learning disabilities and their carers, East Barnet festival and two Housing and Support for Older People Consultation events, information on how to complain was available at all these events.
- We also attended the Multicultural Day (an annual festival for the diverse communities in Barnet). Organizations representing African, Caribbean, Indian Subcontinent and Somali interests helped us to facilitate outreach to some of Barnet's smaller communities.
- We attended various meetings to share information about complaints with key stakeholders representing various disability groups, including Barnet Centre for Independent Living (Bcil), Disability Action in the borough of Barnet (DabB), Mind in Barnet, Disability Law Service and the Adult Carers Strategy Partnership Board etc.

All staff are advised to promote the use of advocates for vulnerable people, and advocacy support is available to complainants to assist them in making their complaint if they wish. This support is commissioned through service level agreements with two voluntary sector groups, i.e. Advocacy in Barnet and Mind in Barnet, which agree to provide advocacy services. All public information booklets promote the use of advocates.

4. Compliments, Complaints and Representations

a. Compliments

Table 1a below shows the total number of compliments recorded in Adult Social Care and Health from 1 April 2010 to 31 March 2011 compared to the previous two years.

Table 1a: Compliments			
	2008/2009	2009/2010	2010/2011
Compliments	132	111	80

Table 1a: Number of compliments recorded in the last three years

Table 1b below shows the total number of compliments recorded in Adult Social Care and Health from 1 April 2010 to 31 March 2011 by service area and gives a comparison to the previous two years.

Table 1b: Compliments by service area and period received			
Service Area	2008/2009	2009/2010	2010/2011
Access	-	-	8
Enablement	-	-	21
Complex Planning	-	-	8
Older Adults	85	73	-
Learning Disabilities	34	13	8
Mental Health		8	12
Physical and Sensory Impairment		6	-
Performance and Supply Management	13	11	-
Transformation and Resources	-	-	17
Strategic Commissioning	-	-	6
Total	132	111	80

Table 1b: Number of compliments recorded by service area and period received in the last three years

Table 1c below shows the total number of compliments recorded in Adult Social Care and Health from 1 April 2010 to 31 March 2011 by service area and period received.

Table 1c: 2010/11 - Compliments by service area and period received						
Service Area	Q1	Q2	Q3	Q4	Total	% of Total
Access	1	5	1	1	8	10%
Enablement	5	5	5	6	21	26.25%
Complex Planning	0	2	2	4	8	10%
Older Adults	-	-	-	-	-	-
Learning Disabilities	1	2	3	2	8	10%
Mental Health	2	4	0	6	12	15%
Physical and Sensory Impairment	-	-	-	-	-	-
Performance and Supply Mgt	-	-	-	-	-	-
Transformation and Resources	2	12	3	0	17	21.25%
Strategic Commissioning	0	1	5	0	6	7.5%
Total	11	31	19	19	80	100%

Table 1c: Compliments recorded in 2010/2011 by service area and period received

b. Complaints

Table 2a below shows the total number of new complaints recorded in Adult Social Care and Health from 1 April 2010 to 31 March 2011 compared to the previous two years.

Table 2a: Complaints			
	2008/2009	2009/2010	2010/2011
Complaints	78	73	88

Table 2a: Number of complaints recorded in the last three years

The overall the number of complaints received fell by 6% from 78 in 2008/2009 to 73 in 2009/2010; in 2010/11, there was an increase of 20% as 88 complaints were received.

c. Compliments compared to complaints

Table 3a below shows the total number of compliments recorded in Adult Social Care and Health from 1 April 2010 to 31 March 2011, compared to the total number of complaints recorded and gives a comparison to the previous two years.

Table 3a: Number of Compliments and Complaints			
	2008/2009	2009/2010	2010/2011
Compliments	132	111	80
Complaints	78	73	88

Table 3a: Number of compliments and complaints recorded in the last three years

d. Complaints by procedure

Table 4a below shows the distribution of complaints recorded in Adult Social Care and Health from 1 April 2010 to 31 March 2011 by complaints procedure and gives a comparison to the previous two years.

Table 4a: Complaints by procedure			
Procedure	2008/2009	2009/2010	2010/2011
Statutory complaints	65	67	78
Corporate complaints	13	6	10
Total	78	73	88

Table 4a: Number of complaints recorded by complaints procedure in the last three years

Table 4b below shows the total number of complaints recorded in Adult Social Care and Health from 1 April 2010 to 31 March 2011 by type and seriousness or stage.

Table 4b: 2010/11 - Complaints by procedure and seriousness/stage			
Number of complaints recorded under the statutory social care procedure		Number of complaints recorded under Council's corporate procedure	
Straightforward (Low/Moderate risk)	76	Stage 1	10
Serious and/or Complex (High risk)	2	Stage 2	-
		Stage 3	-
Total	78	Total	10

Table 4b: Number of complaints recorded in 2010/2011 by procedure and seriousness/stage

A total of 88 complaints were recorded as received between 1 April 2010 and 31 March 2011 and of these, 78 complaints were dealt with under the statutory social care complaints procedure and 10 were dealt with under the corporate complaints procedure.

Of the statutory social care complaints received, 76 were considered as Straightforward and 2 were considered Serious and/or Complex, with 1 of the 2 Serious and/or Complex complaints investigated as a joint health and adult social care complaint.

Of the 10 corporate complaints received, all were dealt with and resolved at Stage 1 of the process.

Table 4c below shows a breakdown of complaints recorded in Adult Social Care and Health from 1 April 2010 to 31 March 2011 by service area, compared to the previous two years.

Table 4c: Complaints by service area			
Service Area	2008/2009	2009/2010	2010/2011
Access	-	-	8
Enablement	-	-	20
Complex Planning	-	-	21
Older Adults	30	27	-
Learning Disabilities	19	10	19
Physical and Sensory Impairment	22	19	-
Mental Health	7	11	10
Performance and Supply Management	0	6	-
Transformation and Resources	-	-	7
Strategic Commissioning	-	-	3
Total	78	73	88

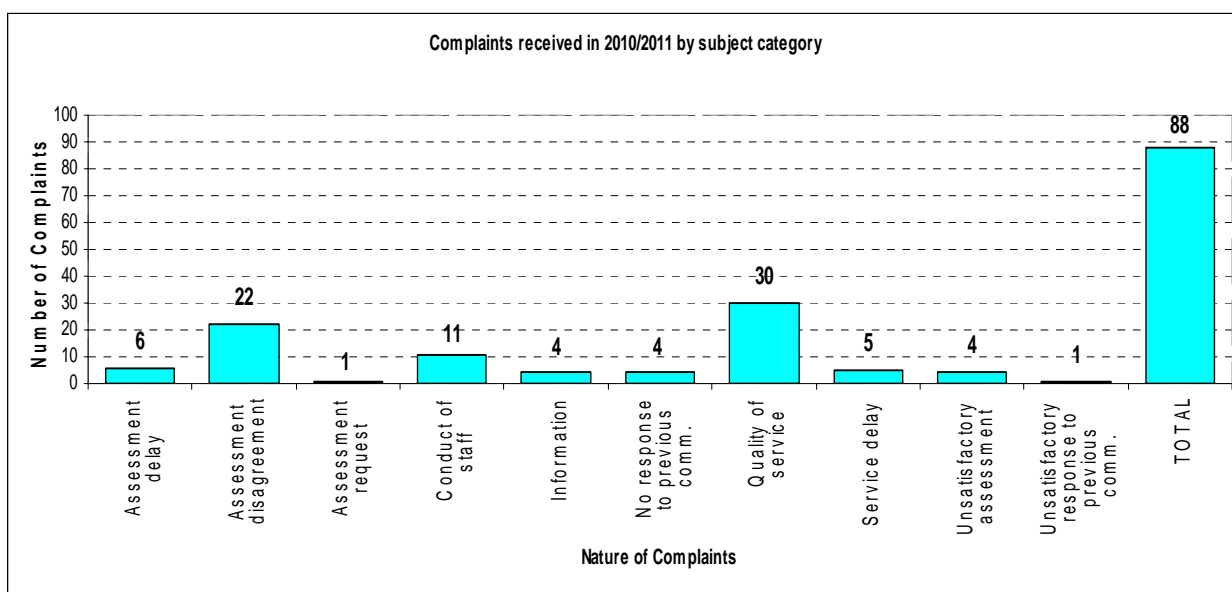
Table 4c: Number of complaints recorded by service area in last three years

Table 4d below shows the total number of complaints recorded in Adult Social Care and Health from 1 April 2010 to 31 March 2011 by service area and period received.

Table 4d: 2010/11 - Complaints by service area and period received						
Service Area	Q1	Q2	Q3	Q4	Total	% of Total
Access	0	2	6	0	8	9.1%
Enablement	4	3	7	6	20	22.7%
Complex Planning	9	5	6	1	21	23.9%
Older Adults	-	-	-	-	-	-
Learning Disabilities	3	9	3	4	19	21.6%
Mental Health	3	4	3	0	10	11.4%
Physical and Sensory Impairment	-	-	-	-	-	-
Performance and Supply Mgt	-	-	-	-	-	-
Transformation and Resources	2	1	3	1	7	7.9%
Strategic Commissioning	2	1	0	0	3	3.4%
Total	23	25	28	12	88	100%

Table 4d: Complaints recorded in 2010/2011 by service area and period received

Bar chart 4e below shows a breakdown of complaints recorded in Adult Social Care and Health from 1 April 2010 to 31 March 2011 in graphical format by subject category.



Bar Chart 4e: Number of complaints recorded in 2010/2011 by subject category

Table 4f below provides a breakdown of complaints recorded in Adult Social Care and Health from 1 April 2010 to 31 March 2011 by complaint subject and gives a comparison to the previous two years.

Table 4f: Complaints by subject category						
Category	No. of Complaints 2008/09	% of Complaints 2008/09	No. of Complaints 2009/10	% of Complaints 2009/10	No. of Complaints 2010/11	% of Complaints 2010/11
Assessment process	15	19.2%	17	23.3%	-	-
Assessment delay	-	-	-	-	6	6.8%
Assessment disagreement	-	-	-	-	22	25%
Assessment request	-	-	-	-	1	1.1%
Conduct of staff	8	10.3%	26	35.6%*	11	12.5%
Customer care	2	2.6%	2	2.7%	-	-
Direct Payments related	1	1.3%	0	0	-	-
External service provision	11	14.1%	5	6.8%	-	-
Finance	16	20.5%	2	2.7%	-	-
Information	6	7.7%	6	8.2%	4	4.6%
Information not available	1	1.3%	0	0	-	-
No response to previous comm.	-	-	-	-	4	4.6%
Quality of service	18	23%	14	19.2%	30*	34%
Service delay	0	0%	1	1.4%	5	5.7%
Unsatisfactory assessment	-	-	-	-	4	4.6%
Unsatisfactory response to previous comm.	-	-	-	-	1	1.1%
Total	78	100%	73	100%	88	100%

Table 4f: Number of complaints recorded in the last three years by subject category

*Quality of service = 30 complaints - 11(37%) upheld, 3(10%) partially upheld and 16 (53%) not upheld (see Table 5b)

e. Outcome of complaints

Tables 5a (i) and (ii) below shows the total number of Adult Social Care and Health complaints made during the past three years that were upheld (well founded), partially upheld (partially founded) and not upheld (not founded), together with those which were carried forward into the next reporting cycle, these being incomplete at year end.

Table 5a (i): 2008/09 - Complaints by outcome		
Stage 1	Number of complaints 2008/2009	% of complaints 2008/2009
Upheld	23	29.5%
Partially upheld	12	15.4%
Not upheld	40	51.3%
Other*	3	3.8%
Total	78	100%
Stage 2	Number of complaints 2008/2009	% of complaints 2008/2009
Upheld	2	16.7%
Partially upheld	4	33.3%
Not upheld	4	33.3%
Other*	2	16.7%
Total	12	100%
Stage 3	Number of complaints 2008/2009	% of complaints 2008/2009
Upheld	3	42.9%
Partially upheld	1	14.2%
Not upheld	3	42.9%
Other*	-	-
Total	7	100%

Table 5a (i): Number of complaints recorded by outcome in 2008/2009

**Other refers to complaints, which were incomplete at year-end and so carried forward to next reporting cycle.*

Table 5a (ii): 2009/10 and 2010/11 - Complaints by outcome				
Straightforward and Corporate complaints	Number of complaints 2008/2009	% of complaints 2008/2009	Number of complaints 2010/2011	% of complaints 2010/2011
Upheld/well founded	21	29%	30	35%
Partially upheld/Partly founded	17	23%	14	16%
Not upheld/Not founded	34	47%	42	49%
Other*	1	1%	0	0%
Total	73	100%	86	100%
Serious and/or Complex complaints	Number of complaints 2009/2010	% of complaints 2009/2010	Number of complaints 2010/2011	% of complaints 2010/2011
Upheld/well founded	0	0%	0	0%
Partially upheld/Partly founded	0	0%	2	100%
Not upheld/Not founded	0	0%	0	0%
Other*	0	0%	0	0%
Total	0	100%	2	100%

Table 5a (ii): Number of complaints recorded by outcome in 2009/2010 and 2010/2011

* Other refers to complaints, which were incomplete at year-end and so carried forward to next reporting cycle.

Table 5b below shows the total number of Adult Social Care and Health complaints recorded from 1 April 2010 to 31 March 2011 by the outcome and subject.

Table 5b 2010/11 – Complaints by outcome and subject				
Complaint subject	Upheld	Partially upheld	Not upheld	No. of complaints
Assessment delay	5	-	1	6
Assessment disagreement	5	6	11	22
Assessment request	-	-	1	1
Conduct of staff	4	2	5	11
Information	1	-	3	4
No response to previous communication	1	1	2	4
Quality of Service	11	3	16	30
Service Delay	3	2	-	5
Unsatisfactory assessment	-	1	3	4
Unsatisfactory response to previous communication	-	1	-	1
Total – 2010/2011	30	16	42	88

Table 5b: Complaints recorded by outcome and subject in 2010/2011

Complaints upheld and partially upheld vary in theme, and include some of the following:

- faulty equipment
- concerns relating to the outcome of community care assessments
- delays in providing a service following an assessment
- delay in reissuing a Disabled Blue Badge
- Concerns regarding the care received from a service provider
- Incorrect information submitted to another local authority
- Unhappy with the comment and tone used by member of staff.

Section 8 of this report outlines how we have learnt from these complaints and made service improvements.

f. Timeliness of complaints handling - Performance Standards

Table 6a below shows of the 88 complaints recorded in Adult Social Care and Health from 1 April 2010 to 31 March 2011, 74 (84%) were acknowledged within the 3 working day statutory timescale.

Table 6a: 2010/11 - Acknowledgment letter/email sent			
Completed within timescale	Timescale met	Timescale not met	Total no. of complaints
Total	74 (84%)	14 (16%)	88 (100%)

Table 6a: Number of complaints acknowledged within 3 working day timescale

In 2010/2011 Adult Social Care and Health target for responding to new complaints was 80%. The timescale for responding to a Straightforward Complaint is 20 working days, a Serious and/or Complex complaint is 25 working days (extendable to 65 working days) and a Corporate complaint is 10 working days.

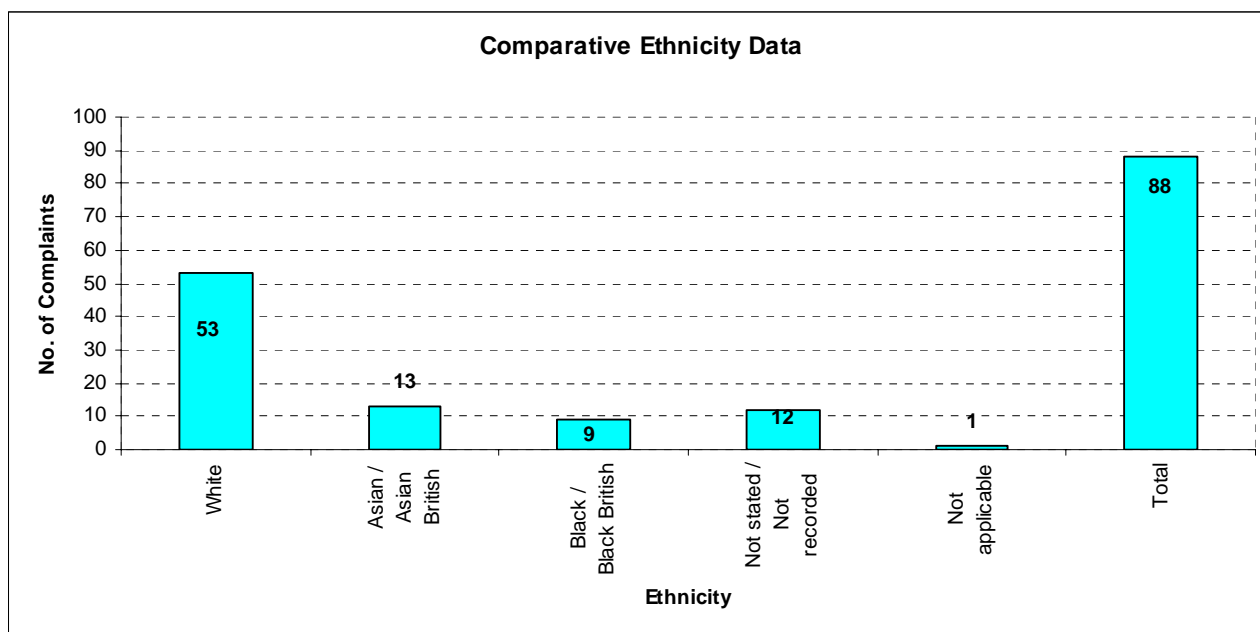
Table 6b below shows of the 88 complaints recorded in Adult Social Care and Health from 1 April 2010 to 31 March 2011, 71 (81%) complaints were responded to within timescale.

Table 6b: 2010/11 - Response letter/email			
Completed within timescale	Timescale met	Timescale not met	Total no. of complaints
Total	71 (81%)	17 (19%)	88 (100%)

Table 6b: Number of complaints responded to within timescale

g. Breakdown of ethnicity

Bar chart 7a and table 7b shows the number of complaints recorded in Adult Social Care and Health from 1 April 2010 to 31 March 2011 by ethnicity.



Bar Chart 7a: Breakdown of complaints recorded by ethnicity in 2010/2011

Table 7b: 2010/11 - Comparative ethnicity data						
	No. of complaints 2010/11		No. of service users - 2010/11		Barnet's adult population - 2011	
White	53	60.2%	5,784	78.2%	196,655	69.6%
Mixed	0	-	79	1.1%	-	-
Asian/ Asian British	13	14.8%	740	10.0%	40,744	14.4%
Black/ Black British	9	10.2%	397	5.4%	21,387	7.6%
Chinese	0	-	38	0.5%	8,058	2.9%
Any other ethnic group	0	-	310	4.2%	15,847	5.6%
Not stated/ Not recorded	12	13.6%	46	0.6%	-	-
Not applicable	1	1.1%	-		-	-
Total	88	100%	7,394	100%	282,691	100%

Table 7b: Comparative data between number of complaints recorded in 2010/2011, total number of services users and London Borough of Barnet adult population

The ethnic profile of complainants is broadly reflective of the profile of the general population in the borough, although there were no complaints made from Chinese residents or those from Any Other Ethnic Group.

The data also shows that the BME representation amongst complainants is much higher than that seen in the Adult Social Care and Health client-base, particularly Asian/Asian British and Black/Black British.

This will be explored at the Adult Social Care and Health Equalities Network meeting which is attended by managers from across the department, to discuss possible reasons and find appropriate solutions for the future.

5. Local Government Ombudsman (LGO)

The Local Government Ombudsman (LGO) looks at complaints relating to local authorities and is able to investigate matters where there has been an alleged or apparent 'maladministration' or service failure (although there are some situations in which the LGO will be unable to investigate such as conduct of Court proceedings). During an investigation the LGO will consider whether a third party member of the public has suffered injustice and whether that injustice arose as a result of a fault by the Council.

The LGO may prepare a statement of reasons, instead of a report where he decides a report is not appropriate and is satisfied with the action taken or proposed by the authority. He can also publish all or part of a report or statement, or a summary of a matter which is the subject of a report or statement.

Where a local authority carries out a function entirely or partly by means of an arrangement with another person, the action taken by the other person shall be treated as action taken on behalf of the authority and in the exercise of the local authority's function.

The LGO is able to investigate complaints relating to failure in a service which was the local authority's function to provide and is carried out entirely or partly by means of an arrangement with another person, including through a partnership with another body.

If, during the course of an investigation into a complaint, a service failure or apparent maladministration comes to the attention of the LGO, his office may investigate, even where no one has complained of that particular service failure or maladministration.

The LGO may also make a finding of 'service failure', even where there is no maladministration.

The LGO, in a report where there is no injustice, is able to recommend action.

A complainant has the right to raise a complaint with the LGO at any time. Under the new 'Council First' procedure the LGO in summary, requires all complainants to go through all stages of their local authority's own complaints procedure before the Ombudsman will consider the complaint.

However, the LGO has decided that the following complaints will normally be treated as exceptions to this general requirement:

- Complaints where the subject means the matter is clearly urgent
- Complaints where the complainant's circumstances indicate a need for priority
- Complaints where the LGO or the local authority decide that completing the local authority's own procedure would be to the detriment of the complainant, (for example due to delay or to avoid different timescales for different procedures in a complaint which is made against two authorities within the jurisdiction of the LGO, or within the jurisdiction of the LGO and Parliamentary and Health Service Ombudsman).

From the 1 October 2010, the LGO have new powers to deal with complaints from people who self fund or arrange their own personal social care. The new service will give self-funded users the same access to the LGO service as those who have assistance from the local authority. Until then, a person using services under a private contract had no remedy other than to go to court if they had an unresolved dispute with their provider.

Category Managers within the department have written to all providers, with information relating to the new protocol with regard to dealing with self funders, reinforcing the first point of contact should be to the company/ care provider and the second port of call should be to the Local Government Ombudsman's office. For local authority service users the second port of call is the Adult Social Care and Health Department.

6. Local Government Ombudsman enquiries and complaints

Tables 8a and 8b summarises the number and outcomes of complaints involving the LGO for the last two years.

Where a complaint has not been considered under the Council's complaints procedures and the LGO refers the complainant back to the local authority. Such complaints are described as 'premature'.

Table 8a: Complaints via Local Government Ombudsman (LGO) - 2009/2010		
	Number of decisions 2009/10	Outcome
LGO Enquiry	1	Rejected as premature
LGO Complaints (Closed)	2	No evidence of maladministration
LGO Complaints (Active)	1	Currently under investigation, no final decision received to date
Total	4	

Table 8a: Number of complaints in 2009/2010 involving the Local Government Ombudsman incl. outcomes

At the time of writing this report the above complaint requiring further investigation is still being investigated by the LGO.

Table 8b: 2010/2011 - Complaints via Local Government Ombudsman		
	Number of decisions	Outcome
LGO Enquiries	3	3 x Rejected as premature
LGO Complaints (Closed)	7	1 x Outside LGO jurisdiction 1 x Complaint withdrawn 2 x No or insufficient evidence of maladministration (no report) 2 x Local settlement (no report) 1 x LGO to discontinue investigation
LGO Complaints (Active)	3	1 x Provisional view received, awaiting final decision 2 x Awaiting provisional view
Total	13	

Table 8b: Number of complaints in 2010/2011 involving the Local Government Ombudsman incl. outcomes

7. Complaints managed by Contractors

Adult Social Care and Health welcome complaints as a way of measuring how we are doing and encourage homecare providers to do the same. Complaints reach the Adult Social Care and Health in a number of different ways, i.e. directly through the council's complaints function, via the social worker, straight through to the Supply Management team etc. If the service user is unhappy with the outcome from the care provider, then the complaint is escalated through to the Supply Management team who will work with the provider to address the underlying issues and if necessary, put actions in place with time limits. When complaints are sent directly from the Complaints and Representations Manager, the Supply Management team investigate and manage the complaint directly with the care provider.

In 2010/2011 the total complaints escalated through the Supply Management team were 114; in the same period last year 90 complaints were received, which is an increase of 24 equalling 27%. The reason for this increase is due to the Provider Home and Community Support contract being retendered and as a result of changes in providers, 155 service users needed to be transferred. This understandably caused some clients anxiety and led to an increase in complaints. The process was managed as delicately and sensitively as possible, with each service user being reviewed and offered various options, including Direct Payments. This enabled service users to remain with their current care provider and carer if they so wished to do.

Following continued evaluation of complaints throughout the year, two care Providers were highlighted as providing an inadequate service. Of which, one was serious enough to immediately place an embargo on any new referrals. An action plan was put in place with timescales set for improvement. Work is still being carried out with this Provider and being closely monitored. The second care provider merged with another provider and this led to a number of service failures, which were picked up at an early stage. The department worked with the new management in place and were able to agree a series of actions, which have all now been signed off as 'met'.

8. Representations

Service users may make representations about the contact they have had with Adult Social Care and Health or the service they have received without necessarily making a complaint under the formal procedure. In 2009/2010, 15 Representations were received by the Complaints and Representations Manager. Of which 13 were satisfactorily resolved with no further action; however 2 became formal complaints. In 2010/2011, 25 Representations were received, all of which were satisfactorily resolved and none escalated through to the formal complaints procedure.

9. Learning from complaints and representations

The complaints process provides the council with an additional means of monitoring performance and improving service quality, and provides an important opportunity to learn from complaints.

There is an established system in place to capture a range of complaints information including the nature of the complaint, the action taken, the outcome of each complaint and whether there was compliance with the time periods specified in the Regulations. The information captured from this monitoring is used in a number of ways including:

- The provision of feedback and dissemination of information to line managers, to improve systems and procedures
- A quarterly update report to the Senior Management (Leadership) Team
- Measurement of performance and quality control
- Where services are purchased under contract, informing both the appropriate service Commissioners and Supply Management Team who monitor each contract.

10. Service improvements

The nature and complexities of delivering social care mean that some times things go wrong or we find as a result of our investigations that we could improve the way we do things and improve the experience of our service users. Some complaints outcomes are a matter of putting things right and apologising to our service user. Other outcomes have a wider significance on service delivery.

The following lessons have been learnt from complaints throughout the year, with changes already made based upon the learning, and include proposed changes for the future:

Assessment process

- Decisions made following risk assessments, reviews and Funding Panel decisions must be conveyed to service users in writing.
- The need for individual service user support plans to accompany every contract.
- The need to manage expectations appropriately, in terms of possible outcomes
- Not to use Review meetings as a means to conveying the reduction in care package.
- The need for Personal Budgets to have outcomes and support plans to support service users needs
- Flexibility when applying criteria for provision of equipment
- Prioritise initial referrals, giving sufficient consideration to risk involved to service user

Customer Care and Communication

- Explore other methods of communicating with service users other than phone and letter, i.e. becoming more open to use of emails and mobile phones.
- To ensure stronger, cohesive working between different teams, services and inter-agency collaboration between departments; also with service user and their families/carers, which include timely (in some instances speedier) and clear processes.
- The need for a Pathway Plan for each child prior to Children Services transferring and Adult Social Care and Health accepting the case. To include a chronology of recent involvement.
- Not to make assumptions when communicating and where appropriate, open dialogue and ask questions before taking action.
- Improved communication between service users/their representatives and the department, ensuring all key decisions are communicated in writing, including explaining possible implications of subsequent decisions.

- Staff need to be aware that comments and language used needs to be appropriate, accurate, clear and sensitive to the service user and/or carer to avoid misunderstandings or offence.

Electronic Databases

- Staff to ensure that essential service user personal information is entered on electronic case records to avoid service users having to repeat themselves.
- Need for accuracy in recording at all times, especially where diagnosis are concerned.
- Staff to ensure that complaints received are correctly progressed through to the appropriate team's in-tray in Wisdom and not lost or overlooked – print and retain hard copy until complaint is responded to or resolved.

Contracts

- Proactive contract monitoring and action taken, when necessary to ensure contract compliance.

Miscellaneous

- The need for robust initial investigation to all complaints, followed by a comprehensive response.
- Clear audit trail/written list when documents are provided under the Data Protection Act 1998.
- The importance of being clear about opportunities for use of discretion and the reasons for exercising it.

Staff have been informed of the learning relevant to their service area through emails, supervision sessions and team meetings. Adherence to the learning from complaints is monitored via regular quality assurance checks by respective managers.

11. Complaint User Survey

A complaint user survey was developed and sent to all the current complainants in early 2011. The report containing the results from the survey captures the level of overall satisfaction with the complaints process, and includes the outcomes from the complainants' perspective (See Appendix 1).

Based on the survey's findings, a number of key actions to improve the complaints journey for future complainants have been established. To deliver these actions, the Complaints and Representations Manager will continue to work closely with managers to ensure that:

- The Comments, Compliments and Complaints booklet is distributed on receipt of each new complaint received
- They speak to complainants on receipt of each new complaint, where appropriate, a meeting is offered and that they:
 - Take the complaint seriously. Demonstrate empathy and real concern
 - Obtain as much information and facts about the complaint as possible
 - Inform the complainant about the complaints process, i.e. plan of investigation (interviews, files, policies, procedures, legislation)
 - Inform the complainant when they can expect a written response to their complaint.
 - Manage the expectations of the complainant in relation to outcomes
- The whole complaint is investigated and addressed in the response letter

- All the reasons for decisions taken are detailed in the response provided to complainant
- Managers do what they say they will do as a result of the complaint

12. Adult Social Care and NHS Complaints - Network

The Complaints and Representations Manager continues to work closely with colleagues from the North West London Complaints Managers group to ensure that Adult Social Care and Health are kept informed and in a position to adopt as consistent an approach to complaints handling as possible.

Additionally, the Complaints and Representations Manager has joined colleagues in neighbouring local authorities and health departments within the North Central London area to formulate and draft a joint health and social care complaints procedure in line with the requirements of the 2009 statutory complaints procedure.

13. Training

In 2010/2011 the Complaints and Representations Manager provided briefing sessions to managers within care services delivery services (with the exception of Mental Health Services) on the complaints procedure and its processes, paying particular attention to reporting and the recording of lessons learnt from complaints received and actions put in place as a result.

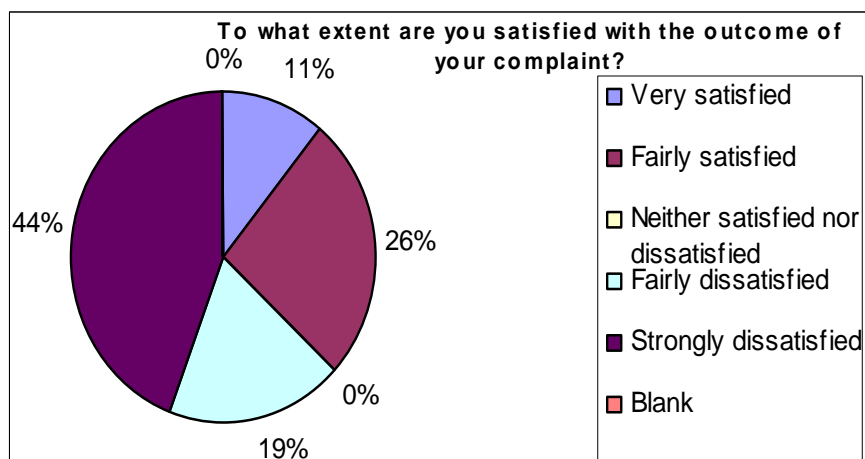
Appendix 1 - Adult Social Care and Health, Outcome – 2010/11 Complaints User Survey July 2011

In February 2011, 67 questionnaires were sent out to 2010/2011 complainants and service users. In March and April 2011 reminder letters and emails were sent, and of the 67 questionnaires sent, 27 (40%) were completed and returned.

Of the 27 participants who took part in the survey 7 (26%) complainants accepted the offer of a Resolution meeting with the investigating manager and in some cases together with the Complaints and Representations Manager during the investigation process and the other 20 (74%) complainants were either offered the opportunity to meet but declined the offer or the investigating manager did not feel meeting with the complainant would add value to their investigation. The Complaints and Representations Manager will continue to encourage managers to consider the benefits of face-to-face discussions when investigating complaints.

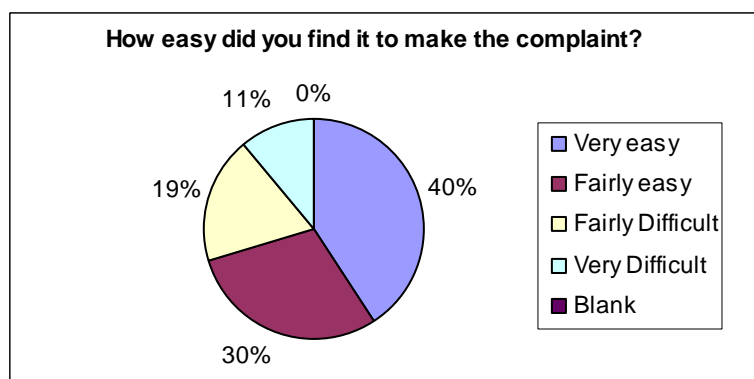
Of the 27 participants who took part in the survey 7 (26%) complaints were upheld, 4 (15%) complaints were partially upheld and 16 (59%) complaints were not upheld.

Question 1 To what extent are you satisfied with the outcome of your complaint?	
Very satisfied	3 (11%)
Fairly satisfied	7 (26%)
Neither satisfied nor dissatisfied	0
Fairly dissatisfied	5 (18.5%)
Strongly dissatisfied	12 (44.5%)
Total	27 (100%)



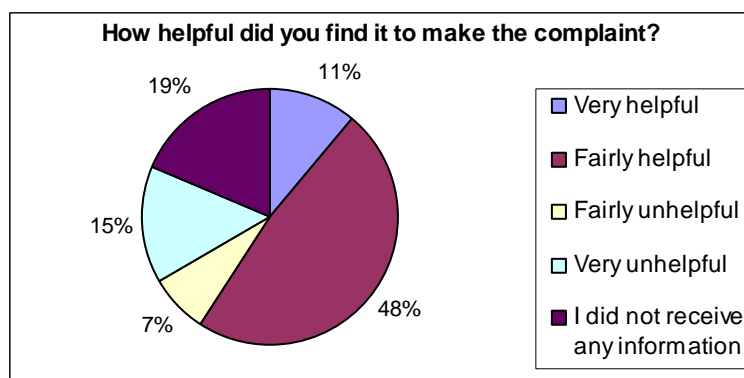
Of the 27 participants who took part in the survey 55% were satisfied to some extent with the outcome of their complaint. The complainants that tended to be dissatisfied were participants whose complaints were not upheld.

Question 2 How easy did you find it to make the complaint?	
Very easy	11 (41%)
Fairly easy	8 (30%)
Fairly difficult	5 (18%)
Very difficult	3 (11%)
Total	27 (100%)



Over 50% of the participants found it easy or relatively easy to make their complaint.

Question 3 How helpful did you find the information on how to complain?	
Very helpful	2 (7.5%)
Fairly helpful	15 (55.5%)
Neither helpful nor unhelpful	0
Fairly unhelpful	2 (7.5%)
Strongly unhelpful	3 (11%)
Did not receive any information	5 (18.5%)
Total	27 (100%)



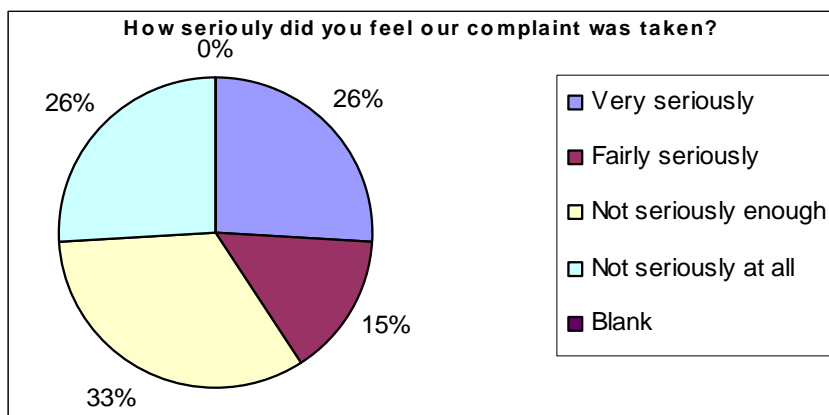
Of the 27 participants that took part in this survey, 5 complaints (19%) were received on a Comments, Compliments and Complaints form. The Comments, Compliments and Complaints booklet explains how to make a comment, compliment and/or a complaint under the statutory adult social care complaints.

Of the remaining 22, 9 (41%) received a Comments, Compliments and Complaints booklet with their acknowledgement letter, 9 (41%) did not receive any written information (it was found these complained directly to the service complained about) and 4 (18%) complaints received were corporate complaints and no written information was provided.

The Complaints and Representations Manager has reminded all managers who deal with complaints that they must send a Comments, Compliments and Complaints booklet or the web link to the document to all complainants on receipt of their complaint.

Of the 13 participants who received the Comments, Compliments and Complaints booklet, over 60% found the information received about how to make their complaint useful or relatively useful.

Question 4 How seriously did you feel your complaint was taken?	
Very seriously	7 (26%)
Fairly seriously	4 (15%)
Not seriously enough	9 (33%)
Not seriously at all	7 (26%)
Total	27 (100%)



Over 50% of participants that took part in the survey felt that their complaint was not taken seriously enough.

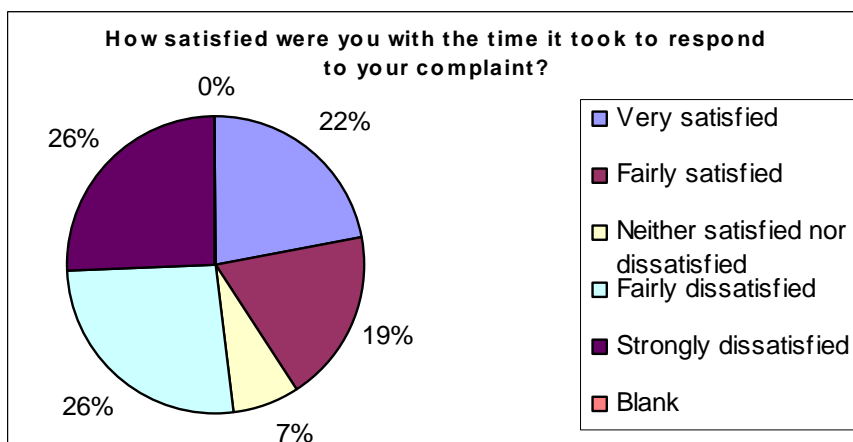
The Complaints and Representations Manager encourages managers to speak to complainants or service users very early on during the complaints process, normally within 5 working days of the complaint being received into the council, and during that initial conversation they are advised to:

- obtain as much information and facts about the complaint as possible
- inform the complainant about the complaints process, i.e. plan of investigation (interviews, files, policies, procedures, legislation)
- inform the complainant when they can expect a written response to their complaint.

It is also expected that that conversation is used to manage the complainant's expectations in relation to outcomes, together with showing empathy and concern.

The Complaints and Representations Manager will remind all investigating managers on allocation of each new complaint of the requirement and expectations within that initial conversation when speaking to the complainant.

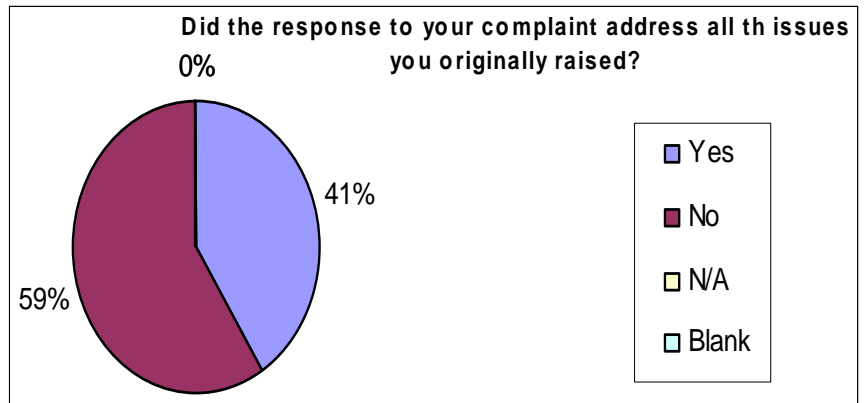
Question 5 How satisfied were you with the time it took to respond to your complaint?	
Very satisfied	6 (22%)
Fairly satisfied	5 (18.5%)
Neither satisfied nor dissatisfied	2 (7.5%)
Fairly dissatisfied	7 (26%)
Strongly dissatisfied	7 (26%)
Total	27 (100%)



Just over 50% of participants that took part in the survey were dissatisfied with the time it took to respond to their complaints.

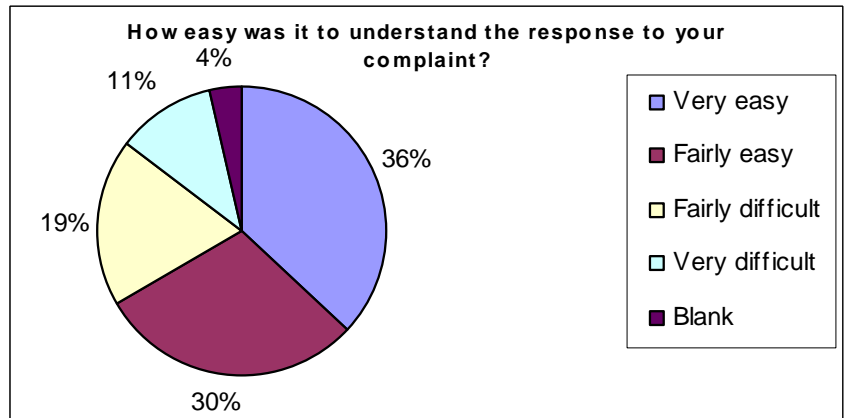
It is the department’s aim to respond in writing to complaints within 20 working days and in 2010/2011 of the 88 complaints received, 81% were dealt with within timescale; however, in 2009/2010 of the 73 complaints received 96% were dealt with within the 20 working day timescale, with 78% being dealt with within 10 working days. In addition, in 2010/2011 there was 13 complaints reported to the Local Government Ombudsman and in 2009/2010 only 4 complaints was reported. Based on this the Complaints and Representations Manager will be reviewing the timescales for managers responding to all Straightforward to consider how improvements could be made.

Question 6 Did the response to your complaint address all the issues you originally raised?	
Yes	11 (41%)
No	16 (59%)
Total	27 (100%)



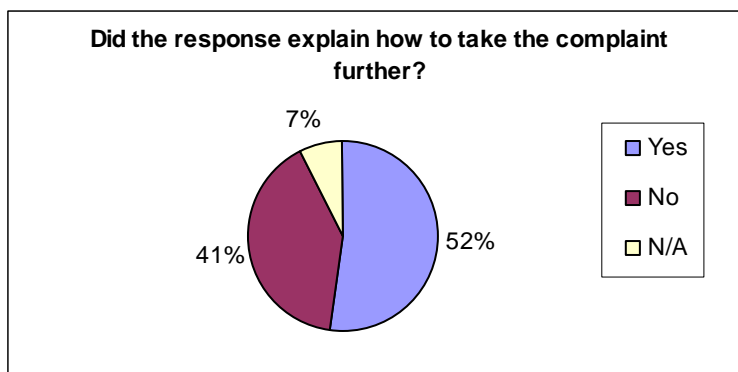
Over 55% of participants that took part in the survey said the response received did not address all the issues they had originally complained about. This may be because the initial, early telephone conversations are not routinely happening or when they are, not enough information is being sought and so managers are only responding to the written complaints received. The Complaints and Representations Manager will monitor this to ensure that conversations are taking place and that the whole complaint is being captured and addressed in the response letters.

Question 7 How easy was it to understand the response to your complaint?	
Very easy	10 (37%)
Fairly easy	8 (30%)
Fairly difficult	5 (18%)
Very difficult	3 (11%)
Blank	1 (3.5%)
Total	27 (100%)



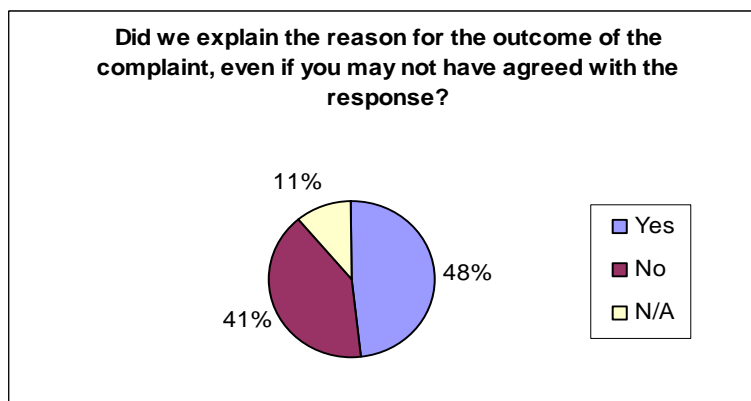
Over 65% of participants that took part in the survey said it was easy to understand the response to their complaint and that is probably because all responses are in plain English.

Question 8 Did the response explain how to take the complaint further?	
Yes	15 (55.5%)
No	10 (37%)
N/A	1 (3.5%)
Blank	1 (3.5%)
Total	27 (100%)



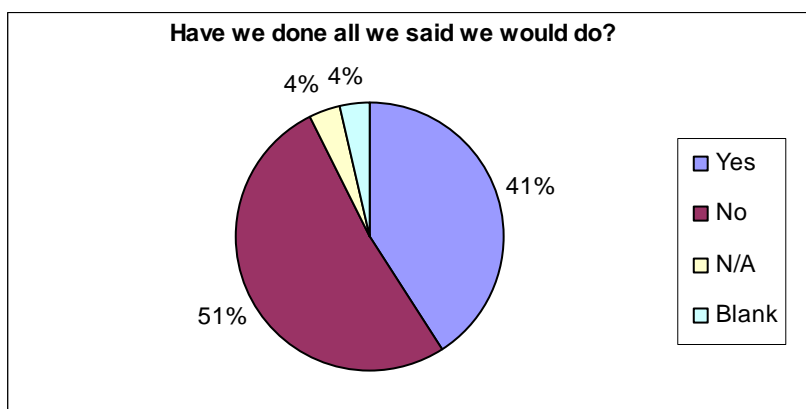
Over 55% of participants that took part in the survey said that the response to their complaint did advise them how to take their complaint further. It was found from data collected and stored on file that of the 27 participants, 18 (67%) were advised how to escalate their complaint in writing if they were unhappy with the investigation and/or response provided, and 9 (33%) were not.

Question 9 Did we explain the reason for the outcome of the complaint, even if you may not have agreed with the response?	
Yes	12 (44%)
No	11 (41%)
N/A	3 (11%)
Blank	1 (3.5%)
Total	27 (100%)



Of the 27 participants that took part in the survey, less than half said that the reason for the outcome of their complaint was explained. Where complaints are upheld or partially upheld it is not common practice that the reasons for the decision in each case are explicitly explained. The Complaints and Representations Manager will monitor this to ensure that the reasons for decisions made are detailed in the responses.

Question 10 Have we done all we said we would do?	
Yes	11 (41%)
No	14 (52%)
N/A	1 (3.5%)
Blank	1 (3.5%)
Total	27 (100%)



Over 50% of participants said the department did not do all it said it would do.

The Complaints and Representations Manager will monitor this through receipt of the completed Complaints Recording Form (Action Plan and Feedback Form) and regular discussions with the investigating managers.

