

Adult Social Care and Health Annual Complaints Report

2011 - 2012

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London Borough of Barnet Adult Social Care and Health

Annual Complaints Report – 2011/2012

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1. Introduction

This report provides information on complaints and representations for Barnet Adult Social Care and Health for the period 1 April 2011 to 31 March 2012 dealt with through the statutory social care complaints procedure and corporate complaints procedure.

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.

2. Adult Social Care and Health complaints procedure

Since 1 April 2009 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 assigns low and moderate risk complaints as 'Straightforward' and high risk complaints as 'Serious and/or Complex'. A complaint can be re-assigned 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.

Local Government Ombudsman

The Local Government Ombudsman (LGO) is an independent organisation

authorised to investigate complaints where the Council's own investigations have not resolved the issues raised.

The person making the complaint retains the right to approach the Local Government Ombudsman at any time. However, the Local Government Ombudsman's policy is to allow the local authority to consider the complaint and will refer the complaint back to the Council unless exceptional criteria are met.

3. Accessing the complaints procedure

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

- The Comments, Compliments and Complaints booklets are widely distributed to public offices in the borough, including voluntary organisations and to Black and Minority Ethnic (BME) community groups.
- The Easy Read version of the booklet 'Comments, Compliments and Complaints' is also 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 in relation to Adult Social Care and Health is available on the Barnet Council website.
- Public information on making a complaint about Adult Social Care and Health is also available at public events. We held several public events including Barnet Older People's Assembly, Health and Wellbeing Event, Hate Crime Event and Safeguarding week, which were attended by a wide range of our service users and carers including older adults and people with learning disabilities and their carers. In addition, we also had information available at a GP event targeted at GPs in the London Borough of Barnet.
- We attended various meetings to share information about representations and 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.,
- Meetings with Leadership Team and Care Services Delivery managers to share information about representations and complaints and to promote the complaints service.
- Managers are asked to feature compliments, representations and complaints as a standing item on their individual teams Information Centres. Staff and managers are also reminded and encouraged to utilise the support services provided by the Complaints and Representations Team.
- There is an interim joint agreement between Adult Social Care and Health and Your Choice Barnet - The Barnet Group on how to manage complaints, which involve the two organisations. Information will be provided and the service promoted once the policy is approved by senior management.

All staff are advised to promote the use of advocates for vulnerable people, and advocacy support is available to complainants if they wish to help them to make their complaint. All staff are advised to promote the use of advocates for vulnerable people, and advocacy support is available to complainants if they wish to help them to make their complaint. This support is commissioned through a contract with Barnet Centre for Independent Living, who has sub-contracts with Advocacy in Barnet and Mind in Barnet to provide advocacy services. All public information booklets promote the use of advocates.

4. Overview

From the 1 April 2011 to 31 March 2012 inclusive the department has dealt with 14017 people and carried out 7954 Community Care Assessments.

- The figure 14017 above consists of 6492 contacts and 7525 people receiving a service in 2011/2012.
- The figure 7954 above consists of 2466 new Community Care Assessments and 5488 reassessments.

In the same period the following communications were received from service users, carers and/or their representatives:

- compliments
- representations
- 100 complaints
- Local Government Ombudsman enquiries and complaints

Common themes of complaints received relating to Adult Social Care and Health are:

- Insufficient or incorrect information provided
- Assessment disagreement - Community Care and financial
- Carers making short calls, being late or failing to attend when scheduled
- Faulty or incorrect adaptation
- Staff conduct and level of competence

Of which two-thirds (66%) of all the complaints received were considered justified in full or in part.

Customers expect their interaction with the department to be professional and positive, and in the main this is the case. When things go wrong they expect swift action to be taken to resolve the matters causing concern.

Lessons have been learnt from the complaints received throughout 2011/2012 and generally there is a need for the department and some of our care providers to improve on customer care. This is being addressed by adopting a more customer focused approach through council wide 'Think Customer' initiative, allowing more involvement from the service users and their carers/representatives and improving the communication processes in place to enable this to happen.

5. 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 Leadership Team, which includes senior management
- 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.

6. Service improvements

The nature and complexities of delivering social care means 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.

It should be noted that the complaints described below are in relation to individual members of staff' working practices, rather than a systematic departmental problem. The issues raised were discussed with the individual and dealt with by the line manager in supervision 1:2:1 meetings where support, advice and/or training were provided to deal with the shortcoming of the worker.

- Service users views should be involved in the assessment process, and not rely on previous contact and records to make decisions.
- Carer issues to take as higher priority as service user issues in discussing the best way of supporting individuals and families
- The need for social workers to prepare before community care assessment reviews, with a proper agenda and minute taker and in turn for the service user and/or carer to be informed prior to the meeting of what is to be expected, so they too are prepared.
- Controversial matters to be discussed outside of the review process, such as potential safeguarding or detailed financial issues
- Importance of transition planning to ensure that a smooth handover takes place between children's and adults' services, so that service users and their families are prepared for the transition and services are able to plan together for transfers of high cost complex care packages.

Customer Care and Communication

- The need to adhere to corporate standards, including timescales
- When appointments are cancelled the service user is informed of the change promptly.

- The need for staff to be mindful of how they communicate with the public, in relation to advice provided about services; for example, information requests should include details of the eligibility criteria, waiting lists times, and details of Adult Social Care and Health charging policy to ensure transparency
- The need to consider the spoken or written tone when communicating with the public
- The need for colleagues in health to ensure contact with the department takes place in a timely manner, in cases relating to joint funding
- The need to ensure accurate information is given in relation to Adult Social Care and Health's eligibility and funding criteria
- The need to ensure the views of the service user and their representatives are recorded accurately
- The need to be sensitive when asking questions about finances and a need to explain why the information is needed.

Contracts

- Contracts Team to ensure service provider provides an efficient and timely service

Service Provider

- Care agencies to ensure their staff visit service users as set out in the care plan
- The line of communication between service providers and carers needs to be clearly established and agreed, to ensure that all changes are notified and acted upon swiftly; for example, changes to a care plan or a noticeable change in the service users behaviour and compliance
- The need to ensure communication between the service provider and service user is effective, such as notifying the service user or a change in carer or the carer running late
- Technicians to ensure equipment is checked before installation commences

Electronic database

- Need for Swift to hold the contact details of the person dealing with the service users finances, to ensure invoices and other related matters are sent to the appropriate person.

Miscellaneous

- The general rule when dealing with joint complaints involving other directorates, is to, on receipt of the complainants agreement, share the whole correspondence; however, in some cases it could be beneficial to share information on a need to know basis only, which would mean occasionally redacting documents. So that each service responds independently according to the issues raised and their individual records.
- Sometimes it is possible to authorise unusual requests from service users, even when the service is not normally provided by Adult Social Care and Health, but where such provision is imperative for the service user – for example, arranging a handyman service to undertake minor, but important repairs to service users adaptation
- When providing day care services managing the expectations of the service users by defining and being very clear about the role of the staff.

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.

In addition, a Practice Governance Working Group for managers across the department has been created and a section of the work programme is dedicated to complaints and is expected to examine the 'learning from complaints', including identifying and implementing training requirements that arise. Workforce Development is involved and will provide assistance to support the implementation of this.

Managers within Care Services Delivery have also been briefed on how compliments, enquiries and complaints can feature on their individual team Information Centres. The working of this is monitored periodically.

During this process managers are encouraged to remind their staff to review their own professional practices and to ensure that they share good practice and any new initiatives.

In June 2012 all Adult Social Care and Health staff were invited to a conference, which focused on the 'customer, client, service user' and three sessions within the programme included:

- Think customer – good customer care, best practice and corporate standards
- Protecting customer information – Data Protection requirements, and
- The customer journey in Adult Social Care and Health.

All designed to improve and deliver better customer services to our service users for the future.

All timescales contained within this report are in working days.

7. Compliments

a. Total number of compliments

Table 1a below shows the total number of compliments recorded in Adult Social Care and Health from 1 April 2011 to 31 March 2012 compared to the previous two years.

Table 1a: Compliments			
	2009/2010	2010/2011	2011/2012
Compliments	111	80	48

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

There is a reduction in the numbers of compliments received over the last two years. It is difficult to benchmark performance in relation to this as compliments received in other directorates within the Council are not recorded and very few other local authorities' have a system in place for recording compliments.

The compliments received varied and ranged from individual messages of gratitude to specific social workers, care coordinators and managers, to thank you cards to whole teams for the work they had done for the service user and their carer. For example, one compliment was received thanking a worker for arranging for

occupational therapy equipment to be fitted in their property whilst they were in hospital, which meant that on discharge they were able to return home and continue to live independently; another expressed appreciation for the 'understanding and committed' support provided in a time of need; another thanked staff for the 'effort and patience' shown once their financial contribution issues were resolved; and another wanted to thank a team within Mental Health Services for the new support group, citing how well the group was run and the positive support offered by the group facilitators.

Satisfaction in the national Adult Social Care Survey for 2010/2011 showed 88% compared to 90% nationally. The results for 2011/2012 showed satisfaction in Barnet has remained at 88%, however benchmarking data is not yet available.

b. Compliments by service area and period received

Table 1b below shows the total number of compliments recorded in Adult Social Care and Health from 1 April 2011 to 31 March 2012 by service area and gives a comparison to the previous two years.

Table 1b: Compliments by service area and period received			
Service Area	2009/2010	2010/2011	2011/2012
Access	0	8	8
Enablement	0	21	
Physical and Sensory Impairment	6	0	
Complex Planning	0	8	19
Older Adults	73	0	
Learning Disabilities	13	8	9
Mental Health	8	12	11
Performance and Supply Management	11	0	1
Strategic Commissioning	0	6	
Transformation and Resources	0	17	0
Total	111	80	48

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

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.

A representation may be regarded as a comment, enquiry or statement of a formal nature regarding matters such as the availability, delivery or nature of services. They will not necessarily be critical. They can be taken into account when assessing the quality of a service provided, but are not usually viewed as a complaint. They may be critical but the service user does not wish to go through the complaints procedure.

In 2011/2012, 22 Representations were received by the Complaints and Representations Manager, 4 escalated to the formal complaints procedure.

In 2010/2011, 25 Representations were received and all were satisfactorily resolved, as none escalated through to the formal complaints procedure.

In 2009/2010, 15 Representations were received. Of which 13 were satisfactorily resolved with no further action; 2 became formal complaints.

a. Total number of representations

Table 2a below shows the total number of new representations recorded in Adult Social Care and Health from 1 April 2011 to 31 March 2012 compared to the previous two years and the number of representations that escalated to a formal complaint.

Table 2a: Representations			
	2009/2010	2010/2011	2011/2012
Representations	15	25	22
Escalated to formal complaints procedure	2	0	4

Table 2a: Number of representations recorded in the last three years, including the number that escalated to a formal complaint

b. Representations by service area and period received

Table 2b below shows a breakdown of representations recorded in Adult Social Care and Health from 1 April 2011 to 31 March 2012 by service area, compared to the previous two years.

Table 2b: Representations by service area and period received			
Service Area	2009/2010	2010/2011	2011/2012
Enablement and Rehabilitation	8	7	10
Older People and Long Term Conditions	1	7	3
Learning Disabilities Social Work	0	3	2 (1)
Mental Health Services	1	1	1
Strategic Commissioning	2	3	2
Transformation and Resources	3	4	4 (3)
Total no. of representations	15	25	22

Table 2b: Number of representations recorded in the last three years by service area and period received

The numbers in the brackets are where the representation escalated through to the complaints process.

9. Complaints

a. Total number of complaints

Table 3a below shows the total number of new complaints recorded in Adult Social Care and Health from 1 April 2011 to 31 March 2012 compared to the previous two years.

Table 3a: Complaints			
	2009/2010	2010/2011	2011/2012
Complaints	73	88	100

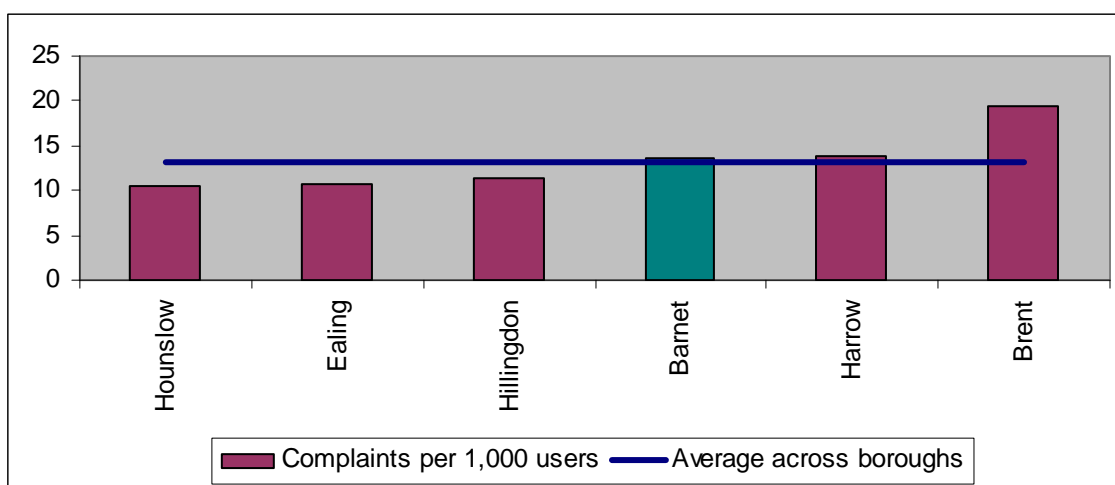
Table 3a: Number of complaints recorded in the last three years

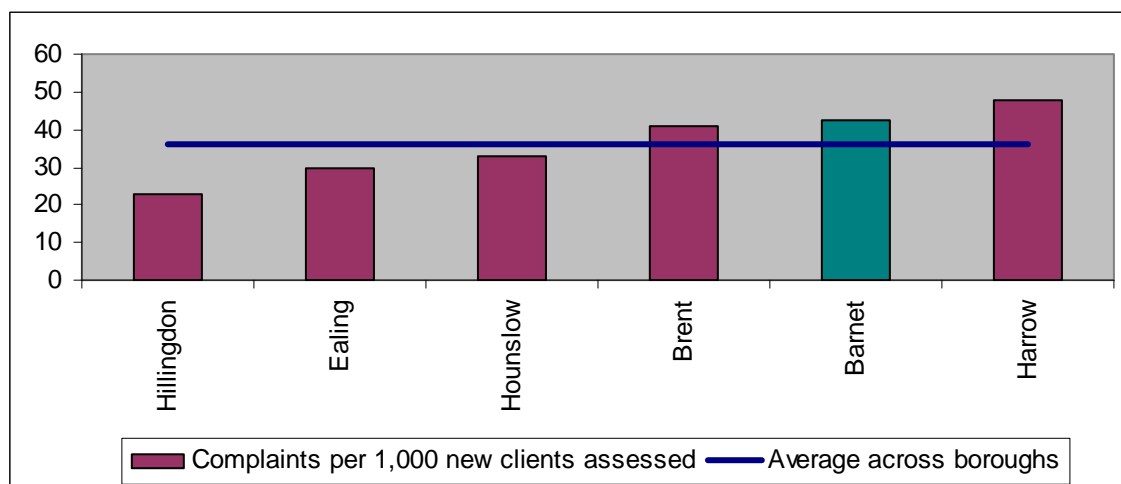
In 2009/10, 73 complaints were received. The number increased by 21% in 2010/2011, as 88 complaints were received. In 2011/2012 a further increase of 14% was seen when 100 complaints were received. Overall in the last three years the number of complaints received has increased by 37% from 73 to 100. Although the numbers of complaints received has increased over the past three years, given the small numbers concerned and the benchmarking data show below this should not be seen as significant. All complaints are reviewed to ensure that we identify any patterns in relation to reoccurring issues. In the same time period the number of people receiving a new social care assessment increased by 6% from 2,333 to 2,466; and the number of people receiving a service went up by 2% from 7,365 to 7,525.

b. Benchmarking - Boroughs within the North West London group

Table 3b: 2011/2012 - Comparative boroughs in the North West London group					
Borough	Complaints 2011/12	Service users 2010/11	Complaints per 1,000 users	New clients assessed 2010/11	Complaints per 1,000 clients assessed
Barnet	100	7,395	14	2,340	43
Brent	121	6,260	19	2,960	41
Ealing	102	9,555	11	3,435	30
Harrow	92	6,610	14	1,920	48
Hillingdon	69	6,050	11	3,035	23
Hounslow	63	5,960	11	1,920	33

The calculations for 'Per 1000 service users' and 'Per 1000 clients' assessed are based on 2010/2011 figures for service users and new clients assessed, as the 2011/2012 comparative data is not be available for a few months.





The above analysis shows that the number of complaints received in Barnet in the year 2011/12 is not unduly worrying. Given the relatively small numbers involved it is very difficult to say what good or bad would look like in relation to the number of complaints. For example having a very low number of complaints may not necessary signify good performance it could highlight that individuals do not know how to complain.

c. Compliments compared to complaints

Table 3c below shows the total number of compliments recorded in Adult Social Care and Health from 1 April 2011 to 31 March 2012, compared to the total number of complaints recorded and gives a comparison to the previous two years.

	2009/2010	2010/2011	2011/2012
Compliments	111	80	48
Complaints	73	88	100

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

d. Complaints by procedure

Table 3d below shows the distribution of complaints recorded in Adult Social Care and Health from 1 April 2011 to 31 March 2012 by complaints procedure and gives a comparison to the previous two years.

Procedure	2009/2010	2010/2011	2011/2012
Statutory complaints	67	78	94
Corporate complaints	6	10	6
Total	73	88	100

Table 3d: Number of complaints recorded by complaints procedure in the last three years

e. Complaints by procedure and seriousness or stage

Table 3e below shows the total number of complaints recorded in Adult Social Care and Health from 1 April 2011 to 31 March 2012 by type and seriousness or stage.

Table 3e: 2011/12 - 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)	93	Stage 1	2
Serious and/or Complex (High risk)	1	Stage 2	3
		Stage 3	1
Total	94	Total	6

Table 3e: Number of complaints recorded in 2011/2012 by procedure and seriousness/stage

A total of 100 complaints were recorded as received between 1 April 2011 and 31 March 2012 and of these, 94 complaints were dealt with under the statutory social care complaints procedure and 6 were dealt with under the corporate complaints procedure.

Of the statutory social care complaints received, 93 were considered as Straightforward and 1 was considered a Serious and/or Complex complaint.

Of the 6 corporate complaints received, two were resolved at Stage 1, three resolved at Stage 2 and 1 escalated through to Stage 3 of the process.

f. Complaints by service area

Table 3f below shows a breakdown of complaints recorded in Adult Social Care and Health from 1 April 2011 to 31 March 2012 by service area, compared to the previous two years.

Table 3f: Complaints by service area			
Service Area	2009/2010	2010/2011	2011/2012
Access	-	8	26
Enablement	-	20	
Physical and Sensory Impairment	19	-	
Complex Planning	-	21	11
Older Adults	27	-	
Learning Disabilities	10	19	20
Mental Health	11	10	13
Performance and Supply Management	6	-	6
Strategic Commissioning	-	3	
Transformation and Resources	-	7	24
Total	73	88	100

Table 3f: Number of complaints recorded by service area in last three years

g. Complaints by service area and period received

Table 3g below shows the total number of complaints recorded in Adult Social Care and Health from 1 April 2011 to 31 March 2012 by service area and period received.

Table 3g: 2011/12 - Complaints by service area and period received						
Service Area	Q1	Q2	Q3	Q4	Total	% of Total
Enablement and Rehabilitation	3	6	9	8	26	26%
Older People and Long Term Conditions	1	2	1	7	11	11%
Learning Disabilities	6	5	6	3	20	20%
Mental Health	5	0	4	4	13	13%
Strategic Commissioning	0	1	2	3	6	6%
Transformation and Resources	5	5	5	9	24	24%
Total	20	19	27	34	100	100%

Table 3g: Complaints recorded in 2011/2012 by service area and period received

In Transformation and Resources, 16 complaints were received regarding the implementation of the Fairer Contributions policy. The complaints were from service users, carers and/or their representatives who were against the financial assessment process i.e. the policy, being charged, the amount they were being charged, and/or inconsistent charges - e.g. being charged for commissioned hours not actual hours and the delay in completing the assessment process; 7 complaints related to no or unsatisfactory response to previous communications, and 1 related to staff conduct (attitude and perceived behaviour).

h. Complaints by subject category

Table 3h below provides a breakdown of complaints recorded in Adult Social Care and Health from 1 April 2011 to 31 March 2012 by complaint subject and gives a comparison to the previous two years.

Table 3h: Complaints by subject category						
Category	No. of Complaints 2009/10	% of Complaints 2009/10	No. of Complaints 2010/11	% of Complaints 2010/11	No. of Complaints 2011/12	% of Complaints 2011/12
Assessment process	17	23.3%	-	-	-	-
Assessment delay	-	-	6	6.8%	4	4%
Assessment disagreement	-	-	22	25%	8	8%
Assessment request	-	-	1	1.1%	-	-
Conduct of staff	26	35.6%*	11	12.5%	10	10%
Customer care	2	2.7%	-	-	-	-
External service provision	5	6.8%	-	-	13	13%
Finance	2	2.7%	-	-	-	-
Financial Assessment Disagreement	-	-	-	-	10	10%
Information	6	8.2%	4	4.6%	3	3%
No response to previous comm.	-	-	4	4.6%	11	11%
Quality of service	14	19.2%	30	34%	25*	25%
Service delay	1	1.4%	5	5.7%	8	8%
Unsatisfactory assessment	-	-	4	4.6%	5	5%
Unsatisfactory response to previous comm.	-	-	1	1.1%	3	3%
Total	73	100%	88	100%	100	100%

Table 3h Number of complaints recorded in the last three years by subject category

*Quality of service = 25 complaints – 6 (24%) upheld, 11 (44%) partially upheld and 8 (32%) not upheld (see Table 3j)

'Quality of Service' complaints cover a wide range of different issues. Below is a list of examples of such complaints.

- Unhappy that an Independent Mental Capacity Advocate was appointed for the service user without the permission of the family

- Lack of help for the service user, who requested a home visit from a social worker. The social worker said she would get back to the service user to confirm an appointment, but never did.
- Poor service and advice from Social Care Direct
- Social worker late to meeting and lack of detailed information provided
- Request change of social worker as service user unhappy with her current one
- Family were excluded from decisions about her care. Inappropriate care package put into place
- Invoice submitted on time and has not been paid
- Service user's case poorly handled - without care or detail to attention
- Service user initially qualified for a Disabled Facilities Grant, but the grant was withdrawn in August after a visit from the Occupational Therapist
- Failure to assess customers need for services - no recommendations offered
- Barnet's publishing policy from 2008 promoting the "Right to choose". London Borough of Barnet officers were withholding choice from people.
- Staff from Community Space permitted a male member of staff to support and supervise a female service user whilst out for the day in the local community
- Been offered unsuitable types of accommodation, social worker's refusal to help with Dial- a-Ride issue and no assistance with home care
- Belief that Barnet Council is committing fraud and exploitation.
- Dispute with Barnet Council over care costs
- No support or assistance after service user is admitted to hospital and was on life support equipment
- Request for access to a wheelchair has not been met
- Unhappy with discharge from hospital

It should be noted that some of the complaints described above are usually in relation to an individual member of staffs working practice, rather than a systematic departmental problem. Where this is the case the issues raised within the complaint are discussed and dealt with by the line manager in supervision 1:2:1 meetings and support, advice and/or training provided to deal with the shortcomings of the staff.

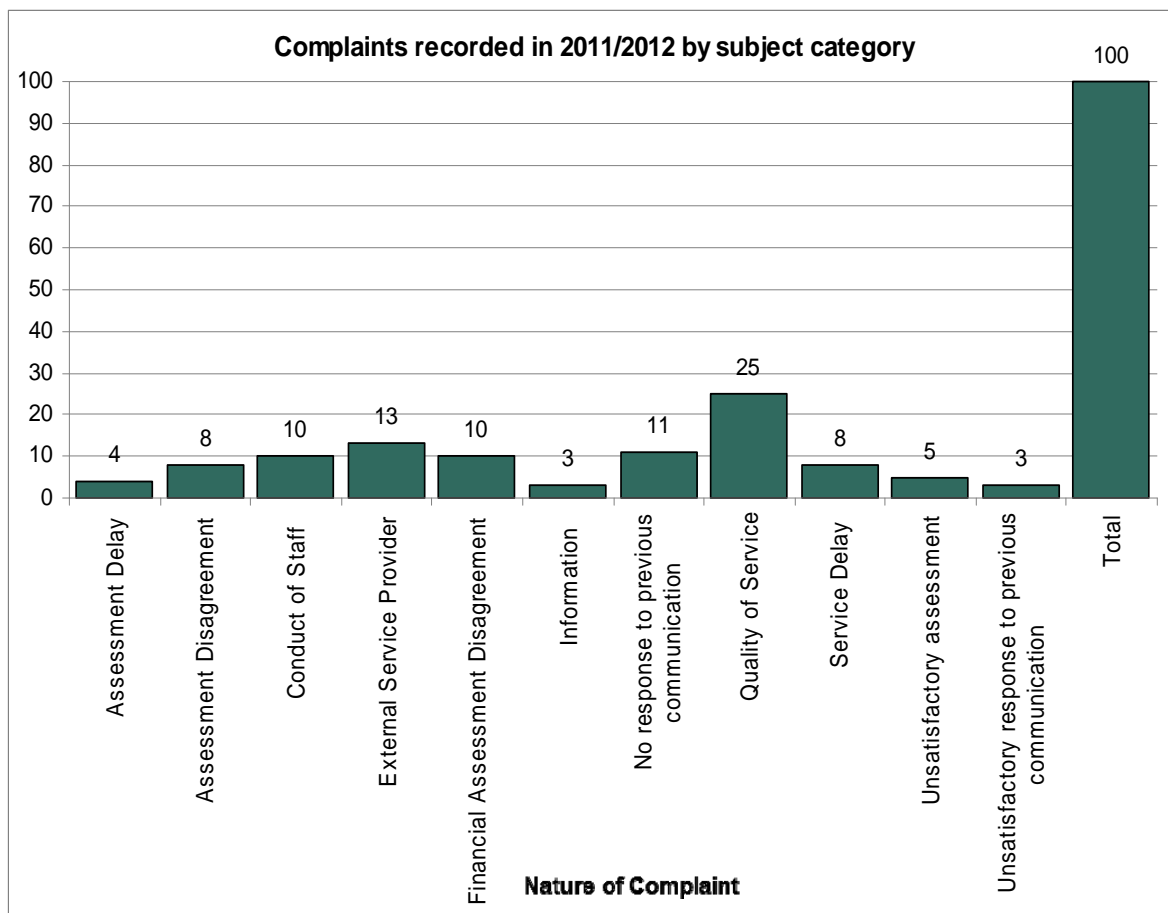
In the last three years there has been a significant reduction in the number of complaints received about the conduct (attitude and behaviour) of staff, which would indicate that there has been an improvement in how staff relate to service users and/or their carers.

There was an increase of complaints relating to how effective the department was in responding to routine correspondence, which then led to complaints being lodged and this was addressed during a departmental staff briefing which was mandatory for all ASCH staff to attend. During the briefing there was a segment on the programme specifically to address customer care issues, where staff were reminded of the

corporate and departmental expectations, including timescales in relation to how we communicate with members of the public and our service users.

i. Complaints by subject category - 2011/2012

Bar chart 3i below shows a breakdown of complaints recorded in Adult Social Care and Health from 1 April 2011 to 31 March 2012 in graphical format by subject category.



Bar Chart 3i: Number of complaints recorded in 2011/2012 by subject category

j. Complaints by outcome

Tables 3j 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 3j: Statutory complaints by outcome						
Straightforward and Corporate complaints	Number of complaints 2009/2010	% of complaints 2009/2010	Number of complaints 2010/2011	% of complaints 2010/2011	Number of complaints 2011/2012	% of complaints 2011/2012
Upheld/well founded	21	29%	30	35%	28	28%
Partially upheld/ Partly founded	17	23%	14	16%	38	38%
Not upheld/ Not founded	34	47%	42	49%	33	33%
Other*	1	1%	0	0%	0	0%
Total	73	100%	86	100%	99	99%
Serious and/or Complex complaints	Number of complaints 2009/2010	% of complaints 2009/2010	Number of complaints 2010/2011	% of complaints 2010/2011	Number of complaints 2011/2012	% of complaints 2011/2012
Upheld/well founded	0	0%	0	0%	0	0
Partially upheld/ Partly founded	0	0%	2	100%	1	1%
Not upheld/ Not founded	0	0%	0	0%	0	0
Other*	0	0%	0	0%	0	0
Total	0	100%	2	100%	1	1%

*Table 3j: Number of complaints recorded by outcome in last three years
Other refers to complaints, which were incomplete at year-end and so carried forward to next reporting cycle.*

In 2009/2010 and 2010/2011 just over 50% of the complaints received were justified in full or in part; however, in 2011/2012 this increased to two-thirds (66%), which means more complaints were found to be justified.

The target for Adult Social Care and Health investigating and responding to new complaints is 80%. Last year 2010/2011, of the 88 complaints received 71 (88%) were dealt with within timescale. In 2011/2012 of the 100 complaints received, 77 (77%) were completed within timescale. Although this performance fell short of the usual standard and expectation, it is recognised that the complaints received during 2011/2012 were particularly complex in nature, requiring very detailed, robust investigations.

k. Complaints by outcome and subject

Table 3k below shows the total number of Adult Social Care and Health complaints recorded from 1 April 2011 to 31 March 2012 by the outcome and subject.

Table 3k: 2011/12 – Complaints by outcome and subject				
Complaint subject	Upheld	Partially upheld	Not upheld	No. of complaints
Assessment delay	1	1	2	4
Assessment disagreement	2	2	4	8
External service provision	5	4	4	13
Conduct of staff	1	5	4	10
Financial assessment disagreement	2	4	4	10
Information	2	0	1	3
No response to previous communication	3	6	2	11
Service delay	3	3	2	8
Quality of service	6	11	8	25
Unsatisfactory assessment	1	2	2	5
Unsatisfactory response to previous communication	2	1	0	3
Total no. of complaints	28 (28%)	39 (39%)	33 (33%)	100 (100%)

Table 3k: Complaints recorded by outcome and subject in 2011/2012

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

- Severe delays in providing a replacement shower chair
- Damage to property by external service provider, whilst installing equipment
- Independent Mental Capacity Advocate appointed for service user without consent from the family
- Social worker arrived late to meeting and lack of detailed information provided
- Service user's case poorly handled - without care or attention to detail
- No response to earlier letter concerning assessment and Direct Payments
- Poor advice and service from duty team
- Unhappy with external service provider
- Inconsistent charges from month to month. Assessment flawed and as a result, care was reduced, then reinstated.

Section 11 of this report outlines the lessons that have been learnt from some of these complaints and the service improvements that have been implemented.

I. Timeliness of statutory complaints acknowledgements

Table 3l below shows of the 94 statutory complaints recorded in Adult Social Care and Health from 1 April 2011 to 31 March 2012, 73 (78%) were acknowledged within the 3 working day statutory timescale.

Table 3l: 2011/12 – Statutory acknowledgment letter/email sent			
Completed within timescale	Timescale met	Timescale not met	Total no. of complaints
Total	73 (78%)	21 (22%)	94 (100%)

Table 3l: Number of complaints acknowledged within 3 working day timescale

m. Timeliness of corporate complaints acknowledgments

Table 3m below shows of the 6 corporate complaints recorded in Adult Social Care and Health from 1 April 2011 to 31 March 2012, 5 (83%) were acknowledged within the agreed 2 working day timescale.

Table 3m: 2011/12 – Corporate acknowledgment letter/email sent			
Completed within timescale	Timescale met	Timescale not met	Total no. of complaints
Total	5 (83%)	1 (17%)	6 (100%)

Table 3m: Number of complaints acknowledged within 2 working day timescale

n. Timeliness of complaint responses

In 2011/2012 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 3n below shows of the 100 complaints recorded in Adult Social Care and Health from 1 April 2011 to 31 March 2012, 77 (77%) complaints were responded to within the set or agreed timescale. Complainants were kept informed and updated throughout the investigation process.

Table 3n: 2011/12 – Timeliness of complaint responses			
Completed within timescale	Timescale met	Timescale not met	Total no. of complaints
Total	77 (77%)	23 (23%)	100 (100%)

Table 3n: Timeliness of complaint responses

o. Timeliness of complaint responses by service area

Table 3o below shows the total number of complaints recorded in Adult Social Care and Health from 1 April 2011 to 31 March 2012 by service area and whether the timescale for responding to the complaint was met or not.

Table 3o: 2011/12 – Timeliness of complaint responses by service area					
Service Area	No. of complaints	Timescale met		Timescale not met	
Enablement and Rehabilitation	26	24	92%	2	8%
Older People and Long Term Conditions	11	10	91%	1	9%
Learning Disabilities Social Work	20	17	85%	3	15%
Mental Health Services	13	8	62%	5	38%
Strategic Commissioning	6	3	50%	3	50%
Transformation and Resources	24	15	63%	9	37%
Total	100	77		23	

Table 3o: Timeliness of complaint responses by service area

p. Complaints by ethnicity breakdown

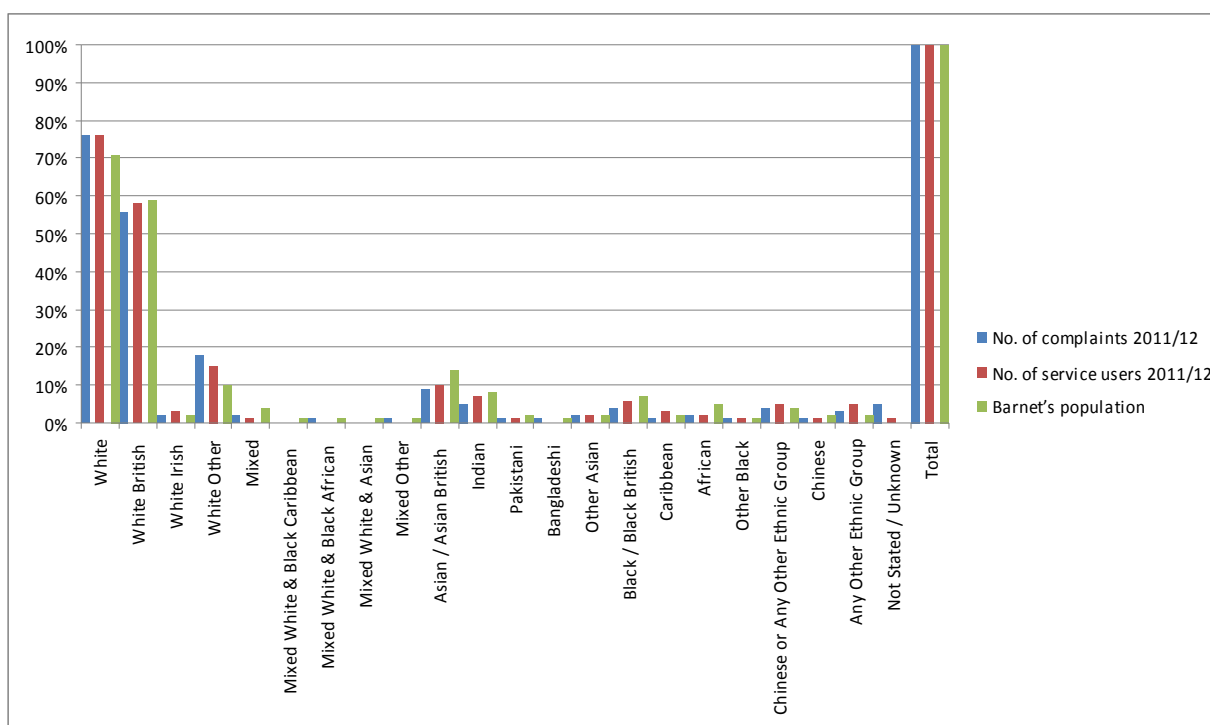
Table 3p and bar chart 3q shows the number of complaints recorded in Adult Social Care and Health from 1 April 2011 to 31 March 2012 by ethnicity.

Table 3p: 2011/12 – Comparative ethnicity data				
	No. of complaints 2011/12		No. of service users 2011/12	Barnet's population
White	76	76%	76%	71%
<i>White British</i>	56	56%	58%	59%
<i>White Irish</i>	2	2%	3%	2%
<i>White Other</i>	18	18%	15%	10%
Mixed	2	2%	1%	4%
<i>Mixed White & Black Caribbean</i>	0	0%	0%	1%
<i>Mixed White & Black African</i>	1	1%	0%	1%
<i>Mixed White & Asian</i>	0	0%	0%	1%
<i>Mixed Other</i>	1	1%	0%	1%
Asian / Asian British	9	9%	10%	14%
<i>Indian</i>	5	5%	7%	8%
<i>Pakistani</i>	1	1%	1%	2%
<i>Bangladeshi</i>	1	1%	0%	1%
<i>Other Asian</i>	2	2%	2%	2%
Black / Black British	4	4%	6%	7%
<i>Caribbean</i>	1	1%	3%	2%
<i>African</i>	2	2%	2%	5%
<i>Other Black</i>	1	1%	1%	1%
Chinese or Any Other Ethnic Group	4	4%	5%	4%
<i>Chinese</i>	1	1%	1%	2%
<i>Any Other Ethnic Group</i>	3	3%	5%	2%
Not Stated / Unknown	5	5%	1%	-
Total	100	100%	100%	100%

Table 3p: Comparative data between number of complaints recorded in 2011/2012, total number of services users and London Borough of Barnet adult population

q. Complaints by ethnicity, service user and Barnet population

Complaints recorded by ethnicity, service user and Barnet population



Bar Chart 3q: Breakdown of complaints recorded by ethnicity, service users and Barnet's population in 2011/2012

Analysis of complaints data in the previous two years suggested that the proportion of complaints from people of a Black or Minority Ethnic (BME) background was disproportionately high compared to the ethnic profile of social care users, particularly Asian/Asian British and Black/Black British groups.

The data was studied by a subgroup of the Adult Social Care and Health Equalities Network, in which it was agreed that the data did imply that users from BME groups were more likely to make a complaint; but

- that the numbers of complaints each year were too small to draw any firm conclusions about whether there were any inherent systemic or operational problems;
- that further in-depth analysis of individual complaints cases could be necessary to draw out particular issues, but that a clearer picture would be gained by waiting until 2011/2012 complaints data was ready and pulling together three years of case information.

The 2011/2012 ethnic profile of complainants does not follow the same pattern as the previous two years, and is much more reflective of the ethnic profile seen among the service user population as a whole. Only 20% of complaints this year (where the ethnicity was actually recorded) came from BME groups, with much lower numbers from Asian/Asian British and Black/Black British groups than the year before.

These figures suggest that the trend identified in previous years may simply be due to the fact that the numbers of complaints each year are relatively very small and so any variation from the expected ethnic profile appears large in comparison. It is still worth monitoring this data, and indeed some in-depth work may be necessary to identify particular equalities-related issues, but certainly the profile this year helps negate any concerns that there are any particular problems related to race or

ethnicity.

r. Complaints by comparative ethnicity data

Table 3r below provides a percentage breakdown of complaints recorded in Adult Social Care and Health from 1 April 2011 to 31 March 2012 by ethnicity and service users and gives a comparison to the previous two years.

Table 3r: 2011/2012 – Comparative ethnicity data				
Ethnicity	2009/10 No. of complaints	2010/11 No. of complaints	2011/12 No. of complaints	2011/12 No. of service users
White	70%	71%	80%	77%
Mixed	1%	0%	2%	1%
Asian / Asian British	13%	17%	9%	10%
Black / Black British	4%	12%	4%	6%
Chinese	1%	0%	1%	1%
Any other ethnic group	9%	0%	3%	5%
Total	100%	100%	100%	100%

Table 3r: Percentage of complaints in last three years by ethnicity and service users

10. Local Government Ombudsman (LGO)

The Local Government Ombudsman (LGO) is an external body that looks at complaints relating to local authorities. The LGO is able to investigate matters where there is an alleged or apparent 'maladministration' or service failure. There are some situations in which the LGO will be unable to investigate a complaint such as conduct of Court proceedings. During an investigation the LGO will consider whether a 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. If 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.

When 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).

In addition the LGO have the power 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 LGO office. For local authority service users the second port of call is the Adult Social Care and Health Department.

11. Local Government Ombudsman enquiries and complaints

a. Enquiries and complaints via the Local Government Ombudsman

Table 4a below shows the total number of new LGO enquiries and complaints received in Adult Social Care and Health from 1 April 2011 to 31 March 2012, compared to the previous two years.

Table 4a: Enquiries and complaints via the Local Government Ombudsman			
	2009/2010	2010/2011	2011/2012
Enquiries	1	3	6
Complaints	5	7	15
Total	6	10	21

Table 4a: Number of enquiries and complaints involving the LGO in the last 3 years

Over the last three years there has been a noticeable increase in the number of LGO enquiries and complaints, which could be as a result of the number of stages within the complaints process being reduced from three to one, following the introduction of the 2009 statutory social care complaints regulations, and complainants wanting an independent authority to adjudicate and sort out their issues of concern.

Tables 4b, 4c and 4d below shows the number of enquiries and complaints received involving the LGO for the last three years and summarises the outcomes.

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'.

b. LGO enquiries and complaints - 2009/2010

Table 4b: 2009/2010 - Complaints via Local Government Ombudsman (LGO)		
LGO	Number of decisions	Outcome
Enquiries	1	1 x Rejected as premature
Complaints (Closed)	5	2 x No or insufficient evidence of maladministration (no report) 2 x Local settlement (no report) 1 x LGO to discontinue investigation
Total	6	

Table 4b: Number of complaints involving the LGO concluded in 2009/2010, with the decision

c. LGO enquiries and complaints - 2010/2011

Table 4c: 2010/2011 - Complaints via Local Government Ombudsman (LGO)		
LGO	Number of decisions	Outcome
Enquiries	3	3 x Rejected as premature
Complaints (Closed)	7	1 x Outside LGO jurisdiction 1 x Complaint withdrawn 3 x No or insufficient evidence of maladministration (no report) 1 x Local settlement (no report) 1 x LGO to discontinue investigation
Total	10	

Table 4c: Number of complaints involving the LGO concluded in 2010/2011, with the decision

d. LGO enquiries and complaints - 2011/2012

Table 4d: 2011/2012 - Complaints via Local Government Ombudsman (LGO)		
LGO	Number of decisions	Outcome
Enquiries	6	6 x Rejected as premature
Complaints (Closed)	14	1 x No or insufficient evidence of maladministration (no report) 7 x To discontinue investigation (no report) 4 x To discontinue investigation: injustice remedied (no report) 1 x Local settlement (no report) 1 x Investigation complete, satisfied with authorities actions (no report)
Complaints (Active)	1	1 x Investigation incomplete
Total	21	

Table 4d: Number of complaints involving the LGO concluded in 2011/2012, with the decision

At the time of writing this report, one complaint remains outstanding from 2011/2012

and is still being investigated by the LGO. The decision on the outstanding complaint will be reported in the 2012/2013 Annual Complaints Report.

The number of complaints escalated to the LGO has increased significantly over the last three years, and in the last two years from 2010/2011 to 2011/2012 they have increased by over 100%. Despite the increase the LGO have found maladministration or fault against the council in fewer cases.

e. Local settlements

In 2009/2010 the LGO found an element of maladministration or fault against the council in 2 (40%) of the 5 complaints they investigated and a local settlement was agreed by Adult Social Care and Health.

In 2010/2011 this number reduced to only 1 (14%) of the 7 complaints investigated by the LGO and in 2011/2012 again just 1 (7%) of the 14 complaints required a local settlement by the council.

This indicates that the LGO considers the department's intervention when investigating complaints to be fair and reasonable and the outcomes in most of the cases, just and appropriate.

The LGO have not reported formally on any of the complaints received in the last three years.

	2009/2010	2010/2011	2011/2012
Complaints	2 (40%) out of 5 cases	1 (14%) out of 7 cases	1 (7%) out of 14* cases

Table 4e:

Number of complaints investigated by the LGO in the last three years and where maladministration or fault was found

** = 1 complaint incomplete and remains active*

f. LGO Annual review - 2011/2012

The LGO annual review report of Barnet is for the whole of Barnet and the statistics include the number of enquiries and complaints received by the LGO Advice Team. The report states that from 1 April 2011 to 31 March 2012, ASCH received 15 enquiries and complaints; however, ASCH dealt with 21 enquiries and complaints. (The LGO report on the number of decisions made in the period and ASCH record the number of enquiries and complaints received.) As stated above ASCH record shows that the LGO received 6 enquiries, which were rejected as premature and fifteen complaints for investigation; fourteen complaints are completed/closed and 1 remains outstanding.

The enquiries and complaints received were varied and ranged from concerns with the consultation process when implementing the Fairer Contributions policy, disagreement with the Community Care assessment process, disagreement with a DFG decision, to the delay in carrying out agreed OT adaptations.

Of the 14 ASCH completed complaints, just one led to a 'Local Settlement (without report)'. This complaint was a joint complaint with Barnet Homes and the outcome was that as a result of the delay in carrying out the agreed OT adaptations, the service user be compensated £250. There was acknowledgment the delays made it difficult for the service user to live independently, subsequently causing a negative impact to her health. The recommendation was accepted and ASCH contributed £85 towards the compensation, which is proportionate to the involvement.

The LGO reports that there are no concerns in relation to ASCH response times and there are no issues arising from any of the complaints referred to within the report.

12. Complaints managed by contractors (external service providers)

Adult Social Care and Health welcome complaints as a way of measuring how well the Home and Community Support Providers are providing services. Only complaints that are escalated are recorded by the Council, with Home and Community Support Providers also recording their own. Complaints and compliments are monitored by the Council when attending regular site visits carried out by the Supply Management Team.

In 2011/2012 the total complaints escalated through Supply Management were 139; this was an increase on last year by 25 (18%). This is as a result of the Council reducing care providers down from 11 contractors to three lead providers and one enablement provider in the later part of 2011/12. In doing so the Council transferred 661 service users. This understandably caused some service users anxiety; however, every effort was made to manage the situation by extending contracts so the process was carried out over a six month period. To help alleviate problems, we reviewed each service user, and offered various options including Direct Payments and the lead providers sub-contracted to two providers approved by the Council. This allowed service users to remain with their current care provider if they wished to do so, until such time as the lead providers were at full capacity.

During the year before moving down to the three providers, inadequacies were highlighted with 3 of the 11 home and community support providers. All three had embargos placed on new referrals as a result of an increase in complaints; whilst the department actively worked with the providers to improve quality. This was achieved through the development of action plans and close joint working with the provider, the Council and Care Quality Commission.

a. Complaints managed by contractors (external service providers)

Table 5a below shows a breakdown of complaints managed by contractors (external service providers) on behalf of Adult Social Care and Health from 1 April 2011 to 31 March 2012, compared to the previous two years.

Table 5a: Complaints managed by contractors (External service providers)			
	2009/2010	2010/2011	2011/2012
Complaints	90	114	139

Table 5a: Number of complaints managed by contractors (external service providers) recorded in the last three years

13. Complaint User Survey

A complaint user questionnaire was sent to all the 2011/2012 complainants. 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

14. 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.

In addition, the Complaints and Representations Manager joined colleagues in neighbouring local authorities and health departments within the North Central London area to formulate a joint agreement for the handling of integrated complaints and concerns in line with the requirements of the 2009 statutory complaints Regulations. The agreement was completed in February 2012 and is currently awaiting internal approval and sign-off. This will streamline and define how the organisations work together and will improve the complaints journey for our customers.

15. 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.

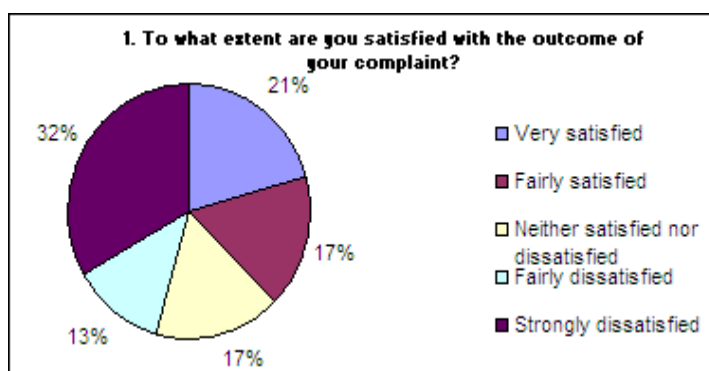
Appendix 1 - Outcome of 2011/2012 Complaints User Survey

In 2011/2012, questionnaires were sent to each complainant, 100 in total. Reminder letters were sent to complainants who had not returned their questionnaire. Of the 100 questionnaires sent out, 24 (24%) were completed and returned.

Of the 24 participants who took part in the survey 2 (8%) complainants accepted the offer of a resolution meeting with the investigating manager and in some cases, the Complaints and Representations Manager. The other 22 (92%) complainants were either offered the opportunity to meet, but declined the offer or the investigating manager did not feel that 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.

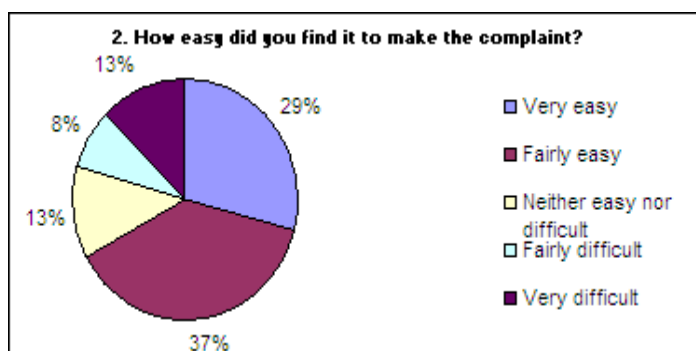
Of the 24 participants who took part in the survey 9 (38%) complaints were upheld, 7 (29%) complaints were partially upheld and 8 (33%) complaints were not upheld.

Question 1 To what extent are you satisfied with the outcome of your complaint?		
Very satisfied	5	21%
Fairly satisfied	4	16.5%
Neither satisfied nor dissatisfied	4	16.5%
Fairly dissatisfied	3	13%
Strongly dissatisfied	8	33%
Total	24	100%



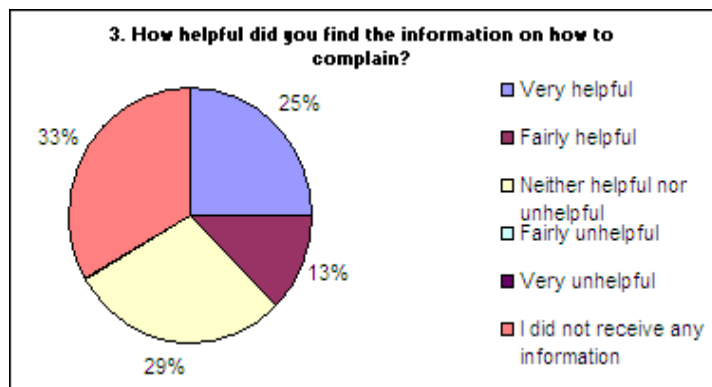
Of the 24 participants who took part in the survey 54% were satisfied to some extent with the outcome of their complaint. The complainants that tended to be dissatisfied were participants whose complaints were not upheld.

Question 2 How easy did you find it to make the complaint?		
Very easy	7	29%
Fairly easy	9	38%
Neither easy nor difficult	3	13%
Fairly difficult	2	8%
Very difficult	3	13%
Total	24	100%



Over 65% 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	6	25%
Fairly helpful	3	13%
Neither helpful nor unhelpful	7	29%
Fairly unhelpful	0	0%
Very unhelpful	0	0%
I did not receive any information	8	33%
Total	24	100%



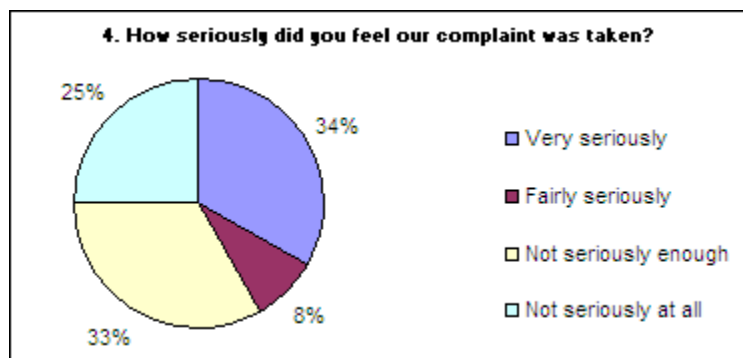
Of the 24 participants that took part in this survey, 2 (8%) complaints were received on a Comments, Compliments and Complaints form. The Comments, Compliments and Complaints booklet explains how to make a comment, compliment and/or a complaint and the statutory adult social care complaints process.

The remaining 22 (92%) participants received a Comments, Compliments and Complaints booklet with their acknowledgement letter after they had lodged their complaint.

Over a third, 9 (38%) of the 24 participants who received the Comments, Compliments and Complaints booklet, found the information received about how to make their complaint useful or relatively useful. However, 8 (33%) participants stated that they did not receive any information.

The Complaints and Representations Manager will remind all managers who deal with complaints that they must send a Comments, Compliments and Complaints booklet or the internet hyperlink to the booklet, to all complainants on receipt of their complaint.

Question 4 How seriously did you feel your complaint was taken?		
Very seriously	8	33%
Fairly seriously	2	8%
Not seriously enough	8	33%
Not seriously at all	6	25%
Total	24	100%



Just 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 and/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,

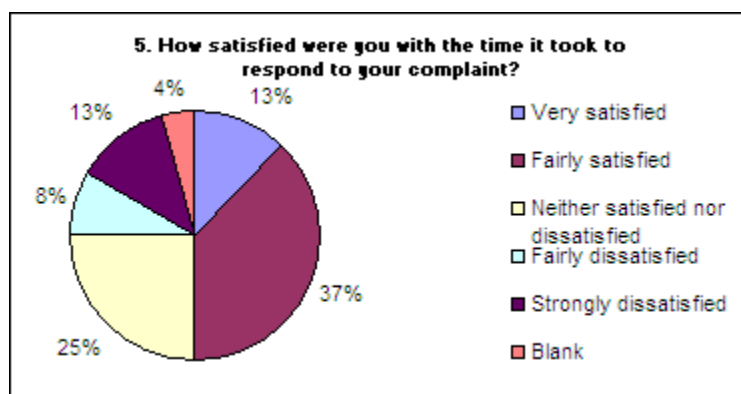
files, policies, procedures, legislation)

- inform the complainant when they can expect a written response to their complaint.

It is also expected that this 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 requirements 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	3	13%
Fairly satisfied	9	38%
Neither satisfied nor dissatisfied	6	25%
Fairly dissatisfied	2	8%
Strongly dissatisfied	3	13%
Blank	1	4%
Total	24	100%



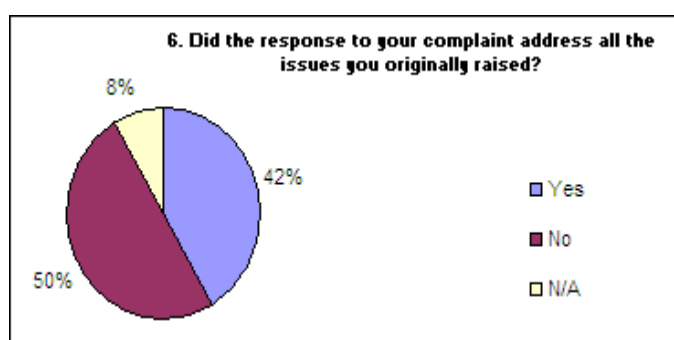
Only 20% of participants that took part in the survey were dissatisfied with the time it took to respond to their complaints.

It is the department’s aim to respond in writing to Straightforward complaints within 20 working days and Corporate complaints within 10 working days. In 2011/2012, of the 100 complaints received 77% were dealt with within timescale. In 2010/2011, 88 complaints were received and 81% were dealt with within timescale, and in 2009/2010 of the 73 complaints received 96% were dealt with within timescale.

Of the 24 participants that took part in the survey over 80% (20 complainants) received a response to their complaint within the timescales as stated above.

The Complaints and Representations Manager is however reviewing the timescales for managers responding to statutory complaints and will consider how improvements could be made.

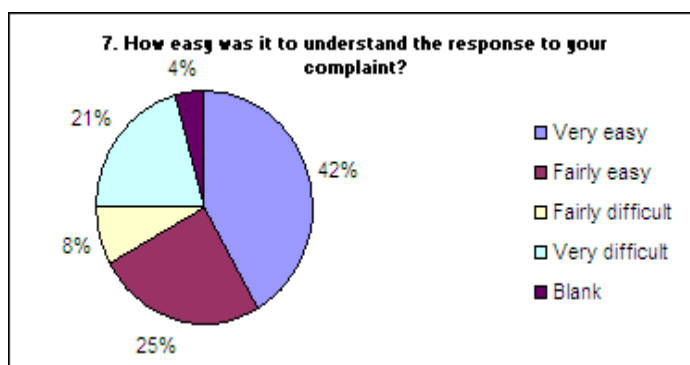
Question 6 Did the response to your complaint address all the issues you originally raised?		
Yes	10	42%
No	12	50%
N/A	2	8%
Total	24	100%



Half, 50% 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.

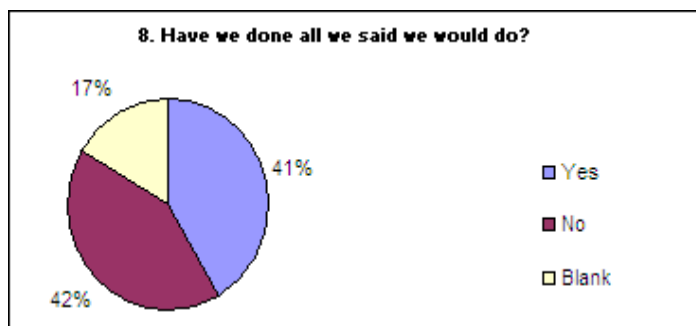
The Complaints and Representations Manager will monitor this to ensure that conversations are taking place and that the whole complaint is being captured and addressed in the response letters.

Question 7 How easy was it to understand the response to your complaint?		
Very easy	10	42%
Fairly easy	6	25%
Fairly difficult	2	8%
Very difficult	5	21%
Blank	1	4%
Total	24	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 Have we done all we said we would do?		
Yes	10	42%
No	10	42%
Blank	4	16%
Total	24	100%



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 investigating managers.