

**DIRECTORATE OF ADULT COMMUNITY &
HOUSING SERVICES**

COMPLAINTS, COMMENTS & COMPLIMENTS

**ADULT SOCIAL CARE SERVICES
ANNUAL REPORT**

April 1st 2006 – 31st March 2007

Policy Performance & Resources Unit



Produced by the Quality & Complaints Team July 2007

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SECTION 1

1.1 INTRODUCTION

1.1.1 This Report provides information relating to the Adult Social Care Complaints, Comments and Compliments Procedure, during the period 1 April 2006 to 31 March 2007.

1.1.2 The Social Care procedure for Adult's complaints, are determined by legislation, predominantly involving the:-

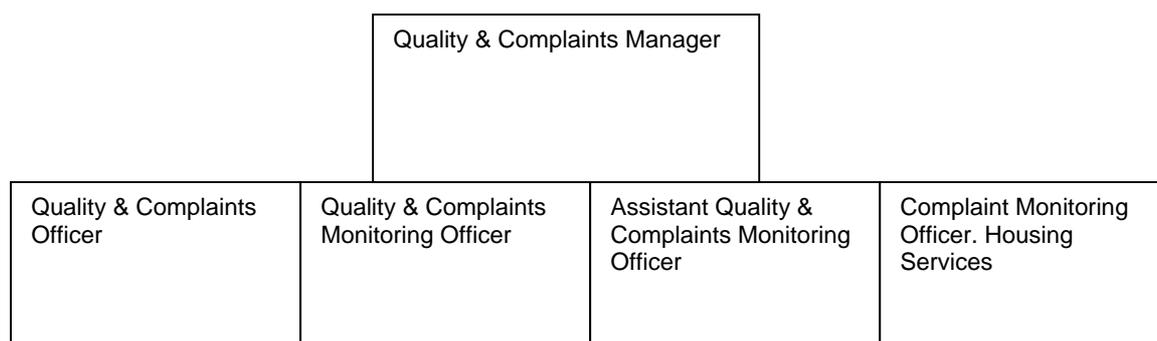
- Local Authorities Social Services Complaints (England) Regulations, 2006.
- NHS & Community Care Act 1990
- Health & Social Care Act 2000,
- Local Government Act 2000

1.1.3 Every Local Authority with a responsibility for Social Care Services is legally obliged to have in post a Complaint Manager, part of whose role it is to provide an Annual Report into the workings of the complaints and representations procedures. This requirement is contained in the Local Authorities Social Services Complaints (England) Regulations, 2006.

1.1.4 All service users and people who request a service are provided with information on how to complain, or to comment on services or make a compliment. Complaint information is displayed in all public reception areas. It is also given out at different stages by staff to service users. Approx 10,000 complaint & compliments leaflets were provided to service users or their relatives during 2006/07.

1.2 THE QUALITY AND COMPLAINTS TEAM

1.2.1 The Quality & Complaints Team is part of the Policy Performance & Resources Unit, within the Directorate of Adult Community and Housing Services. The following structure chart shows the Quality & Complaints Team. We are responsible for the day to operation and management of all Social Care complaints for Children and Adult services and in addition we manage Housing Services complaints.



1.2.2 Our key objective in the management of all complaints is to achieve appropriate and effective resolutions within the shortest possible timescales. Every effort is made to ensure that each complaint is dealt with close to the point of service delivery. We are committed to a positive and proactive approach to complaint handling. We view complaints as a mechanism for ensuring that we continually improve the quality of our services.

- Enabling the Directorate to learn from complaints, comments and compliments, and to change, review or maintain services accordingly.
- Ensuring that complaints and comments are properly recorded and acted upon, and that where necessary things that have gone wrong are put right promptly.
- Ensuring that staff and service users understand their rights, and responsibilities within the complaint process.

SECTION 2

2.1 THE COMPLAINT PROCEDURES

2.1.1 In September 2006 the Department of Health published new procedures for dealing with social care complaints. The new procedures separate out Adult complaints from Children complaints.

2.1.2 The complaints procedure for Adult Social Care Services has 3 stages,

- Stage One. Problem solving - Local resolution.
- Stage Two. Formal Complaint investigation.
- Stage Three. Independently chaired Review Panel

2.1.3 Stage One:- The majority of all complaints are 'registered' at Stage 1. The statutory timescale for concluding an adult complaint at stage 1 is 20 working days, however, every attempt is made to actually resolve the complaint within ten days. Stage 1 offers the Directorate the opportunity of considering the complaint and responding to it informally with a view to early resolution. Most commonly this involves either apologising for any mistakes made and correcting any resulting disadvantage (upholding the complaint) or finding that the work that was undertaken was correct (not upholding the complaint). Looking into a complaint at Stage 1 should be a relatively short piece of work; however, it is important that the response is informative, accurate, fair and as helpful as it can be.

2.1.4 Stage Two:- Complaints which are not resolved at Stage 1 can proceed to Stage 2 – Formal Complaint Investigation. Adult services complaints allows 25 working days at stage 2 for the investigation of the matter by a complaint investigator and the response by the Assistant Director. This timescale for investigation can be extended to

a maximum of 65 days with the knowledge and approval of the complainant. The role of the investigating person is to look into the complaint matters with thoroughness, fairness and objectivity.

- 2.1.5 Stage Three:- If the complainant remains dissatisfied after the Stage two process, then [S]he can request that matters move to Stage 3. This process requires the Complaints Manager to establish a Stage 3 Review Panel to hear the complaints. The Review Panel involves one Elected Council Member, and two Independent People, one of whom must chair the panel. Also in attendance will be the Complainant, the Complaint Investigator, a Senior Manager from the Directorate, the Complaints Manager and other officers who support the complaints process.
- 2.1.6 Essentially the Review Panel considers the management of the complaint and the responses made at stages 1 and 2. The Review Panel after listening to the issues related to the complaints is required to provide a written response, together with any recommendations to the Director of Adult Community & Housing Services and copied to the complainant in relation to what the Panel considers should be the outcome.
- 2.1.7 The Director then provides a final written response to the complainant within 15 days following the Review Panel.
- 2.1.8 If the complainant remains dissatisfied following the stage 3 response [S]he can; within twelve months of the panel hearing, approach the Local Government Ombudsman seeking further enquiries or investigation to be carried out into the complaints by that office. If the Ombudsman determines that the complaint has not been looked into fairly and correctly by the Directorate, or that the service user has suffered an injustice in the services [S]he has received, then the Ombudsman will reach a finding of Maladministration. Dudley has maintained an excellent record in that again this year, there have been NO findings of maladministration regarding Social Care complaints.

2.2 CORPORATE COMPLAINTS:-

- 2.2.1 We also have a duty to comply with general complaints against the Council which do not fall within the boundaries of the Statutory Social Services Complaints process. These complaints are called Corporate complaints and are dealt with under the Council's own Corporate Customer Feedback Procedure.

SECTION 3

3.1 OVERVIEW - SUMMARY OF COMPLAINTS AND COMPLIMENT ACTIVITY 2006/07

- 3.1.1 The Directorate of Adult Community and Housing Service provided a 'social care' service to 12,669 adult service users during this year.
- 3.1.2 The total number of adult complaints received for Social Services 2006/07 is **139** this compares to **119** complaints for 2005/06 and **126** for 2004/05. Please refer to 6.1 of this report for a detailed explanation of this.
- 3.1.3 A considerable amount of work goes into resolving complaints at the earliest stage and therefore we can report a very satisfactory position in that only **1** out of the 139 complaints registered during this year, needed to proceed to the formal complaint investigation stage, this is compared to **3** formal complaint investigations for 2005/06 and **7** for 2004/05.
- 3.1.4 There were **no** Stage 3 Complaint Review Panels requested or held during this year.
- 3.1.5 **80%** of all complaints were dealt with within the current statutory timetable of 20 working days. Refer to 6.7 in this report for full details.
- 3.1.6 There were **232** registered compliments for 2006/07 compared to **267** for 2005/06 & **241** for 2004/05.
- 3.1.7 **Local Government Ombudsman:-** There have been **no** findings of Maladministration by the Ombudsman concerning Social Care Services complaint matters for 2006/07.

SECTION 4

4.1 EXAMPLES OF DEVELOPMENTS AND ACHIEVEMENTS 2006/07

- 4.1.1 The Quality & Complaints Team has managed the introduction of new complaint legislation and Department of Health guidance. It has put in place new procedures to guide, advise and assist in the handling of Social Care complaints.
- 4.1.2 **80%** of all complaints were concluded within the statutory timescale.
- 4.1.3 Significant efforts were made to seek early resolution to each complaint and managers and their staff take great credit for the fact that **99%** of all complaints were resolved by an effective and considered response to the complaint and thus preventing the need for unnecessary recourse to formal investigations.
- 4.1.4 During 2007 the Local Government Ombudsman advised complaint services nationwide of their increased expectations which that office has concerning the way in which Councils handle complaints made by the public. It is pleasing therefore to note that Dudley has again maintained its position of no findings of maladministration for any social care complaint. The Quality & Complaints Team has maintained sound and effective contact with the Ombudsman during 2006/07.
- 4.1.5 Training for managers, social workers and other relevant groups was maintained and indeed increased during 2006/07 with **71** managers, assistant managers, senior practitioners, social workers and others responsible for responding to complaints attending arranged complaint handling training courses. Many other members of staff across the Borough took part in the overview training events with their teams.

Training courses included:-

- A new half day course to inform front line staff of their responsibilities when a complaint is made was introduced.
- Training managers and other senior team members in responding to complaints at Stage 1 of the procedures
- A new course for Managers and Senior Managers who may be required to undertake a Stage 2 complaint investigations
- Training for 'front line' staff, newly appointed staff in how to respond to complaints.
- Overview training to Teams/Establishments. Brief training events to explain the complaint process.

- 4.1.6 Continued development of working agreements or protocols with agencies such as Mental Health services within the Primary Care Trust. This has enabled Social Care services and Health Services to provide a co-ordinated, joint response to complaints where they refer to both agencies.
- 4.1.7 During 2006 the Commission for Social Care and Inspection significantly reduced its involvement in accepting or responding to Social Care complaints. As a result the Quality & Complaints Team together with Commissioning services has reviewed how complaints made by, or on behalf, of service users from Dudley MBC against privately / independently operated residential Homes and domiciliary care agencies will be handled. Just one aspect of that work has led to the inclusion of specific requirements being placed in all new contracts explaining to agencies how they must deal with complaints.
- 4.1.8 During this year the Quality & Complaints Team took on responsibility for the day to day operation and management of Housing Services complaints, such complaints fall under the Corporate complaint process.

SECTION 5

5.1 COMPLIMENTS DATA 2005/06

- 5.1.1 It should be recognised that complaints and compliments are often the result of difficult and sometimes traumatic events for people, complaints are often driven by a desire to effect change and prevent a repeat of a mistake being made, a compliment can be equally powerful in its message and just as we must learn from complaints we can also learn from compliments.
- 5.1.2 There were **232** registered compliments for 2006/07 compared to **267** for 2005/06 & **241** for 2004/05. Again this year compliments significantly outnumber the number of complaints received. Each compliment is welcomed and goes some way to evidencing the high standard of the services provided to local people and the quality in the delivery of those services by Social Care staff throughout Dudley. It is suggested here that the decrease in receipt of compliments this year is largely due to pressures of time for managers in sending the compliments through to the Quality & Complaints Team.
- 5.1.3 Many of the compliments received comment on the kind and caring attitude of staff, as well as the positive difference that the service has made.

5.2 EXAMPLES OF COMPLIMENTS RECEIVED DURING 2006/07

1. In 2007 my mother will leave her home of 27 years to move to a Care Home. I cannot let this event take place without recording my thanks for the dedication, support and friendship of you and your staff during the years that you have so ably supported my mother. It is thanks to you and your staff that my mother has been able to stay in her own home for so long. We will miss the friendship of all the girls please offer them my thanks for the friendship and kindness they have shown to my mother and me.
2. My mother has just spent a few weeks in Wallbrook House, Coseley. She didn't want to go in there and when it came to the day of going home she didn't want to come out. I just want to pass on my and mothers kind thoughts and words to a wonderful staff who do a superb job. Best Wishes for the future.
3. Please forgive me for being late in writing to you but I have not been too well of late. Firstly I would like to thank J and her team from Parkes Hall Road, Woodsetton and N and Mr J H and their team from Bowling Green Road, and lastly S C from the Deaf and Dumb centre at Wellington Rd, Dudley. All what has been done has made a big difference to both our lives. To top it all we have had our bathroom fitted with a sit in shower a higher toilet as we were having problems getting in and out of the bath. So once again thank you for all your help and support.
4. I have been home now for just over one week, it has taken me a few days to adjust myself to home life, after spending over two weeks at New Swinford Hall, and so I sat down to put pen to paper for I feel in my heart that I would like to let you know how much it meant to me to be able to spend this time with you and your staff, to help me to recuperate. Because when I left Russell Hall Hospital after just one week, and came to stay with you I was very low in health but after two or three days fortunately I began to feel much better. The staff where so kind and helpful beyond measure, made everyone feel at home and part of one big happy family. They also helped me to settle into my accommodation to succeed and participate in motivation, achieve independence to get involved in group activities, exercise to music and the atmosphere was first class. I also enjoyed my visit to the hairdresser, having my hair washed and set, this was another great pleasure. I shall look back at the time I spent with you with much happiness, also remembering the friends I made with fellow clients. I have already made contact with them by phone. So I say once more a great big thank you, to all the staff and also the friends I made, will stay in my memory for a very long time to come.

5. I had the stair lift fitted to my home recently and I am finding it very helpful. You went to a lot of trouble to arrange for me to have the stair lift and I am writing this letter to thank you for the trouble you went to.
6. We wish to thank Home Care, Sedgley for the care and consideration shown to us over the years. Its often reported in the media of Authorities who have not come up to scratch so we felt it would be nice to say that as far as we are concerned Dudley have earned the stars with which they have been awarded.
7. May I express my sincere thanks to Halesowen Social Services for all they have done to help my husband and myself overcome a difficult situation at home. Nothing was too much trouble and the meals on wheels were more than excellent. All this was done as an emergency and we express our sincere thanks.
8. Can I thank the dedication, support and friendship shown to my mother by you staff during the years. It is thanks to you and your staff that she has been able to stay in her own home for so long. I believe it is worth recording a specific example of the dedication of your staff during the recent bad weather and the traffic disruption the care of vulnerable people was maintained throughout the 24 hours even though a number of the girls had to walk to their calls. We will miss the friendship of the girls who are always cheerful and they have served to provide a very isolated old lady with a great deal of friendship
9. My mom has attended Brett Young Day Centre for the last two years, she is in the process of being transferred to Rowan Lodge. I would like to say what excellent staff Brett Young have and to thank them for their hard work, dedication, kindness and help. Good luck to them all and keep up the good work.
10. I would like to thank you from the bottom of my heart for all the help you have given me and to make me feel I am not a forgotten man. So far everything has helped me and I thank TW for all the gadgets etc. and for being so patient with me "God Bless".

SECTION 6

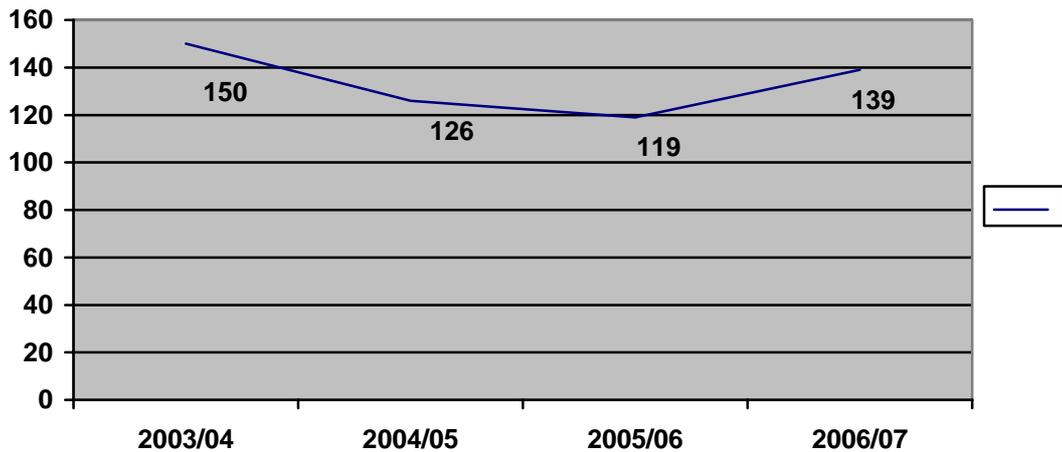
6.1 COMPLAINT DATA 2005/06

6.1.1 2006/07 saw an increase in the complaints received; **139** complaints were registered during this year, compared to **119** for the previous year [2005/06] and **126** for [2004/05] This level of increase was forecasted by the Quality & Complaints Team in its annual report last year 2005/06 The following reasons were put forward at the time and evidence now suggests that this is an accurate picture:-

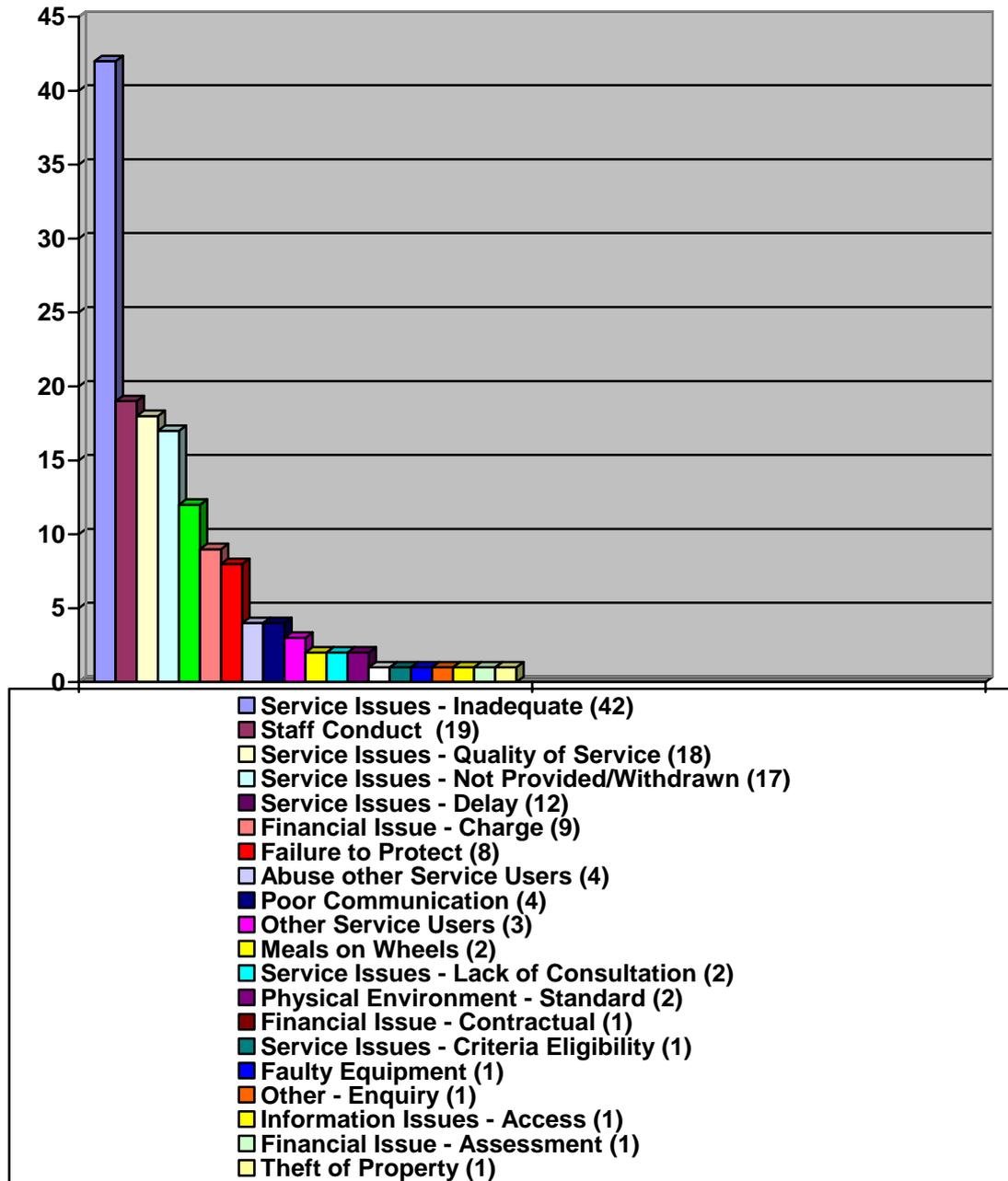
- **Revised Complaint procedure:-** the Department of Health published its new Social Care complaint regulations & guidance in September 2006. The new legislation and guidance widened the scope of the procedures in terms of who can complain and the matters which can be complained about.
- **The Commission for Social Care and Inspection [CSCI]** has in recent years had a high profile in terms of receiving and dealing with a number of complaints around regulated services, this role was reviewed and as a result is now diminished, therefore Councils are receiving more direct contact from the public regarding concerns they have about Care Homes, Domiciliary Care Agencies, etc.
- **Vulnerable Adult Procedures:-** The Directorate has also proactively promoted its Vulnerable Adult Procedures, this has resulted in complaints coming to the Quality & Complaints Team which are then appropriately and immediately referred to the Vulnerable Adults Procedures.

6.1.2 The Quality and Complaints Team are equally mindful of the positive aspects of service users making complaints and therefore the ongoing need to ensure that service users have knowledge, awareness and confidence in the process. We will continue to raise awareness of the complaint process, and will increase the training provided to staff. We anticipate that the complaint figures for 2007/08 will also see a small, gradual increase.

6.1.3 The Directorate of Adult Community and Housing provided a Social Care service to 12,669 Adults during 2006/07. From that figure we see that 139 people raised complaints. This statistic in no way diminishes the importance of each complaint or the impact incidents of poor practice or inadequate services had on each of the people who complained. We also recognise that it is not easy or straightforward for people to complain, particularly people who feel vulnerable, or fearful about complaining. We will be seeking to continually raise awareness of the complaint process and improve access to it.



6.2 COMPLAINT ISSUES



6.2.1 There is a broad range of issues complained about; however the highest and most consistent area of complaint throughout the year remains 'inadequate service', together with 'staff conduct'.

6.2.2 The complaints received generally refer to matters affecting the individual, rather than several adults complaining about the same issue or a specific service at the same time. The exception this year refers to a number of complaints regarding transport difficulties at a Day Centre, this matter was satisfactorily resolved.

6.2.3 Examples of inadequate service include:-

- Complaint relating to the level of support provided to a service user, the family felt it was inadequate and that, communication was not what was expected
- Service user was left sitting in the kitchen all night as carers were unable to lift her from the settee.
- Concerns over care provided to an elderly relative
- Family unhappy that a local residential care placement could not be found for their relative.
- Administration of Esure] drinks. [prescribed fluids] to a service user

6.2.4 Complaints relating to Staff conduct refer to:

- Manner and attitude of staff member was not acceptable towards a relative seeking respite
- That a worker had used derogatory phrases.
- Alleged teasing by a member of staff towards a service user.

6.2.5 Managers in some cases concluded that members of staff needed advice, or training to address short falls in practice.

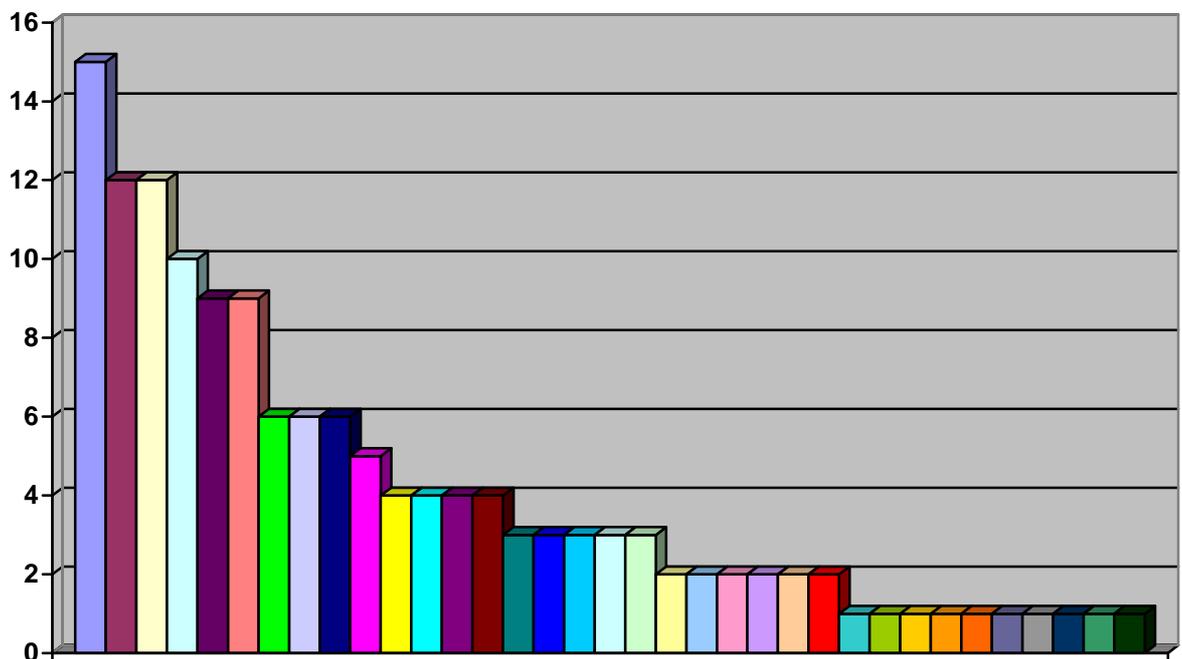
6.2.6 Examples of other complaints

- Complaint about the level of care provided on leaving hospital and the waiting time for receiving services.
- Missed lunch time call by home care staff
- Double booking for respite bed
- Time taken to move a service user from his specialist children's placement, to a specialist adult placement;
- Complaint received regarding length of time waiting for low level access shower

- Service user not happy with the quality of care given and states that the person attending to him is very rough and does not listen to him regarding the pain she is causing.
- Complaint regarding charging dispute which went to the Ombudsman, it was satisfactorily resolved which was positively commented on by the Ombudsman.

6.2.7 Further details explaining where action was taken and lessons learned is contained in section 8 of this report

6.3 SOCIAL CARE COMPLAINTS RECEIVED ACCORDING TO SERVICE AREA



- Lower Gornal SEC (15)
- Brierley Hill District Office (12)
- Externally Commissioned Establishments (12)
- Netherton District Office (10)
- Halesowen Mainstream Community Care (9)
- Occupational Therapy (9)
- Brierley Hill START Team (6)
- Dudley CTLD (6)
- Accountancy and Finance (6)
- Halesowen District Office (5)
- Social Care Transport (4)
- Integrated DMHT (4)
- Stourbridge District Office (4)
- New Bradley Hall (4)
- Brettell Lane Day Centre (3)
- Brierley Hill Mainstream Community Care (3)
- H'owen/S'bridge START Team (3)
- Arcal Lodge (3)
- Dudley Mainstream Community Care (3)
- Community Meals (2)
- Wallbrook House (2)
- Queens Cross Day Centre (2)
- Brett Young Day Centre (2)
- Sedgley/Dudley START Team (2)
- Hospital Social Work Team (2)
- New Swinford Hall (1)
- Amblecote SEC (1)
- Carers Co-Ordination (1)

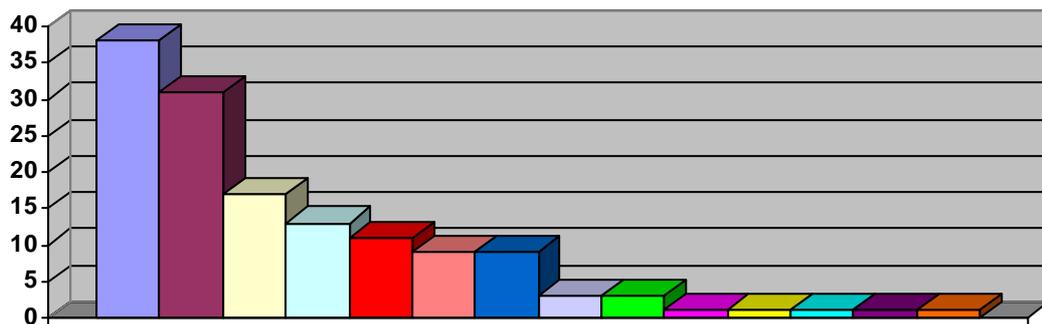
6.3.1 The complaints cover 35 separate services, indicating that there is not an inordinate amount of complaints being made towards a specific service.

6.3.2 Lower Gornal Centre received the most complaints with 15 for the year; this number of complaints could be seen as a negative but this is not necessarily the case, indeed this is a combination of service users and their relatives needing to raise important issues; together with a climate

in the Centre whereby the Manager and her group of staff pro-actively consult and invite service users to put forward comments and concerns. They see complaints as an opportunity to learn and improve services. Four of the complaints relate to a single issue, namely a transport difficulty. This matter was satisfactorily resolved, other complaints refer to a service user unhappy with change of activities in the centre, a service user who was not consuming enough fluids, allegation of a service user being hit by another service user, complaint about teasing towards a service user, lack of details in the service users diaries sent home to their relatives. All complaints were resolved satisfactorily at Stage 1.

6.3.3 Complaints regarding externally commissioned establishments refer to people who reside in private or independent establishments where funding is in full or partly provided by Dudley MBC. Or, where private home care services provide a service to Dudley MBC residents on behalf of the Directorate.

6.4 HOW ARE COMPLAINTS RECEIVED



6.4.1 As in previous years a complaint leaflet remains the most used method of sending in a complaint with **38** being received. In 2006/07 we

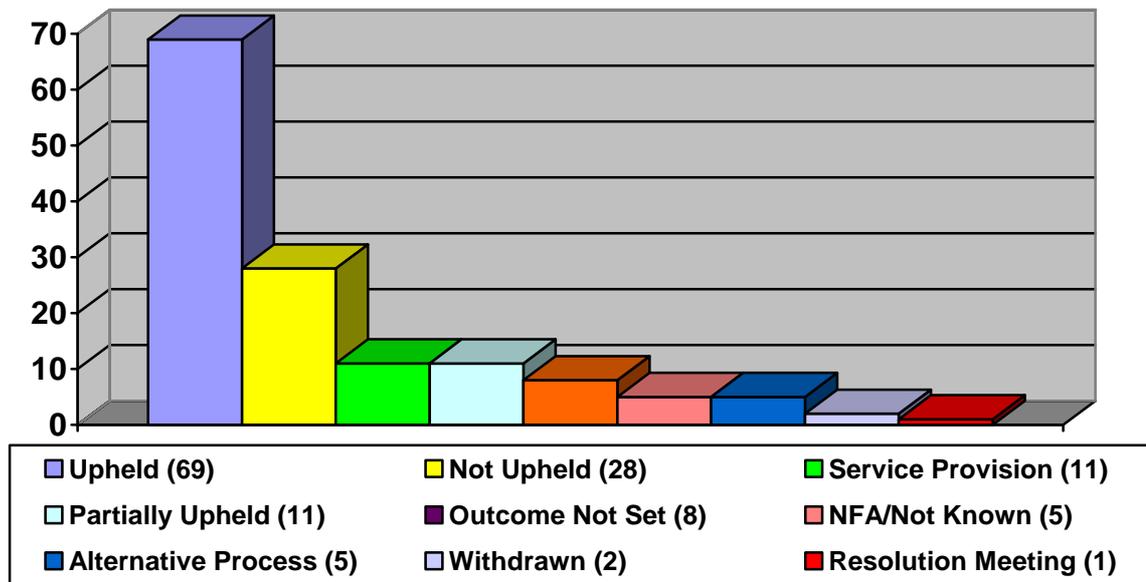
distributed approximately 10,000 complaint leaflets directly to Adult and Children service users or to reception areas across Dudley Council.

6.4.2 All complaints, however received, are acknowledged, before a Manager is allocated to carry out the response to the complaint matters.

6.4.3 Complaint and compliment publicity material has been revised this year to take account of new legislation and guidance, further publicity material and improvements to leaflets are taking place for this year.

6.5 OUTCOMES IN TERMS OF FINDINGS

6.5.1 The majority of complaints result in a finding, this might for example be a finding of 'Upheld' and therefore the view is that the complaint is justified.

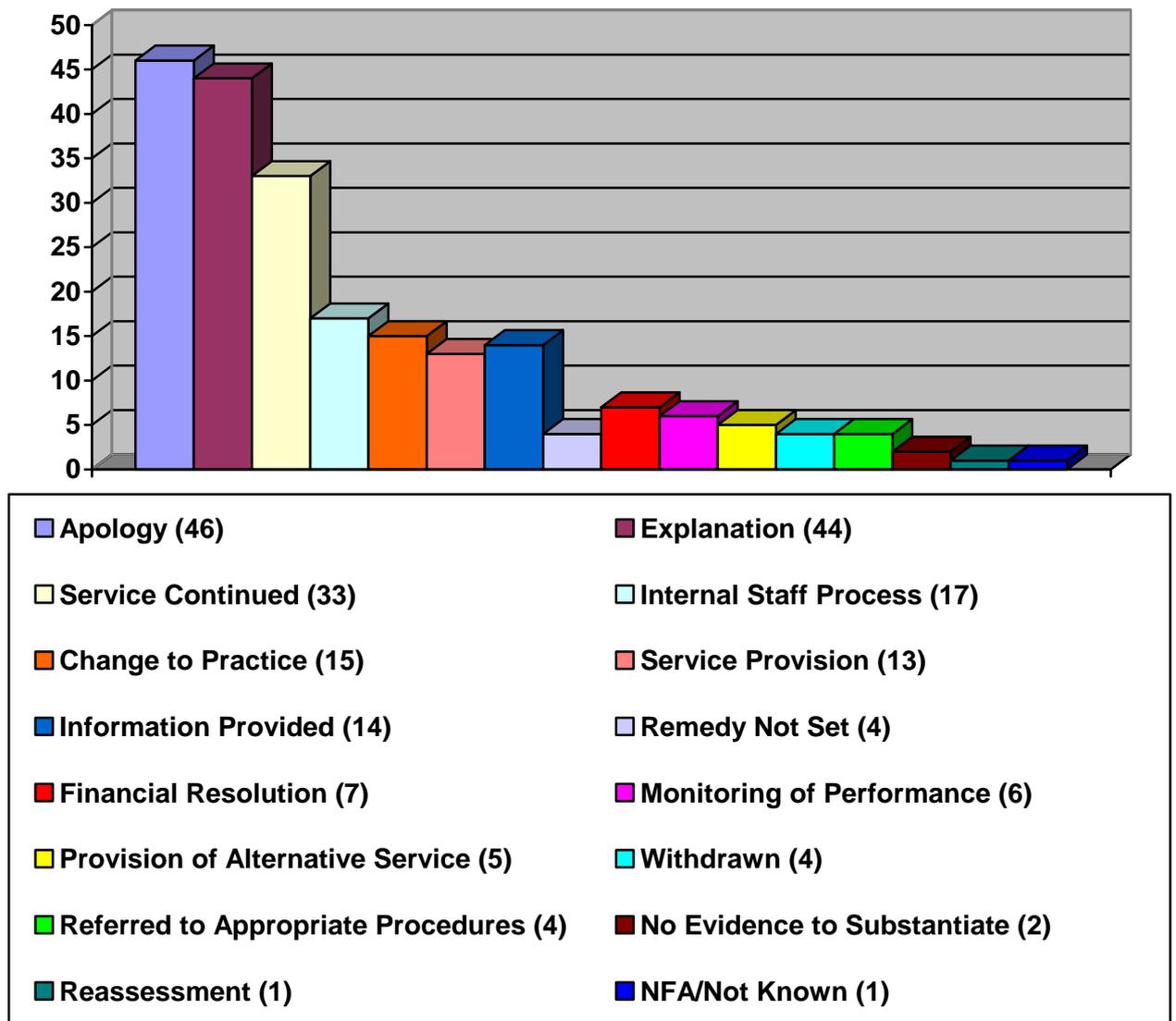


6.5.2 As can be seen there are 140 Outcomes as there may be more than one outcome per complaint.

6.5.3 It can be seen that the finding of "Upheld" figured highest in the outcome categories. This indicates a degree of fairness and objectivity in the enquiries carried out into the complaint matters. Along with a recognition that mistakes are made and need to be rectified.

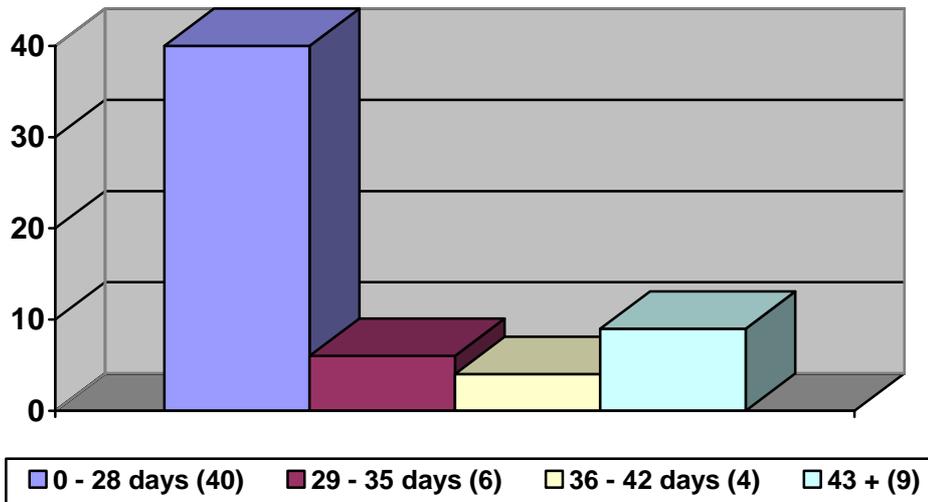
6.5.4 Service users have the right to raise several areas of complaint at one time; this can result in several different findings. The vast majority of all complaints are resolved at stage 1 –problem solving stage and it is not always possible to determine a 'finding' in all complaints. This is particularly so where matters are resolved face to face through discussion and mediation.

6.6 HOW ARE COMPLAINTS RESOLVED



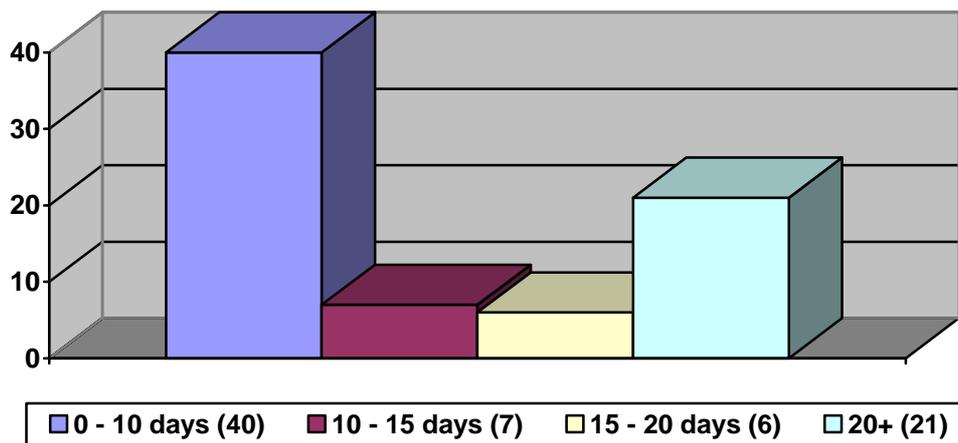
6.6.1 A finding of Upheld leads to an apology or explanation or both. It also leads to information about the corrective action to be taken to resolve the complaint. Managers and staff at an early stage of the complaint process feel empowered to apologise and explain where things have gone wrong. Often the explanation will be detailed and will have required a thorough examination of records and discussions with relevant members of staff. Explanations are often provided even where it is felt that the complaint is not upheld. A number of complainants receive several outcomes for example an explanation together with an apology and where required new service provision.

6.7 TIMESCALES



6.7.1 The chart above refers to complaints received between 1st April 06 to 1st September 2006. The agreed timescale for responding to complaints was 28 days during that period.

6.7.2 The chart below shows the response timescales to complaints made between September 06 and 31st March 07. timescales. The Statutory timescale was clarified to mean 20 working days, but also the expectation on Councils is to seek a resolution to the complaint within 10 working days where possible. As can be seen the majority of complaints were concluded within this sought after timescale.



6.7.3 The chart refers to complaints responded to and closed at stage 1 of the complaint process. They do not refer to complaints withdrawn or complaints which moved to stage 2 of the process.

6.7.4 **80%** of all complaints received during 2006/07 were concluded within the 20 working days allowed, this is compared to **89%** for 2005/06 the figure is down on the previous year and every effort will be made to increase the numbers of complaints resolved within this timescale for the coming year. This figure remains favourable compared to the percentage of complaints resolved within timescale for 2004/05 i.e. **59%**.

6.7.5 **27** complaints fell outside the timescale with **9** going beyond 42 days.

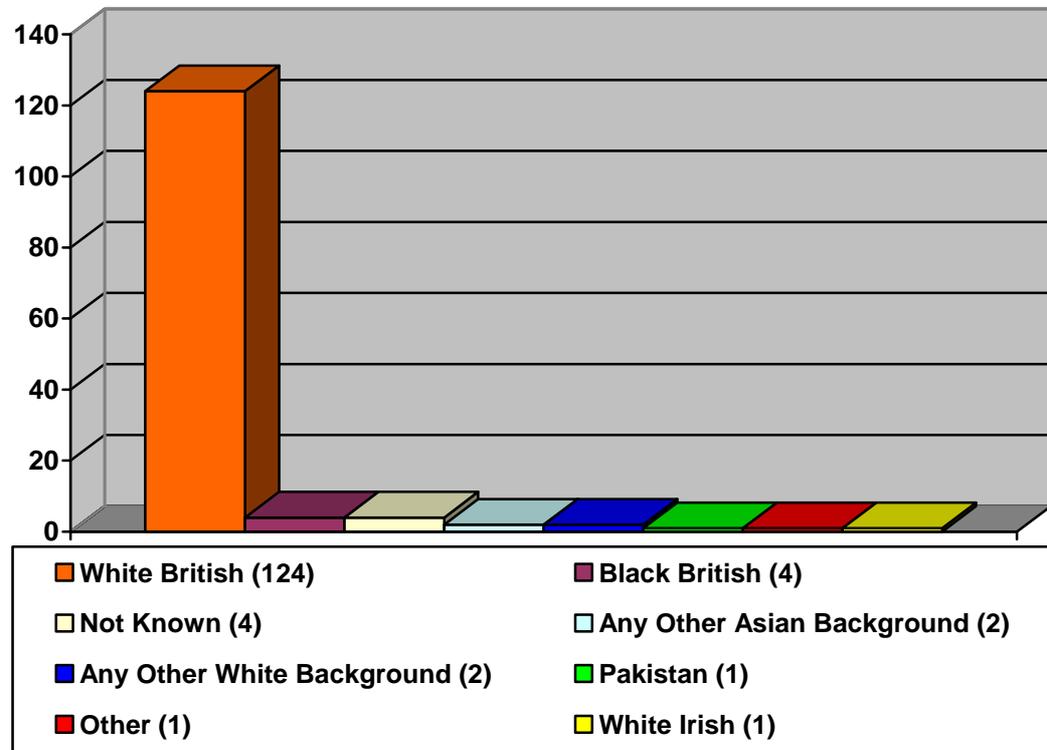
6.7.6 The longest complaint to conclude took **153** days, this was unique and refers to a prolonged period of negotiation in recovering an amount owed by the complainant; it was concluded satisfactorily for both complainant and the Council.

6.7.7 **Reasons for Delays:-** The following are not put forward as justification for delay instead they are presented as part and parcel of the difficulties in concluding all complaints in good:-

- We received 20 more complaints this year than the previous year
- The majority of complaints going over time refer to complaints which needed to be directed down the Vulnerable Adult Procedures or complaints related to external providers of services– the complaint remained opened until matters were concluded
- Delay whilst establishing facts
- Seeking response from managers
- Seeking outcomes from other agencies tasked with providing the response to the complaint.
- We actively look to conclude complaints at the earliest stage if possible, therefore if the complainant is agreeable to taking further time in order to satisfactorily conclude complaints than this is a positive step. I.e. 99% of all complaints were resolved/concluded without recourse to the formal complaint investigation stage this year, it is unlikely that this figure can be maintained but it does evidence a positive position in how the Directorate responds to complaints received.

6.8 ETHNICITY

6.8.1 Service Users ethnicity is recorded where it is provided and or known. The recorded figures for 2006/07 are as follows:-



6.8.2 As can be seen the vast majority of people who currently access the complaint process are a British/White. The Quality & Complaints Team will continue to try to raise awareness and improve accessibility to the complaint process for all Adults in receipt of a service. There is no complacency regarding this matter, public information regarding complaints will be reviewed, access to community groups to raise awareness of the complaint process will be increased.

6.9 HOW DO WE ENSURE THAT COMPLAINTS ARE GENUINELY RESOLVED?

- 6.9.1 The Stage 1 response letter invites complainants to seek further assistance from the Quality and Complaints Team, if they are still dissatisfied.
- 6.9.2 In addition, the Quality and Complaints Team is able to undertake a monitoring role with regard to complainant satisfaction. This involves direct communication with the complainant on occasion, to ensure that they are, indeed, satisfied with the response that they have received.
- 6.9.3 The Quality & Complaints Team sends out a customer satisfaction questionnaire to complainants six weeks after the complaint is concluded. The complainant will be invited to comment on their satisfaction with the complaint process and how they felt their complaint matters were handled. It provides an opportunity to confirm that the complaint was withdrawn and the reasons for that decision – or for matters to be re-opened.

SECTION 7

7.1 AREAS OF DEVELOPMENT FOR THE COMPLAINT & COMPLIMENT PROCESS 2007/08

- 7.1.1 Publicise the new complaint procedures for adult services users, ensuring that they are widely available to staff and service users.
- 7.1.2 At present we can identify lessons learned from individual complaints, however we are seeking to put in place a process which will evidence how lessons from complaints have directly led to service improvements and how they have impacted planning of services across the organisation.
- 7.1.3 Clear guidance to staff about how to respond positively and helpfully to comments made by service users and carers will continue to be provided.
- 7.1.4 Increased monitoring of timescales/response by Managers
- 7.1.5 Increased awareness training for front line staff. Training for Managers/Seniors in responding to stage 1 complaints.
- 7.1.6 Training for Managers and Senior Managers in addressing stage 2 and 3 complaints.
- 7.1.7 Training for Elected Members

- 7.1.8 To undertake consultation with independent groups and partner agencies about levels of satisfaction with the complaint and compliment service.
- 7.1.9 A process is in place to receive and track complaints about external providers of services such as residential care homes, domiciliary care agencies – during 2006/07 we will closely monitor this situation.
- 7.1.10 Develop and implement a staff survey in order to gather views and reflections from staff concerning their experience of the process.
- 7.10 To increase the numbers of compliments sent through to the Quality & Complaints Team and to make increased positive use of those compliments.

Section 8

8.1 EVIDENCE LEARNING FROM COMPLAINTS:- EXAMPLES 2006/07

- A complaint was raised regarding an independently operated residential home where agency staff only, were on duty – leading to lack of knowledge of the residents needs. **Outcome** The establishment has committed itself to having a ‘permanent’ member of staff on duty at all times to advise and assist the agency staff in meeting the needs of residents. The Directorates Commissioning services are raising this with all external providers to seek a wide acceptance of this practice.
- A complaint made regarding the lack of an available vehicle to facilitate community based therapeutic and developmental sessions for service users. **Outcome:-** The vehicle normally in use was not in working order – a temporary vehicle was obtained to ensure service users could attend the therapeutic and developmental sessions.
- Complaint led to a review of admissions process within a residential establishment.
- Complaint led to review of process in District Teams regarding the booking of respite care.
- Complaint led to additional monitoring to assess a persons individual needs during the night – this has been set up for those who’s needs are greater and to assist in the transition into residential accommodation
- A complaint relating to personal savings held by service users in an external residential Home. A relative of a service user was concerned that her brothers savings had been withdrawn and

placed into a holding account by the agency. **Outcome:-** The Complaint Service pursued this and found other service users may be effected, this led to specific action involving Complaints, Commissioning, CSCI, Finance and other relevant services. The agency were required to make appropriate arrangements for all personal monies and savings and to re-imburse a number of service users for any lost interest on savings.

- Complaint regarding poor written communication. A service User in Day Services with no speech had a seizure, which was not written up in the diary presented to relatives. **Outcome:-** This led to the introduction of monitoring form and staff's awareness was formally raised regarding the completing of the form and sent home with service user on a daily basis.
- Complaint relating to carers not knowing about the existence of a key safe for a new service user, the service user had suffered a fall trying to answer the door to carers. **Outcome:-** This led directly to a wide review of all information provided to home carer staff for all new service users.
- Complaint received from relative of a Service User unhappy with the limited service his father received on a teatime call. **Action:** All Home Care staff for that area received a memo reminding them to always refer to the working service plan prior to providing care.
- A complaint received from the daughter of a Service User in Residential Care regarding money being allegedly stolen by another Service User. **Actions:** Additional security measures were put in place within the home and the situation is being closely monitored. Resident's money is now kept in the office safe where it can be accounted for.
- Complaint led to the production of 'more clear and concise' written information to service users and relatives concerning charges for respite care services.
- Service users queried the quality of food in a Day Centre, leading to a consultation meeting with the service users, managers and the catering company- this led to improvements in the service.

SECTION 9

9.1 ELECTED MEMBERS VISITS TO SOCIAL CARE ESTABLISHMENTS

- 9.1.1 Each year Elected Members are nominated by their Area Committees to carry out required visits to Dudley MBC Social Care establishments. Members are provided with a schedule of visits covering all social care

establishments, together with feedback forms to complete during their visits.

- 9.1.2 Service users, and staff are provided with the opportunity to put forward any thoughts or comments to Members who then clearly take full and proper account of this in their feedback.
- 9.1.3 The feedback forms, once completed are sent to the relevant Assistant Director. This provides the opportunity for Members to put forward immediate and valuable information, observations and comments regarding their visits, together with specific requests for action or a response to any issues arising out of the visit. Any action taken as a result of the feedback from Members is monitored to ensure it takes place. Clearly, this is a valuable and vital tool in our ongoing aim of continually learning and developing our services for all people using services.