



Statutory Complaints and Representations Annual Report 2014–2015

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Jackie Brown
Complaints Co-ordinator
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Introduction

This report details the feedback received by the Customer Relations Team about statutory social care adult and children's services during 2014-2015, including statistics on numbers and types of concerns, complaints and, importantly, learning from complaints.

Overview

362 new compliments, concerns, representations and complaints were received between 1 April 2014 and 31 March 2015, a 20% decrease from 450 last year. The table below shows the types of feedback received.

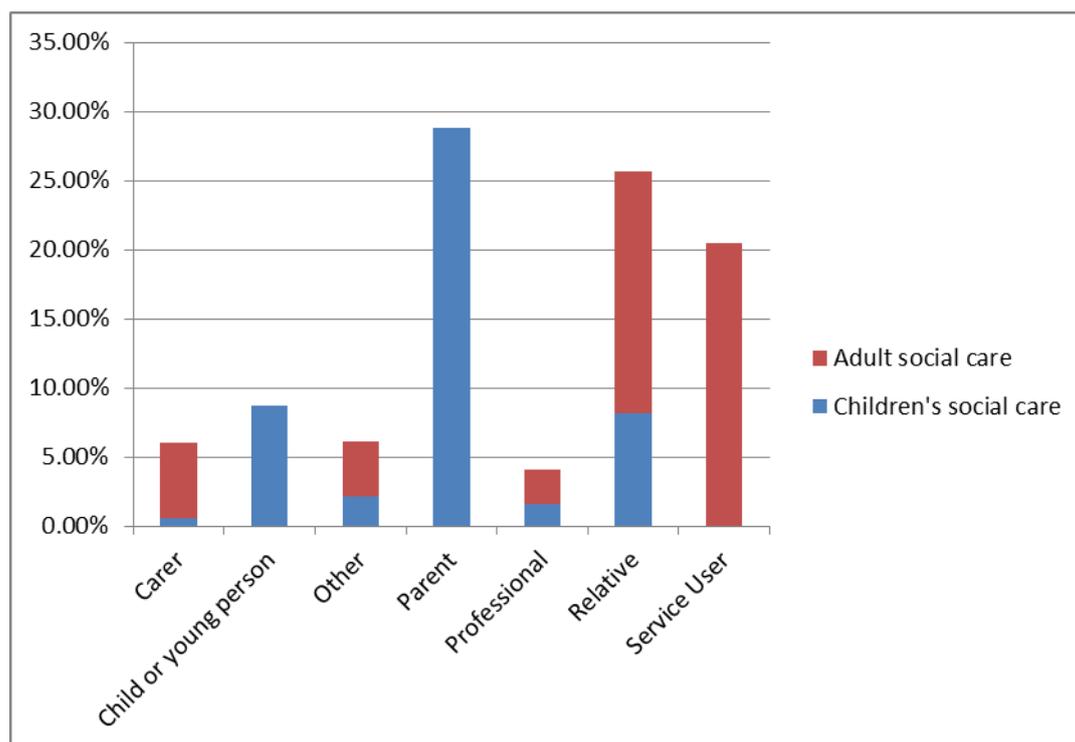
Type of Record	Children		Adults	
	No	%	No	%
Compliments	1	1%	116	42%
Concerns and representations	63	73%	43	16%
Complaints	22	26%	117	42%
Total	86	100%	276	100%

It is pleasing to note that many adult social care service users continue to express their satisfaction through compliments. When a concern or representation is received, an initial assessment is made to decide whether it needs to be considered using the complaints procedure. This includes establishing whether another route is more appropriate or if relatively minor issues can be resolved very quickly and locally by a manager. The figures below show that many concerns and representations were resolved quickly to the satisfaction of complainants.

106 concerns and representations were responded to during the period:

- 52 were resolved
- 12 people were advised that their complaint fell outside of the complaints procedure, eg because of court proceedings relating to the complaint issues
- 21 people contacted us but did not pursue their concerns when asked for further information
- 5 concerns were referred to adult or children's safeguarding services for appropriate investigation
- 6 were referred to another agency or Bristol City Council department
- 3 concerns about adult services required the Council to contribute to a response by an NHS Trust to a joint complaint
- 7 concerns about adult services were referred on and responded to by providers of services commissioned by the Council.

Who complained or complimented



The table above provides a breakdown of the type of complainant, split into complaints about adults and children's social care services. It is usual that the majority of complaints about children's services are made by parents of children, eg of children in care or who are subject to safeguarding investigations.

Further analysis, broken down by type of complaint, follows on the next few pages.

Complaints about children's services

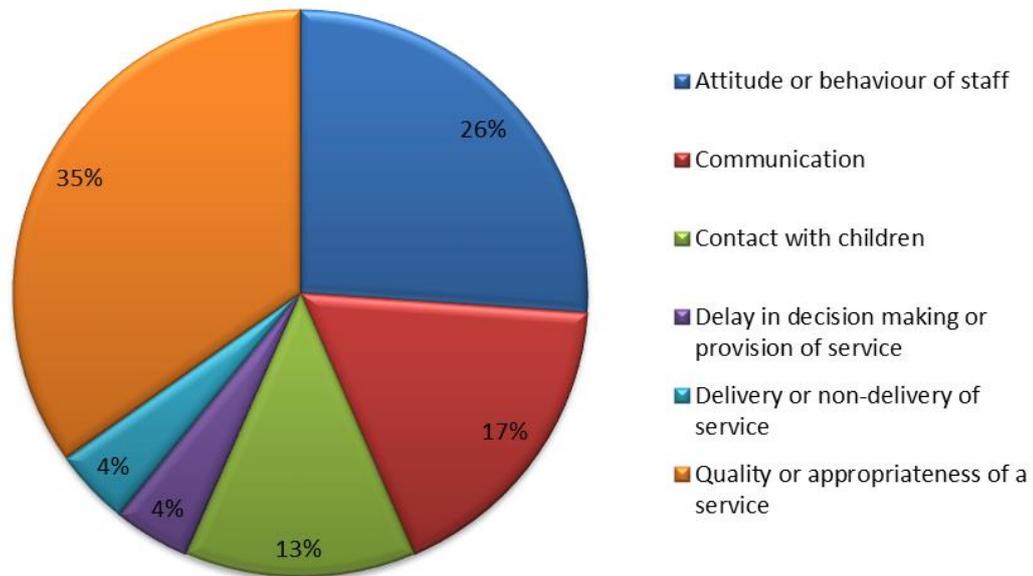
Appendix 1 explains the stages of the statutory children's social care complaints procedure. The tables in this section relate to complaints responded to during the period and do not include concerns or compliments.

The table below shows the number of complaints responded to at each stage.

Number of Social Care Complaints	Stage One	Stage Two	Stage Three	Ombudsman
2009 - 2010	37	7	5	5
2010 - 2011	41	11	4	10
2011 - 2012	23	6	0	6
2012 - 2013	20	3	1	4
2013 - 2014	22	3	1	5
2014 - 2015	22	4	4	2

In addition to the above, one complaint investigation began at Stage Two but was later withdrawn by the complainant.

Subject of children's social care complaints



The table above shows the main complaint subject areas. Parents sometimes consider they are being unfairly judged by social workers investigating allegations of abuse or neglect as part of their statutory duties. This can result in complaints about social worker attitudes or the quality or appropriateness of a service.

Complaint outcomes

The table below shows the outcomes of complaints responded to at each stage of the Children Act statutory social care complaints procedure.

Outcomes	Stage 1	Stage 2	Stage 3	Ombudsman
Not Upheld	41%		25%	
Partially Upheld	23%	100%	75%	
Upheld	14%			
No conclusion	4%			
Withdrawn by complainant	14%			
Withdrawn – outside procedure	4%			
Investigation complete – satisfied with LA actions				50%
Investigation not initiated				50%

The Local Government Ombudsman uses distinct classifications to record complaint outcomes. Evidence presented to the LGO may result in an investigation not being initiated if the Council's actions are considered to be satisfactory. In this case, the complaint related to events which took place several years ago and was therefore not investigated.

Response performance

There are statutory deadlines for responding to social care complaints. The table in Appendix 2 shows the structure of the complaints procedure. The deadlines for response are given at each stage with the possibilities for extensions in brackets. Extensions can be agreed with complainants where cases are complex or there are difficulties arranging meetings with a number of professionals etc. The table below shows the percentage of complaints which were responded to on time, at each stage.

Stage of procedure	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2014/2015
Stage 1	76%	68%	96%	80%	55%	50%
Stage 2	71%	91%	83%	67%	100%	75%
Stage 3	60%	100%	N/A	100%	100%	50%
Ombudsman	100%	100%	100%	67%	80%	100%

In addition, 7 complaints about social care were considered using the corporate procedure. The statutory procedure is not be used for anonymous complaints or for complaints from people who have insufficient interest in the child in receipt of a service (eg a relative or a neighbour).

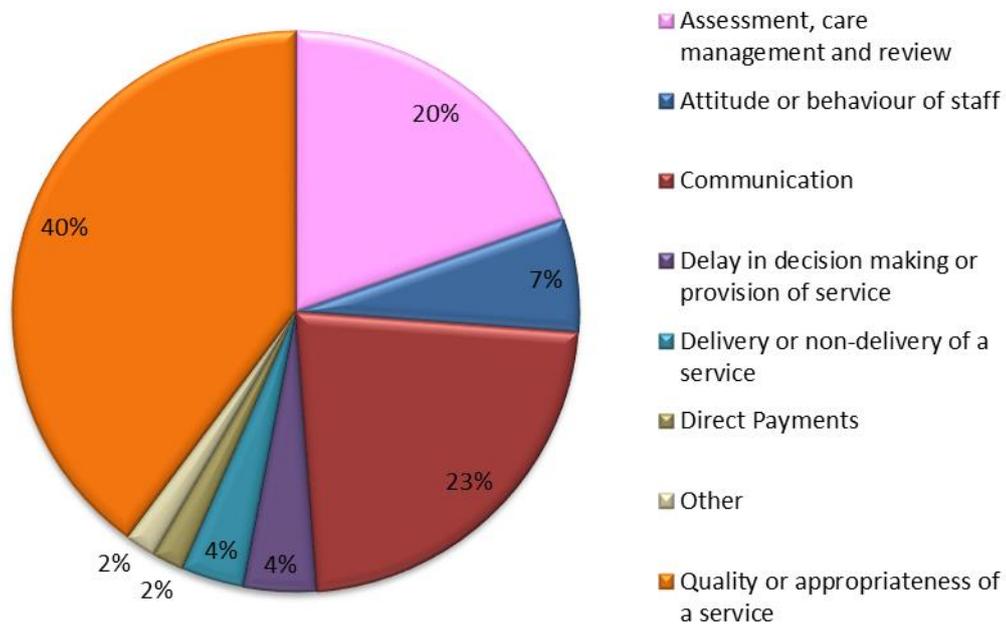
Complaints about adult services

Appendix 2 explains the statutory adults social care complaints procedure which is different from the procedure for children's services. The tables in this section relate to complaints responded to during the period and do not include concerns or compliments.

The table below shows the number of complaints responded to at each stage.

Response	2013/2014	2014/2015
Response	117	119
Review	2	8
Ombudsman	6	4

Subject of adult social care complaints



A number of complaints related to the quality of independent providers of residential or domiciliary care, for example delayed or missed visits, poor standards of care.

Complaint outcomes

The table below shows the outcomes of complaints responded to at each stage of the adult procedure.

Outcomes	Response	Review	Ombudsman
Not Upheld	24%	62.5%	
Partially Upheld	37%	37.5%	
Upheld	26%		75%
Withdrawn	11%		
Referred to Safeguarding	2%		
Investigation not initiated			25%

Two of the complaints which were upheld by the Local Government Ombudsman (LGO) did not result in any injustice to the complainant. In the case of the third upheld complaint, the LGO was satisfied with the small financial remedy offered to the complainant.

Response performance

Response deadlines are agreed between the manager with responsibility for responding to the complaint and the complainant, within six months. The manager must keep the complainant informed of any delays, giving reasons. The table below shows the percentage of complaints which were responded to on time, at each stage.

Stage of procedure	2013/2014	2014/2015
Response	42%	52%
Review	50%	37.5%
Ombudsman	57%	50%

Advocacy

Children and young people are entitled to independent and confidential advocacy support to help them make social care complaints and representations. The Council has a service level agreement with Reconstruct to provide this service as part of a wider advocacy and participation project for children and young people. Reconstruct advocates work closely with children and young people in care and frequently support them to raise concerns informally with staff. Therefore the majority of issues raised directly by children and young people are resolved without using the complaints procedure. 8 young people were supported by Reconstruct to raise formal complaints during 2014-2015. A further 12 were supported by advocates to seek resolution to their concerns outside of the complaints procedure.

Complaints Procedure Advocacy (CPA), part of the Care Forum, provides support to adults making complaints on behalf of children and to adults complaining in their own right about adult social care services. Different levels of support are provided, from information that can promote self-help to assisted information (which could include research or signposting) and general help (which could be arm's length support, eg advising on process and proof reading letters drafted by clients) through to full case work. Complainants are supported to look at different options and possible outcomes to equip them to make informed choices about action which may be taken. CPA works to ensure people can represent their own interests as far as possible and does not offer advice on how an individual should act.

CPA supported 20 adults making complaints on behalf of or concerning children and young people at all stages of the complaints procedure, from initial concerns to post stage three. It also supported 28 adults or their relatives/carers complaining about adult services.

Diversity monitoring

For children's services, as much information as possible is captured about the gender, ethnic background, age and disability of those who give feedback. Some information is available through the social care case management system. In addition, diversity monitoring forms are sent to people when complaints are acknowledged. However, some complainants decline to provide information. The tables in Appendix 3 outline the diversity information of complainants and service users for children's services.

For adult services, diversity information about complainants is unavailable from the case management system if the complainant is not the service user. Service user diversity information is available and provided in Appendix 3.

Quality assurance

We are keen to receive feedback from those who use our complaints procedures. For complaints about children's services, this is a requirement and a short survey is sent with the following statements once a complaint has been responded to asking complainants to tell us how satisfied they have been with each aspect:

- It was easy to find out how to make a complaint.
- I was able to speak to the manager dealing with my complaint.
- I had a written reply.
- I am happy with the way my complaint was handled.

All complainants receive a written acknowledgement of their complaint. Information about response performance is available in the analysis section of this report. In 2014-2015, 18% of surveys were returned. The feedback is as follows:

- Two thirds considered it had been easy to find out how to make a complaint.
- Two thirds said they were unable to speak to the manager dealing with their complaint.
- Two thirds stated they had a written reply. Our records show that written replies were sent to all complaints.
- None of the respondents were happy with the way their complaint was handled, partly due to delays in the process and because they were unhappy with the outcome.

Learning from complaints

One of the key principles of the statutory social care complaints regulations is that local authorities learn from complaints and use this learning to improve services for everyone who uses them. Additionally, senior managers place great emphasis on the importance of learning from complaints. All actions agreed when complaints are concluded are tracked and monitored by the Customer Relations Team to ensure they are implemented within agreed timescales. Some examples of how individual complaints have led to service improvements are given here.

Children's services

A parent complained about a number of issues after his teenage child went into voluntary care, including poor communication about the child's progress and activities, lack of involvement in care planning, staff attitudes and lack of information about processes. As a result of the complaint, a leaflet was written to explain to parents what happens when a child or young person becomes looked after, with particular reference to consent.

A parent, whose first language wasn't English, complained as he had not been told that his child had been subject to a child protection plan in the past (and he considered the child should not have been) and that this was now impacting on his ability to take on paid or voluntary work with children. Child Protection Case Conference chairs were subsequently reminded about their responsibility for ensuring parents know about the process for Child Protection Plan appeals and are able to access the process. In addition, staff training on the use of interpreters was reviewed to ensure that it is adequate and meets people's needs.

A non-resident father complained as he considered that his child's social worker did not take seriously his concerns about his child. Following this complaint, the relevant social work team held a team exercise on working with fathers and two staff members undertook specific training. Additionally, social workers were reminded of the importance of communication with non-resident parents and of accurate recording on service user records.

A grandparent acting on behalf of parent complained about the lack of support and information received from the child's social worker. As a result of this complaint, social work staff were reminded about the importance of working in partnership with staff from other agencies to improve support to families, ensuring that the voice of the child is gathered and recorded and the value of consulting with the Emotional Abuse Forum where there is suspected emotional abuse or neglect. The findings from the complaint were used to inform future practice via training and guidance. Liaison with the Child and Adolescent Mental Health Service took place about involving children's services at an earlier stage when serious concerns about a parent's management of their child have been identified to enable proactive joint working to take place.

A parent called to complain that a duty social worker was rude to her and lacked interest and compassion regarding her situation when she called to report that her child did not return from contact with the other parent. As a result of this complaint, the team manager spoke to the team about how the parent felt following the telephone conversation, reminding them that, no matter what the outcome of the conversation, all parents, carers and young people need to feel that they have been treated with respect and that they have been listened to.

Adult services

A group of friends complained about the level of care given to a service user in a rehabilitation centre prior to her death. As a result, a number of specific practice changes were made:

- Frequency of checks was increased where concerns are identified about skin conditions and the outcomes of checks are recorded and monitored
- An identified staff member takes overall responsibility for monitoring fluid and dietary charts
- Staff training needs on equalities, effective communication, manual handling, customer care and first aid were reviewed and appropriate training delivered
- Multi-disciplinary meetings including service users and other relevant people are convened early to identify if continued rehabilitation is still appropriate and, if not, consider where the most appropriate place will be for the service user's ongoing needs to be met.

Two complaints about medication in respite settings resulted in amendments to medication protocols to ensure that every possibility of obtaining medication for respite service users is explored before asking relatives to provide medication, that residents are woken to give them essential medication and that all medication given is documented. Staff also undertook an e-learning course on medication administration.

A daughter complained that social workers addressed a letter to her mother despite an agreement that all correspondence would be addressed to her due to her mother's anxiety issues and that she and her mother were given no warning about the intention of social workers to close the case. The team manager discussed with her team the need to ensure that communication with service users and carers is clear and considered and that discussions around closing an individual's case are managed in an appropriately sensitive manner.

The partner of a service user complained about a home care provider, stating that some support workers do not stay for the length of commissioned time, particularly in the evenings and at weekends, that the quality of care is variable with newer carers not adhering to the support plan and that some care interventions are of an unacceptable standard e.g. placing wet flannels on clothing, not cleaning teeth, not allowing enough time for toilet visits, not introducing themselves. As a result of this complaint, the care agency discussed with the entire team the importance of staying with service users for the whole of the allocated time, reading care plans and following tasks as specified. A refresher training course on communication skills for the team was arranged. The format of the communication sheets was revised to improve the quality of recording and the manager carried out spot checks over a period of time to check that staff were carrying out all of their responsibilities.

Appendix 1 – Children’s social care complaints procedure

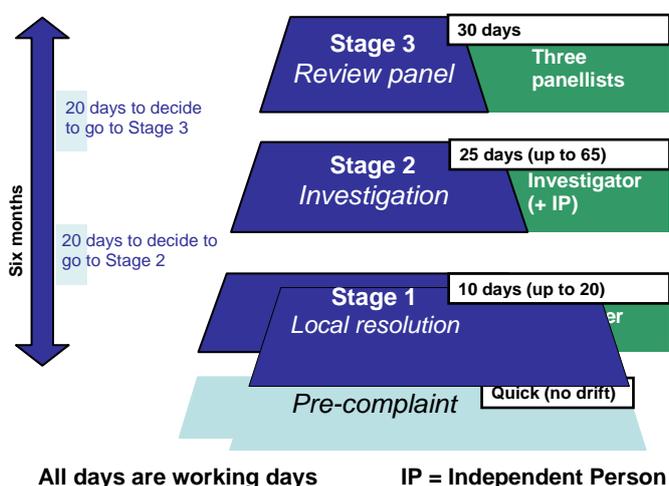
The Children Act 1989 Representations Procedure (England) Regulations 2006 requires local authorities to have in place procedures for handling complaints made by or on behalf of service users (or potential users) of social care services provided to children and young people.

The children’s social care complaints procedure consists of three stages:

- ❑ Stage 1 – Local, informal resolution (usually conducted by a first line manager)
- ❑ Stage 2 – Formal, detailed investigation (conducted by an investigator and independent person)
- ❑ Stage 3 – Formal review (considered by a panel of three independent people).

In some circumstances, a complaint can be investigated at Stage 2 of the procedure, without being considered at Stage 1. However, complainants are generally encouraged not to skip Stage 1 if local managers have not previously had an opportunity to look into the concerns raised. A review panel will only be held once a Stage 2 investigation is completed.

Structure of children’s complaints procedure



Ombudsman

At any time, complainants can approach the Local Government Ombudsman for a review of the case. Usually, the LGO only considers complaints once the local authority’s complaints procedure has been fully exhausted.

Appendix 2 – Adult social care complaints procedure

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 requires local authorities to have in place procedures for handling complaints made by or on behalf of service users (or potential users) of social care services provided to adults.

When a complaint is received, a risk assessment is undertaken as follows:

Risk assessment

Step One: Decide how serious the issue is?

Seriousness	Description
Low	<p>Unsatisfactory service or experience not directly related to care. No impact or risk to provision of care</p> <p style="text-align: center;">Or</p> <p>Unsatisfactory service or experience related to care, usually a single resolvable issue. Minimal impact and relative minimal risk to the provision of care or the service. No real risk of litigation.</p>
Medium	<p>Service or experience below reasonable expectations in several ways, but not causing lasting problems. Has potential to impact on service provision. Some potential for litigation.</p>
High	<p>Significant issues regarding standards, quality of care and safeguarding of or denial of rights. Complaints with clear quality assurance or risk management issues that may cause lasting problems for the organisation, and so require investigation. Possibility of litigation and adverse local publicity.</p> <p style="text-align: center;">Or</p> <p>Seriousness issues that may cause long term damage, such as grossly substandard care, professional misconduct or death. Will require immediate and in depth investigating. May involve serious safety issues. A high probability of litigation and string possibility of adverse national publicity.</p>

Step two: Decide how likely the issue is to recur

Likelihood	Description
Rare	Isolated or “one off” – slight or vague connection to service provision
Unlikely	Rare – unusual but may have happened before
Possible	Happens from time to time – not frequently or regularly.
Likely	Will probably occur several times a year
Almost certain	Recurring and frequent, predictable

Step three: Categorise the risk

Seriousness | Likelihood of recurrence

	Rare	Unlikely	Possible	Likely	Almost Certain
Low	Low				
		Moderate			
Medium					
			High		
High				Extreme	

Response

After this, the manager dealing with the complaint develops a Complaint Investigation Plan (CIP) with the complainant which defines how the complaint will be handled and the time frame within which it will be completed. A written response is subsequently sent to the complainant by the manager which explains how the complaint was investigated, conclusions reached and actions taken as a result of the complaint.

Review

If the complainant is not satisfied with the response, they can request a review by a more senior manager. The local authority then has to decide whether a review is warranted and respond accordingly.

The local authority must complete its response to a complaint within 6 months of receipt. If it is unable to do this, it must provide a written explanation which outlines when they can expect to receive their response.

Ombudsman

At any time, complainants can approach the Local Government Ombudsman for a review of the case. Usually, the LGO only considers complaints once the local authority's complaints procedure has been fully exhausted.

Appendix 3 - Diversity monitoring

Age	Adult complaints (service users)	Children's complaints (service users)	Children's complaints (complainants)
15 or under		86.4%	9.1%
16 – 24	3.4%	13.6%	22.7%
25 – 49	18.8%		40.9%
50 – 64	16.2%		9.1%
65 – 74	18.8%		9.1%
75 +	42.7%		
Unknown			9.1%

Disability	Adult complaints (service users)	Children's complaints (service users)	Children's complaints (complainants)
Yes	35.6%		
No	62.7%	95.5%	72.7%
Unknown	1.7%	4.5%	27.3%

Ethnic group	Adult complaints (service users)	Children's complaints (service users)	Children's complaints (complainants)
Asian	1.7%	13.6%	4.5%
Black	7.7%	18.2%	4.5%
Mixed		9.1%	9.1%
White	88%	54.4%	54.5%
Other	0.9%		
Unknown	1.7%	4.5%	27.3%

Gender	Adult complaints (service users)	Children's complaints (service users)	Children's complaints (complainants)
Male	37.6%	45.5%	23.5%
Female	62.4%	54.5%	58.8%
Joint (couple)			17.6%