

ADULT SOCIAL CARE AND COMMUNITY SERVICES

ANNUAL REPORT ON THE COMPLAINTS AND REPRESENTATIONS PROCEDURE 2013/2014



Contents

1.0	Introduction	3
	The Monitoring of Community Complaints and Representations	4
2.0	Executive Summary	5
PART A - ADULT HEALTH AND SOCIAL CARE		
3.0	The Adult Health and Social Care Formal (Local Resolution) and Complaints and Representations Process and Procedure	7
4.0	Statistical Analysis of Complaints	9
	Number of Stage 1 Complaints and Mediations Received	9
	Categories of Complaints Received	9
	Disagree with Policy/Criteria	10
	Conduct/Attitude	10
	Quality of Service	11
	Communication and Information	11
	Breach of Confidentiality	11
	Complaint Outcomes	12
	Method of Receipt	12
	Complaint by Service Area	12
	Timescales for Investigation of Complaints	14
	Equality Monitoring of Complaints	15
	Stage 2 – Local Government Ombudsman	16
	Joint Health and Social Care Complaint	16
	Complaints About Independent Care Agency Commissioned Services	16
5.0	Compliments	17
	Number of Compliments Received by Service Area	17
	Equality Monitoring of Compliments	19
	Monthly Monitoring Informal Compliments and Complaints	19
PART B - COMMUNITY SERVICES		
6.0	The Complaints Procedure	20
7.0	Statistical Analysis of Complaints	21
	Number of Stage 1 Complaints and Mediations Received	21
	Complaint by Service Area	21
	Category of Complaints Received, Outcomes and Timescales	22
	Informal Complaints	23
	Stage 2 – Corporate Complaints Review	23

8.0	Compliments	23
	Informal and Formal	23

PART C - ADULT HEALTH AND SOCIAL CARE AND COMMUNITY SERVICES

9.0	Staff Training in the Managing of Complaints	24
	Networking and Sharing Policy and Practice	24

10.0	Learning From Complaints	25
	Adult Social Care Learning	26
	Community Services Learning	26

11.0	Achievements/Looking Ahead	26
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12.0	Conclusion	27
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Appendices:

	Full Detailed Complaint by Service Area	28
	Category of Complaints Received – Full List	29

	Contact Details	30
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1.0 Introduction

- 1.1 The Community Services Directorate arranges and supports provision of a wide variety of services to enable people to remain living independently in their own homes; with increasing levels of choice and control over the type of support they receive. In addition, the Directorate supports service users living in residential or nursing establishments; and has lead responsibility for safeguarding adults at risk of harm by others.
- 1.2 During 2013/14 a total of 6,074 adults of working age and older people received an Adult Social Care service. The aim of the Local Authority is to provide high quality services that meet the needs and circumstances of individuals and their families. However, given the personal and complex nature of our services, sometimes things do go wrong.
- 1.3 Wolverhampton's Adults Health and Social Care Complaints Procedure complies with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009; which came into force on 1st April 2009.
- 1.4 The Regulations provide the general legal framework within which complaints have to be managed and do not prescribe the processes through which outcomes should be delivered. The Department of Health's 'Listening, Improving, Responding' practical customer care guide was produced to support staff in implementing an outcomes focused approach to complaints management; which includes:
 - The focus on the provision of a single formal response for the complaint being the only opportunity for the Council's complaint investigation to 'get it right'.
 - A readily identifiable person responsible for the complaints-handling function in each organisation.
 - A 12 month limitation to make a complaint.
- 1.5 Wolverhampton's Adult Health and Social Care Complaints procedure incorporates the principles of good complaints handling, drawn up by the Health Service Ombudsman and endorsed by the Local Government Ombudsman:
 - Getting it right and being customer focused;
 - Being open and accountable;
 - Acting fairly and proportionately;
 - Putting things right; and
 - Seeking continuous improvement.
- 1.6 Complaints and all types of feedback (including compliments) are seen as important to improve the quality and responsiveness of services The Directorate wants service users to feel able to complain or comment based on

a clear understanding of the quality of service they should expect. The complaints process provides a mechanism to identify problems and resolve issues. If things go wrong or fall below expectation, we try to sort things out quickly and fairly. We also want to learn from our mistakes or concerns that arise and will make changes to improve services.

- 1.7 Equally, staff should feel free to apologise, resolve issues quickly at a local level, restore relationships and pass on lessons so that systems are improved. Where complaints cannot be resolved informally, complainants are dealt with through the formal complaints procedures, that are independent, simple, and aim to be transparent and swift, leading to appropriate redress and action on professional conduct or system failures.
- 1.8 It is part of the statutory regulations that the Local Authority produces and publishes an annual report on complaints and compliments made by service users, carers and members of the public about social care services directly provided or commissioned by the department.
- 1.9 This Annual Report on the Complaints and Compliments received by the Community Services Directorate provides information on the types of complaints and compliments that have been received and managed within the Directorate between 1 April 2013 and 31 March 2014.
- 1.10 This report provides a mechanism to keep people informed about the operation of Wolverhampton's Adult Health and Social Care complaints procedure and in addition, provides feedback on complaints concerning Leisure, and Community services that also come under the responsibility of the Community Directorate.
- 1.11 Analysis of information about the complaints received during 2013 -14 gives Adult Social Care an opportunity to reflect on both the quality of the services it provides to the people who use our service and consider how well it listens and responds to their needs.
- 1.12 The Community Directorate has received an encouraging number of compliments. This is an indication that the widespread distribution of the complaints and compliments leaflets ensures that the public have a high awareness that comments on services are welcomed.
- 1.13 The report is divided into two parts. Part A encompasses complaints that come under the Adult Social Care Regulated Procedure and part B covers complaints relating to those Community Services which are subject to the corporate complaints procedure and timescales.

The Monitoring of Community Complaints and Representations

- 1.14 The Customer Relations and Complaints Manager (Quality Assurance and Improvement) receives complaints and compliments for services that come under the Community Directorate and ensures that they are dealt with in accordance with the relevant procedures and legislation.

- 1.15 Informal complaints made directly to operational staff or their managers and resolved immediately do not fall within the scope of the Complaints Procedure. However, so that information about responses to services can be collated for analysis; Service Managers record these and provide information to the Customer Relations and Complaints Manager on a monthly basis.
- 1.16 The work of the Customer Relations and Complaints Manager continues to focus on mediation; which involves adopting a person centred approach to clarify with the complainant the nature of the complaint and what they hope to see achieved before an investigation begins.
- 1.17 The Customer Relations and Complaints Manager has reinforced the benefits of effective complaints handling by maintaining contact with staff across all adult social care services; to raise awareness of the complaints procedure and individuals roles in resolving complaints promptly where they arise in order to achieve an early resolution of problems.

2.0 Executive Summary

2.1 Overview of Activity - The Council has continued to work hard over the past year to put customer care at the forefront of its activity. It has maintained a proactive approach to managing and responding to complaints in a timely manner, and above all has kept customers involved in the process.

a) Volume:-

- The key message from the 2013/2014 monitoring of Adult Social Care complaints is that there has been an increase in the number of complaints received, from 87 in 2012/2013 to 99 in 2013/2014.
- As at 1 April 2013 there were 3789 service users receiving care services funded by the City Council (including Direct Payments) and the total number of complaints received represents 2.61% of customers expressing dissatisfaction with the service they received.
- The number of formal and informal compliments received during the year continues to outweigh the number of complaints made. A total of 312 compliments were received across adult social care services from service users or their families who wished to express their satisfaction with the service they had received.
- A further 262 positive comments were received from the Welfare Rights Team by means of a customer satisfaction card, compared to 218 the previous year.
- The volume of complaints in relation to breach of confidentiality has decreased from 3% to 1%. This reduction coincides with mandatory training for all employees of the authority on data protection.

- There has been a decrease in the number of formal complaints received by the Quality Assurance Unit from customers whose care service is provided by a private provider, commissioned by Social services.
- Services that come under the umbrella of Community Services (Sports and Leisure, Parks and Green Spaces and the Library Services) received:
 - 13 formal complaints; which were responded to within the 21 day Corporate Complaints Procedure timescale
 - 34 compliments
 - 97 informal complaints were received and dealt with directly by the individual service teams

b) Timeliness:-

- 36% of the Adult Social Care formal complaints received during the year were dealt with and responded to within the departmental 10 day target timescale. Compared to 34% for the previous year.
- Performance against the 20 day milestone has been positive where 84% of all responses were achieved within 20 working days compared to 76% the previous year.
- The average timescale to respond to complaints was 14 days.

c) Outcomes:-

- There has been a decrease in the percentage of complaints upheld; 24% compared to last year's figure of 30%. The total number of complaints which were either not upheld or withdrawn represents 44% compared to 46% for the previous year.
- There has been a decrease in the volume of complaints received in relation to Quality of Service; where complaints in relation to this category represents 22% of the total complaints received, compared to 25% the previous year.
- There has been an increase in the number of complaints concerning conduct and attitude. This represented 25% of the total number of complaints received compared to 18% in the previous year. However 52% of these were either not upheld or withdrawn.
- Over the period April 2013 to March 2014 there was 1 complainant who remained dissatisfied at the end of the Stage 1 local resolution process and the complainant was advised of their right to have their complaint considered by the Local Government Ombudsman.

PART A

3.0 The Adult Health and Social Care Formal (Local Resolution) Complaints Process and Procedure

3.1 There are two stages to the process for dealing with formal complaints:-

- **Stage 1 - Local Resolution**
- **Stage 2 - Local Government Ombudsman**

Stage 1 - Local Resolution

3.2 When complaints are received by the Complaints Section, they are acknowledged and the Customer Relations and Complaints Manager makes sure with the complainant there is a clear understanding of what has gone wrong and what the person making the complaint would like to see happen to put things right. Then it is passed to the relevant manager to investigate the concerns and see what action can be taken to resolve the problem.

3.3 To performance manage the complaints resolution process; a 10 day departmental target timescale was agreed. This can be extended whenever necessary, with the agreement of the Customer Relations and Complaints Manager, to ensure the focus remains on resolving the complaint.

3.4 If the final response from the Council has not served to resolve a complaint to the satisfaction of the complainant, then he or she is entitled to take their complaint to the Local Government Ombudsman to review the way their complaint has been handled by the Council.

Stage 2 - Local Government Ombudsman

3.5 The Local Government Ombudsman advice team provides a single point of contact for all enquiries. The Ombudsman does not normally consider a complaint unless a council has first had an opportunity to deal with the complaint itself.

3.6 Those people who fund their own care, or arrange their own personal adult social care directly with a private care agency using funding provided by the Council, now have the option to contact the Ombudsman themselves, if they remain unhappy with the response they receive from their service provider.

3.7 The focus of the complaints handling process; through which outcomes are delivered is to:-

- Make complaints person focused;
- Treat all complaints according to their individual nature;
- Focus on swift local resolution by looking closely at the complainants desired outcomes;
- Have a coherent way of handling and learning from complaints that span across social care and health.

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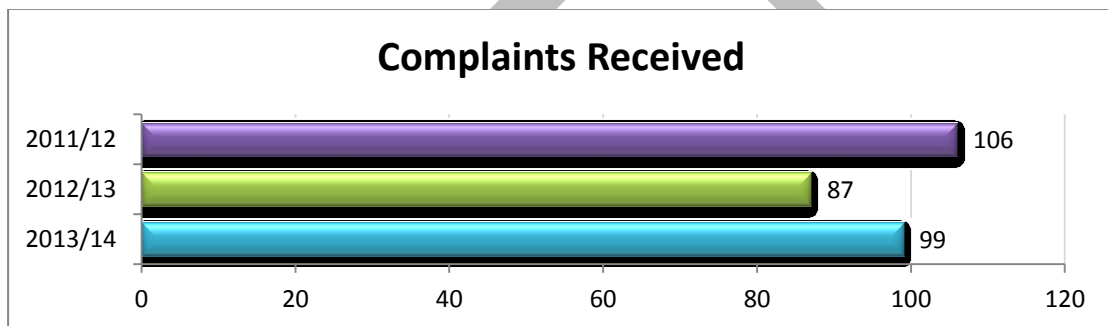
Those people who fund their own care, or arrange their own personal adult social care directly with a private care agency using funding provided by the Council, now have the option to contact the Ombudsman themselves, if they remain unhappy with the response they receive from their service provided.

4.0 Statistical Analysis of Complaints

Number of Stage 1 Complaints and Mediations Received

- 4.1 As at 1 April 2013 there were 3789 service users receiving care services funded by the City Council (including Direct Payments) and the total number of complaints received represents 2.61% of customers expressing dissatisfaction with the service they received. This represents an increase in the number of service users expressing dissatisfaction during 2013/2014; as compared to 2012/13 when this figure was 1.93%.
- 4.2 The majority of complaints are dealt with at Stage 1; by Team Managers, Heads/ Deputy Heads of Service, and by the Customer Relations and Complaints Manager to the satisfaction of the person making the complaint.

Figure 1: Complaints received by Adult Health and Social Care Services

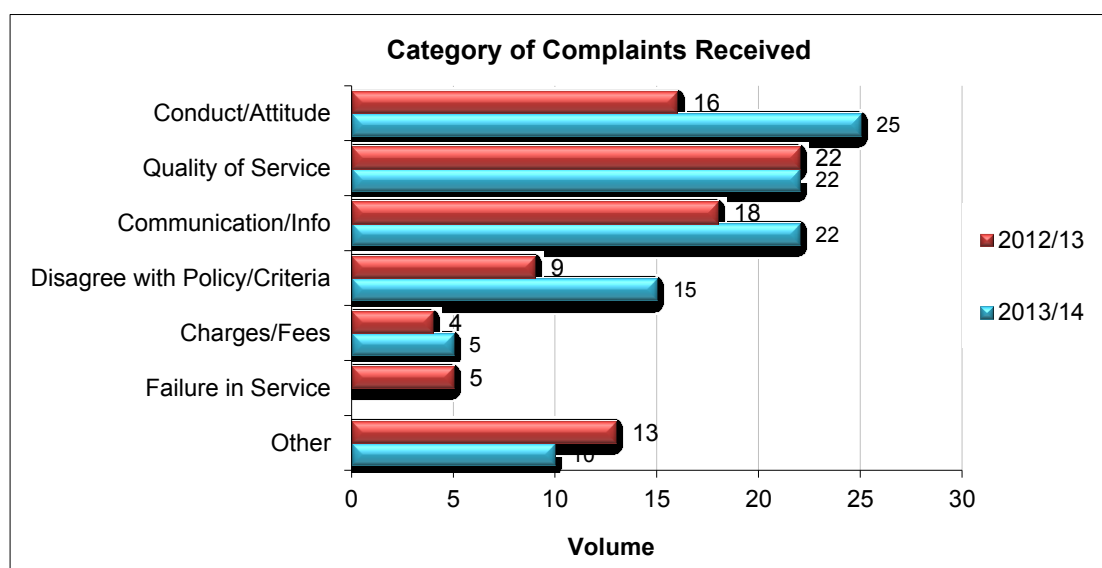


- 4.3 As can be seen in Figure 1: Complaints Received; 2013/14 saw an increase in the number of complaints received, 99 compared to 87 the previous year. However, this is lower than the volume of complaints received in 2011/12 when 106 service users complained.

Categories of Complaints Received

- 4.4 Figure 2 below details the nature of complaints received; including where information is available, those received about services commissioned by the department from independent agencies.
- 4.5 Where a complaint raises concerns about the safety of a service user these are managed in accordance with the departments 'Safeguarding Vulnerable Adults Procedure' - 14 cases were transferred to be investigated under this procedure due to the nature of concerns raised.
- 4.6 Two complaints did not fall within the jurisdiction of the local authority to investigate and respond to; and the complainants were referred to the appropriate organisations to address their concerns.

Figure 2: Category of Complaints Received



4.7 Due to the small numbers of complaints received, certain categories have been grouped together as 'Other'. The categories contained within the 'Other' figure are: Breach of Confidentiality, Delay in Service, Health and Safety, Damage/Loss, Neglect, Refusal of Service, Request for Service, Concern, Access, changes in Policy, Cleanliness, and Discrimination. A full detailed list of the category of complaints is shown at **Appendix 2**.

4.8 There has been a significant increase in the numbers of complaints from service users disagreeing with policy/criteria; from 9 complaints in 2012/13 to 15 in 2013/14; up by 67 %; and those relating to the conduct and attitude of staff; from 16 complaints in 2012/13 to 25 in 2013/14; up by 56%.

4.9 Complaints received in relation to residential care homes or care provided in service users homes are shared with the Quality Assurance and Compliance team for monitoring purposes.

Disagreement with Policy/Criteria

4.10 Many of the complaints in this category disagreed with a policy or criteria relating to a review or an assessment which has taken place. Where possible, the assessment was reconsidered, following disagreement however some complainants still remained unhappy and had recourse to the formal complaints procedure.

Conduct and Attitude

4.11 This year has seen an increase in the number of cases relating to the conduct/attitude of staff. In 2012/13 16 complaints of this nature were received; compared to 25 in 2013/14; an increase of 67%. Complaints relating to the conduct/attitude of staff represented 25% of all complaints received and equates to 1 complaint received for every 36 staff employed within Adult Social Care.

- 4.12 Many complainants described feeling dismissed by staff; or experienced a shortfall in compassion; and a common thread in most complaints was the tone and manner of a staff member towards the complainant.
- 4.13 The percentage of complaints which were upheld or partially upheld, where conduct and attitude was the primary concern has increased from 43% in 2012/13 to 48% in 2013/14. In 2013/14 this relates to:
- 6 cases (24%) being upheld
 - 6 cases (24%) being partially upheld; and
 - 13 cases (52%) being withdrawn or not upheld
- 4.14 It is critical that learning from complaints of this nature is embedded in staff supervision and feedback mechanisms.

Quality of Service

- 4.15 The number of complaints (22 cases) received in respect of the quality of service provided to the complainant in 2013/14 is the same as were received in 2012/13. Due to the increased volume of complaints in 2013/14, this equates to 22 % of the total complaints received compared to 25% for the previous year.
- 4.16 Many of the complainants referred to delays in receiving initial assessments, or the quality of care or support by either the social worker or the immediate care provider.

Communication/Information

- 4.17 In 2013/14 there were 22 complaints about communication/information; as compared to 18 in the previous year. This equates to a 22% increase; with service users experiencing:
- no response to requests for information,
 - poor communication between agencies; and
 - poor communication with service users and their families
- 4.18 Complainants have said that they want to be kept informed, to meet staff face to face when there are problems and to receive outcomes in writing.

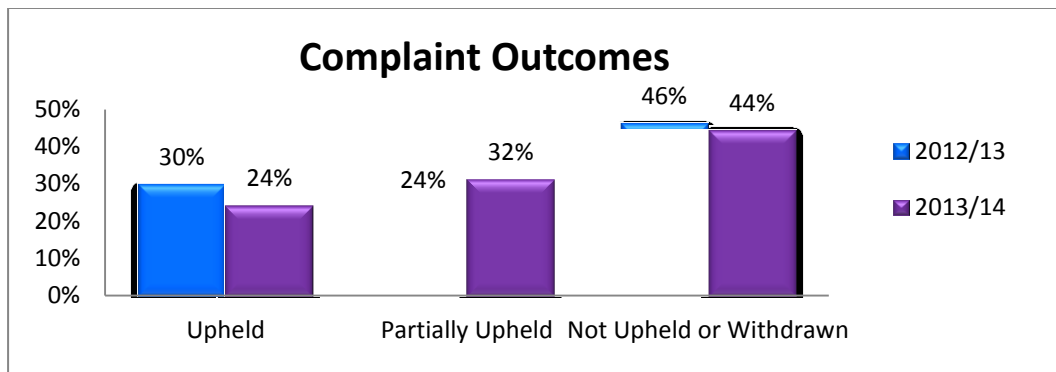
Breach in Confidentiality

- 4.19 Wolverhampton City Council has required all employees to complete training in respect to confidentiality and information management; in order to ensure service user's information is protected; and only shared when it is safe and appropriate to do so; in accordance with the Data Protection Act 1998.
- 4.20 The impact of this is evident in the reduction in the number of cases where breach of confidentiality was cited as the cause for the complaint; from 3 cases in 2012/13 to 1 case in 2013/14.

Complaint Outcomes

- 4.21 As can be seen in Figure 3, below; the number of complaints upheld in 2013/14 is lower than in 2012/13; whilst the number partially upheld has increased. Overall 56% of complaints investigated identified areas where improvements to social work practice and/or service provision could be improved.

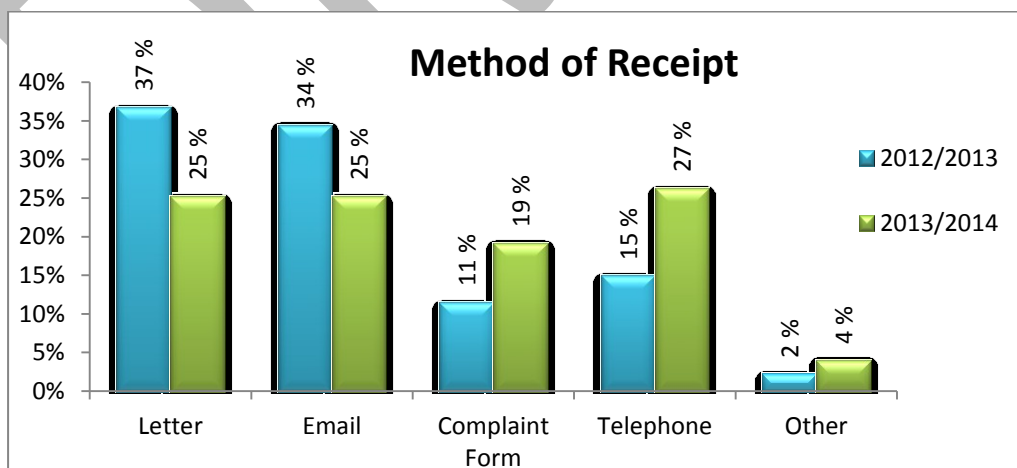
Figure 3: Outcomes of Complaints (2012/13 versus 2013/14)



Method of Receipt

- 4.22 Previous years have shown that the preferred method of making a complaint was been by firstly by letter and secondly by email.
- 4.23 In 2013/14 there has been a significant increase in the number of complaints resulting from telephone calls; with services users indicating that they desire a speedy resolution to their concerns.

Figure 4: Method utilised to make complaint



Complaint by Service Area

- 4.24 On 1 April 2014 Housing Options/Housing Outreach/Young Persons and Homelessness Prevention team ceased to be a part of the Community Directorate; having moved to the Education and Enterprise; and as a

consequence complaints for these areas will no longer be reported upon.

4.25 Figure 5: Volume of Complaints versus Service provides an overview of the number of complaints received by service areas; whilst **Appendix 1** details the number of complaints received per team.

4.26 In 2013/14 the team receiving the most complaints (15) was Housing Options (Homeless);

The most significant increases in the number of complaints received are as follows:

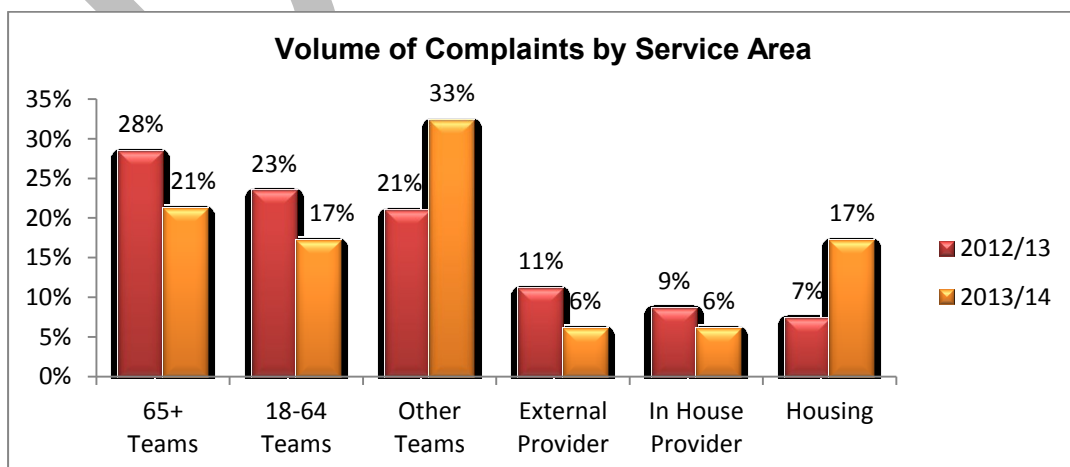
- ILS (Adaptions) - 8 complaints, where none had been received the previous year
- Community Care Commissioning - 6 complaints versus 1 received in the previous year;

4.27 The teams experiencing the most significant reduction in the number of complaints received were:

- Learning Disability Team - from 5 complaints in 2012/13 to 1 in 2013/14; equivalent to an 80% decrease
- Contracted/Independent Providers - from 8 complaints in 2012/13 to 3 in 2013/14; equivalent to a 63% decrease
- ACT East (CMT) - from 12 complaints in 2012/13 to 8 in 2013/14; equivalent to a 33% decrease;

4.28 In general complaints concerned the outcome of people's assessments; decisions about their eligibility for services; and the manner in which their financial assessments are handled.

Figure 5: Volume of Complaints versus Service



Timescales for Investigation of Complaints

4.29 Whilst timescales for responding to complaints are not statutorily prescribed, good practice dictates that they must be as short as reasonably possible to allow for effective consideration. Departmental guidelines require managers to respond to complaints within 10 working days, wherever possible.

4.30 Timeliness of complaints management by investigating officers is monitored; to ensure departmental procedures and timescales are met. To support this process Assistant Directors and Service

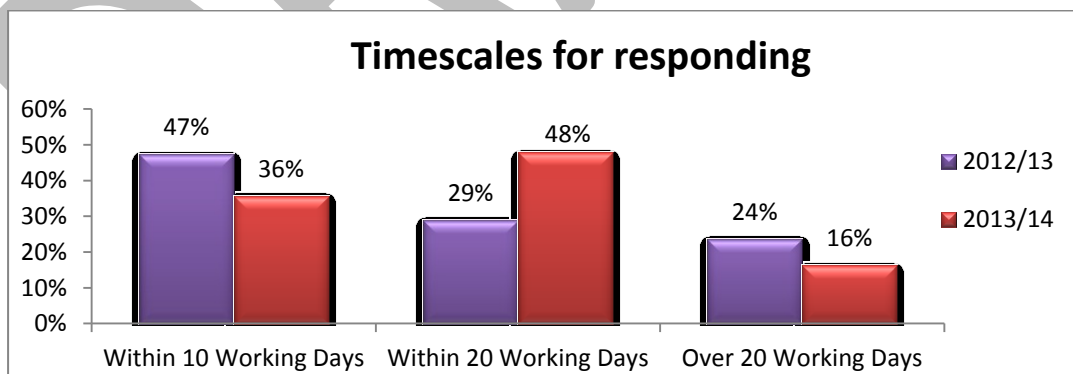
Heads receive a weekly progress report which informs them of any overdue responses. This process enables senior managers to ensure that delays are kept to a minimum.

4.31 In 2013/14; there was an 11% reduction (see figure 6) in the number of complaints being responded to in 10 working days. However, the total number of complaints responded to within 20 working days; has increased from 76% in 2012/13 to 84% in 2013/14. The average timescale to respond to a complaint was 14 days.

4.32 Whilst some delays in managing a complaint are unavoidable, due to complexity and/or the need to interview front line staff; any process can only be fully effective if sufficient priority is given to dealing with complaints.

The time taken by managers to investigate the circumstances of some of these complaints can exacerbate the situation and can lead to lack of timeliness of response becoming a secondary complaint in its own right.

Figure 6: Timeliness of response to complaints

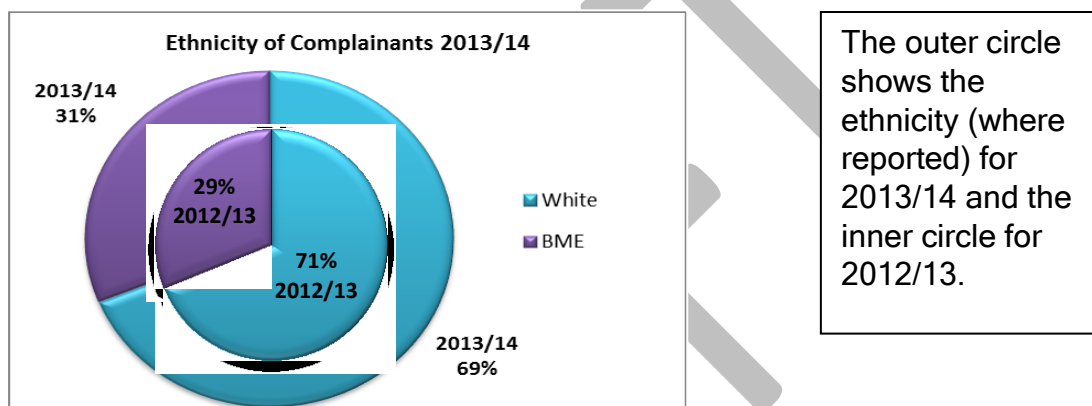


4.33 In order to ensure a timely response to investigations, a formal escalation plan has been introduced to ensure that non-compliance to the complaint procedure timescales results in intervention from senior managers and assistant directors (where appropriate).

Equality Monitoring of Complaints

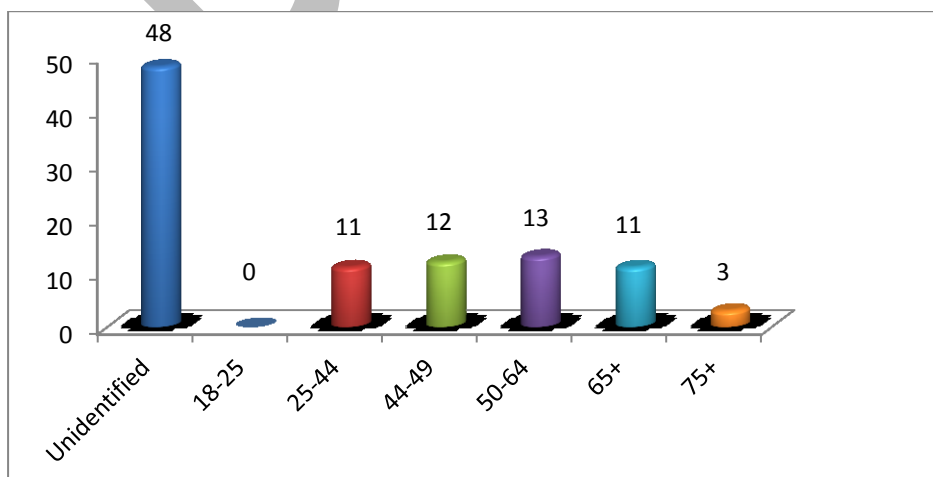
- 4.34 Posters in the main minority languages are displayed in reception areas giving information about how to obtain assistance to make a complaint and advising service users that an interpretation service is available if requested. This targeted approach is in accordance with the directorate guidance about the language needs of people where English is not their preferred language.
- 4.35 Of the 87 complaints received, only 31 complainants gave details of their gender/age/disability: with 8 being from male and 20 from female service users. The number of complainants who have declined to state their ethnicity has decreased from 79 in 2012/13 to 56 in 2013/14.

Figure 7: Ethnicity of Complainants



- 4.36 Figure 7 above indicates that there has been an increase in complaints from complainants who identified themselves as having Black, Minority or Ethnic origins; rising from 29% in 2012/13 to 31% in 2013/14.
- 4.37 A total of 12 (12%) complainants identified themselves as having a disability; as compared to the 21% of Wolverhampton's population whose day to day activities are limited somewhat due to illness or disability.

Figure 8: Age group of complainants (%)



The complaints received were representative throughout a wide range of ages however 48% chose not to declare their age group, of those complainants who disclosed their age, the largest age groups to complain were the 44-49 and the 50-64 groups where each group's complaints represented 12% and 13% retrospectively.

Stage 2 - Local Government Ombudsman

- 4.38 In the event that the complainant is dissatisfied with the outcome of their complaint at Stage 1; they are entitled to progress the complaint to the Local Government Ombudsman. During 2013/14 one complaint progressed to the Local Government Ombudsman which related to a complaint regarding a homeless application after a family needed to be rehoused.
- 4.39 The LGO found no fault with the Council's handling of the complaint and no evidence that it delayed offering the family alternative accommodation. As a consequence they decided not to further investigate the complaint.

Joint Health and Social Care Complaints

- 4.40 The Complaints' Regulations places a duty on local authorities and health bodies to co-operate in respect of complaints about cross boundary services; in order that a single co-ordinated response can be given to the complainant, where complaints span health and social care organisations. A joint working protocol is in place between Wolverhampton City Council (WCC) and the Royal Wolverhampton NHS Trust and complaints that span services are handled in accordance with that protocol. A local protocol is also in place between the local authority Safeguarding Adults service and the Royal Wolverhampton NHS Trust which identifies when a service user is at risk of harm, and this triggers an alert being made under the Wolverhampton Safeguarding Adult Boards safeguarding procedures.
- 4.41 During 2013/14; 2 complaints were received that required a coordinated response from Social Services and The Royal Wolverhampton Hospital Trust or the Black Country Partnership Foundation Trust. The first related to the communication between social care professionals and mental health NHS services which was not upheld and another related to confusion to adaptations to home required prior to release from hospital. This second case was upheld.

Complaints about Independent Care Agency commissioned services

- 4.42 The Care Quality Commission's (CQC) regulatory framework places a requirement on all registered health and social care provider organisations to have in place, simple and clear arrangements for handling complaints and to be able to demonstrate at reviews, the extent to which the service has improved as a result of complaints. The CQC also has responsibility for overseeing the interests of people detained under the Mental Health Act. It combines the work of the Healthcare Commission, the Commission for Social Care Inspection and the Mental Health Act Commission.

- 4.43 The National Health Service and Community Care Act 1990 enabled Councils to purchase services from independent third sector providers. The purchased services include residential and nursing home care for adults, domiciliary care and day care for adults. Complaints about social care services funded by the local authority, but provided by a private provider are covered by the Health and Social Care Complaints Regulations 2009.
- 4.44 In order to ensure that these services are of a high quality and that good standards of service are maintained, they are monitored for compliance by the Council's Contracts Officer, through service specifications and the monitoring of contracts.
- 4.45 Complaints and representations are valuable forms of feedback about the services we provide or commission and they are used to influence service commissioning decisions and to shape discussions with service providers.

Where the Local Authority is responsible for the original needs assessment that led to a placement with a purchased service, the complainant has recourse to the Council's statutory complaints procedure; where they have exhausted the provider's complaints process.

- 4.46 A total of 6 service users complained about services purchased by the Authority in 2013/14; as compared to 8 complaints received in the previous year.
- 4.47 These mainly related to quality of service received with complainants not being happy with the standard of care received or loss of property.

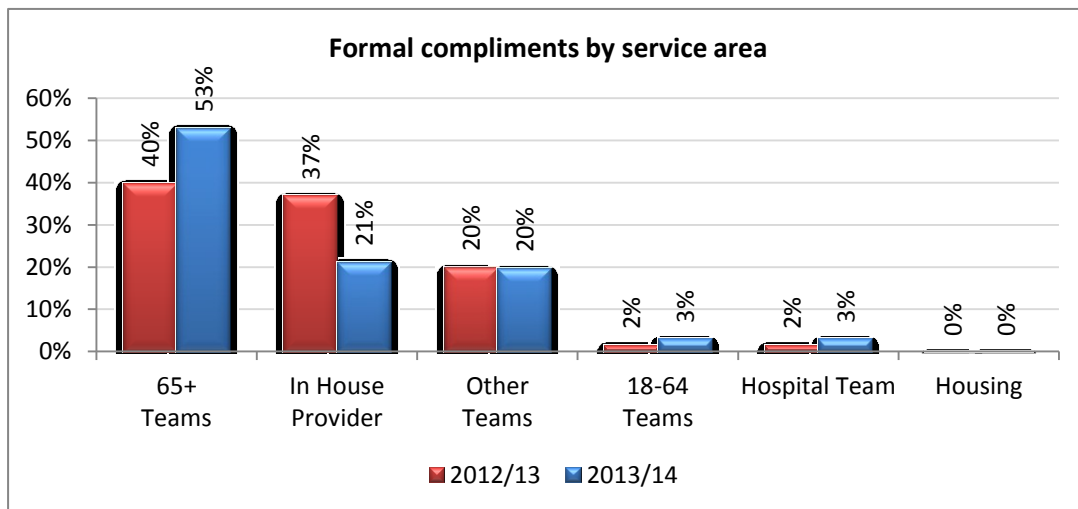
5.0 Compliments

Number of Compliments Received by Service Area

- 5.1 The Directorate receives many compliments from people who wish to record their appreciation of the efforts made by staff in dealing with them or their relatives. It is important that people have a means of letting the Council know when they have had a positive experience.
- 5.2 When a compliment is received, it is acknowledged and recorded for monitoring purposes before being passed to the member of staff and manager of the service being complimented.

Where services receive compliments directly from service users these are recorded by the service and sent to the Safeguarding and Quality Assurance Service. Learning from compliments influences the way in which the services are provided and delivered.

Figure 9: Compliments received by service area



5.3 The majority of compliments received were to acknowledge the help and support service users have received from staff. The Welfare Rights team use a customer satisfaction card for capturing customer feedback on their service and 262 responses were received by this means which all gave positive feedback. This is an increase from 218 compliments received the previous year. The following are examples of compliments received from service users and their families:

- Merry Hill House provides respite accommodation for persons who require nursing or personal care. One relative detailed her experiences:

“My mother was in respite and I would like to say how well the staff looked after her and how quickly they noticed when she needed to go to hospital when she became ill. They were always helpful and polite and willing to talk and listen. Also remarkably cheerful, despite having some challenging people to deal with”.

- A service user whose husband had a period of support from the HARP Team advised:

“You have provided me with an excellent level of care which has given me confidence in my health. I will miss you coming in to provide support as I no longer require it. Thank you”.

Another detailed:

“I feel that their support after my discharge from hospital contributed to my recovery from a major operation. I much appreciate this valuable service”

5,4 Compliments are an important way of providing the Council with information about the way services are being experienced by vulnerable adults and this

area of work needs further development to understand how customer satisfaction can be meaningfully measured across adults social care services.

Equality Monitoring of Compliments

- 5.5 The importance of dialogue with the City's minority ethnic communities about the Department's services is recognised. The activity is intended to encourage compliments as well as complaints about the Department's services. This is in order to ensure that services continue to develop in ways that are sensitive to the needs and aspirations of these groups.
- 5.6 From the 66 formal compliments received 83% were from those who identified themselves as White British; 0.03% identified themselves as Indian/Asian; and the ethnic origin of 13% was unknown.

Monthly Monitoring of Informal Compliments and Complaints

- 5.7 Wherever possible the authority, likes to offer service users and their representatives the opportunity to make a comment, complaint or compliment informally to front line staff. These are recorded and notified to the Customer Relations and Complaints Manager on a monthly basis.

Service users and their families take time to verbally make a compliment or in writing. Many show their gratitude by the donation of small gifts which are shared amongst service users. During 2013/14 a total of 246 informal compliments were received compared to 361 in the previous year. The majority of these (65%) were from service users of resource centres within the City.

- 5.8 One compliment from a relative of a service user who attended Blakenhall Resource Centre commented:

"We will never forget how kind you have all been to May in prolonging her quality of life. You have gone the extra mile over and above what we would have expected. Your patience and understanding will always be in our thoughts"

- 5.9 Front line staff received 13 informal complaints which were resolved immediately; which in some cases resulted in a re-assessment of service user needs.

PART B

6.0 Community Services

- 6.1 We all need places for relaxation and escape, for exercise and recreation, and our parks and green spaces, libraries and leisure services provide this. They also help to build a sense of community. Sometimes however things go wrong and people become dissatisfied with the service they have received.

Complaints Procedure

a) Stage 1 - Local Resolution

The complaint is received and logged and sent to the appropriate manager to be investigated. The complaint is then tracked until the complaints process is completed. The timescale that applies for a response to be sent to the complainant is within 21 days.

b) Stage 2 - Unresolved complaints

Where the complainant is not satisfied with the response they receive from the local investigation, the complaint will be passed for further consideration to the Council's Corporate Complaints Co-ordinator who will review how the complaint was handled and whether the final response was justified and whether there are grounds for an appeal. If the Council has not resolved the complaint to their satisfaction, the complainant can contact the Local Government Ombudsman.

Monitoring of Community Services Complaints

- 6.2 Complaints about the Community Services in the Directorate in 2013/14 are dealt with under separate arrangements which are not prescriptive, but follow Local Government Ombudsman advice and guidance about good administrative practice.
- 6.3 The Council's corporate complaints procedure applies to complaints made about community services (Sports and Leisure, Parks and Green Spaces and Library service) and the timescale for a response to be sent to the complainant is within 21 days.
- 6.4 The council and its partners are committed to promoting and providing access to a wide range of leisure facilities, events and activities across the borough.
- 6.5 Methods of obtaining customer feedback is more generally used in these services to enable managers to have an insight as to how these services are viewed by customers, and how to improve service delivery.

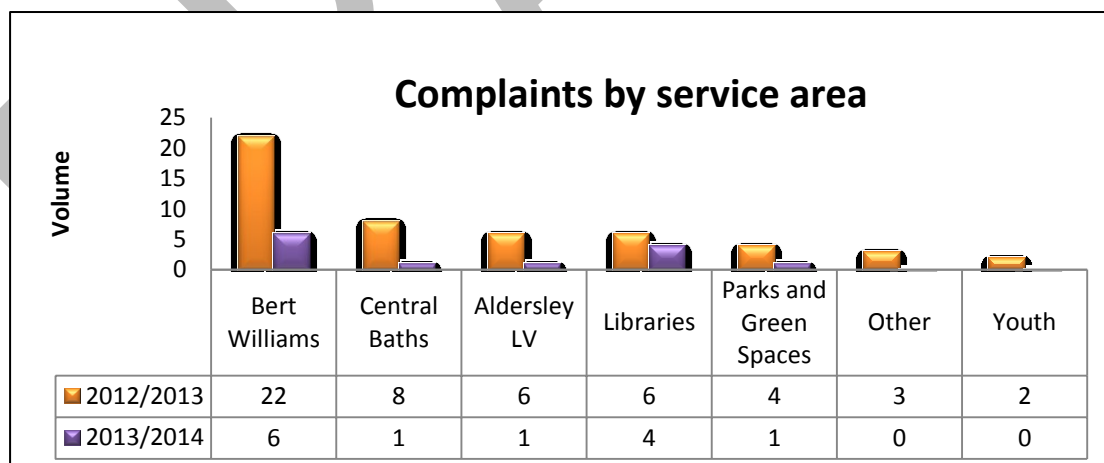
7.0 Statistical Analysis of Complaints

Number of Stage 1 Complaints and Mediations Received

- 7.1 The majority of complaints for the Community Services (Sports and Leisure, Parks and Green Spaces and Library service) were dealt with at the point of contact with services, with very few needing to come through the Customer Relations and Complaints Manager as a formal complaint.
- 7.2 Whilst many value public parks as a national resource they are not represented by any national body, nor is there any statutory requirement governing their upkeep. According to the Heritage Lottery Fund 83 % of households with children aged five and under visit their local park at least once a month. (See [State of UK Parks 2014](#))

Complaints received by Service Area

- 7.3 During the year, 13 complaints were received for Community services, which is a decrease when compared with 51 received in the previous year. The previous year, complaints were particularly high due to the recent opening of The Bert Williams Leisure Centre and operational 'teething' problems which were subsequently rectified.
- 7.4 Due to operational changes of structures within Wolverhampton City Council, the management of complaints for the leisure centres has now moved to the corporate complaints team and as such has had an impact on the information shown in this report.



- 7.5 There were several fundamental challenges resulting in significant changes for libraries during the last financial year including:
- Development of Community Hubs - a number of libraries were closed whilst work was being undertaken.
 - Announcement about a further savings target - reduction in library opening hours (some library opening hours were reduced to 15 per week).

- Introduction of self-service machines in libraries
- Home Library Service provision was reviewed to improve service delivery and cost efficiency. The service now operates in partnership with Dudley Libraries to provide a joint service for both Wolverhampton and Dudley.

7.6 A total of 967,075 people have attended a library at some point during the year; and of these 38,327 have borrowed one book or more.

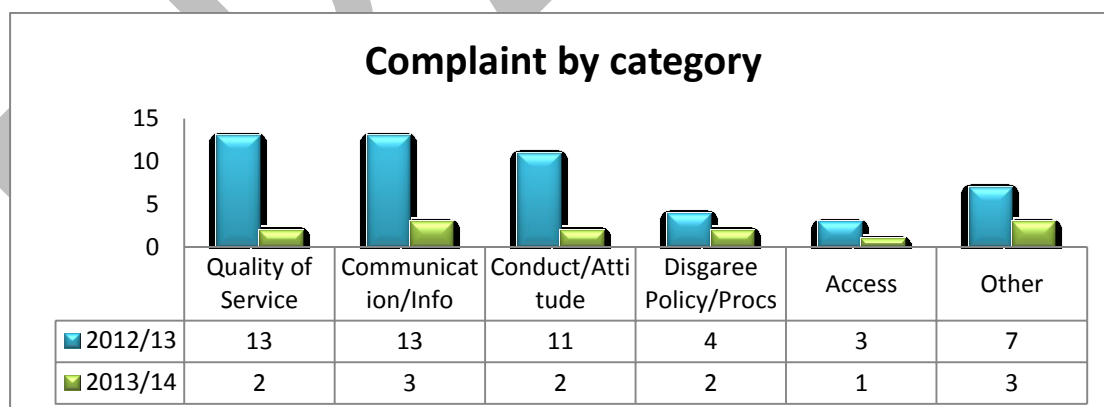
7.7 The number of complaints received for libraries (4 cases) is insignificant when compared to the number of service users accessing the facilities.

Category of Complaints Received, Complaint Outcomes and Timescales

7.8 Due to the operational changes for the management of the leisure centres, there is little statistical information to undertake any accurate trend analysis of complaints in that area. The majority of complaints received resulted from the lack of communication following the closure of pools or the cancellation of classes.

7.9 From the four complaints that were received in respect of library services, one related to a change in policy/resource, another about conduct/attitude of staff and two others were about the provision/or a request for services.

7.10 Eight of the thirteen complaints dealt with in the period were upheld and one partially upheld. Those cases which were upheld related to mainly communication/information, quality of service and conduct/attitude.

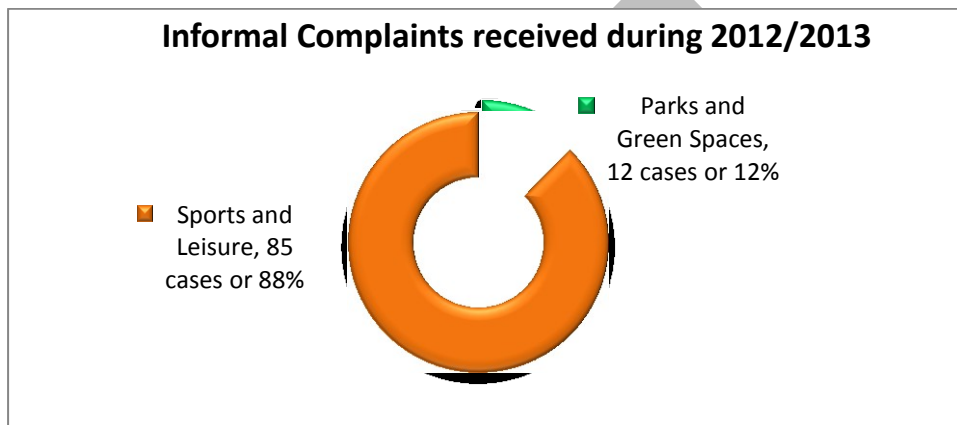


7.11 Of the 13 complaints received 7 were made by males and 6 were from females. There is insufficient ethnic monitoring information provided by the complainants to enable a meaningful analysis to be undertaken.

7.12 All of these complaints were dealt with within the 21 day required timescale. Unfortunately it has not been possible to provide any meaningful analysis of ethnic origin of complainants as many of the complaints were received from service users by email.

Informal Complaints

- 7.13 In addition to the above services submit a monthly return to the Customer Relations and Complaints Manager and this is used to capture information about those complaints which are received and resolved directly by the services.
- 7.14 During the year 97 complaints were received and resolved locally without having the need to go through the formal complaints procedure.
- 7.15 The volume of informal complaints is split between two main areas of the community services directorate. These are Parks and Green Spaces (12%) and Sports and Leisure (88%).



- 7.16 The majority of these complaints, related to a request for the absence of a particular service, maintenance of equipment or availability of particular classes.

Stage 2 - Corporate Complaints Review

- 7.17 There were two cases which went through the Stage 2 corporate complaints procedure for review by the corporate complaints manager in this reporting period.
- 7.18 The first related to an issue about security surrounding a property which is adjacent to a community recreation area. The complaint was not upheld.
- 7.19 The second related to an historical issue about an allotment however the disagreements/disputes were between two local groups and should not have necessitated the involvement of Wolverhampton City Council. Local resolution between the groups was recommended.

8.0 Compliments

Compliments (Informal and Formal)

- 8.1 During this reporting period 2 compliments were received formally and a further 32 were received informally. One of the formal compliments were relating

to the Bantock Park.

The service user expressed:

“My compliments to the senior ranger who conducted the Bantock Tree Trial”

Another compliment made informally was in relation to Central Library and the service user advised:

“I wish to compliment Central Library about the building, resources and lovely helpful staff”

PART C

9.0 Adult Health and Social Care and Community Services Developments of Policies and Procedures

Staff Training in Managing Complaints

- 9.1 The Health and Care Professions Council (HCPC) codes of practice require the directorate ensure that its staff are properly trained and supported to meet their professional obligations; these include a duty to promote service user rights. It would be good practice to ensure that this includes keeping service users fully informed of the complaints procedure and to assist service users with access.
- 9.2 Advice and support was available to Managers and staff with regards to complaints during the period of this report. This was done via one to one work with managers on specific complaints through to general presentations to whole teams on Wolverhampton City Council's Community compliments, comments and complaints procedures.
- 9.3 Ensuring the availability of experienced managers to investigate complaints thoroughly at Stage 1 will negates the need for the escalation to stage 2 of the complaints procedure where the complainants go to the Local Government Ombudsman.
- 9.4 Regular training is provided and is available to all staff in adult social care and community services and this will continue to be provided, in particular through regular attendance at manager's meetings, individual training sessions and mediating with managers and complainants.

Networking and Sharing Policy and Practice

- 9.5 It is important to continue to network, share practice and contribute to Regional policy and practice.
- 9.6 On a quarterly basis, the Customer Relations and Complaints Manager attends the West Midlands Complaint Managers Forum which is attended by

other complaints managers of social care services. Representation of this group is also made at the regional and national levels.

- 9.7 In addition to this The Customer Relations and Complaints Manager also attends, on a regular basis, the West Midlands Complaint Officers Forum which in addition to social care complaints managers includes complaint managers from the NHS.
- 9.8 Both networks aim to raise standards for complaints management across the region to promote consistency of best practice and to provide a source of mutual support.

10.0 Learning from Complaints

- 10.1 The statutory procedure requires that the annual report should demonstrate learning and service improvement, including changes to services that have been implemented.
- 10.2 'Learning from complaints' is an increasingly important part of the authority's philosophy and managers responding to complaints/representations are encouraged to identify any shortcomings within the service.
- 10.3 In a service striving for excellence, there is no room for complacency and where there is an open culture of reflective learning; complaints can at best be used in the design, delivery and improvement of services, as well as highlighting concerns for the safety and welfare of adults, young people and families.
- 10.4 Effective complaints procedures can help the whole authority improve the delivery of services by highlighting where change is needed.
- 10.5 The Complaints Team ensures that lessons learned from complaints are highlighted and fed back to improve service delivery. Lessons learnt from complaints are considered by the Community Directorate Management Team in quarterly monitoring reports. For example complaints investigations have highlighted the need to review policy guidance.
- 10.6 An action sheet is completed by managers following the resolution of a complaint to capture the learning outcomes. These action sheets are analysed in order to compile a learning log which can be shared across the organisation. There are a variety of ways this learning is embedded into service improvement, these may include:

- Through individual staff One to One supervision sessions;
- Employee Performance Review Scheme (EPRS);
- Cascading lessons through team meetings;
- Issuing of written instructions;
- Introduction or review of operational procedures;
- Feedback to Commissioners of services.

- 10.7 Most informal complaints receiving during the year were resolved by an apology or a clear explanation of what had happened and did not require any new or revised procedures or instructions to be developed. They were in the main, addressed through the staff supervision process and by reminding staff of existing procedures, standards and good practice, particularly in respect of the importance of effective communication.
- 10.8 The complaints investigation and review process did, however, result in a number of proposed improvements.

Adult Social Care Learning

- 10.9 A complainant's husband was assessed and went into residential care.
- 10.10 The costs were at that time met by the NHS as the spouse met criteria for Critical Health Care (CHC).
- 10.11 Following a CHC assessment by the Clinical Commissioning Group (CCG) it was deemed that health had improved and the patient was no longer eligible for Critical Health Care. As a consequence eligibility ceased.
- 10.12 The complainant then received a request for outstanding payment which was unexpected and which could not be met.
- 10.13 An explanation was provided as to the level of charges required, based on full assessment which took place. A review of the complainant's finances was also undertaken to maximise her benefits.
- 10.14 For the authority, this complaint highlighted that where one of a couple go into residential accommodation we need to continue to ensure the partner left in the community is in receipt of all the benefits they are entitled to.
- 10.15 As a consequence the financial assessment procedure has been amended to include details on where a referral should be made for one of a couple left in the community.

Community Services Learning

- 10.16 Due to the minimal volume of complaints included in this report, there is no significant learning from complaints which is relevant to this reporting period.

11.0 Achievements/Looking Ahead

- 11.0 This year the local authority internal audit team undertook an audit of the Community Directorate complaint handling and processes.
- 11.1 Following a detailed analysis of the procedures, processes and case management, the audit report assessed the current service provision as substantial. This is the highest level of assurance given.
- 11.2 Considerable work has already been undertaken to explore how the organisation can further explore the learning from complaints and also how complaint handling can be incorporated into a performance management

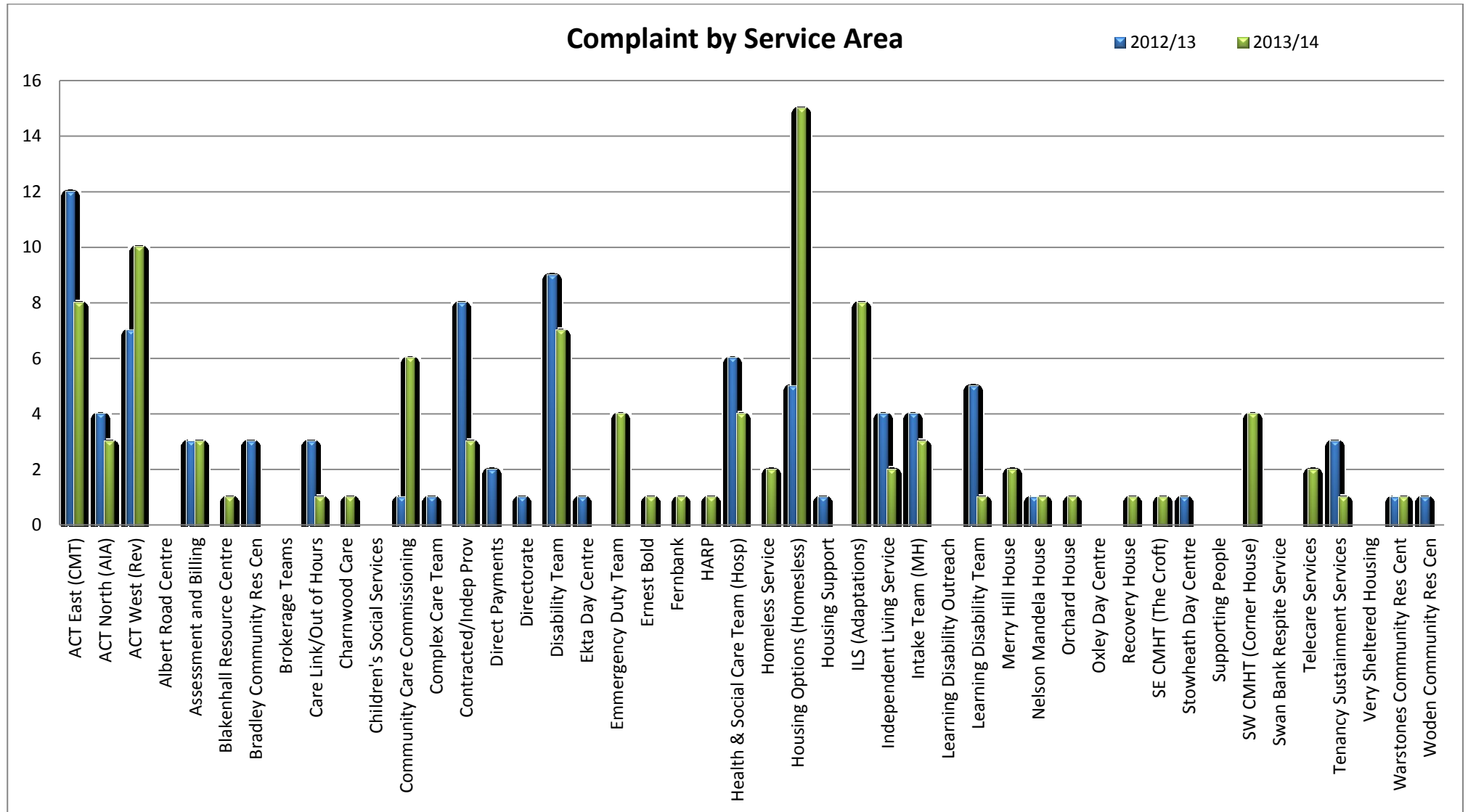
quality assurance framework.

- 11.3 As part of this phased integration into the performance management quality assurance framework, this year has seen the introduction of a comprehensive escalation plan to ensure timeliness of complaint handling and implementation plan to capture learning.
- 11.4 This work will continue further into the new financial year to ensure that all complaints handling processes will (where possible) be compliant to the Adult Social Care Quality Assurance Framework. Which is currently being developed.
- 11.5 Work is currently underway to review the joint protocol for the complaints procedures with Health partners.
- 11.6 Work is currently underway to provide a comprehensive guide for consideration by senior managers when making decisions on organisations to be used to provide commissioned services, and also when assessing the quality of service provided by those services commissioned within the directorate.

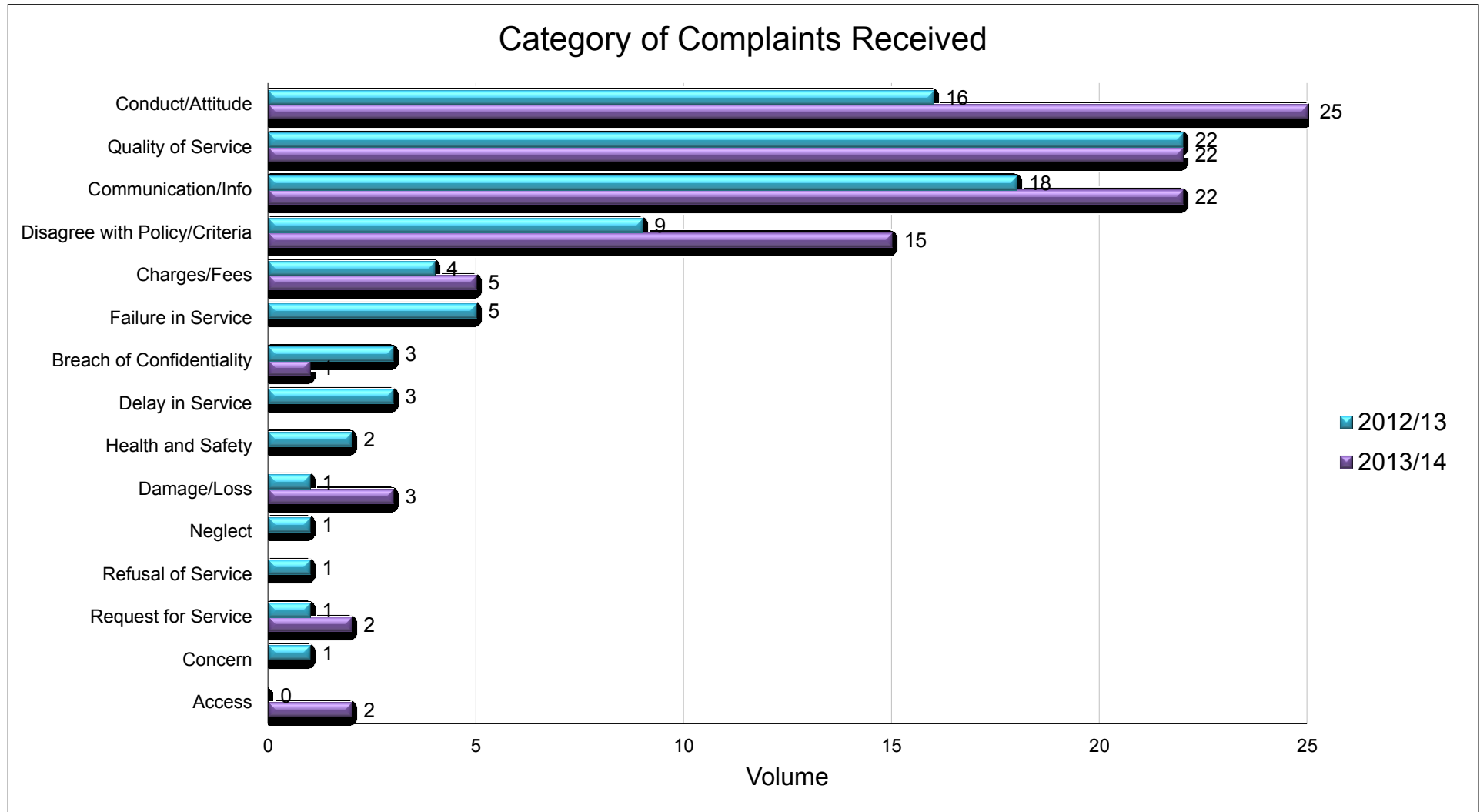
12.0 Conclusion

- 12.1 For a second consecutive financial year, by pursuing more direct contact with managers, an improvement in complaint response times has been achieved, with 84 % of adult social care complaints received since the beginning of April 2013 being responded to within 20 days.
- 12.2 There has been a decrease in the number of complaints progressing to Stage 2.
- 12.3 Work with staff will be undertaken over the coming year to develop the use of complaints as a learning tool for the department to ensure no opportunity is missed to use complaints to improve the services.
- 12.4 The proportion of complaints escalating through the later stages of the complaints procedure continues to be small in number, and the number of compliments received continues to outweigh the number of complaints received, thus confirming that the overall quality of Adult and Community Services provision continues to receive positive recognition from service users.

Appendix 1



Appendix 2



PROTECT

Contact Information

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