

Devon
County Council



People - Adult Social Services

COMPLAINTS, COMPLIMENTS AND
REPRESENTATIONS
ANNUAL REPORT

1st April 2010 – 31st March 2011



Report To: Standards Committee

Report by: Director Adult Community Services

COMPLAINTS, COMPLIMENTS AND REPRESENTATIONS ANNUAL REPORT – ADULT & COMMUNITY SERVICES

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1. Purpose of the Report

1.1 To provide information about;

- Complaints, Compliments and other Representations received and dealt with in the period 1st April 2010 to 31st March 2011
- The achievements and planned future development of the Customer Services & Complaints Team

2. Introduction

2.1 The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 require Adult & Community Services Directorate to produce an Annual Report on the operation of the Complaints Procedure.

2.2 The Department of Health policy guidance requires that this report should include a summary statistical analysis and review of the effectiveness of the complaints procedure. It should also be presented to this committee for scrutiny.

3. Roles and Resources

3.1 The current complaints regulations – The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 came into effect on 1st April 2009. The Council's complaints policy and procedures reflect the requirements of these regulations and ensure compliance.

3.2 There must be a Complaints Manager (CM) to oversee this process.

3.3 Complaints should be regarded as an important tool and be performance monitored to ensure as an authority we can evidence that we learn from their outcomes and take appropriate actions to improve practice and the services we provide.

3.4 Compliments should be valued and communicated effectively to staff. Good practice and learning should be disseminated across the Directorate.

3.5 There should be adequate budgets in relation to Complaints and Representations to provide; management, administration, recording, reporting and monitoring processes, publicity, training and to commission Investigating Officers.

3.6 The Adult Social Care Complaints and Representations Procedure is administered by the ACS Customer Services Team, managed and led by the Customer Services and Complaints Manager.

4. Complaints Procedure

4.1 The Complaints regulations – The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 came into effect on 1 April 2009. The revised regulations were implemented to align adult social care and health complaint processes into a single set of arrangements.

4.2 The procedure requires that the complainant be involved at all stages of the investigation of their complaint. The method and timescale for investigating and responding to a complaint are agreed with the complainant although the timescale for responding to a complaint can be extended with the agreement of

the complainant once investigation has commenced. The focus of the complaint investigations must be to learn from any weaknesses or failings.

4.3 The complaint procedure is outlined below.

- The customer is contacted within three working days of receiving the complaint to acknowledge receipt.
- The Case Manager discusses the details of the complaint with both the customer and relevant staff in order to risk assess the complaint and identify what the desired outcomes are.
- A complaint resolution plan (CRP) is agreed to include; a summary of the complaint, the desired outcomes, the agreed method for dealing with the complaint and the agreed timescale for the response. This CRP is signed by the complainant.

4.4 Other than the requirement for a complaint to be acknowledged within three working days of being received and that any investigation and response must be completed within six months the regulations do not give a prescribed deadline for an investigation or response to be completed.

4.5 Rather than have no prescribed timescales for responding to a complaint the Devon County Council (DCC) Adult Social Care complaints procedure outlines a set of five resolution options with corresponding timescales; see table below.

Resolution Options and Timescales	Simple Intervention (within 24 hours) <i>(ACS option A)</i>
	Informal Review 1-10 days <i>(ACS option B)</i>
	Formal / Local Investigation +/- 20 Days <i>(ACS option C)</i>
	Serious Incidents 1-3 months <i>(ACS options D)</i>
	Serious Incidents 2-6 months <i>(ACS options E)</i>

4.6 For the purpose of this report performance will be measured on the percentage of complaints completed within the agreed timescale.

- An investigation is undertaken in line with the agreed resolution method and a full response is sent to the customer.
- The customer is kept informed of progress at all times.
- For every complaint processed the investigating officer completes a Complaint Monitoring Form (CMF) so that outcomes, actions and wider learning are recorded and evidenced. This forms part of the audit trail.
- The implementation of agreed actions is monitored and evidenced by the customer services team. The customer is informed when all the actions identified in the response letter have been implemented.

4.7 The Customer Services and Complaints Manager collates all service improvement information and uses the data in quartile reports and to feed into service improvements across Adult Social Services.

- 4.8 If the complainant remains dissatisfied, they can discuss the complaint with the Customer Services Manager or the Senior Manager who responded.
- 4.9 If a complainant remains dissatisfied they have a choice to refer their complaint to the Local Government Ombudsman, it is our duty to inform them of this within the response letter.
- 4.10 If a complaint does not fall within the statutory definitions of the Adult Social Care complaints procedure it can be referred to the Council's corporate complaints procedure.

5. Activities and Achievements within the year (1st April 2010 – 31st March 2011)

- 5.1 A full review of all of the Customer Service Team procedures, processes and systems was undertaken as the Regulations had been in operation for twelve months.
As a result changes were implemented within our internal processes and database systems to allow an even more effective delivery of the service.
- 5.2 The Customer Services and Complaints Team welcomed the return of one case officer from maternity leave and the appointment of a second case officer meaning the team was now back to full strength and enabling the manager to redefine tasks and functions within the team. This resulted in a more efficient and effective delivery of the service to both internal and external customers and the return of the Manager to her strategic role.
- 5.3 The full staff compliment permitted the achievement of closer working and collaboration with other teams within the Directorate in order to provide a more streamlined approach with linked areas such as Safeguarding.
- 5.4 The Directorate's In House Residential Services and Domiciliary Care Services have been subject of significant restructure in the year and the team have worked closely with management to ensure that customers are consulted, kept informed and where complaints or comments were received that they have been handled in a professional and timely manner.
- 5.5 The Customer Services and Complaints Manager was elected as Chair of the National Complaints Manager Group for the next two years.

6. Planned Development for 2010- 2011

- 6.1 To develop and deliver training in the handling, investigating, responding to and learning from customer feedback to all managers of In House Residential, Day Care and Personal Care Services. This is to ensure that all of the Council's establishments are compliant with the Care Quality Commission standards.
- 6.2 To revise the quarterly Compliments, Comments and Complaints performance reports to senior management teams to reflect the change in the structure of the Council and to allow a more detailed inspection of performance and quality.
- 6.3 To manage change in an effective manner so as to ensure that the team maintains the excellent service it provides to internal and external customers

during this period of significant restructure within Devon County Council and its partner organisations.

7. Activity Information

7.1 The following statistics are based on information on all compliments, complaints and letters from MPs that have been registered with the Customer Services Team in the period 1st April 2010 to 31st March 2011.

The information is set against a base of 24,650 registered Adult service users in this year. These were split across the service divisions as shown below:

- Physical disability 16,409
- Mental Health: 5,961
- Learning Disabilities: 2,144
- Substance Misuse (across all divisions): 25
- Vulnerable Adults (across all divisions): 111

7.2. Compliments

Across the reporting year (1st April 2010 – 31st March 2011) the social care division of the ACS directorate has received a total of 675 compliments.

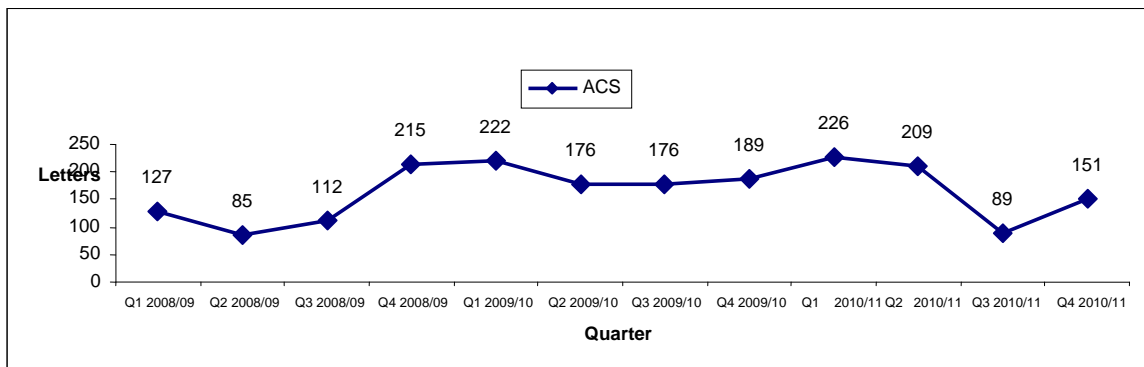
The majority of compliments were about Strategic & Corporate Services (Including Care Direct) 45%, In House Provision 37%, OPPD services 16% and Learning disability services 2%.

These 675 compliments across the reporting year represent a fall of 11.5% (88 fewer compliments) when compared to the total number received in the previous reporting year.

In this year we have received 683 individual compliments about our staff, this represents 87.9% of compliments received, the high level of praise for staff.

- 7.2.1 The tables and graphs that follow indicate on a quarterly and year total basis;
1. The trends over the last 3 years.
 2. A full breakdown of the compliments received by service areas within each division.
 3. The nature of compliments across all divisions per quarter.

7.2.2 Table 1 - The trends over the last 3 years.



7.2.3 Table 2 - A full breakdown of the compliments received by service areas within each division.

Division	Service Area	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Year total
OPPD	CCT	20	19	6	15	60
	CDP	8	9	6	16	39
	Rapid Response	0	5	0	1	6
	Hospital Discharge Team	0	0	0	5	5
	OPPD Total	28	33	12	37	110
Learning Disability	Commissioning	1	1	1	0	3
	Provider Services	2	1	0	5	8
	LD Total	3	2	1	5	11
Strategic & Corporate	Direct Payments	0	2	1	0	3
	Safeguarding	1	3	2	2	8
	Care Direct	108	94	36	26	264
	Client Finance	0	0	1	1	2
	ACS Policy	0	1	0	0	1
	DOLS/MCA	0	0	0	0	0
	Sensory Team	3	2	2	0	7
	EDT	0	2	0	0	2
	Supporting People	0	0	0	0	0
	Customer Services Team	1	2	3	3	9
	Management Information Team	0	0	0	0	0
	ACS admin	1	0	0	0	1
	Public Information Team	1	1	0	0	2
	Admin & Property	0	0	0	1	1
	Carefirst Support Team	0	0	0	2	2
	Strategic & Corporate Total	115	107	45	35	302
In-House	Dom Care	42	30	10	32	114
	Residential Care	9	22	11	25	67
	Respite Care	15	8	0	9	32
	Day Care	6	2	3	4	15
	Reablement	0	0	0	2	2
	Intermediate Care	8	5	5	0	18
	In-House Total	80	67	29	72	248
External Providers	Dom Care	0	0	0	1	1
Mental Health	Support/Advice	0	0	2	1	3
	Mental Health Total	0	0	2	1	3
All compliments across ACS		226	209	89	151	675

7.2.4 Table 3 gives the nature of compliments across all divisions per quarter.

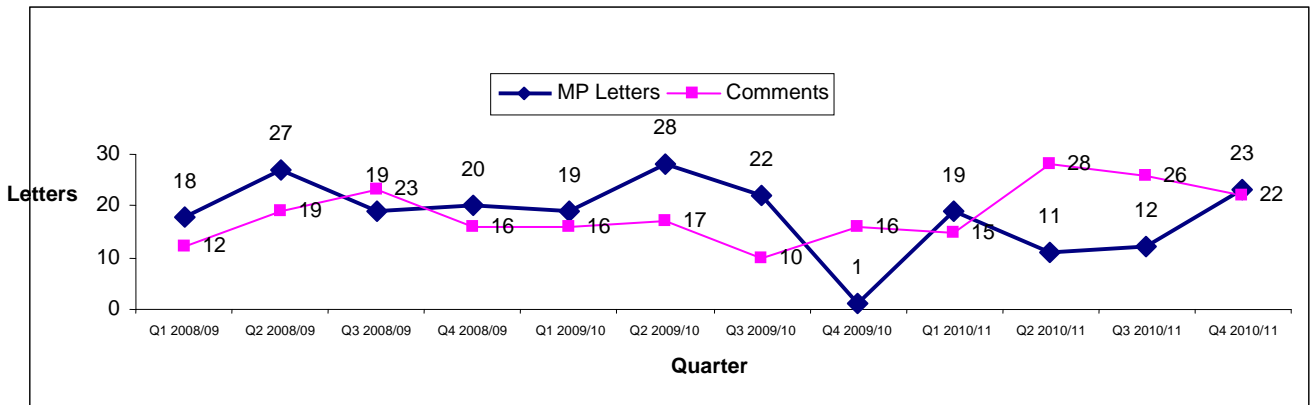
Table 3: Nature of Compliments across all divisions per quarter					
Nature of compliment	Q1	Q2	Q3	Q4	Year total
Information	8	6	1	1	16
Communication	0	0	0	0	0
Staff conduct	241	203	89	150	683
Appropriateness of Service	9	36	14	18	77
Decisions	0	0	0	0	0
Timeliness	0	0	0	0	0
Funding	1	0	0	0	1
Access to files	0	0	0	0	0
TOTAL	259	245	104	169	777

7.3 Letters from MPs

7.3.1 Letters received from MPs are usually addressed to the Director and ask for information as a result of a service user seeking their help during a constituency surgery or information regarding a policy or procedure for their own reference. All MP Letters are logged and responded to as representations unless accompanied by written approval from a service user that they are authorised to raise a complaint on their behalf. Full responses should be sent within 20 working days.

7.3.2 Across the reporting year (1st April 2010-31st March 2011) a total of 155 representations have been received. This is 26 more than in the previous year (a 17% increase). However the number of MP letters has fallen, 65 in this year compared to 70 in the previous year (a fall of 7%) whereas the number of Other Representations has increased from 59 in the previous year to 90 in this year (a 35% increase).

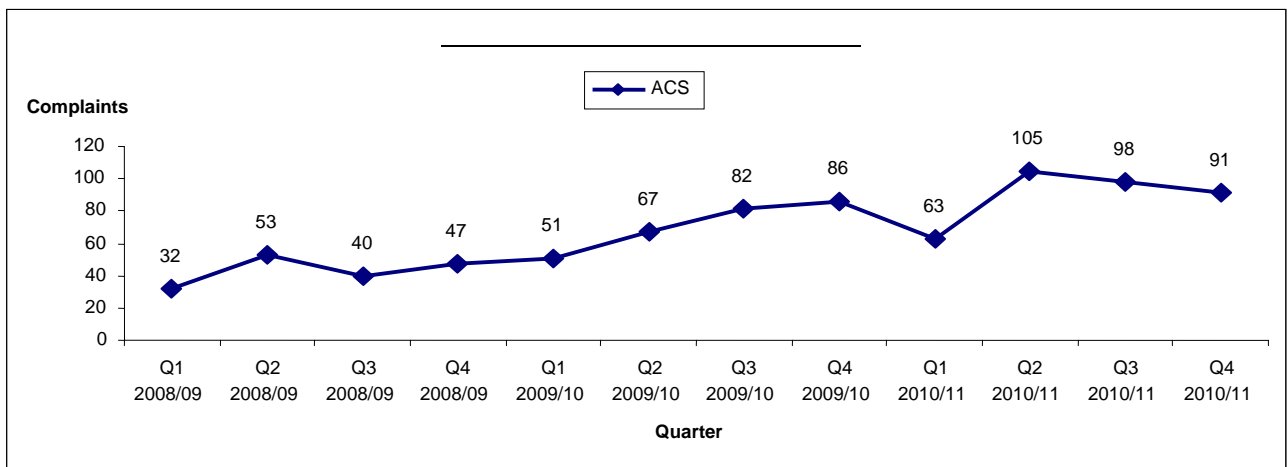
7.3.3 Table 4 - Quarterly trends MP letters over last 3 years



7.4 Complaints

The following information details all complaints excluding letters from MPs, and Local Government Ombudsman Enquiries.

7.4.1 Table 5 provides the trend analysis for complaints received over the last 3 years.



7.4.2 Across the reporting year we have received a total of 357 complaints this is an increase of 25% (71 complaints) on the previous year and represents the highest

number of complaints received in one year. Over the last two years the number of complaints received in a year has more than doubled from 172 in 08/09 to 357 in 10/11

- 7.4.3** Across the reporting year 50% of complaints received came from family members or friends, 24% from the service user themselves and a further 12% from another professional agency. 60% of complaints were received either by letter or telephone with a further 27% either by e-mail or via the web based form. Only 12% were received on our printed customer feedback form which is a fewer than in previous years. The customer services team received 41% of the complaints direct plus a further 26% through Care Direct. 17% were received first within clusters or localities and 7% via the Director's Office.
- 7.4.4** In the full reporting year 293 complaints had been investigated and as the year closed only 2 remained not completed and subsequently moved forward into next year. 222 of these complaints were responded to within the agreed timescale (76%) and 69 breached the agreed timescale (24%).
- 7.4.5** 62 complaints registered this reporting year were subsequently recorded as No Further Action (NFA) for various legitimate reasons.
- 7.4.6** Table 6 below details the reasons for NFA). The remaining 613 complaints progressed to be investigated and responded to via one of the agreed options A - E.

Table 6 - NFA's within quarters					
Reason for NFA	Q1	Q2	Q3	Q4	YTD
Not Eligible	0	3	2	1	6
Passed to other agency	2	2	0	1	5
Withdrawn by Complainant	6	6	5	7	24
Passed to External Provider	9	7	3	3	22
Moved to other process e.g. SA	1	1	2	1	5
Total NFA's	18	19	12	13	62

- 7.4.7** As can be seen from the table above we received 22 complaints this year for which we obtained consent from the complainant to pass the complaint to the External Provider to investigate and respond. Where an external provider investigates we would receive a copy of their response and have a duty to assess whether, under our contract arrangements, they have responded appropriately and to follow up on any actions required.
- 7.4.8** In the reporting year we have received the most complaint issues about QCARE (19 complaints), Bickleigh Down (14 complaints) PLUSS and Court House (13 complaints each), Guinness Care & Support and Lyndridge Care (11 complaints each). Currently what we don't have information about are people who complain direct to the provider.
- 7.4.8** Of the 295 complaints we have registered and investigated in this reporting year 49.5% of the total number of complaints received were about services for OPPD (146 complaints), 19% were about In House Services (55 complaints), 12% about Learning Disability Services (36 complaints), 10.5% about Strategic Services (31 complaints), 8% about External Providers (24 complaints) and 1% about Mental Health (3 complaints).

Division	Q1	Q2	Q3	Q4	Year total
OPPD	24	49	38	35	146
Learning Disability	8	13	4	11	36
Strategic & Corporate	5	8	12	6	31
In-House	5	10	24	16	55
External Providers	1	5	8	10	24
Mental Health	2	1	0	0	3
ACS Total	45	86	86	78	295

7.4.10 Table 9 below provides details of how many complaints were received within each service area of each division.

Division	Service Area	Q1	Q2	Q3	Q4	total year
OPPD	CCT	24	40	34	27	125
	CDP	0	9	4	7	20
	Rapid Response	0	0	0	1	1
	OPPD Total	24	49	38	35	146
Learning Disability	Commissioning	7	9	3	9	28
	Provider Services	1	4	1	2	8
	LD Total	8	13	4	11	36
Strategic & Corporate	Direct Payments	0	1	1	0	2
	Safeguarding	1	3	1	0	5
	Care Direct	1	1	6	2	10
	Client Finance	1	1	3	2	7
	ACS Policy	0	1	0	0	1
	Sensory Team	1	0	0	0	1
	EDT	1	0	0	1	2
	Public Information Team	0	1	0	1	2
	Supporting People	0	0	0	0	0
	ACS admin	0	0	1	0	1
	Strategic & Corporate Total	5	8	12	6	31
In-House	Dom Care	1	3	12	6	22
	Residential Care	2	5	8	7	22
	Respite Care	1	1	1	0	3
	Day Care	1	0	1	1	3
	Reablement	0	0	1	2	3
	Intermediate Care	0	1	1	0	2
	In-House Total	5	10	24	16	55
External Providers	Dom Care	0	3	4	8	15
	Residential Care	0	1	1	1	3
	Support Services	0	0	1	0	1
	Supported Living	0	0	0	1	1
	Nursing Care	0	0	1	0	1
	Community Equipment Store	0	0	1	0	1
	REMAS	0	1	0	0	1
	External Providers Total	1	5	8	10	23
Mental Health	Exeter & East Devon	0	1	0	0	1
	Mental Health Total	0	1	0	0	1
All complaints across ACS		43	86	86	78	293

7.4.11 Table 10 below provides a full breakdown of the issues complained about in this reporting year. The most frequently complained about issue was appropriateness of service 34.6% with communication the second most complained about issue 18.7%.

Table 10: Nature of Complaints Received					
Nature of complaint	Q1	Q2	Q3	Q4	YTD
Access to files	0	1	0	1	2
Appropriateness of Service	23	55	87	129	294
Communication	14	50	49	46	159
Decisions	5	19	10	8	42
Delays	14	25	19	16	74
Discrimination	0	4	1	0	5
Eligibility for Service	0	13	0	0	13
Funding	8	1	12	7	28
Information	7	3	10	16	36
MCA/DOLS/IMCA	1	0	0	4	5
Service not delivered	5	16	14	25	60
Staff conduct	22	31	31	40	124
Timeliness	1	2	2	1	6
TOTAL	100	220	235	293	848

7.4.12 As detailed in the complaint procedure (Para 4.5) there is no prescribed time limit for responding to a complaint. The DCC ACS procedure has outlined a set of five resolution options with corresponding timescales.

Table 11 on page 12 provides information on how many complaints were investigated under each of the options available and what percentages of these were responded to in time.

7.4.13 In the reporting year we have investigated and responded to;

- 41 complaints under option A (resolved within 24 hours) with all 41 being resolved within timescale.
- 125 complaints under option B (resolved within 10 working days) with 98 (78%) responded to within agreed timescales. The average number of days to respond was 15.
- 108 complaints under option C (resolved within 20 working days) with 75 (69%) responded to within agreed timescales. The average number of days to respond was 28.
- 9 complaints under option D (1-3 months) with only 3 (33%) responded to within the agreed timescale. The average number of days to respond was 83. This reflects the complexity of complaints in this option and all were completed within 3 months but the agreed timescales were less than this and in too many instances the option of re-negotiating deadlines was not utilised.
- 8 complaints under option E (2-6 months) with 5 (63%) responded to within the agreed timescales. The average number of days to respond was 94 (3 months). As with option D, the failure to agree extensions has resulted in the lower number being responded to within agreed timescale. 2 of the breaches were extremely complex and difficult investigations involving DPT & ACS in which the mental health of the complainant played a part in the delays and the inability to agree a definite timescale.

7.4.14 Table 11 – Complaints responded to in 2010-2011 by Option available

Table 11		Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total Year
Option A Same day	Received in Quarter	5	10	9	17	41
	Responded to in Quarter	5	10	9	17	41
	No. of agreed extended time scales	0	0	0	0	0
	Responded to within agreed time scales	5	10	9	17	41
	Responded to out of time	0	0	0	0	0
	% within time	100%	100%	100%	100%	100%
	Average days to respond	1.4	1.7	1.3	1.2	1.4
Option B 10 days	Received in Quarter	19	39	45	25	128
	Responded to in Quarter	18	33	47	27	125
	No. of agreed extended time scales	2	5	6	3	16
	Responded to within agreed time scales	14	26	39	19	98
	Responded to out of time	4	7	8	8	27
	% within time	78%	79%	83%	70%	78%
	Average days to respond	17	14	14.2	15	15
Option C 20 days	Received in Quarter	15	33	25	32	105
	Responded to in Quarter	27	30	19	32	108
	No. of agreed extended time scales	6	6	3	11	26
	Responded to within agreed time scales	19	19	14	23	75
	Responded to out of time	8	11	5	9	33
	% within time	70%	63%	74%	72%	69%
	Average days to respond	29	31	21.3	28	28
Option D 1-3 months	Received in Quarter	3	3	2	3	11
	Responded to in Quarter	2	2	2	3	9
	No. of agreed extended time scales	1	0	0	1	2
	Responded to within agreed time scales	0	0	1	2	3
	Responded to out of time	2	2	1	1	6
	% within time	0%	0%	50%	67%	33%
	Average days to respond	80	40	62	127	83
Option E 2-6 months	Received in Quarter	3	1	3	1	8
	Responded to in Quarter	1	2	2	3	8
	No. of agreed extended time scales	0	0	0	3	3
	Responded to within agreed time scales	1	1	1	2	5
	Responded to out of time	0	1	1	1	3
	% within time	100%	50%	50%	67%	63%
	Average days to respond	39	92	66.5	132	94
All Options	Received in Quarter	45	86	84	78	293
	Responded to in Quarter	53	77	79	82	291
	No. of agreed extended time scales	9	11	9	18	47
	Responded to within agreed time scales	39	56	64	63	222
	Responded to out of time	14	21	15	19	69
	% within time	74%	73%	81%	77%	76%

7.4.15 Table 12 below shows the response times for complaints responded to by division.

Table 12	Quarter 1				Quarter 2				Quarter 3				Quarter 4				Total Year			
	Within timescale	Outside timescale	Total responded to	% within timescale	Within timescale	Outside timescale	Total responded to	% within timescale	Within timescale	Outside timescale	Total responded to	% within timescale	Within timescale	Outside timescale	Total responded to	% within timescale	Within timescale	Outside timescale	Total responded to	% within timescale
Division																				
OPPD	23	9	32	72%	34	12	46	74%	31	5	36	86%	27	6	33	82%	115	32	147	78%
Learning Disability	6	4	10	60%	6	3	9	67%	4	3	7	57%	10	0	10	100%	26	10	36	72%
Strategic & Corporate	4	0	4	100%	5	0	5	100%	9	3	12	75%	5	1	6	83%	23	4	27	85%
In-House	2	1	3	67%	8	3	11	73%	14	2	16	88%	14	8	22	64%	38	14	52	73%
Mental Health	0	0	0	n/a	1	0	1	100%	0	0	0	n/a	0	2	2	0%	1	2	3	33%
External Providers	3	0	3	100%	2	3	5	40%	7	2	9	78%	6	3	9	67%	18	8	26	69%
ACS Total	38	14	52	73%	56	21	77	73%	65	15	80	81%	62	20	82	76%	221	70	291	76%

7.4.16 Within the complaints regulations the only prescribed timescale is that of a requirement to acknowledge a complaint within 3 working days of receipt. As can be seen from **table 13 below** across the reporting year 90% of complaints received have been acknowledged within the required 3 working days which is 322 complaints out of 357 received. Although not at the 100% level we aspire to in order to comply with the regulations we have consistently maintained a 90% level throughout the year and improved upon the previous year.

Table 13	Quarter 1				Quarter 2				Quarter 3				Quarter 4				Total YTD			
	<=3 working days	>3 working days	Total acknowledged	% within 3 working days	<=3 working days	>3 working days	Total acknowledged	% within 3 working days	<=3 working days	>3 working days	Total acknowledged	% within 3 working days	<=3 working days	>3 working days	Total acknowledged	% within 3 working days	<=3 working days	>3 working days	Total acknowledged	% within 3 working days
Acknowledgements																				
Division																				
Customer Services	48	4	52	92%	85	6	91	93%	71	8	79	90%	60	1	61	98%	264	19	283	93%
Director/CEX	2	0	2	100%	1	0	1	100%	2	1	3	67%	4	1	5	80%	9	2	11	82%
OPPD	2	0	2	100%	6	0	6	100%	2	1	3	67%	8	0	8	100%	18	1	19	95%
Learning Disability	3	0	3	100%	0	0	0	n/a	0	0	0	n/a	3	0	3	100%	6	0	6	100%
Strategic & Corporate	1	1	2	n/a	2	2	4	50%	7	1	8	88%	4	1	5	80%	14	5	19	74%
In-House	0	0	0	n/a	2	0	2	100%	4	0	4	100%	4	2	6	67%	10	2	12	83%
NHS Devon	1	0	1	100%	1	0	1	100%	0	1	1	0%	0	3	3	0%	2	4	6	33%
Mental Health	0	1	1	0%	0	0	0	n/a	0	0	0	n/a	0	0	0	n/a	0	1	1	0%
ACS Total	57	6	63	90%	96	8	105	91%	86	12	98	88%	83	8	91	91%	322	34	357	90%

7.4.17 The majority of complaints are received by the customer services and complaints team and as such the main responsibility for this target is theirs. The problem arises when complaints are initially received elsewhere in the Directorate and are forwarded to the Customer Services Team but not acknowledged where received. By the time they reach the Customer Services Team they are often outside of the 3 working days.

7.5 Local Government Ombudsman

7.5.1 In the reporting year there have been eight complaints referred to the Local Government Ombudsman regarding Adult & Community Services.

7.5.2 Of the eight Ombudsman complaints received in the reporting year seven have been closed;

- Case 1: A complaint via the LGO about support for himself and his daughter with Learning Disabilities which also involved the District Council. Devon County Council supplied the requested information for their investigation into the issues raised and the LGO outcome was that they were discontinuing their investigation as there were no grounds to pursue it.
- Case 2: A complaint to the LGO regarding top up fees in relation to his mother's care. Devon County Council supplied the requested information to the LGO in relation to the concerns and the LGO responded on the 16th June with the decision that the Council should apologise to the family and that the Council should reimburse the family for the third party top up paid during the period August 2008 and July 2009. The Council accepted this.
- Case 3: The LGO responded to a further representation to a complaint from a complainant's solicitor. The outcome from the LGO was that there are not grounds to further investigate the complaint.
- Case 4: The LGO sent Devon County Council a complaint regarding an assessment undertaken on a lady's daughter, as the complaint had not gone through Devon County Council's complaints procedure this was recorded by the LGO as a premature complaint.
- Case 5: A complaint to Devon County Council in November 2010, the complainant was unhappy with our response so took the concerns to the LGO. Devon County Council supplied the requested information to the LGO to allow them to investigate. The LGO decision was to suggest that a further assessment of need could be offered. The Council accepted this.
- Case 6: A complaint to the LGO regarding actions taken to arrange for someone to go into hospital for assessment or treatment. The LGO outcome decision was that Devon County Council acted in line with legislation and therefore they would not be investigating the complaint further.
- Case 7: A complaint to the LGO in regard to the actions of Devon County Council in investigating the complaint about the care her mother received. The LGO outcome decision was that they were unable to find any fault with the actions taken by the Council and therefore they would not be investigating further and would close the complaint.

7.5.3 Ongoing Ombudsman complaints for the reporting year;

- Case 1A: A complainant contacted the LGO regarding the transfer of her husband's care. Devon County Council have responded to the LGO twice with information to aid their investigation and are to date still waiting for a response with their decision.

8. Learning from Complaints

8.1 For each complaint that is investigated one of the first things we determine is what the complainant's desired outcomes from the complaint are. If a desired outcome is not possible for clearly defined reasons then this will be established at the triage stage and then explained to the complainant when discussing & agreeing the Complaint Resolution Plan.

8.1.2 From **table 14 below** it can be seen that complainant's desired outcomes are varied; with 18% of the desired outcomes requesting that we change / improve our service, 17% to ensure the same thing does not happen again to them or anyone else, 15% that we provide an explanation, 9% requested information and 8% for us to address staff conduct.

Table 14					
Desired Outcome of Complainant	Quarter Complaint Received				2010-11 Total
	Q1	Q2	Q3	Q4	
Address Confidentiality	0	3	0	0	3
Alter Records	0	2	1	1	4
Apology	7	5	6	7	25
Change/Improve the Service	18	20	28	32	98
Compensation	1	0	0	0	1
Ensure that this does not happen again	14	31	23	25	93
Explain A Process/Delay/Decision	9	29	20	21	79
Financial redress	1	4	4	0	9
Funding Issues	8	10	8	4	30
Improve Communication	7	15	6	10	38
Improve Information	0	0	2	2	4
Not Stated/Blank	0	0	0	0	0
Provide a Service	3	11	10	9	33
Send Required Information	11	10	15	15	51
Staff Conduct	12	12	13	8	45
Provide assessment	6	11	3	9	29
ACS TOTAL	97	163	139	143	542

8.1.3 For the 295 complaints that have been responded to this year there were a total of 915 complaint issues investigated. Of these 447 (48.8%) were fully or partially upheld and 208 (22.7%) not upheld. Details included in the **table 15 below**.

Table 15: Outcomes of Complaints					
Individual issues Upheld/Justified?	Quarter Complaint Resolved				2010-11 Total
	Q1	Q2	Q3	Q4	
No - Not Upheld	25	55	64	64	208
Yes - Upheld	55	47	66	118	286
Partially Upheld	20	37	51	53	161
No finding	2	11	13	25	51
Blank (CMF not received)	11	35	48	14	108
Closed / NFA	36	16	18	31	101
ACS TOTAL	149	201	260	305	915

8.1.4 The Regulations and our regulators (CQC) require us to be able to demonstrate and evidence that we learn from the feedback we receive from our customers and that we use the outcome of complaints to implement actions that contribute to improvement in our services and inform future commissioning intentions. Furthermore that we inform complaints and more widely publicise the results of actions we take and the improvements we make.

8.1.5 Within the Customer Services Team we are working with colleagues within divisions to ensure that the actions that arise from complaints are appropriate, relevant, implemented and that wider organisational learning is promoted where necessary.

8.1.6 In this year the themes that emerged that required key pieces of work to be undertaken to improve our services were:

- Waiting times for REMAS and/or OT assessments and the poor level of information and communication with customers with regard to both the process and waiting times.
As a result two letters have been approved and circulated to staff through the County Practice Managers Group together with guidance on use and a process document. The effective date for commencement of use of these letters was 14th May 2010
- A revision of our leaflets / forms / letters regarding Financial Assessments, Banding Levels, Assessed Contributions and 3rd Party Top Ups.
Draft revised fact sheets and associated letters were circulated to relevant staff for comment on 24th June. The final approved revised versions were published at the end of July 2010.
- As a result of a number of complaints about how the transfer of clients from our In House Dom Care Service to the Independent Sector and about the staffing levels in our residential homes following our staffing restructure it was agreed to:
 - Revise the protocol for the transfer of cases and provide detailed guidance for all staff
 - On an interim basis, appoint one of the Dom Care Service Managers to oversee transfers from our In House provision to the Independent Sector.
 - Ask the In House Dom Care Project board to consider a review of our current system for emergency weather situations.
 - Develop a system & process for monitoring & quality assuring the provision of care & services within our In House Dom Care & Reablement Services and within our Residential Homes. This has been identified as a definite gap.

The introduction of all of these measures has seen a drop in complaints about these issues in the latter part of the year.

9. Equality and Diversity statistical information with regard to Complainants

9.1 Since 2006 there has been a requirement on each authority to include in the annual complaints report a statistical breakdown of the age, gender, disability and ethnicity of our service users.

9.2 In previous years the annual report has reported on the diversity categories for both the service user and the complainant. On reviewing our practice for sourcing the diversity information for the service user and complainant, we found that we

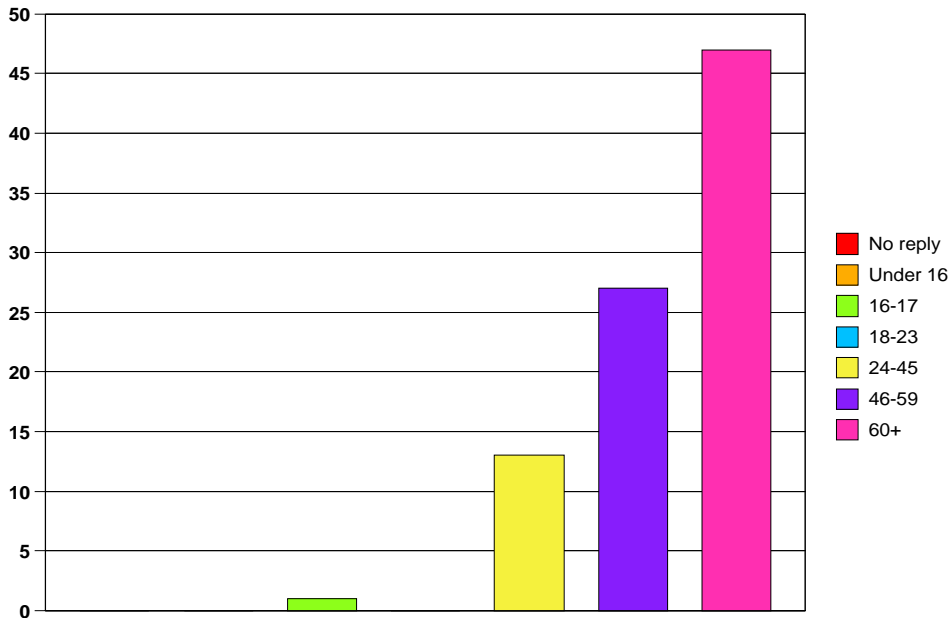
could improve our procedure to be better in line with the Devon County Council diversity monitoring policy and the Data Protection Act.

9.3 This year we have reported on the information gathered by the diversity questionnaires sent out in the year 2010-11; we had a total of 90 questionnaires returned as these are anonymous we are not able to give a break down between service users and people making a complaint on behalf of a service. However we do provide an accurate picture of the diversity of members of the public who were able to access our service and choose to respond.

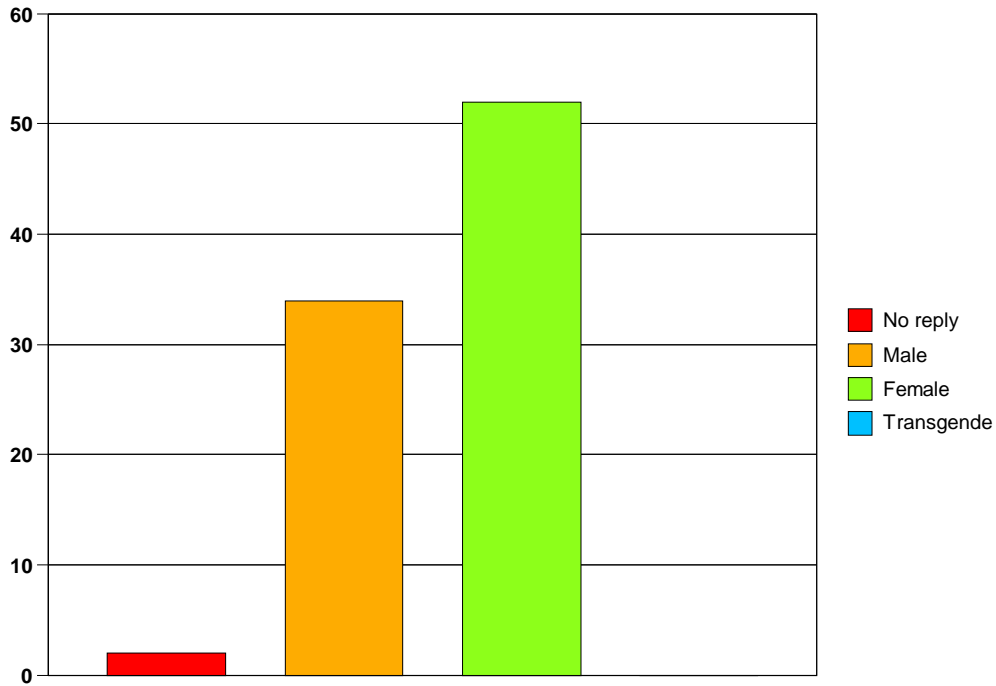
9.4 It is hoped that next year we will have a much higher percentage of diversity data as following the review of our procedure for using the diversity questionnaires we have started to ask diversity questions over the phone, sending out the diversity questionnaires in the post and emailing out a link to the online diversity questionnaires.

The statistical information is detailed in the graphs on pages 17, 18 and 19

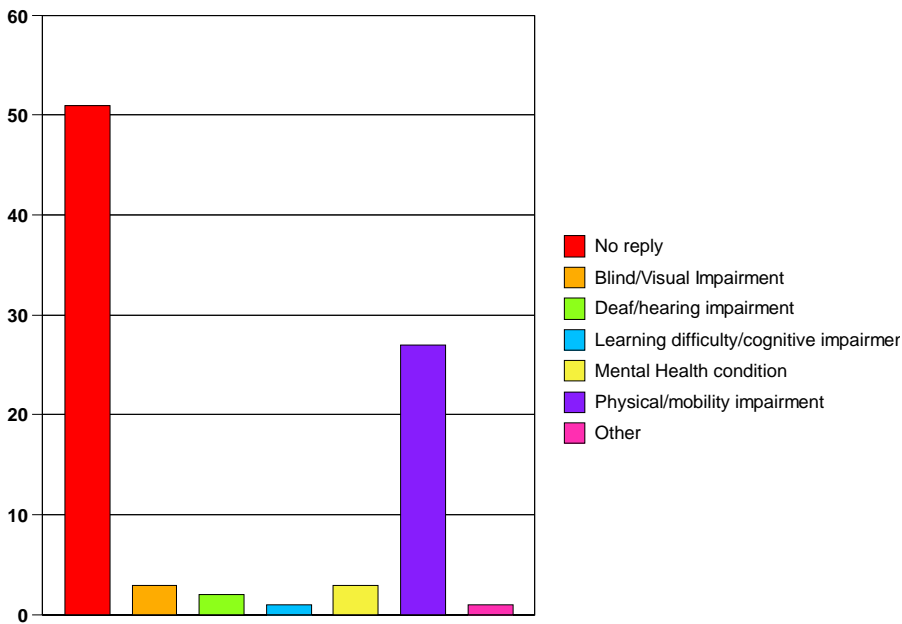
9.5 Age of Complainant



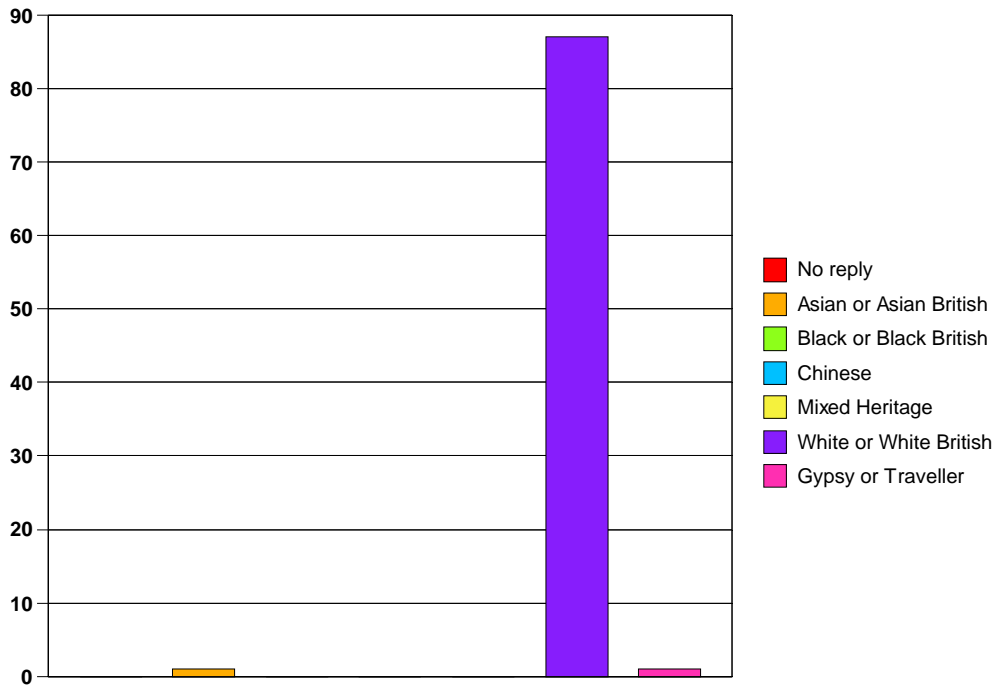
9.8 Gender of Complainant



9.9 Complainant categorised by disability.



9.10 Ethnicity of Complainant.



Carol Hayman
Customer Services and Complaints Manager
September 2011