



ADULT SOCIAL CARE PEOPLE

COMPLIMENTS, REPRESENTATIONS AND COMPLAINTS

QUARTER 2 2011 - 2012

Report to Senior Management

OCTOBER 2011

Recommendations:

- **Progress to date be noted**
- **Agreement to the report being published on the Customer Services Website.**
- **Approval for report to be sent to CQC.**

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Date: October 2011

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GLOSSARY OF TERMS

ACS	Adult & Community Services
AD	Assistant Director
ART	Assessment & Review Team
CCT	Complex Care Team
CDP	Care Direct Plus
CHC	Continuing Health Care
CMF	Complaint Monitoring Form
CQC	Care Quality Commission
CSC	Customer Service Centre
CST	Customer Services Team
DOLS	Deprivation of Liberty safeguard
Dom Care	Domiciliary Care
DPS	Devon Provider Services
EDT	Emergency Duty Team
ICT	Information & Communication Technologies
IMCA	Independent Mental Capacity Advocate
LD	Learning Disability Services
LGO	Local Government Ombudsman
MCA	Mental Capacity Act
NFA	No Further Action
OPPD	Older People Physical Disability
OT	Occupational Therapist
PCT	Primary Care trust
PHSO	Parliamentary Health Service Ombudsman
REMAS	Rapid Equipment & Minor Adaptations Service
SA	Safeguarding Adults

1. Introduction

- 1.1** This Adult Social Care quarterly report refers to all activity in relation to Compliments, MP Letters, Representations and Complaints for the period 1st July to 30th September 2011. The Customer Services Team is responsible for receiving and managing all forms of customer feedback, enquiries from Members of Parliament, enquiries from Councillors and all cases involving the Local Government Ombudsman.
- 1.2** All activity in relation to complaints must comply with the Local Authority Adult Social Services and National Health Service Complaints (England) Regulations 2009

2. Areas of Concern and Action Required for Improvement & Learning

- 2.1** Representations should be responded to in full within 20 working days of first receipt by the Council. Within this report performance is measured against this target. In Qtr 2 only 79% of MP Letters were responded to within this deadline and only 80% of all other representations were responded to within the defined timescale. Not only does this fall significantly below the required standard it is also an 11% fall in performance from Quarter 1. This is an area where immediate improvement is required. **(See section 5.3)**
- 2.2** In Qtr 2 there has been a significant rise in the number of complaints we have received about Independent Providers. This is almost wholly accounted for by the number of complaints about Independent providers of Domiciliary Care (9 in this quarter compared to 3 in quarter 1). As the Council is transferring more of its' current In House Domiciliary Care cases to the Independent Sector this is something that needs to be closely monitored. We must be confident that the Independent Sector can provide the quality and level of care and support that these customers have been receiving from our In House Service. **(See section 6.2.6)**
- 2.3** It should be noted that complaints about the conduct of our staff have been slowly increasing over the first 6 months of this year. In the previous year complaints about the conduct of our staff were at 22%, 14%, 13% and 13.5% respectively in each quarter. Conversely the level of compliments received about our staff are falling. In the previous year compliments about our staff were 93%, 83%, 86%, 89% respectively in each quarter. In this year to date they have been 79% and 57% respectively **(See section 4.5 & 6.3)**
- 2.4** Within the complaints regulations the only prescribed timescale is that of a requirement to acknowledge a complaint within 3 working days of receipt) we have acknowledged 86% of complaints received in Qtr 2 (1st July – 30th September 2011) within 3 working days. This is a decrease in acknowledgements within the required timescale from Quarter 1 (93%) and needs to be improved. **(See section 6)**
- 2.5** There is still a residual problem of CMFS not being completed. In this Quarter of the 66 complaints responded to a total of 10 CMFS were not returned (15%), despite reminders and highlighting on the fortnightly statistics. This resulted in it not being possible to report on the outcome of a total of 21 of the 234 complaint issues within the quarter and therefore prevents the absolute accurate reporting of the percentage of upheld / not upheld complaint issues. The delay in returning of completed CMFS also prevents action plans being prepared and circulated to managers for implementation and evidencing of completion. It means the customer service team has to rely on the content of the response letter to gauge the required actions. **(See section 7.1.4 & 7.1.5)**

3. All Activity Summary

3.1 **Table 1** summarises the Customer Services Activity for the period 1st July 2011 – 30th September 2011 and provides a trend analysis based on activity over the previous 12 month period.

ACTIVITY TYPE	Qtr 1 10- 11	Qtr 2 10- 11	Qtr 3 10- 11	Qtr 4 10- 11	Total 10- 11	% activity in year	Qtr 1 11- 12	Qtr 2 11- 12	Qtr 3 11- 12	Qtr 4 11- 12	Total 10- 11	% activity in year
Complaints	63	105	98	91	357	30%	74	92			166	30%
Compliments	226	209	89	151	675	57%	156	143			299	55%
MP Letters	19	11	12	22	64	5%	17	17			34	6%
Representations	15	28	26	23	92	8%	25	25			50	9%
TOTAL	323	353	225	287	1188		272	277			549	
% overall activity	27%	30%	19%	24%		100%						100%

3.1.1 The overall level of activity in Quarter 2 11/12 is 22% less than in the same quarter in the previous year. Compliments have fallen from 209 received in the corresponding quarter last year to 143. The number of complaints received in Qtr 2 11/12 has decreased by 12% when compared to Qtr 2 in 10/11 (from 105 complaints received to 92 complaints received). The level of MP letters and other representations received has risen from 39 in Quarter 2 11/12 to 42 in Quarter 2 11/12.

3.1.2 When comparing Qtr 2 11/12 customer feedback to Qtr 1 11/12 it should be noted that compliments have decreased to 143 from 156 whereas complaints have increased from 74 to 92. Representations and MP Letters have remained at the same level for Qtr 1 and 2 in 11/12. The overall level of activity has risen by 5 in Qtr 2 when compared to Qtr 1.

3.1.3 Within the first 6 months of the year complaints account for 30% of the customer feedback activity and compliments 55%. This is consistent with the levels throughout the whole of the previous year.

4. Compliments

4.1 There have been a total of 143 compliments received across all divisions in the period 1st July –30th September 2011 (Qtr 1 11/12).

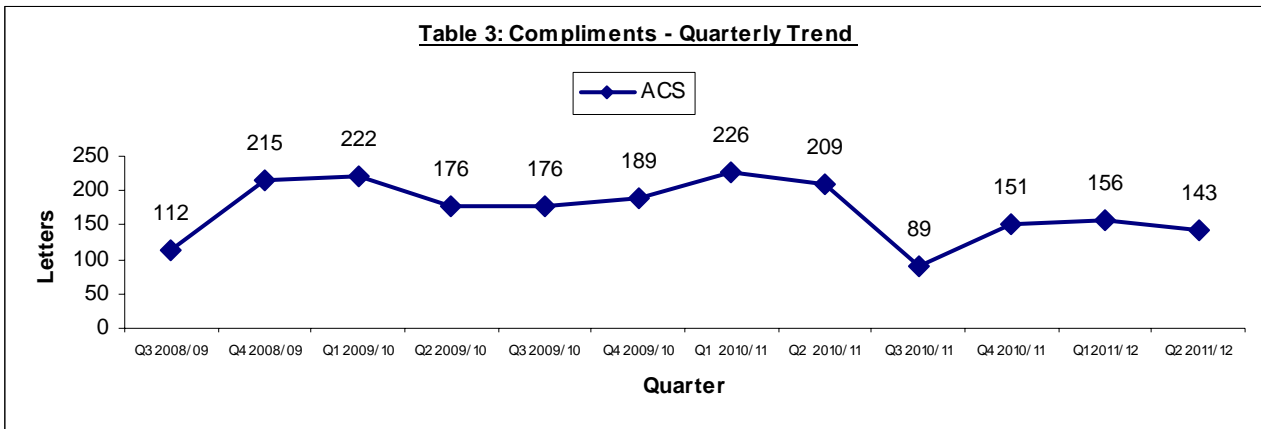
Table 2 shows the number compliments received by each division of the directorate.

Division	Qtr 1	Qtr 2	Qtr 3	Qtr 4	YTD
OPPD	41	54			95
Learning Disability	4	1			5
Strategic & Corporate	15	51			66
In-House	81	37			118
External Providers	1	0			1
Mental Health	14	0			14
ACS Total	156	143			299

4.2 The compliments were spread across the divisions with 38% within Older People Physical Disability Services, 35% being received within the Strategic & Corporate division, 26% within In-House Services and 1% within Learning Disability Services.

4.3 The 143 compliments received in Qtr 2 represent a decrease of 13 compliments on the total number received in Qtr 1 and reverses the trend over the previous 6 months when there had been a slight increase in compliments received.

4.3.1 Table 3 shows the trend in number compliments received over the last 3 reporting years.



4.4 Across all divisions the 5 services that received the most compliments in Qtr 2 were; Care Direct receiving 35 compliments (24% of total received), CCT 22 compliments (17% of total received), CDP 20 compliments (14% of total received), In-House Residential Care 18 compliments (13% of total received) and Reablement receiving 10 compliments (7% of total received).

4.4.1 Table 4 below provides a breakdown of the compliments received by service areas within each division.

Division	Service Area	Qtr 1	Qtr 2	Qtr 3	Qtr 4	YTD
OPPD	CCT	20	24	0	0	44
	CDP	15	20	0	0	35
	Rapid Response	5	10	0	0	15
	Hospital Discharge Team	1	0	0	0	1
	OPPD Total	41	54	0	0	95
Learning Disability	Commissioning	1	0	0	0	1
	Provider Services	3	1	0	0	4
	LD Total	4	1	0	0	5
Strategic & Corporate	Direct Payments	1	3	0	0	4
	Care Direct	4	35	0	0	39
	Client Finance	1	0	0	0	1
	Safeguarding /DOLS/MCA	0	1	0	0	1
	Sensory Team	4	9	0	0	13
	EDT	0	1	0	0	1
	Customer Services Team	4	2	0	0	6
	Management Information Team	1	0	0	0	1
	Strategic & Corporate Total	15	51	0	0	66
In-House	Dom Care	17	7	0	0	24
	Residential Care	37	18	0	0	55
	Respite Care	9	1	0	0	10
	Day Care	3	1	0	0	4
	Reablement	12	10	0	0	22
	Intermediate Care	3	0	0	0	3
	In-House Total	81	37	0	0	118
External Providers	Care and Repair	1	0			1
Mental Health	Vocational Rehab and Recovery	14	0			14
	Mental Health Total	14	0	0	0	14
All compliments across ACS		156	143	0	0	299

4.5 57% (129 compliments) of the compliments received in Qtr 2 were in relation to the conduct of our staff. The remaining 99 compliments were in relation to the appropriateness of the service delivered (99 compliments).

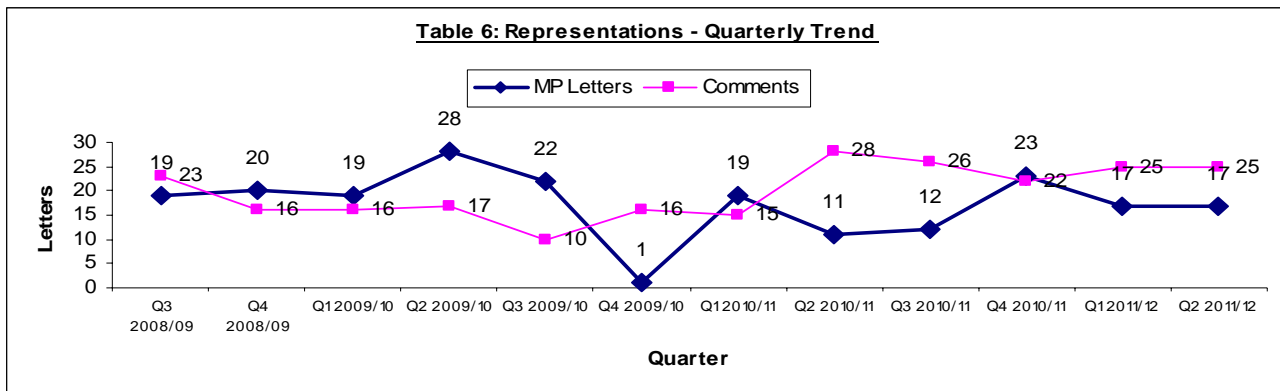
4.5.1 Table 5 below provides a breakdown of the nature of the compliments received across all divisions for the period 1st July - 30th September 2011.

Nature of compliment	Q1	Q2	Q3	Q4	YTD
Information	3	0			3
Communication	0	0			0
Staff conduct	149	129			278
Appropriateness of Service	36	99			135
Eligibility for Service	0	0			0
Decisions	0	0			0
Timeliness	0	0			0
Funding	0	0			0
Access to files	0	0			0
TOTAL	188	228	0	0	416

5. Representations (Comments & MP Letters)

5.1 In the period 1st July – 30th September 2011 (Qtr 2) we have received a total of 42 Representations of which 17 were letters from an MP and 25 were other forms of representation. This represents exactly the same number as in Qtr 1.

5.1.1 Table 6 below shows the trend in representations over the last 3 reporting years.



5.1.2 Table 7 provides details of all MP Letters received in this reporting period

MP NAME	QUARTER 2011-12				2011-12 Total YTD
	Q1	Q2	Q3	Q4	
Bradshaw MP	5	3			8
Cox QC MP	4	4			8
Harvey MP	4	6			10
Morris MP	1	1			2
Parish MP	0	1			1
Streeter MP	0	1			1
Stride MP	1	1			2
Swire MP	1	0			1
Wollaston MP	1	0			1
ACS TOTAL	17	17	0	0	34

5.2 Table 8 provides details of which division's services they were about.

Comments received by type of service	Q1		Q2		Q3		Q4		total year	
	Comments	MP Letters	Comments	MP Letters	Comments	MP Letters	Comments	MP Letters	Comments	MP Letters
Division										
OPPD	7	11	10	7					17	18
Learning Disability	4	3	4	5					8	8
Mental Health	0	0	0	0					0	0
Strategic & Corporate	3	3	5	3					8	6
In-House	7	0	6	2					13	2
External Providers	4	0	0	0					4	0
ACS Total	25	17	25	17					50	34

5.2.1 In this quarter within OPPD 7 MP Letters & 10 other representations were received. Within LD Services 5 MP letters and 4 other representations were received. Within Strategic & Corporate Services there were 3 MP letters and 5 representations. In-House services received 2 MP Letters and 6 representations in this quarter.

5.2.2 There were 3 service areas that received the majority of the representations in Qtr 2 these were the CCTs which were the subject of 33% of the representations received, Commissioning Services within LD which the subject of 21% of the total representations received and ACS Policy which received 12% of the total representations received.

5.2.3 The nature of the majority of the representations received in Qtr 2 (1st July – 30th September 2011) were regarding Information receiving 16 representations (30%), Decisions & Policy receiving 15 representations (28%) and Appropriateness of services receiving 12 representations (23%). Tables 11 and 10 provide further details

Table 11 Representations by Division & Type

Table 11: Representations by division and nature		Quarter 2										Total YTD													
		Information	Communication	Access to files	Staff Conduct	Delays	Eligibility for Service	Appropriateness of Service	Decisions and Policy	Timeliness	Funding & Charges	Service not Delivered	All issues	Information	Communication	Access to files	Staff Conduct	Delays	Eligibility for Service	Appropriateness of Service	Decisions and Policy	Timeliness	Funding & Charges	Service not Delivered	All issues
Division	Type of comment																								
OPPD	Comments	4	3	0	0	0	0	2	2	1	2	0	14	7	4	0	1	1	1	5	3	1	2	0	25
	MP Letters	4	0	0	0	0	0	1	2	0	2	0	9	9	0	0	0	1	0	4	3	1	3	0	21
	OPPD Total	8	3	0	0	0	0	3	4	1	4	0	23	16	4	0	1	2	1	9	6	2	5	0	46
Learning Disability	Comments	0	1	0	1	0	0	2	2	0	0	0	6	0	1	0	1	0	0	4	3	1	1	0	11
	MP Letters	4	0	0	0	0	0	1	0	0	0	0	5	5	0	0	0	0	0	1	2	0	2	0	10
	Learning Disability Total	4	1	0	1	0	0	3	2	0	0	0	11	5	1	0	1	0	0	5	5	1	3	0	21
Strategic & Corporate	Comments	3	0	0	0	0	0	1	1	0	0	0	5	3	0	0	0	0	0	2	2	0	0	0	7
	MP Letters	1	0	0	0	0	0	0	2	0	0	0	3	3	0	0	0	0	0	0	2	0	0	0	5
	Strategic & Corporate Total	4	0	0	0	0	0	1	3	0	0	0	8	6	0	0	0	0	0	2	4	0	0	0	12
In-House Services	Comments	0	0	0	0	0	0	5	4	0	0	0	9	1	0	0	0	1	0	10	7	0	0	0	19
	MP Letters	0	0	0	0	0	0	0	2	0	0	0	2	0	0	0	0	0	0	0	2	0	0	0	2
	In-House Services Total	0	0	0	0	0	0	5	6	0	0	0	11	1	0	0	0	1	0	10	9	0	0	0	21
External Providers	Comments	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	4	0	0	0	2	8
	MP Letters	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	External Providers Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	4	0	0	0	2	8
Mental Health	Comments	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	MP Letters	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Mental Health Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
All ACS	Comments	7	4	0	1	0	0	10	9	1	2	0	34	11	5	0	4	2	1	25	15	2	3	2	70
	MP Letters	9	0	0	0	0	0	2	6	0	2	0	19	17	0	0	0	1	0	5	9	1	5	0	38
	ACS Total	16	4	0	1	0	0	12	15	1	4	0	53	28	5	0	4	3	1	30	24	3	8	2	108

Table 10: Representations received by division and service area by quarter

		Q1		Q2		Q3		Q4		YTD	
		Comments	MP Letters	Comments	MP Letters	Comments	MP Letters	Comments	MP Letters	Comments	MP Letters
Division	Service Area										
OPPD	CCT	5	9	9	5					14	14
	CDP	2	2	1	2					3	4
	Rapid Response	0	0	0	0					0	0
	OPPD Total	7	11	10	7					17	18
Learning Disability	Commissioning	4	3	4	5					8	8
	Provider Services	0	0	0	0					0	0
	LD Total	4	3	4	5					8	8
Strategic & Corporate	Direct Payments	0	0	0	0					0	0
	Safeguarding	0	0	0	0					0	0
	Care Direct	1	0	0	2					1	2
	Client Finance	0	1	0	0					0	1
	ACS Policy	1	1	4	1					5	2
	DOLS/MCA	0	0	0	0					0	0
	Sensory Team	0	0	0	0					0	0
	EDT	0	0	0	0					0	0
	Supporting People	0	0	0	0					0	0
	Public Info Team	1	0	0	0					1	0
	Finance & Business Support	0	1	0	0					0	1
	Strategic & Corporate Total	3	3	5	3					8	6
In-House	Dom Care	1	0	1	2					2	2
	Residential Care	4	0	3	0					7	0
	Respite Care	0	0	1	0					1	0
	Day Care	2	0	0	0					2	0
	Reablement	0	0	1	0					1	0
	Intermediate Care	0	0	0	0					0	0
	In-House Total	7	0	6	2					13	2
Mental Health	Mental Health Services	0	0	0	0					0	0
	Mental Health Total	0	0							0	0
External Providers	Chapter Care	1	0	0	0					1	0
	Apetito	1	0	0	0					1	0
	South West Homes Ltd	1	0	0	0					1	0
	Braunton Mobility Centre	1	0	0	0					1	0
	External Providers Total	4	0	0	0					4	0
All comments across ACS		25	17	25	17					50	34

5.3 Representations should be responded to in full within 20 working days of first receipt by the Council. Within this report performance is measured against this target. In Qtr 2 only 79% of MP Letters were responded to within this deadline and only 80% of all other representations were responded to within the defined timescale. Not only does this fall significantly below the required standard it is also an 11% fall in performance from Quarter 1. This is an area where immediate improvement is required **Table 12 below gives further detail**

5.3.1

	QUARTER 2011-12				Total Year
	Q1	Q2	Q3	Q4	
Comments exc MP Letters	89%	80%			85%
MP Letters	94%	79%			86%
Total	91%	80%			85%

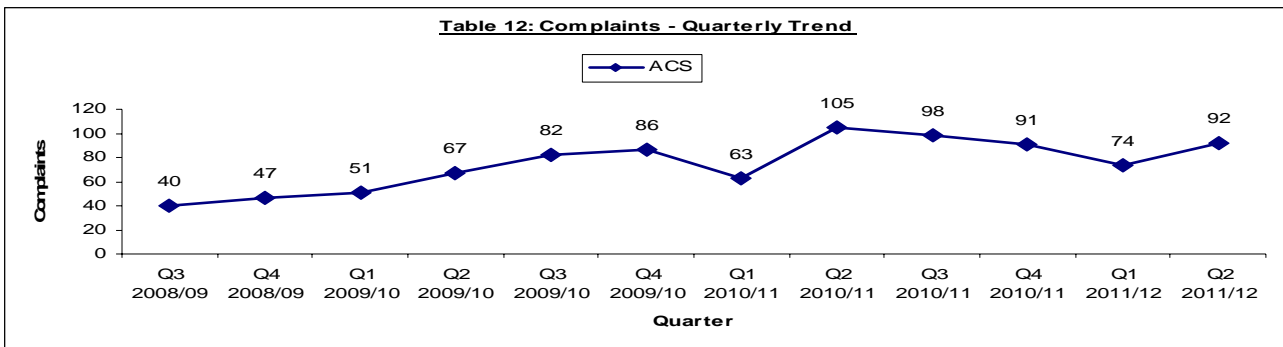
6. Complaints

6.1 A total of 92 complaints were received in Qtr 2 (1st July – 30th September 2011) this represents an increase of 18 complaints from the previous quarter (April – June 2011)

6.1.2 Within Qtr 2 (1st July – 30th September 2011) 9 of these 92 complaints were subsequently recorded as NFA for various legitimate reasons and the remaining 83 complaints progressed to be investigated and responded to via one of the agreed options A – E.

6.1.3 Therefore, as well as the number of complaints received increasing by 18 from the previous quarter the number that actually required a full investigation also rose from 64 last quarter to 83 in this quarter.

6.1.4 **Table 13** provides the trend analysis for complaints received over the last 3 years.



6.1.5 **Table 14** below details the reasons for the NFA's in this quarter.

Reason for NFA	Q1	Q2	Q3	Q4	YTD
Not Eligible	0	1			1
Passed to other agency	0	1			1
Withdrawn by Complainant	4	4			8
Passed to External Provider	1	0			1
Moved to other process e.g SA	5	3			8
Total NFAs	10	9	0	0	19

6.2 **Table 15** provides details of complaints received split across the divisions in Adult Social Care

Division	Q1	Q2	Q3	Q4	YTD
OPPD	29	29	0	0	58
Learning Disability	9	8	0	0	17
Strategic & Corporate	5	10	0	0	15
In-House	18	24	0	0	42
External Providers	3	12	0	0	15
Mental Health	0	0	0	0	0
ACS Total	64	83	0	0	147

6.2.1 Of the 83 complaints that we have registered and investigated in Qtr 2 (1st July – 30th September 2011) 29 were about OPPD services (same number as Qtr 1), 8 about LD Services (1 less than Qtr 1), 10 about Strategic & Corporate services (double number in Qtr 1), 24 about In House Services (6 more than Qtr 1) and 12 about External Providers (9 more than Qtr 1).

6.2.2 **Table 16** below provides details of the breakdown as to what areas of Adult Social Care received complaints within the year to date. The commentary that follows provides detail of the trends within the year to date.

Appendix 1 provides a breakdown of complaints received by each division by service area and type of service complained about.

Table 16: Complaints received by service area within division by quarter						
Division	Service Area	Q1	Q2	Q3	Q4	total year
OPPD	CCT	24	25	0	0	49
	CDP	5	4	0	0	9
	Rapid Response	0	0	0	0	0
	OPPD Total	29	29	0	0	58
Learning Disability	Commissioning	5	8	0	0	13
	Provider Services	4	0	0	0	4
	LD Total	9	8	0	0	17
Strategic & Corporate	Direct Payments	1	0	0	0	1
	Safeguarding	0	2	0	0	2
	Care Direct	4	1	0	0	5
	Client Finance	0	2	0	0	2
	ACS Policy	0	3	0	0	3
	Sensory Team	0	0	0	0	0
	EDT	0	1	0	0	1
	Public Information Team	0	0	0	0	0
	Supporting People	0	0	0	0	0
	Procurement	0	1	0	0	1
	ACS admin	0	0	0	0	0
	Strategic & Corporate Total	5	10	0	0	15
	In-House	Dom Care	1	4	0	0
Residential Care		14	14	0	0	28
Respite Care		2	6	0	0	8
Day Care		1	0	0	0	1
Reablement		0	0	0	0	0
Intermediate Care		0	0	0	0	0
In-House Total		18	24	0	0	42
External Providers	Dom Care	3	9			12
	Residential Care	0	0			0
	Support Services	0	0			0
	Supported Living	0	1			1
	Nursing Care	0	1			1
	Community Equipment Store	0	0			0
	Equipment Prescription	0	1			1
	REMAS	0	0			0
	External Providers Total	3	12	0	0	15
Mental Health	Exeter & East Devon	0	0			0
	Mental Health Total	0	0	0	0	0
All complaints across ACS		64	83	0	0	147

- 6.2.2** In quarter 2 (1st July – 30th September 2011) 25 complaints were received with regard to functions within the CCTs an increase of just 1 complaint from the previous quarter. There have been 4 complaints in regard to CDP in this quarter whereas in quarter 1 there were 5. Overall the number of complaints within OPPD has remained constant at 29 per quarter in the year to date.
- 6.2.3** Within Learning Disability services in quarter 2 (1st July – 30th September 2011) there were 8 complaints about commissioned services, as opposed only 5 in the previous quarter. However there were no complaints in this quarter about provider services which is a fall of 4 from the previous quarter. Overall there was 1 less complaint in Qtr 2 within Learning disability services than Qtr 1.
- 6.2.4** Within Strategic & Corporate Services there have been 10 complaints in Qtr 2 (1st July – 30th September 2011) as opposed to 5 in Qtr 1, this is a 100% increase and accounted for by 3 complaints about Policy decisions, 2 each about Safeguarding and Client Finance Services and 1 each about Care Direct, EDT and procurement. However the complaints about Care Direct have still dropped from 4 in Qtr 1 to the 1 in this quarter.
- 6.2.5** Within In-House Provider Services the number of complaints has risen from 18 complaints received in quarter 1 to 24 received in Qtr 2. The number of complaints about residential care has remained static at 14 in a quarter but there has been an increase of 3 complaints about Domiciliary Care in this quarter (from 1 to 4) and an increase of 4 complaints about respite care (from 2 to 6) which accounts for the increase. Some of the concern about Respite is due to placement suspensions and as such pre-booked respite having to be changed.
- 6.2.6** In Qtr 2 there has been a significant rise in the number of complaints we have received about Independent Providers (3 in Qtr 1 to 12 in Qtr 2). This is almost wholly accounted for by the number of complaints about Independent providers of Domiciliary Care (9 in this quarter compared to 3 in quarter 1). As the Council is transferring more of its' current In House Domiciliary Care cases to the Independent Sector this is something that needs to be closely monitored. We must be confident that the Independent Sector can provide the quality and level of care and support that these customers have been receiving from our In House Service.

Table 17 below provides a summary of complaints that we have received regarding Independent Providers in this quarter (1st July – 30th September 2011)

Each issue within a complaint is listed separately where there is more than one.

Table 15

External Provider	Quarter 2												Year to Date 2011-12																		
	Information	Communication	Access to files	Staff Conduct	Delays	Eligibility for Service	Appropriateness of Service	Decisions and Policy	Timeliness	Funding & Charges	Service not Delivered	Total no. of issues Q2	Responded to by EXP	Responded to by ACS	Total complaints Q2	Information	Communication	Access to files	Staff Conduct	Delays	Eligibility for Service	Appropriateness of Service	Decisions and Policy	Timeliness	Funding & Charges	Service not Delivered	Total issues YTD	Investigated by EXP	Investigated by ACS	Total complaints YTD	
Care Time	1	0	0	0	0	0	2	0	0	0	0	3	0	1	1	1	0	0	1	0	0	3	1	0	0	0	0	6	1	2	3
Carrington Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	1	1
Windward	0	3	0	1	0	0	9	0	0	0	2	15	0	1	1	0	3	0	1	0	0	9	0	0	0	2	15	0	1	1	
Allied Healthcare	0	0	0	0	0	0	0	0	0	0	2	2	0	1	1	0	0	0	0	0	0	0	0	0	0	2	2	0	1	1	
Unity	0	0	0	1	0	0	0	0	0	0	0	1	0	1	1	0	0	0	1	0	0	0	0	0	0	0	0	1	0	1	1
The Mallands	0	0	0	3	0	0	3	0	0	0	4	10	0	1	1	0	0	0	3	0	0	3	0	0	0	4	10	0	1	1	
Lyndridge Care	0	0	0	1	0	0	3	0	0	0	0	4	0	1	1	0	0	0	1	0	0	3	0	0	0	0	4	0	1	1	
B Mobile	0	1	0	0	0	0	1	0	0	0	0	2	0	1	1	0	1	0	0	0	0	1	0	0	0	0	2	0	1	1	
QCare	0	1	0	0	0	0	1	0	0	0	2	4	0	1	1	0	1	0	0	0	0	1	0	0	0	2	4	0	1	1	
First React	0	2	0	5	0	0	7	0	0	0	1	15	0	1	1	0	2	0	5	0	0	7	0	0	0	1	15	0	1	1	
Primecare	0	1	0	5	1	0	1	0	0	0	0	8	0	1	1	0	1	0	5	1	0	1	0	0	0	0	8	0	1	1	
New Care Devon	0	1	0	0	0	0	3	0	0	0	2	6	0	2	2	0	1	0	3	0	0	5	0	0	0	2	11	0	3	3	
All External Providers	1	9	0	16	1	0	30	0	0	0	13	70	0	12	12	1	9	0	21	1	0	33	1	0	0	13	79	1	15	16	

- 6.3.** The trend for each complaint received to be more complex continues. It is less likely that a complaint is only about one issue and most complaints now “tell a story” with points within that story where, in the complainants view, errors have been made which often lead to further errors or delays. The impact of this is that the more complex a complaint is the more staff time and resource is needed to investigate thoroughly and provide an appropriate response. This in turn is likely to lead to a greater number and more detailed actions being required.
- 6.3.1** The most frequently complained about issues in this quarter are; Appropriateness of services 38% of issues complained about, Staff Conduct 16% Communication 13.5%, and a service not being delivered 14% of issues complained about.
- 6.3.2** It should be noted that complaints about the conduct of our staff have been slowly increasing over the first 6 months of this year. In the previous year complaints about the conduct of our staff were at 22%, 14%, 13% and 13.5% respectively in each quarter.
- 6.3.3** **Table 18** below provides a full breakdown of the issues complained about in this quarter.

Nature of complaint	Q1	Q2	Q3	Q4	YTD
Access to files	0	0			0
Appropriateness of Service	96	93			189
Communication	43	35			78
Decisions	10	6			16
Delays	15	18			33
Discrimination	1	0			1
Eligibility for Service	8	0			8
Funding	9	6			15
Honesty & Integrity	1	0			1
Information	11	10			21
MCA/DOLS/IMCA	0	1			1
Service not delivered	6	34			40
Staff conduct	34	39			73
Timeliness	0	1			1
TOTAL	234	243	0	0	477

- 6.4** In this quarter (1st April – 30th June 2011) 64 complaints have progressed to being investigated under one of our options A – E.
- 6.4.1** **Table 19** below provides information on how many complaints were investigated under each of the options available.
- 6.4.2** A total of 66 complaints have been responded to within the quarter 2 (1st July – 30th September 2011), 60 of them within the prescribed timescales (91% within timescale agreed with complainant). This included 12 where an extended timescale was successfully negotiated with the complainant. This continues the upward trend for responses within agreed deadlines for the year to date and significantly improves upon the levels attained last year.
- 6.4.3** There were still 6 complaints that were responded to “out of time” meaning that either the member of staff responsible did not seek to negotiate an extension with the complaint or even when an extension was agreed we breached that extended timescale.
- 6.4.4** The most noticeable improvements have occurred within Option E where 50% of complaints were responded to within time as opposed to none in Qtr 1 in addition the average number of days to respond has come down from 116 days to 73 days. Also within Option D while the average number of days to respond has gone up to 77 days, 100% complaints responded to in Qtr 2 were done so within the timeframe agreed with the complainant. Within Option C where we should respond within 20 working

days the percentage responded to on time has increased from 82% to 93% and the average number of days, whilst still exceeding the 20 working day target has come down to 23 working days.

6.4.5 A further improvement should be noted in that the percentage of extended deadlines being requested is falling, in Quarter 1 of those complaints responded to within the quarter 26% were subject to deadline extensions being required whereas in Quarter 2 there were just 18% required.

Table 19: Complaints investigated under each option A-E						
		Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total YTD
Option A Same day	Received in Quarter	11	9			20
	Responded to in Quarter	11	9			20
	No. of agreed extended time scales	0	0			0
	Responded to within agreed time scales	11	9			20
	Responded to out of time	0	0			0
	% within time	100%	100%			100%
	Average days to respond	1	1.6			1.3
Option B 10 days	Received in Quarter	24	33			57
	Responded to in Quarter	25	25			50
	No. of agreed extended time scales	2	2			4
	Responded to within agreed time scales	22	22			44
	Responded to out of time	3	3			6
	% within time	88%	88%			88%
	Average days to respond	11	11			11
Option C 20 days	Received in Quarter	25	37			62
	Responded to in Quarter	28	27			55
	No. of agreed extended time scales	13	8			21
	Responded to within agreed time scales	23	25			48
	Responded to out of time	5	2			7
	% within time	82%	93%			87%
	Average days to respond	25	23			24
Option D 1-3 months	Received in Quarter	3	3			6
	Responded to in Quarter	5	3			8
	No. of agreed extended time scales	2	2			4
	Responded to within agreed time scales	4	3			7
	Responded to out of time	1	0			1
	% within time	80%	100%			88%
Option E 2-6 months	Received in Quarter	1	1			2
	Responded to in Quarter	1	2			3
	No. of agreed extended time scales	1	0			1
	Responded to within agreed time scales	0	1			1
	Responded to out of time	1	1			2
	% within time	0%	50%			33%
All Options	Average days to respond	116	73			87
	Received in Quarter	64	83			147
	Responded to in Quarter	70	66			136
	No. of agreed extended time scales	18	12			30
	Responded to within agreed time scales	60	60			120
	Responded to out of time	10	6			16
% within time	86%	91%			88%	

6.4.6 **Table 20** below shows the response times for complaints responded to by division. It can be seen that both OPPD and Strategic & Corporate services still need to improve their response rates.

Table 20: Response Times	Quarter 1				Quarter 2				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
Division												
OPPD	30	5	35	86%	22	4	26	85%	52	9	61	85%
Learning Disability	5	2	7	71%	7	0	7	100%	12	2	14	86%
Strategic & Corporate	5	2	7	100%	6	1	7	86%	11	3	14	79%
In-House	15	2	17	88%	19	1	20	95%	34	3	37	92%
Mental Health	0	0	0	n/a	0	0	0	n/a	0	0	0	n/a
External Providers	6	0	6	100%	6	0	6	100%	12	0	12	100%
ACS Total	61	11	72	85%	60	6	66	91%	121	17	138	88%

Appendix 2 provides this information by division and service area within each division.

Appendix 3 provides response times for each cluster within CCTs.

6.6. 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 the table below (**Table 21**) we have acknowledged 86% of complaints received in Qtr 2 (1st July – 30th September 2011) within 3 working days. This is a decrease in acknowledgements within the required timescale from Quarter 1 (93%) and needs to be improved.

6.6.1 The areas where there needs to be the greatest improvement are those complaints where the acknowledgement is provided by the Directors / Chief Executives Office and where a complaint is received and acknowledged within OPPD or within Strategic & Corporate Services.

6.6.2. It should be noted that there is the option to immediately forward a complaint to the Customer Services Team who will then acknowledge on behalf of the Council within the required 3 working Days. However, this can only be achieved if the forwarding to this team is on the same day as the complaint is first received by the Council.

Table 21- Acknowledgements	Quarter 1				Quarter 2				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
Acknowledgements												
Division												
Customer Services	42	3	45	93%	61	6	67	91%	103	9	112	92%
Director/CEX	1	0	1	100%	3	1	4	75%	4	1	5	80%
OPPD	4	0	4	100%	3	3	6	50%	7	3	10	70%
Learning Disability	3	1	4	75%	0	0	0	n/a	3	1	4	75%
Strategic & Corporate	5	0	5	100%	5	2	7	71%	10	2	12	83%
In-House	14	1	15	n/a	7	0	7	100%	21	1	22	n/a
Mental Health	0	0	0	n/a	0	1	1	0%	0	1	1	n/a
ACS Total	69	5	74	93%	79	12	92	86%	148	17	166	89%

- 6.7 The next section in this report provides tables showing details for Qtr 2 (1st July – 30th September 2011) Where complaints are received within the directorate (**Table 22**) - In what format we receive complaints (**Table 23**) - Who makes the complaints (**Table 24**)

Complaint Received By	Quarter Complaint Received				2011-12
	Q1	Q2	Q3	Q4	
Customer Services	26	31			57
Customer Service Centre	11	23			34
Care Direct Plus	1	2			3
Within Clusters/Localities	30	24			54
Director	3	7			10
Chief Executive	2	2			4
CQC	0	0			0
Finance	1	3			4
ACS TOTAL	74	92	0	0	166

Format of Complaint	Quarter Complaint Received				2011-12 Total
	Q1	Q2	Q3	Q4	
Complaint Form	8	11			19
DCC Web form	4	2			6
E-Mail	8	16			24
In Person	6	5			11
Letter	25	25			50
Telephone	23	33			56
ACS TOTAL	74	92	0	0	166

Who Made Complaint	Quarter Complaint Received				2011-12 Total
	Q1	Q2	Q3	Q4	
Carer	0	0			0
Family Member	49	52			101
Friend/Neighbour	0	1			1
Legal Representative/Guardian	1	0			1
Spouse	2	5			7
Other Professional Agency	5	8			13
Service User	16	23			39
Member of the public	1	2			3
Other	0	1			1
ACS TOTAL	74	92	0	0	166

- 6.7.1 From these tables it can be seen that in Qtr 2 (1st July – 30th September 2011) the majority of complaints were received from a family member (56.5%) or the service user (25%). Either by Telephone (36%), by Letter (27%), by E-Mail (17%) or by use of the customer feedback form (12%). 34% of these complaints were received direct by the Customer Services Team with a further 25% to customer services team via the CS, 26% within clusters or localities and a further 10% were received direct by the Director or Chief Executive.

7. Complaint Outcomes

- 7.1 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.

7.1.2 From **Table 25** below it can be seen that complainant's desired outcomes are varied and in this quarter the most requested were for us to change / improve a service requested in 32% of complaints, provide an explanation was stated in 11% of complaints as was ensure it does not happen again and also to address / improve our staff conduct. To send the required information was cited as a desired outcome in a further 8% of instances.

Table 25					
Desired Outcome of Complainant	Quarter Complaint Received				2011-12 Total
	Q1	Q2	Q3	Q4	
Address Confidentiality	1	1			2
Alter Records	1	1			2
Apology	1	1			2
Change/Improve the Service	30	45			75
Compensation	0	2			2
Ensure that this does not happen again	11	16			27
Explain A Process/Delay/Decision	15	16			31
Financial redress	0	3			3
Funding Issues	7	8			15
Improve Communication	7	10			17
Improve Information	0	2			2
Not Stated/Blank	0	0			0
Provide a Service	1	5			6
Send Required Information	11	11			22
Address / Improve Staff Conduct	8	16			24
Provide assessment	6	5			11
ACS TOTAL	99	142	0	0	241

7.1.3. The 66 complaints responded to in the quarter have generated a total of 234 complaint issues to be investigated. Of these 94 (46%) were fully or partially upheld, in 28 issues there was no finding able to be made (14%) and 78 (38%) were not upheld.

Table 26: Outcomes of Complaints					
Individual issues Upheld/Justified?	Quarter Complaint Resolved				2011-12 Total
	Q1	Q2	Q3	Q4	
No - Not Upheld	106	78			184
Yes - Upheld	72	47			119
Partially Upheld	52	47			99
No finding	24	28			52
Blank issues (CMF not received)	32	21			53
Closed / NFA	14	13			27
ACS TOTAL	300	234	0	0	534

7.1.4 There is still a residual problem of CMFS not being returned completed to the Customer Services Team. In this Quarter of the 66 complaints responded to a total of 10 CMFS were not returned (15%), despite reminders and highlighting on the fortnightly statistics. This resulted in it not being possible to report on

the outcome of a total of 21 of the 234 complaint issues within the quarter and therefore prevents the absolute accurate reporting of the percentage of upheld / not upheld complaint issues.

7.1.5 The delay in returning of completed CMFS also prevents action plans being prepared and circulated to managers for implementation and evidencing of completion. It means the customer service team has to rely on the content of the response letter to gauge the required actions.

8. Learning from Complaints

8.1 The DH 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.

8.2 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.

8.3 In this quarter (1st April – 30th June 2011) as a result of complaints we have

- Commissioned an independent audit of Medicines Management across all of The Council's In House Residential Homes. This is due to be completed and submitted to the Compliance & Quality Improvement Board by the end of November.
- Commissioned a review of staffing levels across The Council's Residential Homes by Internal Audit with a full report to be submitted to the Compliance & Quality Improvement Board by the end of November.
- Commissioned a Management Review of the Carers Grant Funded Short Breaks Scheme. This report to be submitted to the Assistant Director for In House Service Provision and to inform future commissioning.

8.4 Appendix 4 provides a comprehensive list of actions arising from complaints resolved within Qtr 2 (1st July – 30th September 2011) with the key actions for each division highlighted

9. Local Government Ombudsman Investigations

9.1 In Qtr 2 (1st July – 30th September 2011) There have been 2 complaints registered with the Local Government Ombudsman about Adult Social Care.

9.1.2 1 of these has been closed by the Ombudsman following a discussion with us about the case and recorded as premature.

9.1.3 1 has moved to a full investigation and the council has responded to the Ombudsman request for information – The decision from the Ombudsman is still outstanding.

9.2 In Qtr 2 (1st July – 30th September 2011) we have received 3 provisional decisions from the Ombudsman for the Council to comment on if desired. One is recommending the case be closed as the Council has already agreed to carryout a further assessment of need, the second that the investigation be discontinued and the third that a local settlement be agreed.

9.3 In Qtr 2 (1st July – 30th September 2011) we have received 1 final decision by the Ombudsman. This was in relation to a complaint received by the Ombudsman in Qtr 4 2010/11 and responded to by the Council in Qtr 1 11/12. The Ombudsman decision was to discontinue the investigation as the Council has nothing to answer.

9.4 The complaint from quarter 2 09/10 is still under investigation by both the LGO and the PHSO.

9.5 There are 3 open cases from complaints received in Quarter 1, all of which the Council has responded to in full

Carol Hayman Customer Services Manager September 2011

APPENDIX 1 – COMPLAINTS BY SERVICE AREA & TYPE

Division	Service Area	Type of service	Q1	Q2	Q3	Q4	Yr Total
OPPD	CCT	Assessment	8	11			19
		Direct Payments	0	1			1
		Review	0	0			0
		Financial support/advice	3	2			5
		Hospital discharge support	0	2			2
		Placement support/advice	2	3			5
		Placement funding	0	0			0
		Workload management	0	0			0
		Liaising with other teams/agencies	0	0			0
		Equipment support/advice	0	0			0
		Safeguarding	1	0			1
		Service support/advice	9	6			15
		Panel	1	0			1
		Total CCT	24	25	0	0	49
	CDP	Assessment	4	3			7
		Review	0	0			0
		Signposting	0	0			0
		Equipment support/advice	0	0			0
		Direct Payments	0	0			0
		Liaising with other teams/agencies	0	1			1
		Financial support/advice	1	0			1
		Total CDP	5	4	0	0	9
	Rapid Response	Personal care	0	0			0
		Sit-in services	0	0			0
		Provision of Meals on Wheels	0	0			0
		Provision of aids/equipment	0	0			0
		Supervised tasks by Nurse/OT	0	0			0
Total Rapid Response		0	0	0	0	0	
Total OPPD			29	29	0	0	58

Division	Service Area	Type of service	Q1	Q2	Q3	Q4	Yr Total
Learning Disability	Commissioning	Employment	0	0			0
		Day Services	0	1			1
		Residential	0	1			1
		Nursing	0	0			0
		Supported Living	0	0			0
		Assessment	1	1			2
		Review	0	0			0
		Direct Payments	0	0			0
		Carer's Services	0	0			0
		Advocacy	0	0			0
		Funding appeals process	2	0			2
		Support/advice	1	2			3
		Care management support	1	3			4
		Total Commissioning	5	8	0	0	13
	Provider Services	Short Breaks Services	1	0			1
		Fulfilling Lives	3	0			3
		Independent Living Units	0	0			0
		Transport Services	0	0			0
		Total Provider Services	4	0	0	0	4
	Total Learning Disability			9	8	0	0

APPENDIX 1 – COMPLAINTS BY SERVICE AREA & TYPE

Division	Service Area	Type of service	Q1	Q2	Q3	Q4	YTD
Strategic & Corporate	Direct Payments	Admin/set up	1	0			1
		Monitoring	0	0			0
		Total Direct Payments	1	0	0	0	1
	Safeguarding	Process	0	2			2
	Care Direct	Blue Badge	1	1			2
		Service provided	3	0			3
		Total Care Direct	4	1	0	0	5
	Client Finance	Financial Assessment	0	0			0
		Client visiting service	0	0			0
		Income collection/invoicing	0	2			2
		Court of Protection team	0	0			0
		Total Client Finance Services	0	2	0	0	2
	ACS Policy	Process	0	3			3
	DOLS/MCA	Process	0	0			0
	Sensory Team	Service advice	0	0			0
		Assessment	0	0			0
		Skills training	0	0			0
		Counselling services	0	0			0
		Advocacy services	0	0			0
		Provision of aids	0	0			0
		Carer support	0	0			0
		Total Sensory team	0	0	0	0	0
	EDT	Liaising with teams/agencies	0	0			0
		Risk assessment	0	0			0
		Property/pet safety	0	0			0
		Welfare checks	0	0			0
		Care needs assessment	0	0			0
		Identification of care package	0	0			0
		Mental Health Act assessment	0	0			0
		Support/advice	0	1			1
Appropriate Adult process		0	0			0	
Total EDT		0	1	0	0	1	
Supporting People	Process	0	0			0	
Management Info	Service provided	0	0			0	
ACS admin	Service provided	0	0			0	
Public info team	Service provided	0	0			0	
Procurement	Framework agreement	0	1			1	
Customer Services	Service provided	0	0			0	
Total Strategic & Corporate			5	10	0	0	15

APPENDIX 1 – COMPLAINTS BY SERVICE AREA & TYPE

Division	Service Area	Type of service	Q1	Q2	Q3	Q4	Yr Total
In-House Services	Dom Care	Rostering	0	0			0
		Personal Care	1	4			5
		Domestic Tasks	0	0			0
		Shopping Tasks	0	0			0
		Total Dom care	1	4	0	0	5
	Residential Care	Homes in Eastern Devon	7	6			13
		Homes in Northern Devon	4	4			8
		Homes in Southern Devon	3	4			7
		Total Residential Care	14	14	0	0	28
	Respite Care	Homes in Eastern Devon	1	1			2
		Homes in Northern Devon	1	1			2
		Homes in Southern Devon	0	4			4
		Total Respite Care	2	6	0	0	8
	Day Care	Homes in Eastern Devon	0	0			0
		Homes in Northern Devon	1	0			1
		Homes in Southern Devon	0	0			0
		Total Day Care	1	0	0	0	1
	Reablement	Eastern Devon	0	0			0
		Northern Devon	0	0			0
		Southern Devon	0	0			0
		Countywide	0	0			0
		Total Reablement	0	0	0	0	0
	Intermediate Care	Assessment	0	0			0
		Liaising with other teams/agencies	0	0			0
		Hospital discharge support	0	0			0
		Hospital admission prevention	0	0			0
Support/advice		0	0			0	
Total Intermediate Care		0	0	0	0	0	
Total In-House Services			18	24	0	0	42

Division	Service Area	Type of service	Q1	Q2	Q3	Q4	YTD
External Providers	Care Time	Dom care	1	1			2
	Allied Healthcare	Dom care	0	1			1
	B Mobile	Equipment prescription	0	1			1
	First React	Dom care	0	1			1
	Lyndridge	Supported Living	0	1			1
	New Care Devon	Dom care	1	2			3
	Primecare	Dom care	0	1			1
	Qcare	Dom care	0	1			1
	The Mallands	Dom care	0	1			1
	Unity	Dom care	0	1			1
	Windward	Nursing Care	0	1			1
	Carrington Care	Dom care	1	0			1
	Total External Providers			3	12	0	0

APPENDIX 2 – RESPONSES TIMES

RESPONSE TIMES	Quarter 1				Quarter 2				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
OPPD												
CCT	26	5	31	84%	19	4	23	83%	45	9	54	83%
CDP	4	0	4	100%	3	0	3	100%	7	0	7	100%
Hosp Discharge Team	0	0	0	n/a	0	0	0	n/a	0	0	0	n/a
Rapid Response	0	0	0	n/a	0	0	0	n/a	0	0	0	n/a
OPPD Total	30	5	35	86%	22	4	26	85%	52	9	61	85%
Learning Disability												
Commissioning	2	2	4	50%	5	0	5	100%	7	2	9	78%
Provider Services	3	0	3	100%	2	0	2	100%	5	0	5	100%
LD Total	5	2	7	71%	7	0	7	100%	12	2	14	86%
Strategic & Corporate												
Direct Payments	0	1	1	0%	0	0	0	n/a	0	1	1	0%
Safeguarding	0	1	1	0%	2	0	2	100%	2	1	3	67%
Care Direct	4	0	4	100%	1	0	1	100%	5	0	5	100%
Client Finance	1	0	1	100%	0	0	0	n/a	1	0	1	100%
ACS Policy	0	0	0	n/a	1	1	2	50%	1	1	2	50%
DOLS/MCA	0	0	0	n/a	0	0	0	n/a	0	0	0	n/a
Sensory Team	0	0	0	n/a	0	0	0	n/a	0	0	0	n/a
EDT	0	0	0	n/a	1	0	1	100%	1	0	1	100%
Supporting People	0	0	0	n/a	0	0	0	n/a	0	0	0	n/a
Management Info	0	0	0	n/a	0	0	0	n/a	0	0	0	n/a
Public info team	0	0	0	n/a	0	0	0	n/a	0	0	0	n/a
Total	5	2	7	71%	6	1	7	86%	11	3	14	79%
In House												
Dom Care	1	0	1	100%	4	0	4	100%	5	0	5	100%
Residential Care	11	2	13	85%	12	0	12	100%	23	2	25	92%
Respite Care	2	0	2	100%	3	1	4	75%	5	1	6	83%
Day Care	1	0	1	100%	0	0	0	n/a	1	0	1	100%
Reablement	0	0	0	n/a	0	0	0	n/a	0	0	0	n/a
Intermediate Care	0	0	0	n/a	0	0	0	n/a	0	0	0	n/a
In-House Total	15	2	17	88%	19	1	20	95%	34	3	37	92%
External Providers												
Care Time	2	0	2	100%	1	0	1	100%	3	0	3	100%
Allied Healthcare	0	0	0	n/a	1	0	1	100%	1	0	1	100%
B Mobile	0	0	0	n/a	1	0	1	100%	1	0	1	100%
QCare	0	0	0	n/a	1	0	1	100%	1	0	1	100%
The Mallands	0	0	0	n/a	1	0	1	100%	1	0	1	100%
Bickleigh Down	1	0	1	100%	0	0	0	n/a	1	0	1	100%
HFT	1	0	1	100%	0	0	0	n/a	1	0	1	100%
Unity	0	0	0	n/a	1	0	1	100%	1	0	1	100%
New Care Devon	1	0	1	100%	0	0	0	n/a	1	0	1	100%
Carrington Care	1	0	1	100%	0	0	0	n/a	1	0	1	100%
Ext Providers Total	6	0	6	100%	6	0	6	100%	12	0	12	100%
Mental Health												
Exeter & East	0	0	0	n/a	0	0	0	n/a	0	0	0	n/a
Mental Health Total	0	0	0	n/a	0	0	0	n/a	0	0	0	n/a
Overall Total	61	11	72	85%	60	6	66	91%	121	17	138	88%

Appendix 3

Appendix 3: Response times by Cluster

Area	Cluster	Quarter 1				Quarter 2				Quarter 3				Quarter 4				Total YTD			
		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
Northern	Axe Valley, Seaton, Sidmouth	2	0	2	100%	1	0	1	100%									3	0	3	100%
	Crediton, Cullompton & Okehampton	1	0	1	100%	3	1	4	75%									4	1	5	80%
	Exeter St Edmunds	4	1	5	80%	2	0	2	100%									6	1	7	86%
	Exeter Sycamores	2	0	2	100%	1	0	1	100%									3	0	3	100%
	Exmouth & Budleigh	2	0	2	100%	2	0	2	100%									4	0	4	100%
	Honiton & Ottery St Mary	0	0	0	n/a	0	0	0	n/a									0	0	0	n/a
	Tiverton	0	1	1	0%	0	0	0	n/a									0	1	1	0%
	Barnstaple	3	0	3	100%	1	1	2	50%									4	1	5	80%
	Braunton area	2	0	2	100%	1	1	2	50%									3	1	4	75%
	Torridge	2	1	3	67%	3	1	4	75%									5	2	7	71%
	Total Northern Devon	18	3	21	86%	14	4	18	78%	0	0	0		0	0	0		32	7	39	82%
Southern	Dawlish & Teignmouth	2	0	2	100%	0	0	0	n/a									2	0	2	100%
	Newton Abbot	2	0	2	100%	0	0	0	n/a									2	0	2	100%
	Ivybridge & Kingsbridge	1	0	1	100%	3	0	3	100%									4	0	4	100%
	Tavistock	1	1	2	50%	1	0	1	100%									2	1	3	67%
	Teign Valley & S Dartmoor	0	0	0	n/a	0	0	0	n/a									0	0	0	n/a
	Totnes & Dartmouth	2	1	3	67%	1	0	1	100%									3	1	4	75%
		Total Southern Devon	8	2	10	80%	5	0	5	100%	0	0	0		0	0	0		13	2	15
	Total for all Clusters	26	5	31	84%	19	4	23	83%	0	0	0		0	0	0		45	9	54	83%

Actions as a result of complaints resolved in Q2 2011/12

INDICATOR TO KEY ACTIONS

IN HOUSE
OPPD
LEARNING DISABILITY
STRATEGIC & CORPORATE

Substance	Action required
Appropriateness of Service	That an apology be offered for the confusion surrounding whether or not a Case Conference should have taken place, and the final decision not to hold a Case Conference (Safeguarding Manager has stated that in hindsight, it could have been appropriate to have held a Case Conference, even though person had died prior to date that the Case Conference was to be held).
	That an apology be offered for the failure to inform son that his mother had expressed the view that she did not wish to see him or his son, and that she was viewed at that time to have "capacity", and was therefore in a position to make decisions in the future as to whether she wished to see him or not.
	That a procedure is created for staff to follow at Butterpark when a call back/request for a GP is made.
	Alongside the improvements already implemented at Butterpark, and taken forward with the whole service improvement plan as a result of CQC inspection visits to homes, there should be a review of daily service user record management across Devon County Council homes. This review would be to ensure that a consistent, robust and accurate record management system is in place to record daily the activities of all residents.
	That, alongside the already reported changes to procedures at Butterpark, there is a review of the Controlled Medication procedure across Devon County Council homes to ensure that the procedure in place is in line with CQC guidance, gives clear guidance on how to record refused medication and is being implemented accurately across the units.
	Following conversation with complainant by senior manager a further letter or communication is made to her to address the challenges she raised.
	That consideration be given to reinstating client's attendance at Barnfield Farm for one day a week.
	That a review of clients eligible needs be undertaken to ascertain that the current level of care hours provided by ROC meet current eligible needs.
	To discuss with client the matter of support towards getting paid work in order that he might then have funds available to access other day activities

Level of care reviewed and changed accordingly and apologies that the original level of care identified was not appropriate to needs.
Review of agency in-house induction and agency training
Care Direct Plus to undertake an assessment where service user is able to discuss concerns and support needs and provide information about Direct Payments.
Operational Lead instructs OTs and PMs to follow relevant business processes for RSL tenants when they are requesting a possible adaptation.
ACS to check that bathing hazards are safely managed in the interim whilst service user awaits the adaptation.
Goodwill gesture of £200 to be waived from clients o/s account.
Explanation for the Safeguarding process, data sharing and minute taking.
Meeting between A C (the provider) and CDP manager to discuss complaint and agree way forward/actions. Response to complainant to explain action planned by A C (the provider) including alert system
Clients Care Plan to be updated and a memo to be sent out to all staff reminding them to check the Home Base Record and to ensure that alarms are in place before each visit ends.
Organise a regular meeting between Q C (the provider) and client's son so that issues can be discussed and resolved.
Team Leaders to continue to monitor resident for signs of pain and to offer medications as prescribed by her GP. This message has been communicated to team leaders during shift change over.
There is a review of the Controlled Medication procedure across Devon County Council homes to ensure that the procedure in place is in line with CQC guidance, gives clear guidance on how to record refused medication and is being implemented accurately across the units.
Care plans amended to highlight importance of receiving food at breakfast time to help manage diabetes. Matter raised at Staff meeting with care staff. This action will also be included in all Team Leader and Deputy Manager supervision sessions for August.
To review the procedure at T V residential home for providing escorts for service users going to hospital.
Introduction of new corporate care support plans at T V residential home.
T V residential home to implement daily fluid and food monitoring documentation for resident and to complete a daily activities sheet to record resident's involvement in organised activities
A request to be made to GP requesting a referral be made to the Reablement team for a physiotherapist to complete a mobility assessment (to include stair work) and if deemed necessary a further referral to the occupational therapy team to undertake a home assessment for aids / adaptations, e.g. stair lift.
Request that B Mobile review their fact sheet and telephone procedure to improve customer service.
Replacement window ordered for bedroom Apology for shortcomings in the service
That whichever agency takes on service users care package makes an introduction visit prior to the care commencing

	Reminder to CD, CDP and CCTs about the process for dealing with queries that have been passed on to other teams, and the information they need to feedback to referrers
	An independent audit of staffing levels in our homes
	Full investigation of the issues raised by complainant, for these to be addressed with the provider and feedback given to the complainant.
	Reinstate the visits and CDP to contact the provider to make sure they pick up the service users medications.
	Meeting with complainant to discuss issues and agree a way forward
Communication	That an apology be offered to complainant for not being informed and receiving documentation regarding the steps being taken as the result of a Safeguarding Alert being raised in respect of his late mother.
	Communication with complainants should be re-established on the same terms as with other families. Family should be made aware of the reasons for the systems that had been put in place and use of the mediation service considered.
	Apology for the breakdown in communication as part of a meeting to give an explanation and feedback on the complaint response.
	An apology to the family for the length of time it took Devon County Council to acknowledge their letter of complaint which was sent in February 2011 and not acknowledged until May 2011
	It is recommended that Butterpark invest in an answer machine for the main office which is checked on a regular basis throughout the day
	Apologies for the unacceptable level of distress caused by the confusion over respite booking
	Apology for the breakdown in communication between our services in relation to your need for an assessment at this time. The managers of these teams will be asked to review their referral and communication processes so that this does not happen in the future.
	Apology for the fact that an alternative contact number was not included in an email. Staff member to be updated on "out of office" messages, and also ensure all the staff team are similarly advised.
	Manager to call complainant to discuss her concerns over the poor communication
	Letter of apology to be sent to complainant in respect to the delays and lack of contact by SW
	Letter to be sent to all team leaders explaining the importance of responding to notes in the communications book and the need to call the GP whenever a concern regarding a resident's health is raised. This action will also be included in all Team Leader and Deputy Manager supervision sessions for August.
	A letter of apology to be sent to complainant for any distress caused and delays in communication
	For the Exeter LD team to issue a new care plan for service user and to send a copy to the agency. For the agency to confirm that they have destroyed the old care plan
	Initial Discussion with Practice Manager regarding timely acknowledgement of calls to him. Further exploration with Practice Manager about strategies for ensuring calls acknowledged in a timely fashion
Communications team is reviewing the information we send out. New guidance has recently gone out to staff in CD & CDP about how they should deal with referrals from people who will be self funding.	

Decisions and Policy	Explanation of the respite booking policy for DCC
	Devon Care & Repair will be asked to check the tenure of incoming referrals to provide a secondary check on the process and to return them to ACS promptly if not eligible for their service.
	Advise clients of the next steps in the process towards obtaining the adaptation they have requested and advise the complainants of outcome of discussions with North Devon Homes and North Devon Council.
	Give explanation to agency for Framework process
	To hold a best interest case conference to review the decision about where service user should live and report the decision to family.
	Meeting with service user to discuss her concerns and explain decisions over transfer of care from In House to Independent sector.
Delays	Changes to the way referrals are managed within the CCT. The Practice Manager to make telephone contact with every person (or their nominated representative) referred, usually within the first 5 days. It also means the referrer is clear what is happening and is able to make direct contact if their situation should change.
	Apology is given to the family for the amount of time their relative had to wait for the GP to call/visit on the 7th February and assurances that a procedure is now in place to communicate more effectively with GP surgeries.
	Telephone call to apologise for the delay and assure that the waiting list wait is being addressed and improved communication will be made
	Allocation of OT without further delay
Funding and Charges	Allocate an OT to make a bathing assessment
	Client Finance Services to telephone complainant to discuss payment options.
	Explanation of decisions made and that DCC will not cover costs but the family can take it up directly with the out of area home
	Organise payment of outstanding invoices with NHS Devon
	Meeting with the Provider to discuss building a better working relationship
	Meeting with the Childcare Commissioners to discuss the issues raised with particular reference to achieving consistent affordable costs across both adult & childcare commissioning
Information	A final bill for one service user and an on-going bill for the other service user to be recalculated from 7th October 2010, taking into account the full 10 week disregard for both.
	The DCC Safeguarding Team Manager to review the investigation report, identify lessons learnt and build these into future policy and practice. This should include clarifying policy for situations in which safeguarding alerts have been raised and the subject of the alert has passed away; it would be good practice in these circumstances to conclude the safeguarding process and case conference as it is clearly unsatisfactory for those subject to concerns not to have conclusions reached and a fair judgement made.
	For a care manager to be identified to describe the brokerage process to the complainant in detail, and ensure understanding.

Service not Delivered	Apologise for the distress caused to family, as well as neighbours and friends who were trying to arrange care following her discharge from hospital.
	Covert surveillances planned to follow up complaint that night staff are leaving the home and smoking outside.
	Reinforcing the message re no smoking to all staff at the next team meeting, and ensuring they understand the consequences should they do this.
	SW to call complainant to discuss assessment and outstanding issues as a result of the delay.
	Explanation of communication and offer to investigate further if complainant can provide a recording of the conversation
	A reminder to all staff about following the correct procedures for administration and recording of medication has been added to the memo being sent out this week
	Discussion with OT re attitude - process commenced using informal Conduct Policy and improvement plan being developed within supervision.
	Explanation of assessments and financial support available from DCC.
	Referral to the community mental health team for an assessment
	Offer new SW if still required
	Member of staff interviewed and note taken that this staff member will not visit the client again although due to only two people present not able to confirm staff conduct. Contact by Team Leader with assurances that the member of staff complained about will not visit the client again.
	Take up issues with home Manager at supervision