



# **Annual Statutory Representations Report**

## **Adult Social Care Services 2019/20**

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Adult and Health Services 2019/20

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## Part One - Introduction

Welcome to Durham County Council's (DCC) Adult and Health Services (AHS) Annual Report which details representations made in relation to adult social care services. The report covers the period 1 April 2019 to 31 March 2020.

The report is published under the provisions and requirements of the relevant regulations: *The Local Authority Social Services and NHS Complaints (England) Regulations 2009*. This is a single joint complaints process for both social care and health services where there are no fixed timescales for managing a complaint with a greater focus on local resolution. If all proportionate resolution mechanisms have been exhausted and if the complaint remains unresolved, the complainant can refer outstanding issues to the Local Government and Social Care Ombudsman (LGSCO). The regulations also introduced a duty for health and social care services to cooperate, should this be required, in complaints investigations.

This process aims to:

- Make it as easy and accessible as possible for service users or their nominated representatives to raise complaints;
- Foster an organisational culture in which complaints are accepted, owned and resolved as efficiently as possible;
- Ensure high levels of customer satisfaction with complaints handling;
- Resolve individual issues when they arise and reduce the number of complaints referred to the Ombudsman; and
- Enable the Council to identify topics and trends in relation to adult social care complaints and improve services as a result.

In recording and reporting upon the Council's performance in relation to the above, the Local Authority has a statutory duty to produce an annual report under Regulation 18 of the statutory instrument detailed above.

Other key features of the Regulations include:

- the requirement for local authorities to appoint a Complaints Manager; and
- a 12-month time limit to make complaints.

During 2019/20 the Development and Learning Manager fulfilled the role of 'Complaints Manager' in accordance with the requirements of the regulations, with a Complaints Officer allocated to undertake the day-to-day supervision of the complaints function, both being independent of social care services' operational line management, thus ensuring a high level of independence in the way social care complaints are managed within the Council.

## Part Two - Summary of key messages

The key headlines from this report are as follows:

- There has been no change in the number of complaints investigated, remaining at 81 for both 2018/19 and 2019/20.
- There has been an increase in the time needed to fully investigate some complaints during the final quarter of the 2019/20 performance year due to a focus on the delivery of frontline services as a result of the COVID-19 pandemic, a trend mirrored by the LGSCO.
- There was an increase in complaints that the Council declined during 2019/20; 16 compared to 11 in the previous performance year.
- DCC AHS received 11 complaints where the contribution of colleagues from Health were needed to inform upon the Council's response in comparison to only 3 complaints in the previous year. The Council led in these 11 investigations and responded on behalf of all involved organisations in line with joint protocols, whilst also contributing to a further 5 investigations led by Health.
- Older People/Physical Disabilities/Sensory Impairment received 47% of the overall complaints about adult social care services.
- A 'disputed decision' where a service user disagrees with an explanation or decision was the most common reason for making a complaint (12.7%).
- The LGSCO received 17 adult social care complaints during 2019/20, one less than in 2018/19, and reached a decision on 11 of these cases with 6 still being investigated at the time of writing this report.
- The service received 130 compliments about adult social care services during 2019/20, a slight increase from 125 in 2018/19 with County Durham Care and Support receiving the most compliments in both performance years.
- Complaints continue to provide invaluable information and learning from which adult social care services can improve. Some examples of which are detailed below:
  - An investigation identified an issue relating to a service user's weight loss and food/fluid intake, as well as skin integrity, seizures and the accuracy/relevance of the care home's response and support plans linked to these areas. This resulted in a Safeguarding Establishment referral being actioned and a Practice Improvement Officer being allocated to support the care home and consider relevant wider practice issues that this case has highlighted.
  - A service user's height was not considered during the identification and provision of a stairlift, resulting in equipment being installed that they could not safely transfer on and off. A replacement stairlift was offered along with an assurance that the issue of measuring service users when assessing for the provision a stairlift would be raised with the stairlift company directly to ensure that this was always done in future.

### **Part Three - The adult social care complaints process**

When a complaint is received, it is risk-assessed to ensure that there are no safeguarding or other procedural issues that might supersede the complaints procedure and that it is within the 12-month limitation period. Consent must be obtained to confirm that someone making a complaint on another's behalf has been given the authority to do so.

Once the above determinations have been made, complainants are engaged in planning how their complaint is to be addressed and the timescales for doing so, along with what they hope to see happen as a result of making a complaint in the form of desired outcomes. A Complaints Resolution Plan (CRP) is produced which summarises this information along with the specific elements of complaint for investigation and the complainant is encouraged to suggest any changes to this document so it accurately reflects the issues they wish to be examined.

The Council's focus is always on the resolution of the complaint and engagement with the complainant in order to resolve matters to their satisfaction. Where resolution is not achieved, the complainant remains dissatisfied and the Council's complaints procedure is deemed to have been exhausted, the complainant is invited to raise any outstanding issues with the LGSCO.

Whilst a complainant can refer their complaints to the LGSCO from the outset, the Ombudsman will not usually investigate a complaint until the Council has conducted its own investigation and provided a response. In some circumstances where there has been a joint investigation with Health Services, progression may involve the Parliamentary and Health Service Ombudsman (PHSO).

## Part Four- Complaints made to the Local Authority (AHS)

We investigated 81 complaints through to a formal finding in 2019/20, the same number as in 2018/19.

In addition to this number, 16 complaints were declined. In one case, a Mental Capacity Act assessment was undertaken, it was reported that the service user had the capacity to understand the complaint and that he did not agree to it being made on his behalf, nor to the release of his personal information in response.

In three other similar cases, the service user did not have capacity to give consent to a complaint being made on their behalf but in each case a best interests decision deemed that the complainant was not acting in the service user's best interests. As an example, in one of these cases the service user's next of kin was consulted (who was not the complainant) and they did not wish for complaint to be investigated as a meeting had already resolved matters.

Two further complaints were made on behalf of service users by a third parties that could not be progressed through the complaints procedure. In one case the service user was named but the submission was made anonymously, so it could not be established if this was someone who could complain on the service user's behalf, with the issues being passed to the service area for consideration and action as appropriate. In another case a complaint about a care home was passed to the Council by a voluntary organisation but the complainant wished to remain anonymous. It is a requirement of the legislation that a third party must provide evidence of consent in order to submit an adult social care complaint on a service user's behalf. The Council was unable to instigate a complaints investigation based upon the information provided, despite attempts to encourage the service user to come forward, so the general issues were shared with safeguarding for consideration and appropriate action.

Two further complaints were outside of AHS's jurisdiction to investigate, one relating to the professional practices and conduct of a private housing company, with which the council did not contract to provide adult social care services. Another complaint, upon further examination, was made to the Council when the service user lived in Darlington and it was a matter for Darlington Borough Council.

AHS received two complaints after service users had passed away and in both instances the complainant was unable to evidence that they were an executor of the service user's will or could provide a letter of administration relating to their estate. This would have confirmed that they were a 'personal representative' so that any disclosures would not constitute an actionable breach of confidence, given that the service user's personal information would be disclosed in any complaints response.

Local authorities do not need to consider complaints made more than one year after the grounds to make the representation arose and four complaints received in 2019/20 related to matters which occurred more than a year ago. As an example; one of these submissions was about events that had occurred in 2016, further enquiries identified that the same complaint had been submitted at that time, it was not upheld, and the complainant failed to progress their issues with the Ombudsman.

In two other cases, one complaint was progressed via the disciplinary procedure as opposed to the complaints procedure, as it related to alleged professional misconduct. Another was declined after attempts to reach a consensus on the elements of complaint and how they should be investigated could not be reached due to the complainant's abusive and vexatious presentation.

In relation to the above, complainants can approach the LGSCO with a request that they review of the Council's decision to decline their complaint. At the time of writing this report the Ombudsman has not approached the Council with an instruction to investigate any of these declined complaints.

AHS led on 11 complaint investigations that incorporated contributions from our partners in Health which was a significant increase on 3 in 2018/19. This involved joint complaint investigations with partners such as Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) (3), County Durham and Darlington NHS Foundation Trust (CDDFT) (4) and the North of England Commissioning Support Unit (NECS) (4). These 11 complaints are included in the figures presented in this report.

The Council also contributed information to complaint investigations led by TEWV (1) and CDDFT (4). These figures are not included in this report as the lead organisation will include these within their own annual reporting.

#### **Number of complaints received by service area 2019/20**

Service Area	Number of Complaints 2019/20	Number of Complaints 2018/19	% of Total Complaints 2019/20	% of Total Complaints 2018/19
Older People/ Physical Disabilities/Sensory Impairment	38	39	47%	48%
Learning Disability/Mental Health/Carers/Substance Misuse	18	17	22%	21%
Commissioning	12	12	15%	15%
County Durham Care and Support	2	1	2%	1%
Safeguarding, Practice Development & Access	4	5	5%	6%
Finance*	7	7	9%	9%
<b>Total</b>	<b>81</b>	<b>81</b>	<b>100%</b>	<b>100%</b>

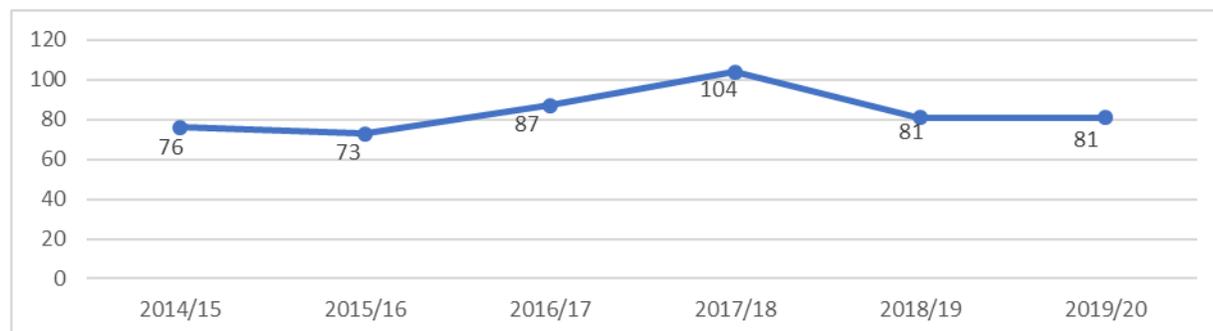
*\*Finance is no longer part of AHS, but the complaints were regarding statutory adult social care services*

There are clear parallels in relation to the number and distribution of complaints received in the 2019/20 performance year when compared with 2018/19, in both the two areas of social work delivery of Older People/Physical Disabilities/Sensory Impairment and Learning Disabilities/Mental Health/ Substance Misuse.

The percentage of complaints for each of the service areas has remained remarkably consistent with our Commissioning Service and Finance receiving the exact same number of complaints in 2019/20 as they did the year previous, although in 2018/19 it was noted that complaints requiring an investigation by the Commissioning Service had increased by 50%. In relation to other service areas, there were changes, but these changes represented an increase or reduction in complaints by only one.

The graph below shows the number of complaints received by adult social care services over the last 6 years. After an initial reduction in complaints, submissions began to increase, only for these to fall quite significantly in 2018/19 with the number of submissions plateauing at the exactly the same level during 2019/20.

### Year on year trend - adult social care complaints 2014 – 2020



### Complaints completed within timescales

Complaints Resolution Plans (CRPs) were completed in all the 81 complaints received in the year. The CRPs included a projected timescale for a response which was initially calculated based upon the perceived complexity of the case.

In 24 complaints investigations (29.5%), AHS needed more time to fully complete their enquiries for a variety of reasons such as the availability of staff for interview, unforeseen complexity, further information required from the Complainant and the need to seek legal advice. This was an increase from 25% in 2018/19 with the increase attributable to the COVID-19 pandemic and the lockdown instigated by the Government from March 2020, with a resource shift to focus on frontline services and as a consequence some complaint investigations took longer. The impact on complaints investigations and the need to extend timescales was most keenly felt by the Commissioning Service whose focus was on working with domiciliary and residential care providers.

Where the Council needed more time to fully investigate and report upon a complaint, the complainant in each case was updated and fully informed of developments along with a new projected response date.

Of the 81 complaints received, 78 had been responded to at the time of writing this report with 3 outcomes pending, all of which were in the process of being investigated by the Commissioning Service. All other complaint investigations relating to complaints submitted in 2019/20 were completed and associated responses issued within the projected or extended timescales notified to the complainant.

## Categories of complaints received and findings in 2019/20

When complaints are received, they are recorded and categorised according to the subject matter of the issues raised.

Detailed below is the outcomes of complaints in 2019/20 in the associated categories (the highest three totals are shown in bold):

Complaint Category / Issue	Upheld	Partially Upheld	Not Upheld	Total
Application of Service Guidance/Procedures	1	5	2	8
Confidentiality	-	1	-	1
COVID-19 related	-	1	1	2
Discrimination	-	-	1	1
Disputed Decision – disagreement with an action	-	1	-	1
Disputed Decision – disagreement with an assessment	-	4	9	13
Disputed Decision – disagreement with a report	-	1	-	1
<b>Disputed Decision – disagreement with an explanation or decision</b>	<b>2</b>	<b>8</b>	<b>14</b>	<b>24</b>
Finance – Assessment	1	3	-	4
<b>Finance – Charging policy</b>	<b>2</b>	<b>5</b>	<b>14</b>	<b>21</b>
Finance – Direct Payment	1	-	-	1
Lack of Communication – no information received	-	2	5	7
Lack of Communication – not informed of meeting details/change	-	2	-	2
Lack of Communication – not updated about case	-	1	1	2
Lack of Communication – unreturned phone calls/texts	1	2	3	6
Lack of Communication – other	-	4	1	5
Lack of Explanation / Explanation not understood	-	3	4	7
Lack of Service – change to client’s service	1	-	1	2
<b>Lack of Service – denied service</b>	<b>1</b>	<b>8</b>	<b>3</b>	<b>12</b>
Lack of service – referral of concern not actioned	1	2	2	5
Lack of service – restricted choices of current services	1	-	1	2
Provision of Service – assessment	1	4	1	6
Provision of Service – equipment	-	2	2	4
Provision of Service – placement provision	-	1	2	3
Quality of Service – missed or incorrect medication	-	-	2	2
Quality of Service – missed/late domiciliary care calls	1	2	1	4
Quality of Service – personal care	1	2	-	3
Quality of Service – personal financial issues	-	-	1	1
Quality of Service – work of other agencies	-	4	-	4
Refusal of service	-	-	1	1
Safeguarding	-	5	1	6
Service withdrawal	-	-	1	1
Speed of service	1	3	4	8
Staff attitude	1	5	1	6
Staff being or seeming to be biased	-	1	-	1
Staff being or seeming to be untruthful	-	4	2	6
Staff not acting in best interest of service user	-	1	1	2
Standard of care	1	2	1	4
Overall total				<b>189</b>

*It should be noted that a complaint can have more than one category assigned to it.*

Of the top three reasons for a complaint, a **disputed decision – disagreement with an explanation or decision** was the most common reason, appearing 24 times (12.7%). As an example, a service user was unhappy with the decision to withdraw services but it was determined that their assessed care and support needs no longer met the threshold for support from AHS because they had regained many of their skills, they were independent with their personal care and able to attend to their own meal

provision. This was also the most common reason for making a complaint in the previous performance year.

**Finance – Charging policy** was the second most comment reason, appearing 21 times (11.1%). This category is a new addition to the top three reasons for making a complaint and often relates to the charges services users are asked to pay for adult social care services where the amounts are disputed, for example, where the services have not been delivered as frequently or to the standards expected.

**Lack of Service – denied service** is also a new entry with 12 occurrences (6.3%).

The latter two above replaced **Staff attitude** and **Lack of communication – other** as the most common reasons for complaints in 2018/19 with both notably appearing less frequently in 2019/20.

### Outcome of complaints by service area 2019/20

Service Area	Upheld	Partially Upheld	Not Upheld	Ongoing	Total	Not Upheld as a % of Total	Upheld/ Partially Upheld as a % of Total
Older People/ Physical Disability & Sensory Impairment	2	13	23	-	38	28.3%	18.5%
Learning Disability/ Mental Health / Substance Misuse	2	9	7	-	18	8.6%	13.6%
Safeguarding, Practice Development & Access	1	3	-	-	4	-	5%
Commissioning	1	5	3	3	12	3.7%	7.4%
County Durham Care and Support	1	1	-	-	2	-	2.5%
Finance	2	2	3	-	7	3.7%	5%
<b>Total</b>	<b>9</b>	<b>33</b>	<b>36</b>	<b>3</b>	<b>81</b>	<b>44.3%</b>	<b>52%</b>

(+3.7% ongoing)

In 2019/20, more than half the complaints received were upheld in full or in part, meaning that the dissatisfaction reported by the complainant was justified in some way. Of the 81 complaints, only 11.1% of complaints were fully upheld.

Complaints that are upheld or partially upheld are of particular interest to adult social care services. In these cases, the service actively looks to identify what it could have done better and what action it can take with the aim of resolving matters to the complainant's satisfaction.

These complaints give the service the opportunity for learning, on an individual level for example, where a social worker can be supported by management to improve their personal performance and sometimes across the whole service, where a policy or procedure is improved as a result of a complaint. Further examples of learning and service improvement as a consequence of complaints received are outlined in Part Six of this report.

## Part Five - The Local Government and Social Care Ombudsman (LGSCO)

Where a complainant remains dissatisfied with the outcome of a complaint, they can refer any outstanding issues to the LGSCO who will determine what action to take after considering the presenting issues.

### Complaints considered by the LGSCO 2019/20

Service Area	Upheld	Partially Upheld	Not Upheld	Declined/ No Action	Ongoing	Total
County Durham Care and Support	-	-	-	1	-	1
Older People/ Physical Disability & Sensory Impairment	3	-	3	1	3	10
Learning Disability/ Mental Health / Substance Misuse	1	-	-	-	-	1
Safeguarding, Practice Development & Access	-	-	-	-	2	2
Commissioning	-	-	-	1	1	2
Other	-	-	-	1	-	1
<b>Total</b>	<b>4</b>	<b>0</b>	<b>3</b>	<b>4</b>	<b>6</b>	<b>17</b>

During 2019/20, the Ombudsman reviewed 17 adult statutory social care complaints and had concluded their enquiries in 11 of these cases. Of the 6 that were still being investigated, since mid-March 2020 the Ombudsman had to take steps to manage their service due to the Coronavirus pandemic which impacted upon their ability to complete existing complaints investigations. The LGSCO also indicated that they would not accept new complaints due to the COVID-19 pandemic and suspended all casework activity that demanded information from, or action by, local authorities to allow them to concentrate on their response to the crisis.

Of the 4 cases declined, closed or identified as needing no further action:

- The Ombudsman decided not to investigate a complaint about the provision of a service by the Council, concluding they could not add anything to the Local Authority's investigation. They also could not achieve the complainant's desired outcome i.e. the removal of time limits on the provision of this service, which is a reasonable decision that DCC was entitled to make.
- The LGSCO closed a complaint about the poor manual handling practices of two carers after information provided by the Council illustrated that the case was not open to DCC. The Local Authority did not commission the service, the service user was in receipt of Continuing Healthcare (CHC) funding awarded by Clinical Commissioning Group (CCG) and their needs were primarily health related, as opposed to social care. As a result, this was a matter for the CCG and the Parliamentary and Health Service Ombudsman (PHSO).
- The Ombudsman declined to investigate a complaint after concluding that the complainant was not "a suitable representative". It noted that the Council was in the process of ensuring the service user had independent representation via a solicitor in the Court of Protection as their Accredited Legal Representative and

a Responsible Person's Representative via Rethink Advocacy Services to support them through the Deprivation of Liberty Safeguards process.

- The Ombudsman closed another case and took no further action as the complainant's desired outcome was something neither DCC nor the LGSCO could obtain and therefore there was no worthwhile outcome achievable from an investigation.

Of the 4 cases upheld where the Ombudsman identified maladministration and injustice:

- In one case, the Ombudsman concluded that a care and support assessment was not clear on how much 1-2-1 support was required. The care plan did not set out the costs of meeting eligible needs nor show how the service user's personal budget related to the costs of their care. The Ombudsman found fault in the way the personal budget was calculated as it was unclear how it was sufficient to meet eligible needs. There was a delay in the needs assessment and the ongoing dispute about the personal budget meant the service user had to fund their own care for over a year. The LGSCO identified these actions as injustice, with the Council reimbursing the personal budget required to meet eligible care and support needs, after considering the service user's assessed contribution.
- In reviewing a joint investigation, the LGSCO found there was fault by TEWV in giving a family incorrect information about a mental health patient's status. When this came to light, it caused the patient's wife considerable stress which had not been fully addressed. The LGSCO also found fault by DCC as this had meant the patient's wife suffered this stress for too long and recommended small financial payments to act as an acknowledgement of the outstanding injustice. As a result, DCC and TEWV paid £300 each in resolution of this complaint.
- The LGSCO identified avoidable delay in DCC identifying and implementing suitable education and social care provision for an adult with learning disabilities, with the Council instructed to pay the service user and her mother £500 each in recognition of these avoidable delays.
- The Ombudsman found that DCC could have done more to make care charges clear and the Council could have done this sooner, but this failing did not significantly affect the outcome; the service user needed respite care, which was a chargeable service.

## Part Six - Learning and service improvement

Complaints provide invaluable information from which the service learns how to improve. Complaints also act as a prompt to ensure all staff work consistently to policies and procedures. Even where complaints are not upheld, full explanations, further information and often apologies are given.

Some of the learning outcomes and remedies for resolution in the reporting year are as follows:

- A meeting was held with a service user and their representative to go through the concerns raised in a complaint about care costs with a view to informing upon their understanding. Care charges were explained, along with how deferred payments can be used to ensure that needs are met, without the need to move back home due to perceived financial constraints/concerns about costs.
- The details of a complaints submission were anonymised and used as an example for learning, with Social Workers being advised to explain the charging process at the earliest opportunity. Service users and their family/representatives should be given written information (including relevant factsheets) about care charges and the financial assessment process, ensuring the issue of relevant information and a brief summary of the discussion is recorded on SSID.
- Staff were reminded of the need to check spellings of individuals' names (i.e. family members and involved professionals) so that these are correctly represented within the record.
- There was an unnecessary delay in the closure of a Direct Payments account and the issue of a final invoice, which was sent more than 18 months after the service user had passed away. As a result, the procedure for dealing with 'ended' cases was changed with such cases being picked up by the whole team rather than one individual and new work instructions were developed to support this change. The outstanding balance on the account was written off and an instruction given to close the account with immediate effect.
- Issues relating to how DCC's officers and those of partner agencies work together when responding to safeguarding concerns were addressed at a strategic partnership level to promote effective co-operation.
- A Shared Lives carer failed to record food and drink intake during a placement, which was especially important in this case due to the service user having diabetes. Improvement action was taken with carer in relation to recordings and the management of someone with diabetes who is placed in their care, in order to improve their personal performance and the quality of service experienced by those utilising the placement.
- A service user's financial assessment was unreasonably delayed because a member of staff was unexpectedly absent from work and information sent for their attention was not actioned in their absence. This led the service to review

the arrangements for covering the workload of colleagues who are unexpectedly absent from work in order to minimise disruption and ensure that any information received is processed promptly by another officer.

- Briefing notes were also used to disseminate learning from complaints to colleagues within the wider service. One such note reminded staff of the need to fully explore the option of providing service users with a Direct Payment before commissioning services on their behalf. Another stressed the need to carefully scrutinise a care home's records as part of the reviewing process, so that reviews reflect the service user's current circumstances and the care home's support plans accurately reflect how needs are to be met.

Payments were made where failures constituted maladministration and/or injustice as defined by the Local Government and Social Care Ombudsman. These are detailed within the LGSCO section in Part Five of the report. It should be noted that financial redress was only considered (and agreed in line with the Council's Scheme of Delegation) where there was strong evidence of shortcomings.

It is recognised that where adult social care services are responsible for service failures that have caused losses and significant emotional distress, there is clearly the duty for this to be acknowledged and further distress to the complainant be avoided. In each of the complaint responses issued, full explanations and where appropriate, apologies were offered.

Complaints continue to provide invaluable information and learning from which adult social care services can improve. At the conclusion of each complaint investigation, the Strategic Manager with responsibility for the service area being complained about ensures that any proposed action is completed. They also disseminate any learning across their own area of the service and to a wider audience across AHS where appropriate.

## Part Seven - Compliments

There is no statutory requirement to publish data on compliments for the period in question. These are included in this report in order to provide a more holistic view of what service users and their nominated representatives think about the services they receive and to understand what elements of the service that are valued.

There were 130 recorded compliments during 2019/20, a slight increase from the 125 received in 2018/19.

As shown in the table below, the majority of the compliments in 2019/2020 were for County Durham Care and Support (CDCS), the in-house provider services.

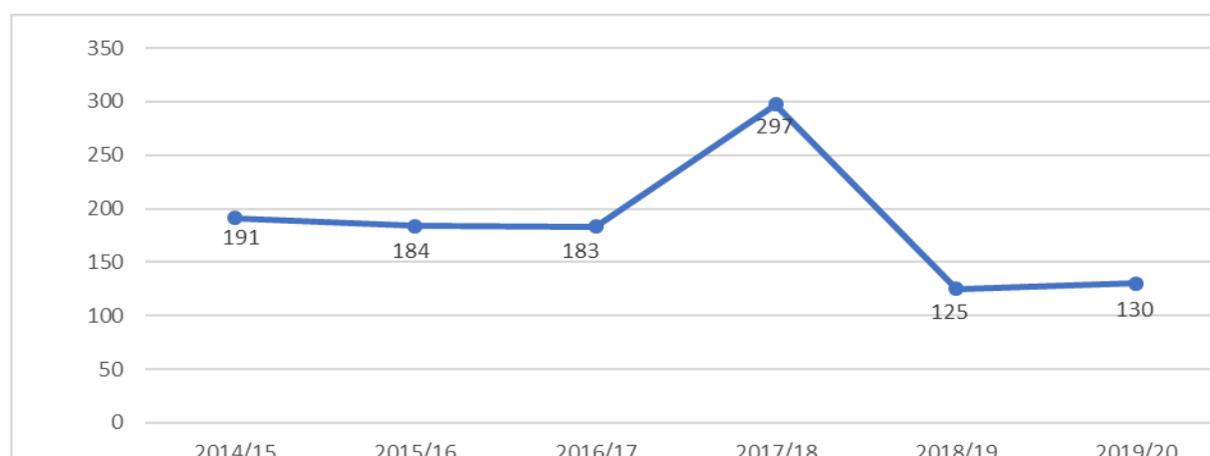
### Total number of compliments by service area 2019/20

Service	Total Compliments 2019/20	% of Total Compliments 2019/20	Total Compliments 2018/19	% of Total Compliments 2018/19
Older People/ Physical Disabilities/ Sensory Impairment	47	36.2%	66	52.8%
Learning Disability/Mental Health/ Carers/Substance Misuse	-	-	1	0.8%
County Durham Care and Support	82	63.1%	56	44.8%
Safeguarding, Practice Development & Access	-	-	2	1.6%
Legal Services*	1	0.7%	-	-
<b>Total</b>	<b>130</b>	<b>100%</b>	<b>125</b>	<b>100%</b>

\*Although not part of AHS, this compliment was given during the course of dealing with adult social care issues.

Prior to the significant increase in compliments in the 2017/18 performance year, there has previously been a similar number of compliments received year on year. It is noted that during 2017/18 the CDCS teams affected by the prospect of outsourcing captured a lot of positive feedback for their area of the service. Now that these elements of the service are no longer part of DCC, the number of compliments has plateaued again, although at a lower level in terms of numbers, which is understandable given the changes in the types of provision provided by CDCS.

### Year on year trend - adult social care compliments 2014 – 2020



Compliments for reporting purposes must meet specific criteria. Managers are encouraged to ensure that all compliments in the form of positive comments, letters, emails and cards are captured and shared with their staff and teams to re-inforce their value.

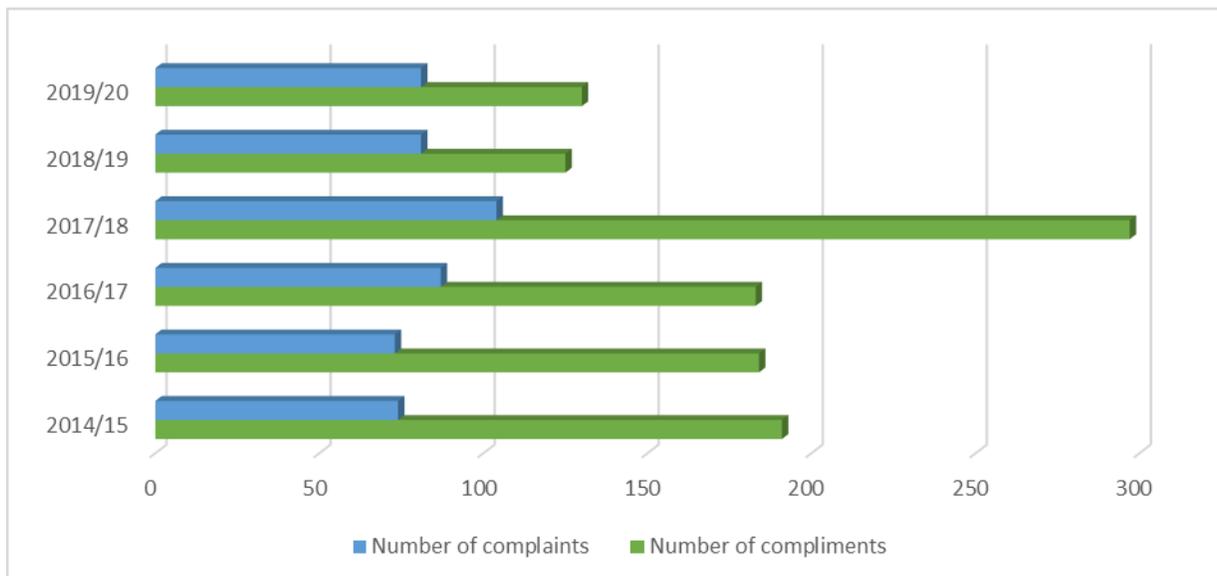
Compliments highlight that service users have appreciated the following:

- Feeling respected, listened to and supported.
- Having decisions explained to them.
- Being kept informed.
- Staff explaining issues in a way the client understood.
- Professionalism, care and commitment of staff.
- Being able to contact staff easily.

The ratio of compliments to complaints received across AHS is 1.6:1. This means that for every 1 complaint received, there were 1.6 compliments. This represents a very slight increase on the previous year when the ratio of compliments to complaints was 1.5:1.

The number of compliments received consistently outweighs the percentage of complaints received and this is shown in the graph below:

#### The ratio of compliments to complaints 2014 – 2020



## Part Eight – Developments and Conclusion

### Developments

Whilst the Local Authority has a statutory duty to operate and administer a system for dealing with and reporting upon adult social care complaints, DCC AHS does not simply meet that duty but continuously strives to achieve and maintain a high level of service in relation to the management of complaints. With this aim in mind, a number of developments have been undertaken during 2019/20 to include:

- The continuous improvement of tracking and monitoring systems to ensure actions and learning outcomes arising from complaints are implemented in a timely and effective way and fully embedded, linked to the LGSCO's focus on the monitoring of improvement actions as a consequence of decisions they have made on complaints.
- An active involvement with Azeus Care implementation to develop a bespoke representations functionality within the new system for use by AHS, which will replace and update current systems currently in use.
- Closer working with the Commissioning service to deal with complaints about domiciliary and residential care services which have been commissioned by the Council with the aim of continuing to strengthen the interface between the complaints function and commissioning to improve the quality of complaints investigations, more effective information gathering and faster response times.
- Closer working with the complaints teams in health services, such as the CCG, NECS, TEWV and CDDFT, with a focus on a consistency in approach for complaints requiring joint investigations.

### Reporting

Complaints information is reported on a quarterly basis corporately and to AHSMT once at 6 months and then at the financial year end, for cascading to managers and staff.

### Conclusion

The complaints function is a statutory requirement for social care services and it plays a vital role in contributing to quality improvement across adult social care as it provides an understanding of the service users' experiences. Acting upon the learning arising from complaints provides the opportunity to change practice and improve service delivery with transparency and accountability.

A collaborative approach is continually promoted during the management of complaints, where the complainant is central to the process and resolution is proactively sought and encouraged.

Further information regarding anything in this report is available by contacting:

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## Appendix 1 - Glossary of abbreviations

<b>AHS</b>	Adult and Health Services
<b>CCG</b>	Clinical Commissioning Group
<b>CDCS</b>	County Durham Care and Support
<b>CDDFT</b>	County Durham and Darlington NHS Foundation Trust
<b>CHC</b>	Continuing Healthcare
<b>CRP</b>	Complaints Resolution Plan
<b>DCC</b>	Durham County Council
<b>LGSCO</b>	Local Government and Social Care Ombudsman
<b>NECS</b>	North of England Commissioning Support Unit
<b>PHSO</b>	Parliamentary and Health Service Ombudsman
<b>SSID</b>	Social Services Information Database
<b>TEWV</b>	Tees, Esk and Wear Valley NHS Foundation Trust

Adult and Health Services

## **Annual Statutory Representations Report** Adult Social Care Services 2019/2020

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