



## Adult and Health Services

Annual Statutory Representations Report  
Adult Social Care Services 2020/21

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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 2020 to 31 March 2021.

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 2020/21 the AHS 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 a decrease in the number of complaints investigated from 81 in 2019/20 to 75 in 2020/21.

There was also a reduction in the number of complaints that the Council declined during 2020/21; 10 compared to 16 in the previous performance year.

DCC AHS received 4 complaints where the contribution of colleagues from Health were needed to inform upon the Council's response, leading in these investigations and responding on behalf of all involved organisations in line with joint protocols. This was a reduction from 11 in the previous performance year. The Council also contributed to a further 6 investigations led by Health, one more than the previous performance year.

Older People/Physical Disabilities/Sensory Impairment received 31% of the overall complaints about adult social care services, down from 47% in 2019/20. In contrast, complaints relating to Finance more than doubled from 9% in 2019/20 to 20% in 2020/21.

The new category of **Covid-19 related**, which was added in March 2020, was the most common reason (21) for making a complaint in 2020/21.

The LGSCO raised 22 adult social care complaints with the Council during 2020/21, compared to 17 in 2019/20, taking action and/or reaching a decision on 10 of these cases with 12 still being investigated at the time of writing this report.

The service received 66 compliments about adult social care services during 2020/21, a significant decrease from 130 in 2019/20 with compliments for County Durham Care and Support totalling only 10, representing a significant reduction when compared to the previous performance year (82).

Complaints continue to provide invaluable information and learning from which adult social care services can improve. Some examples of which are detailed below:

- As a result of failing to give clear advice on the costs of care before a service user was discharged from hospital into a care home, the Council reviewed its procedure for sharing information about care charging, staff were instructed to share relevant information at an early stage and, wherever possible, before a final decision is made about the care to be provided.
- A Care Act assessment took longer than permitted as per the statutory timescale and as a result a training need was identified and addressed within the wider integrated team in relation to financial assessments, to ensure that the correct procedures were followed by both health and social care professionals.

## 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)

AHS formally investigated 75 complaints during 2020/21, noting that the outcomes of 4 of these investigations were still pending at the time of writing this report.

In addition to this number, 10 complaints were declined. In 3 cases, a Mental Capacity Act assessment was undertaken and the service user in each case did not have the capacity to give informed consent to a complaint being made on their behalf about the services they had received. A subsequent Best Interests decision concluded that each complainant was not acting in the services user's best interests. Three further complaints were declined because the complainant did not produce a valid form of authority to confirm they were acting with the service user's knowledge and consent.

In one case, it was reported that the service user had the capacity to understand the complaint and when questioned they did not agree to it being made on their behalf, nor to the release of their personal information in response. Another submission was declined because it was a repeat of issues previously complained about and the complainant was invited to escalate their complaint to the LGSCO.

Two further complaints were outside of AHS's jurisdiction to investigate. One related to a care provider based in County Durham but the service user lived in Morpeth and the service had been commissioned by Northumberland County Council. The other related to a private housing provider and again, the service was not commissioned by the Local Authority, so it was outside of the Council's jurisdiction to investigate and report upon.

Complainants can approach the LGSCO with a request that they review 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 4 complaint investigations that incorporated contributions from our partners in Health which was a significant decrease from 11 in 2019/20. This involved joint complaint investigations with Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) (2) and County Durham and Darlington NHS Foundation Trust (CDDFT) (2). These 4 complaints are included in the figures presented in this report.

The Council also contributed information to complaint investigations led by TEWV (1) and CDDFT (5). This was a slight increase from 5 in the previous performance year. These figures are not included in this report as the lead organisation will include these within their own annual reporting.

### Comparison of number of complaints received by service area 2019/20 to 2020/21

Service Area	Number of Complaints 2019/20	% of Total Complaints 2019/20	Number of Complaints 2020/21	% of Total Complaints 2020/21
Older People/ Physical Disabilities/Sensory Impairment	38	47%	23	31%
Learning Disability/Mental Health/Carers/Substance Misuse	18	22%	17	23%
Commissioning	12	15%	14	18%
County Durham Care and Support	2	2%	3	4%
Safeguarding, Practice Development & Access	4	5%	3	4%
Finance*	7	9%	15	20%
<b>Total</b>	<b>81</b>	<b>100%</b>	<b>75</b>	<b>100%</b>

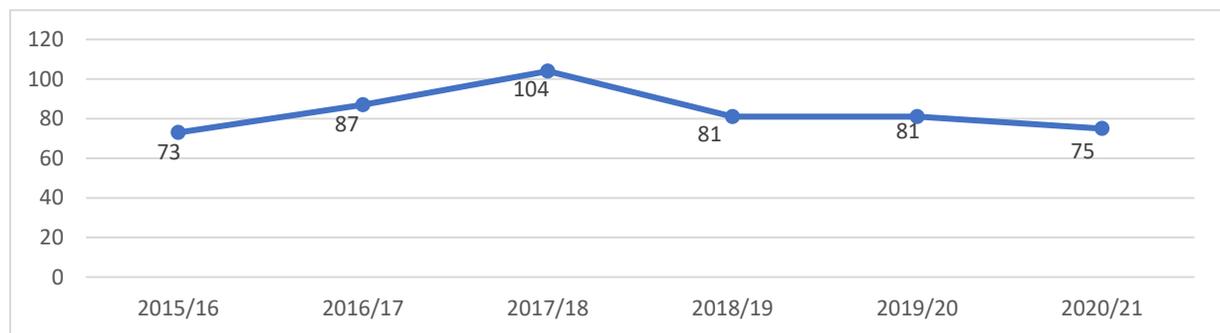
*\*Finance is no longer part of AHS, but the complaints were regarding statutory adult social care services*

The number of complaints for some service areas remained relatively consistent with changes representing an increase or reduction in complaints by only 1 or 2.

The significant changes relate to Older People/Physical Disabilities/Sensory Impairment whose complaints reduced significantly, down 15 from the previous year, representing 23% of overall complaints. Complaints relating to Finance more than doubled due to an increase in dissatisfaction relating to charging and matters linked to areas such as billing, deliberate deprivation of assets and Covid-19 funding.

The graph below shows the number of complaints received by adult social care services over the last 6 years. Submissions began to increase and peaked in 2017/18, only for these to fall quite significantly in 2018/19, maintain in 2019/20, then fall again in 2020/21.

### Year on year trend - adult social care complaints 2015 – 2021



### Complaints completed within timescales

Complaints Resolution Plans (CRPs) were completed in all but 1 of the 75 complaints received in the year, with 1 relatively straightforward complaint being immediately responded to on the day of receipt, meaning no CRP was necessary. Of the CRPs compiled, all included a projected timescale for a response which was initially calculated based upon the perceived complexity of the case.

In 13 complaints investigations (17%), 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 figure is fluctuating as it increased from 25% to 29.5% between 2018/19 and then has dropped by 12.5% in this performance year. This has been linked to the onset of the Covid-19 pandemic and the lockdown and re-opening of services instigated by the Government from March 2020.

As a consequence, the projected response dates on some complaint investigations had to be extended. The impact on complaints investigations and the need to extend timescales was most keenly felt by the Commissioning Service at that time whose focus was on working with domiciliary and residential care providers.

In the 2020/21 performance year, it has been noted there has been a greater degree of complexity in the matters raised within complaints. Equally, the prevalence that 21 of the overall 75 (28%) complaints received are linked to Covid-19 have had an impact on the deadlines set with the complainants to look to ensure the Service manage expectations and provide robust responses.

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 75 complaints received, 71 had been responded to at the time of writing this report with 4 outcomes pending. All other complaint investigations relating to complaints submitted in 2020/21 were completed and associated responses issued within the projected or extended timescales notified to the complainant.

### Categories of complaints received and findings in 2020/21

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 2020/21 in the associated categories (the highest four totals are shown in bold):

Complaint Category / Issue	Upheld	Partially Upheld	Not Upheld	Pending	Total
Application of Service Guidance/Procedures	1	1	4	1	7
Confidentiality	1	2	1	-	4
<b>COVID-19 related</b>	<b>1</b>	<b>4</b>	<b>15</b>	<b>1</b>	<b>21</b>
Discrimination	-	1	3	-	4
Disputed Decision – disagreement with an action	-	2	2	1	5
Disputed Decision – disagreement with an assessment	-	2	1	-	3
Disputed Decision – disagreement with a report	-	-	1	-	1
<b>Disputed Decision – disagreement with an explanation or decision</b>	<b>1</b>	<b>1</b>	<b>10</b>	<b>1</b>	<b>13</b>
Eligibility Criteria	1	-	-	-	1
Finance – Assessment	2	1	4	-	7
<b>Finance – Charging policy</b>	<b>2</b>	<b>5</b>	<b>9</b>	<b>1</b>	<b>17</b>
<b>Lack of Communication – no information received</b>	<b>4</b>	<b>2</b>	<b>7</b>	<b>-</b>	<b>13</b>
Lack of Communication – not updated about case	1	-	2	1	4
Lack of Communication – unreturned phone calls/texts	-	1	-	-	1
Lack of Communication – other	2	2	2	-	6
Lack of Explanation / Explanation not understood	2	2	5	-	9
Lack of Service – denied service	-	5	5	2	12
Lack of service – referral of concern not actioned	1	-	1	-	2
Provision of Service – assessment	-	2	2	-	6
Provision of Service – equipment	-	1	1	-	2
Quality of Service – missed or incorrect medication	-	1	1	-	2
Quality of Service – missed/late domiciliary care calls	1	1	-	-	2
Quality of Service – personal care	-	2	1	-	3
Quality of Service – personal financial issues	1	1	-	1	3
Quality of Service – work of other agencies	2	1	3	-	9
Refusal of service	-	-	1	-	1
Safeguarding	2	2	3	2	9
Speed of service	3	3	1	1	8
Staff attitude	-	3	2	1	6
Staff being or seeming to be biased	-	1	-	-	1
Staff being or seeming to be untruthful	-	2	2	-	4
Staff not acting in best interest of service user	-	1	2	1	4
Staff not adhering to statutory timescales or responsibilities	-	1	1	-	2
Standard of care	1	2	4	1	8
Overall Total					<b>201</b>

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

From the 201 categories used to assign the 75 complaints received in 2020/21, the top 4 reasons for making a complaint are listed below:

**Covid-19 related**, a category only added in March 2020, was the most common reason, appearing 21 times (10.5%). Complaints linked to this category were about matters such as visiting restrictions within care homes, residential or domiciliary care providers allegedly failing to follow the government advice to stop the risk of the spread of the virus, funding for residential placements under Covid arrangements and charges once this funding ceased.

**Finance – Charging policy** was the second most comment reason, appearing 17 times (8.5%). This category was also second on 2019/20 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. In 2020/21, this category often appeared alongside **Covid-19 related** when government funding for residential care placements ended and service users disputed charges going forward.

**Disputed Decision – disagreement with an explanation or decision** was relegated to joint third place, after being the most common reason for making a complaint in the previous performance year. This was alongside **Lack of Communication – no information received**, which also appeared 13 times (6.5%).

#### Outcome of complaints by service area 2020/21

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	3	7	11	2	23	14.7%	13.3%
Learning Disability/ Mental Health / Substance Misuse	3	4	9	1	17	12%	9.3%
Safeguarding, Practice Development & Access	-	-	3	-	3	4%	-
Commissioning	3	4	6	1	14	8%	9.3%
County Durham Care and Support	-	-	3	-	3	4%	-
Finance	3	5	7	-	15	9.3%	10.7%
<b>Total</b>	<b>12</b>	<b>20</b>	<b>39</b>	<b>4</b>	<b>75</b>	<b>52%</b>	<b>42.6%</b>

(+5.4% ongoing)

In 2020/21, 52% of complaints investigated through to a finding were not upheld with 5.4% still under investigation and an outcome pending. Less 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 75 complaints, only 16% of complaints (12) 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 2020/21

Service Area	Upheld	Partially Upheld	Not Upheld	Declined/ No Action	Ongoing	Total
Older People/ Physical Disability & Sensory Impairment	1	-	-	2	4	7
Learning Disability/ Mental Health / Substance Misuse	1	-	-	1	1	3
Finance	1	-	-	-	3	4
Commissioning	1	-	-	1	4	6
Other	-	-	-	2	-	2
<b>Total</b>	<b>4</b>	<b>-</b>	<b>-</b>	<b>6</b>	<b>12</b>	<b>22</b>

Since mid-March 2020 the Ombudsman took 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 Covid-19 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.

The LGSCO began to accept new complaints from 29 June 2020 and restarted their enquiries into existing complaints submissions that same month.

In the 2020/21 performance year the Ombudsman approached AHS in relation to 22 adult statutory social care complaints, up from 17 in 2019/20, and concluded their enquiries in only 10 of these cases.

Of the 6 cases declined, closed or identified as needing no further action:

- One case was redirected as the Ombudsman had mistakenly identified Durham County Council as the responsible local authority.

- The LGSCO closed a complaint about the decision to move a service user from his own home to a residential placement without family involvement because the complainant was given the Ombudsman's contact details at the conclusion of the Council's own investigation in January 2018. The Ombudsman decided not to investigate this late complaint because there was no good reason why daughter did not complain to the LGSCO within 12 months of events occurring.
- The Ombudsman decided not to investigate a late complaint about the care given to the complainant's mother following her discharge from hospital because there was no good reason to disapply the law to investigate more than one year later and concluded that the LGSCO could not provide a different outcome to that already received from the Council's own investigation.
- The Ombudsman identified 2 separate complaints where the complainant had not exhausted the Council's own complaints procedure and advised that the Local Authority should conduct their own investigation before any unresolved matters would be considered by the Ombudsman.
- The LGSCO decided not to investigate a complaint about an allegation of false statements made by the Council in a court hearing as the Ombudsman cannot investigate matters that have been to court. It was open to those with Lasting Power of Attorney to challenge any Council evidence they disputed in court, rather than to do so via the complaints procedure, nor could the Ombudsman recommend disciplinary action against individuals because they cannot investigate personnel matters.

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

- In one case, the Ombudsman concluded that the Council was not at fault for deciding a service user had capacity to manage their own finances in early 2019, however, it was at fault for failing to properly record the date of a capacity assessment, for a delay in relinquishing control of the bank account after deciding the service user had capacity and for failing to arrange further support in November 2019. A payment of £500 was made in resolution of the complaint.
- The Ombudsman found that the Council was correct to continue to charge a service user whilst they were in hospital in order to ensure they had a placement to return to upon discharge, but when it was decided that the service user could not return to the care home, the Council continued to charge for the placement for a further three days, hence the upheld finding and a recommendation that the Council refund the equivalent of 3 days charge.
- The LGSCO decided not to investigate a complaint relating to an email trail that had inadvertently been sent to a service user as the Council had already upheld the complaint, but did find that there should have been a financial remedy alongside the unreserved apology already given by the Council and recommended a payment of £300.

- The LGSCO found that the Local Authority should have more closely evaluated a care provider's complaints investigation before accepting their findings and given consideration to a further remedy alongside merely upholding the complaints. On occasion there was a lack of visits, missed medication and a failure to report a fall which placed the service user at risk of harm. The Ombudsman recommended a payment of £500 in resolution of the complaint and that the Council should further review the improvements put in place by the care provider.

## 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:

- An investigation identified issues relating to a domiciliary care provider's attendance and whilst records indicated that they did notify the service user that they would be late or unable to attend, it was acknowledged that this was of little use when in need of care and support, especially in situations where the provider failed to attend. It was agreed that the Commissioning Service would conduct a visit to the care provider as soon as could be practically arranged to check that their business processes and staff training are to the standard the Council expects.
- A service user's move from a residential placement to supported living accommodation, which prompted the deliberations of the Joint Validation & Decision-Making Forum, should have resulted in the service user and his financial advocate being notified of the outcome in writing. An apology was given for this omission and a written outcome provided, with a chronology of events also compiled to allow the service to reflect upon areas for practice improvement. These were presented as a formal agenda item in a Learning Disability Management Team meeting and Regional section 117 Forum with areas of learning to be addressed by the relevant services.
- Invoices were sent to a service user's home address when they had been placed in a care home and their information was not updated to include a finance contact within the family. The Council's processes were altered to make it clear that the Financial Assessment Team should take on the responsibility for updating the records to reflect finance contact information, as part of dealing with the service user's Financial Assessment, which would avoid similar problems in future.
- A letter was issued by the Sensory Support Service on behalf of the Royal National Institute for the Blind with advice for those on the Visual Impairment Register, offering support during the Covid-19 pandemic, but the service user was deceased. An apology was given, and scoping work undertaken, to look at the potential options to obtain information on a more regular basis and ensure the register was regularly updated.

- The Mental Health Practice Development Group was charged with considering how social workers or nurses can check with service users to ensure that they have felt supported throughout the review process and to reaffirm that a review should be achieved in partnership with service users, after a service user expressed distress at a decision to reduce their care package during the course of a review.
- A service user experienced multiple falls whilst on a respite placement but at no time did the care provider inform the family who visited daily. An electronic Care Plan system was introduced which required the monitoring and reviewing of all incidents and also required a review of all falls sustained by residents, which was linked to a Management Reporting system where reporting is added and managed by the Home Manager with lessons learnt forming part of the review for all incidents and accidents.

Payments were made where failures constituted maladministration and/or injustice as defined by the Local Government and Social Care Ombudsman. See the LGSCO section in Part Five of the report. Within the 2020/21 performance year payments of £1,600 were made. 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 66 recorded compliments during 2020/21, a significant decrease from the 130 received in 2019/20. As shown in the table below, the majority of the compliments in 2019/20 were for County Durham Care and Support (CDCS), the in-house provider services.

## Total number of compliments by service area 2020/21

Service	Total Compliments 2020/21	% of Total Compliments 2020/21	Total Compliments 2019/20	% of Total Compliments 2019/20
Older People/ Physical Disabilities/ Sensory Impairment	33	50%	47	36.2%
Learning Disability/Mental Health/ Carers/Substance Misuse	23	35%	-	-
County Durham Care and Support	10	15%	82	63.1%
Legal Services*	-	-	1	0.7%
<b>Total</b>	<b>66</b>	<b>100%</b>	<b>130</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 until 2020/21 and the Covid-19 pandemic. 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 plateaued, followed by a significant reduction in 2020/21.

Staff are relied on to share compliments so that they can be logged and as colleagues have been given the instruction to work from home where possible, as well as the focus within Extra Care on keeping tenants safe, this appears to have impacted upon the receiving and recording of compliments.

## Year on year trend - adult social care compliments 2015 – 2021



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.

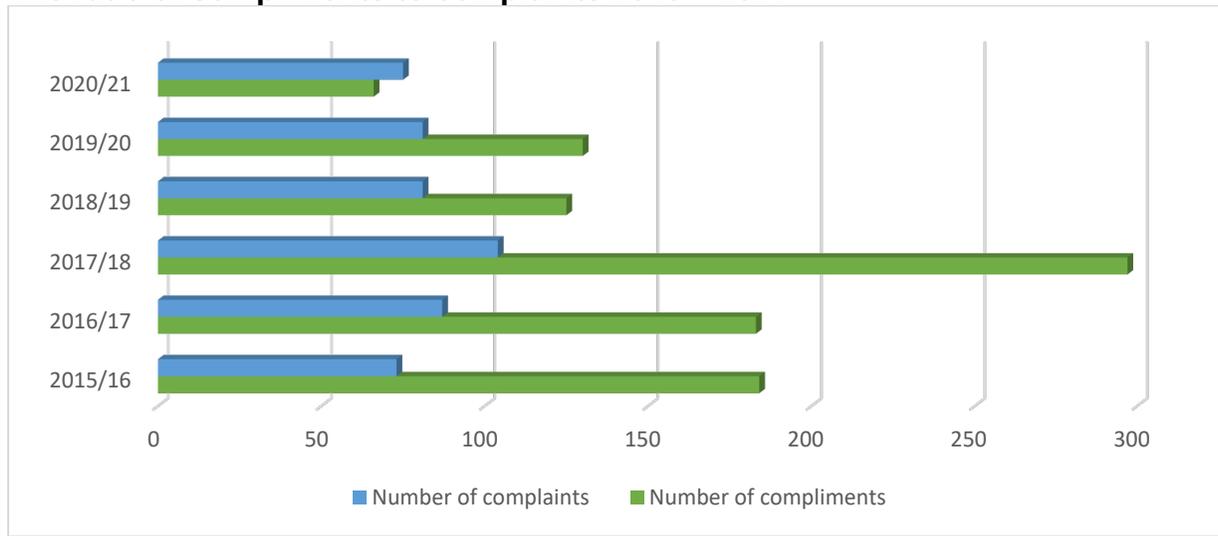
Compliments highlight that service users have appreciated the following:

- 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 number of compliments received has consistently been higher than the number of complaints received as shown in the graph below, until 2020/21, when for the first time there were more complaints than compliments. The ratio of compliments to complaints received across AHS is 0.88:1. This means that for every 1 complaint received, there were 0.88 compliments. In 2019/20 this ratio was actually 1.6:1.

### The ratio of compliments to complaints 2015 – 2021



## 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 2020/21 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, in order to compliment the LGSCO's focus on the monitoring of improvement actions as a consequence of decisions they have made on complaints.
- Close working with the development team charged with implementing the new Azeus computer system which will include a bespoke representations function within the new system for use by AHS, designed to 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 Clinical Commissioning Groups (CCG), North of England Commissioning Support (NECS), Tees, Esk, Wear Valley (NHS) Foundation Trust (TEWV) and County Durham and Darlington (NHS) Foundation Trust (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:

Lesley Martin  
AHS Development and Learning Manager  
Durham County Council - County Hall  
Tel: 03000 267393

## 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
<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

## **Annual Statutory Representations Report Adult Social Care Services 2020/2021**

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Please ask us if you would like this document summarised in another language or format, such as Braille, Audio or Large Print.

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