

NORTHUMBERLAND

Northumberland County Council

In partnership with

Northumbria Healthcare 
NHS Foundation Trust

and


*Northumberland
Clinical Commissioning Group*

Customer Experience: Compliments and Complaints Annual Report 2016/2017

- **Adult Social Care and Children's Social Care**
 - **Clinical Commissioning Group – Northumberland**
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1.0 Introduction

- 1.1 **This report describes jointly what people have said about both our adult and children's social care services in Northumberland and what we have learned as a consequence during 2016/17. The report also describes what people have said about NHS continuing healthcare funded by Northumberland Clinical Commissioning Group and supporting people in their own home or in a care home.**
- 1.2 **Our arrangements for looking into complaints and receiving compliments are one element of a wide range of methods which we use to ensure that we learn from the experiences of the people who use our services. There are similarities in both adult and children's services in regard to capturing this type of information including surveys, networks of user forums, inspection visits supported by members of the public or elected members of the council, and representation of users on safeguarding boards and other strategic groups.**
- 1.3 **In respect of adults these include a network of user forums across the county which meet regularly to share their views and hear about new developments; representation of service users and carers on strategic groups (e.g. the Safeguarding Board, the Learning Disability Partnership Board); members of the public acting as quality assessors of different services (e.g. independent observers who visit care homes and whose views contribute to the Council's overall rating of the home); regular surveys of customer experience; and targeted engagement events focusing on specific issues (e.g. Carer's Week, Dementia Awareness Week and World Elder Abuse Awareness Day).**
- 1.4 **In respect of our children's social care services we utilise the findings from the work undertaken by our Participation and Positive Programmes Team that carries out regular surveys with young people across a range of services. They also support the development of participation for any vulnerable young person through a number events and groups. These groups regularly meet with senior managers, directors and councillors as part of their work. The groups have also contributed to the development of the Children and Young People Plan 2015-18 for Northumberland. A core work strand of the Participation and Positive Programmes Team includes Northumberland's Children in Care Council which is called Voices Making Choices (VMC). This is made up of several groups, including Young Voices Making Choices (YVMC) and Future Route that run across the whole of Northumberland. Foster Carers' forums take place on a quarterly basis which provides us with a rich source of feedback. We receive the views of young people, family and care team members via monthly Regulation 43 reports (previously Regulation 33 reports) which are carried out independently in all children's homes in Northumberland. There are monthly Corporate Parenting Panel Rota Visits to all six of our in-house children's homes. This is a very effective way of ensuring Members have exposure to the services that we commission on behalf of children and families in Northumberland. Members comment on the quality of the care they see and can offer helpful feedback and recommendations as appropriate. All of the methods that we utilise to engage and listen to young people and children can provide them with an opportunity to influence service design and development as well as impacting on their own individual care plans where appropriate.**

- 1.5 This joint adult and children's 'Customer Experience: Compliments and Complaints Annual Report' emphasises the collective approach in both adults and children's social care services to listening and respecting all feedback offered, valuing each individual's perspective on care they receive, and resolving issues raised by people in Northumberland. It also highlights the differences in custom and practice in complaint handling which have evolved to meet the requirements of the relevant national regulations and guidance in both service areas.**
- 1.6 Complaints about adult social care and health care are handled under national regulations introduced in 2009. As noted above, we handle complaints on behalf of Northumberland CCG about continuing healthcare funded care.**
- 1.7 The arrangements for the statutory management of complaints from children and young people (and their representatives) are set out in the Children Act 1989 and Representations Procedure (England) Regulations 2006. This legislation requires that everyone who provides social services must have procedures in place to respond to complaints made about those services.**
- 1.8 Despite significant differences in detail, both sets of regulations and guidance emphasise that complaints should be approached positively as opportunities for learning, as well as providing a means by which people can ask the organisation to address the specifics of poor services or bad decisions which affect them individually.**

2.0 Customer Experience

- 2.1 We need to understand how our services are affecting people's lives, rather than simply what outcomes services are achieving. If we are to put the person at the heart of care planning and provision, then information about their experience is critical for understanding the impact and results achieved, enabling choice and informing service development.**
- 2.2 We believe that the best way to find out how good our services are is to ask the children, young people and adults who use them. Over recent years we have developed a number of different ways to gather views from people who use our services and involve them in decision-making which include:**
- **Our network of user forums across the county**
 - **Satisfaction surveys**
 - **Service user and carer representation on key strategic groups**
 - **Interviews and focus groups**
 - **Feedback from regulatory visits and inspections**
 - **Feedback from outreach to service users**
- 2.3 There are many examples in both children's and adult social care services around people's experiences. The following are a few illustrations:**
- a. The 2016 Northumberland Adult Social Care survey**
- **We sent out 1,415 surveys in 2016 and received 572 responses, giving a 40.4% response rate compared to 38.7% in the previous year.**
 - **95.5% of service users said they were quite, very or extremely satisfied with the services they had received (up from 92.9% in 2015).**
 - **We recorded our best results on record in 5 of the 7 ASCOF indicators, and improved on results from 2015 in 6 out of 7 indicators.**
 - **95.1% of survey respondents said that the care and support services they received helped to improve their quality of life.**
 - **The proportion of users who say that services have made them feel safe and secure has increased by 2.3% from 92.3% last year to 94.6%.**
 - **This is an annual survey therefore 1,400 surveys were sent out in February 2017 and we have received 572 responses to date, a response rate of 40.9%. We will be analysing the results in May.**
- b. Carers of people with dementia in Northumberland**
- **The findings from 2016 Northumberland Adult Social Care survey demonstrate an overall level of satisfaction with the support or services received from Social Services in the last 12 months of 84%. In particular, carers were very positive about the practitioners/staff who work with them and 79% of carers said that the information and advice provided was very or quite helpful.**

c. Adult in-house services customer feedback

- Routine sampling of people supported by in-house services in, for example, quarter 3 (October to December 2016) shows 100% of services users are satisfied with their services and support arrangements.

d. Safeguarding adults and children:

- Customer experience is gathered directly from clients upon closure of each case. For example, results gathered over 2016/17 show that 94% (339 out of 361) of service user / representative's desired outcomes were fully or partially met. This figure is based on closed referrals where people have expressed the outcomes they wanted. In children's services, the child's views of safeguarding processes are captured via their identified independent reviewing officer (IRO) and after the process has concluded a questionnaire is sent out to the family for completion which looks at their views around how they felt the process was managed. There is also a separate process for child protection complaints which focuses purely on the decisions made and how decisions were reached.

e. Healthwatch Northumberland

- Healthwatch Northumberland is the independent consumer champion for health and social care in the county. Information gathered by Healthwatch Northumberland on issues from the public, including positive and negative feedback, is being passed on directly to the services involved. In addition Healthwatch logs many comments each month about services including social care.

f. Child care social work

- We survey families who had had involvement with our social work teams over the previous 3 months but were now closed to services. Where concerns are expressed, we will contact the family and liaise with the team concerned to seek resolution of any issues. Feedback received is also monitored for potential safeguarding issues which can be brought to the attention of the relevant team to be followed up. We also link with the Participation and Programmes Team who monitor and feedback any issues contained in the surveys they carry out with children looked after and accommodated by the Council.

g. Mystery shopping (children's social care locality teams)

- A mystery shopping exercise was conducted over two weeks last year. During this period calls were made by volunteer mystery shoppers who contacted Northumberland Children's services across 4 sites.
- Of the total calls made, 67% left callers feeling very satisfied / satisfied and extremely likely / likely to recommend the service to friends and family. The results, however, showed a significant discrepancy between different localities in the customer care and information received. A series of actions followed to improve services because a

consistently high standard of call handling is vital in delivering quality services which are timely, responsive and informative.

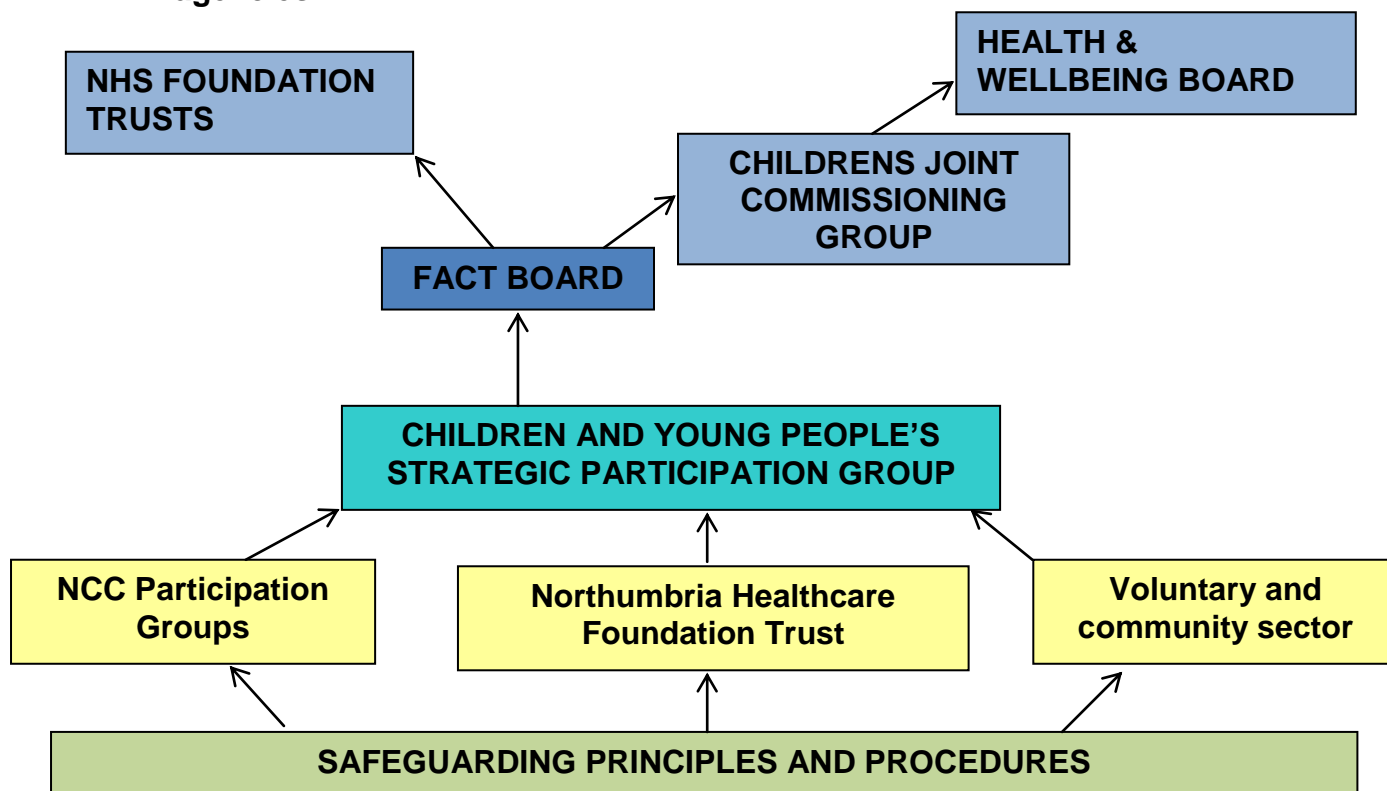
h. Mystery shopping (single point of access, adults)

- An exercise similar to the above was carried out in partnership with HealthWatch Northumberland. The results demonstrated that there continues to be a good overall satisfaction when using the single point of access. Most calls were dealt with by staff who were courteous, helpful and handled the call professionally and there has been a significant improvement in relation to use of the protocol for the initial greeting of callers. However, some recommendations followed to support improvement, for example, reviewing the call handler protocol to clarify with callers that they are satisfied with the responses given.

i. Participation Groups (children)

- A wide range of participation activity takes place throughout Northumberland. Many services, agencies, organisations and schools engage in high level participation activities.
- The Children and Young People's Strategic Participation Group supports the network of participation groups across the county to increase opportunities for children and young people.

The figure below shows how his information flows through the various agencies:



j. Voices Making Choices (VCM) are Northumberland's Children in Care Council.

- It was set up in 2009 and is made up usually of about 70 children and young people age 8 to 22 years old who have had various experiences

of being in care, some members are from families who foster children. The group meets every four weeks as well as other times to work on projects. Managers and Councillors from the Council are regularly invited to meet with young people to discuss issues and share views. VCM members regularly attend the Corporate Parenting Cabinet Advisory Group, Scrutiny Meetings and the Children's Trust Board. They have produced Our Promise. VCM play a major role in planning the Looked After Children Annual Award Event.

k. Surveys of looked after children

- The advocacy officer supports all children in children's homes run by NCC to complete a survey every 6 months. The results are reported to the CPCAG and are also used by the managers of the homes to fulfil their duties under Regulation 45 (Children's Homes Quality Standards).
- Children in foster care are surveyed at the end of their placement for feedback. This is in addition to being regularly asked about their experiences by their Social Worker and IRO and contributing to foster care reviews.

l. Independent visitors

- The local Authority has a duty to appoint an independent person for a looked after child where their circumstances warrant it. This is usually where a child has no contact with any family member. Few children are in this position.
- Northumberland is works with five other authorities to jointly commission the independent person service which is currently provided by Action for Children.
- The council has 7 children currently using this service. (Dec 2016).

m. Children's participation work

Over the past year work has been carried out in respect of the emotional wellbeing and mental health of children and young people. A number of events have taken place and these have led to an improved understanding of the issues involved amongst both young people and professionals. In turn this is leading to more effective interventions and to the development of self-help tools for those young people affected, for example, staying safe online (e-safety).

n. E-safety

- Much of the council's website as it relates to young people has been changed in response to their feedback. Similarly, on-line resources have been improved and made more relevant, for example, in respect of offending behaviour, alcohol and on-line safety.
- There is a section of the Council's website about e-safety which is intended for all children and provides a link to the National Crime

Agency. This has recently been updated so that it also links to the Looked After Children webpage.

- **The VMC are currently doing a project on the dark web and keeping safe online which will be shared with all Looked After Children.**
- **All NCC Children's Homes have an e-safety / online file which they go through with young people when they move in. It includes:**
 - **The policy**
 - **Risk assessment**
 - **Contract / agreement which young people sign to say they understand how to stay safe online**
 - **All PCs have a lightspeed web filter**
 - **Information about staying safe / exploitation / safe selfies**
 - **Local media guidance**
 - **Log for concerns and incidents**
- **All foster carers are offered e-safety training. E-safety is discussed with young people at the placement planning meeting.**

o. Direct engagement through forums (children)

- **Children and young people are involved in a number of groups and forums in which they can tell us about their experience of our service and care. These are run by specialist staff who ensure that the views expressed by young people are able to contribute to driving forward the services. Looked After Children are also able to join 'virtual' groups and safely contribute to discussions via online forums.**
- **In addition, 'Mind of My Own' (MOMO) is a self-advocacy app (application) for young people. This is an app which has been developed to allow children and young people to contribute to their reviews and Child Protection Conferences through self advocacy. IROs and Social Workers are starting to use this form of communication to enhance the contribution made to the meeting by the child.**
- **Children and young people report that they feel more confident and in control of decision making about them when they use the app.**
- **MOMO information has been sent out to all of Northumberland's looked after children, including looked after children who have a disability.**

p. Children's services

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q. Regulation 45 – surveys (children's)

- The participation & advocacy officer supports all children in children's homes run by the Council to complete a survey every 6 months. This includes the secure children's home. 100% of children living in our homes said they felt safe and 100% think bullying is not an issue. 100% also stated they know how to ask for an advocate and 100% know how to make a complaint.
 - The results are reported to the Safeguarding and corporate parenting cabinet advisory group and are also used by the managers of the homes to fulfil their duties under Regulation 45 (Children's Homes Quality Standards).
 - Elected members also visit our children's homes and seek the views of young people living there.
- r. The voluntary and community sector (VMC Group) was asked to put together a Guide to Corporate Parenting from the perspective of looked after young people. This was completed in February 2017. Its purpose is:
- To make the council and its partners accountable to looked after children and young people by letting us know what they are doing as our corporate parents.
 - To make sure that the council lets everyone involved in our care know what their responsibilities are as our corporate parents.
 - To make sure everyone who is involved in our care understands what their role is as a corporate parent, and why they should be acting as our parent.
 - To make sure that the council and their partners are listening to looked after children and young people and care leavers and taking our views into account.
 - To make sure that they are valuing looked after children and care leavers and celebrating our successes.
 - To make sure that the Council stick to their promises or explain why they haven't.
- s. Regulation 44 visits and reports (children's)
- Over 2016/17 monthly regulation 43 visits and reports were carried out at all six in-house children's homes. Nominated council officers looked at recording, spoken to staff, young people, families, carers and some professionals, to assure the council that each home continues to meet the Quality Standards defined within the Children's Home Regulations 2017 and that the children's wellbeing continues to be paramount.
- t. Children and Young People's Voice
- Children and young people have worked with the Council to produce and agree a pledge to Looked After Children. This is called Our Promise and was agreed in August 2016. Young People regularly attend Corporate Parenting Cabinet Advisory Group to engage in discussions about issues relevant to them. Elected members actively welcome this engagement and have agreed a benchmark of would this be good

enough for my child to underpin their challenge and scrutiny. The Promise was launched in April 2017.

- **Our Promise:**

Be Honest with you and only promise things we know we can deliver. We promise to be honest and clear with you and to keep our promise. We will tell you about your rights and what services you are entitled to.

Expect every professional to treat you with respect, to be reliable and consistent and be prepared to listen to your views.

Listen to you and build plans around you, not simply build you into our plans, including asking your opinion about where and who you live with and the plans for your care and for the development of services. You can talk to someone independent if you'd like to.

Make sure the right people are there to support you and to make sure that only the people who really need to know about you and your situation actually do know about you and your situation. We won't change your social worker or IRO without good reason.

Help you to achieve your best, and support you to learn in and out of school and develop skills. You will have everything you need for school like your uniform, books, PE kit. You will also have access to a computer to help you do your school work.

Your carers will talk to you about clothing and help you either buy your clothes or help you to learn to manage a budget to buy your own.

Recognise that your family and other people are important to you and make arrangements for you to stay in touch with them safely. You can ask for an Independent Visitor. This is someone who doesn't work for Northumberland County Council. They are a volunteer who would visit you, get to know you and spend time with you doing the things you like doing.

Support you to be healthy, to follow your leisure interests and to keep in touch with your friends. You should be given healthy food, things that you like and that fit with your religion or culture. Make sure you have someone to talk to about your physical and emotional health and make sure you are able to attend appointments.

Leaving Care – We will help and support you practically, financially and emotionally to prepare for your future. We will draw up an easy to understand Pathway Plan with you to identify support you will need before you leave care. We will provide you with good carer's advice and help apply for jobs and training. We will support you if you choose to move on to further or higher education. We will help find somewhere suitable to live and support you after you have left care.

u. Joint Equipment and Loans Service (JELS)

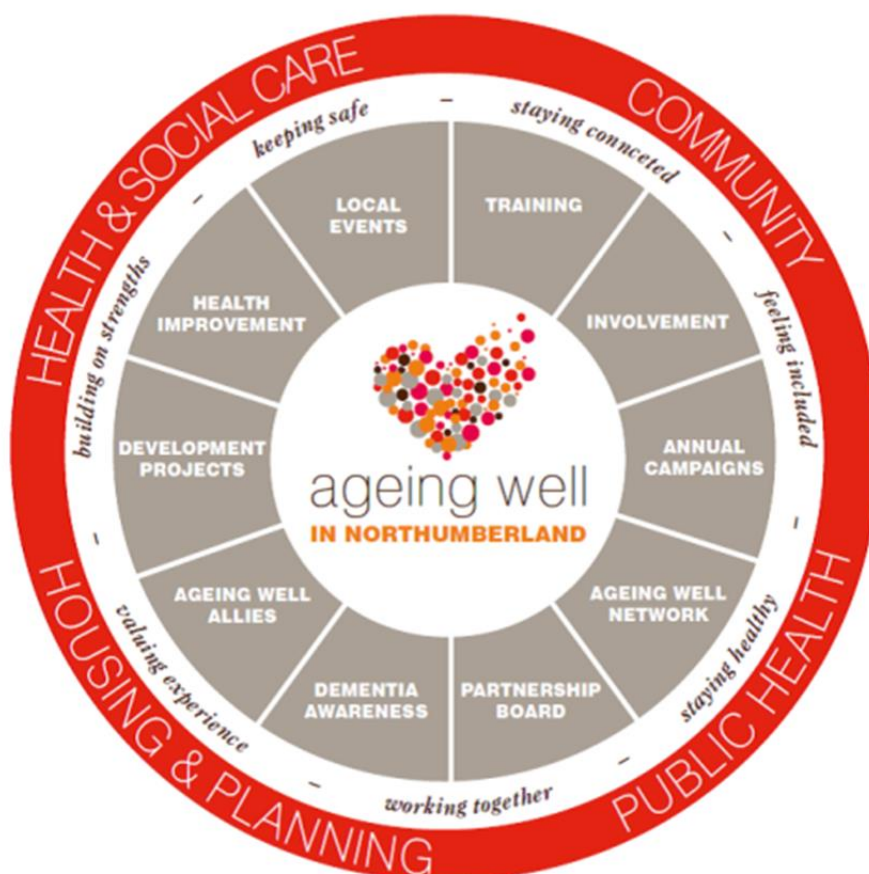
- The most recent survey found that 98% of respondents (86) rated their satisfaction of the JELS received as 'Very Satisfied' or 'Satisfied'; and all agreed that the staff delivering the equipment were polite and courteous.

v. Direct engagement through involvement forums (adults)

- Alongside the work carried out by services to capture customer experience, a number of service user and carer forums are held across Northumberland on cross-cutting themes including older people, people with dementia, people with a learning disability and people with long term neurological conditions.
- There is on-going carer involvement in Joint Carers Strategy Reference and Strategic Partnership Group, via Carers Northumberland local involvement panels, community forums and specialist boards e.g. LD (learning disability) Partnership Board, Safeguarding Adults Board and Ageing Well Partnership Board.

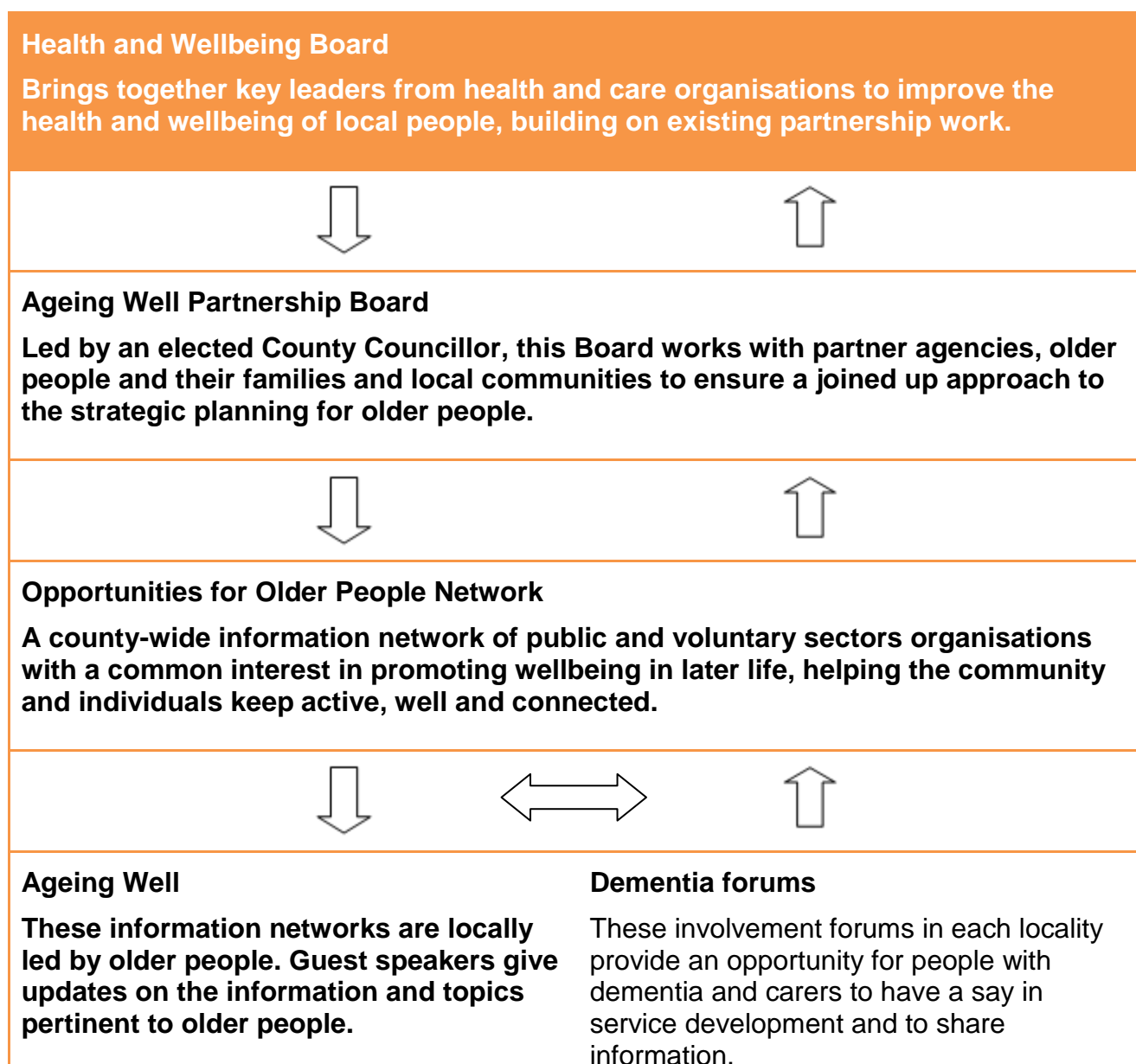
w. Ageing Well

- Ageing Well continues to engage with older people in Northumberland through service user forums, road shows, events, Health Trainer interventions across the county and strategically through the Ageing Well Network and the Ageing Well Partnership Board.



- **The project continues to have active support from a number of statutory, voluntary and community organisations, teams and individuals. Doing more together locally leads to people feeling more empowered. The project continues to spread organically as other people and organisations hear about Ageing Well and continued to expand steadily over 2016/17.**
- **Evaluations of the Ageing Well programme activities indicate improved social contact and connectedness and enriched health and wellbeing which all support a good quality of life. Feedback continues to show high levels of satisfaction with the activities and events by those who participated or attended; including:**
 - **feeling better informed about what was available;**
 - **enjoying the increased social interaction; and**
 - **experiencing health and wellbeing benefits beyond the activity itself**
 - **valuing opportunities to contribute to the planning and delivery of the programme**
- **Stepping into Spring and Winter Warmers road shows took place across the county. These events promote activities in local areas, improve health and wellbeing, help reduce social isolation and increase awareness of safety. They offered a variety of seasonal information and advice. A health trainer was in attendance offering blood pressure checks and healthy life style information. In total over 700 people attended. Feedback included: “Very useful and informative for a wide range of people”. From attending a Winter Warmer road show an elderly lady was successful in being awarded attendance allowance and commented, “I can’t believe I am entitled to this benefit. It has changed our lives. We will be able to go on holiday and go out for more meals and coffee”.**
- **New training that has been developed in the last year resulting in over 100 ‘Ageing Well Allies’ being trained in the county. The training has been developed to help people who work with, care for, or volunteer with older people become more confident to recognise signs and symptoms of when an older person might need some support, basic health information or advice and signpost them to the appropriate source. Feedback has been very positive.**
- **Dementia Awareness training focusses on a more practical approach for those supporting or caring for people affected by memory loss and professionals such as pharmacy staff, have also evaluated well. Plans are in place to increase delivery over the next year to meet growing demand.**

- The following figure shows how Ageing Well information is shared:



x. Short Term Support Service (adults) survey

- In October 2016, a questionnaire and accompanying letter explaining the purpose of the survey was sent out to a random sample of 600 people, across Northumberland, who had received the service within the preceding 3 months. In respect of qualitative data, the following was found:
 - **Recommending the service**
95% of people who responded to this question were 'Extremely likely' or 'Likely' to recommend the service to friends and family if they needed similar care or therapy, (compared to 96% in 2015).
 - **Satisfaction**
91% of people who responded to this question were 'Extremely satisfied' or 'Very satisfied' with the service they received.

y. Communication

- In adult services, 'Two minutes of your time' and results from care management surveys are communicated to all via the Northumbria Healthcare staff bulletins and team brief. There is a dedicated section on the trust's weekly bulletin called Staff Update which highlights staff compliments received. 'Two minutes of your time' results are also included on the trust's public website. Children's services have a quarterly newsletter which is communicated to all staff members – this helpful information tool provides staff with examples of good practice, policy changes and innovations that might affect practice.

z. Complaints services:

- The complaints service have participated in or run several informal and formal training sessions on complaints handling and complaints resolution for both in-house and staff who work for contracted services. These sessions received very positive feedback – delegates considered that the training was relevant and enjoyable. We intend to run similar sessions again over the coming year.
- Complaints staff have strong links with commissioning staff and share information about contracted services to ensure that we continue to maintain a range of good quality providers across Northumberland. They also have effective partnership working with Local Government Ombudsman personnel who can approach complaints team members seeking local intelligence around certain providers where concerns have been expressed.

On care management staff

I don't know whether I ever thanked you for doing a fab job with mum's case ... it's been a massive roller coaster for us but thankfully things seem to be settling down now.

On children's social work staff

R always explained what was happening and made sure I understood it all. R always gave me time to talk and respected what I had to say. I am in a much better place and I could not have asked for a better social worker.

2.4 Changes do not need to be 'big' to be important or helpful. For example:

- Ageing Well hosted a workshop to allow people, including people with dementia, to inform the university team regarding a research project that the research centre is conducting where they are trying to create innovative, but simple, new technologies that provide support to people with dementia, carers and their families. The projects are:
 - a. Ticket-to-Talk: A mobile phone application that guides a younger family member to search for and find out about a grandparent's life, and collect small snippets of music, songs, videos and photos to help initiate and scaffold conversations to help with reminiscence.

- b. **Carers Radio:** A physical gadget that looks like a personal stereo and works like a radio. It allows carers to listen to and share information, advice and stories from and with other carers.
 - c. **Care and Connect:** A location-based reviewing application (a bit like Trip Advisor) which helps carers to identify and rate public places (i.e., parks, cafes, and cinemas) that they feel are “dementia-friendly”.
 - d. **Dementia Coaching:** An application that works on a tablet and allows small snippets of conversation be recorded (by audio or video) and gives feedback (from other carers and health professionals) to help foster more effective and meaningful communication with people with dementia. This project is the least developed of these ideas, and is at an early stage and was most influenced by the group who pointed out ethical issues in recording people with dementia.
- The workshop led to significant changes in their approach to the issues and this has been fed back to the participants. The project is also likely to lead to useful and marketable support products.

On care management staff

SD set in place the help and advice I needed in a most efficient and professional manner. We received home visits from staff who have all been excellent. My mother benefited enormously from the interaction with all and I cannot overemphasise the benefits I have felt from discussing my mother's on-going care. A very sincere thank you.

On children's social work staff

A social worker was described as “a guiding light, consistent and professional in every way.”

On mental health care management staff

I have to say that your advice, help and communication has been excellent.

On children's social work staff

Thank you for all you have done for us. It's been a long journey but you have been a light in a dark place for us. Keep up the good work that you do. Northumberland needs people like you!

3. What people think about our services – compliments received in 2016/17

- 3.1 Adult social care receives considerably more compliments from people who use our services, their carers and families than complaints. Compliments are a way of confirming that by and large we are doing a good job.**
- 3.2 Proportionally fewer compliments are made to children’s services. In part this is a consequence of the nature of children’s social work. However, we do have a number of ways which provide service users with a means of sending us their positive feedback to let us know what is working for them. Work is on-going with staff throughout children’s services to encourage reporting of instances where the quality of their practice has been recognised.**
- 3.3 Collectively, the compliments we receive are mainly about how helpful, kind and professional staff have been; or about the quality of the services we commission or provide. Staff are encouraged to acknowledge compliments especially when people have taken the time and trouble to write at what may have been very difficult periods of their lives, including end of life care.**

On care management

We have had many Care Managers/Social Workers in the past but from her heart as a Care Manager D has provided our mother with an excellent service and has gone above and beyond to help.

On residential care staff

You are all a credit and I thank you with all my heart.

- 3.4 In 2016/17 adult social care received 628 compliments. However, as with children’s social care services, we are very aware that staff receive kind words verbally from the people who use our services, their families and carers on a daily basis.**
- 3.5 We also received several very welcome compliments from other professionals and organisations about our staff; children’s social care records these compliments within their overall ‘compliments’ statistics. Compliments given by professionals were generally about observing good practice in situ and also about giving credit for the quality of on-going casework. In respect of adult social care only compliments from members of the public are reported within the overall ‘compliments’ statistics.**
- 3.6 Social care compliments have increased a little this past year; and continuing healthcare compliments similarly. Analysis suggests that we are continuing to provide opportunities for children, young people and adults to tell us what they think; and we will continue to make sure that feedback is registered appropriately. Some of this work has been noted in section 2 above.**
- 3.7 The table below shows the number of compliments received over the past three years:**

Service area	2016/17	2015/16	2014/15
Social care	710	696	677
CHC	172	165	165
Total	882	861	842

On an in-house day care provider

Thank you card sent to all staff from a service user's relative, "For people who make a difference and bring enjoyment to people's lives. Thanking you all on my brother's behalf. He thoroughly enjoys his Thursdays with you!"

On children's social work staff

Thank you very much for believing in me and giving me a chance. Thanks for your support too!

3.8 The two tables below show the services that have received compliments and how many times compliments were received during 2016/17:

ADULT AND CHILDREN'S SOCIAL CARE COMPLIMENTS 2016/17	TOTAL
Brokerage	1
Children's social work teams	14
Care management learning disability teams (adults)	3
Care management mental health teams (adults)	18
Care management social care teams (adults)	36
Children's safeguarding unit	2
Children's subject access officer	1
Enquiry referral coordinators (adults)	2
Family support service	1
Finance (adults)	12
Horticultural training unit	11
Hospital to Home Northumberland (adults)	1
Independent providers* (adults)	331

In-house children's care homes (children's)	64
In-house day care services (adults)	51
In-house residential care services (adults)	7
Joint equipment and loan service	1
Occupational therapy (adults)	8
Review team (adults)	4
Self-directed support team (adults)	5
Senior management team (adults)	1
Sensory support	1
Short term support service (adults)	126
Support planners (adults)	9
Total	710

CONTINUING HEALTHCARE COMPLIMENTS 2016/17*	TOTAL
100% NHS funded packages	99
Part NHS funded packages	73
Total	172

***Reported by contracted providers**

3.9 During 2016/17, 82 compliments were received by children's social care and of these the majority (64) were related to in-house children's homes.

3.10 The table below breaks down these compliments by home:

In-house children's homes	Compliments received
Phoenix House	5
Barndale short break	18
Kyloe House	2
Thorndale House	29
Coanwood	10

- 3.11 The remaining 18 compliments related to staff in social work teams and other teams.**
- 3.12 Young people and their families' compliments were usually about staff involved with the child; particularly care staff who look after the children and social workers who are active in planning for young people and reactive to safeguarding issues.**
- 3.13 As part of our on-going work in adult social care, to monitor how well our contracted providers are performing we ask them to report both complaints and compliments each quarter.**
- 3.14 Throughout this report we have included people's own words about our staff and services.**

On children's social work staff

D was able to earn the families trust and make a real difference. D helped the family engage with other services which have been of immense benefit.

On short term support service staff

I have had the most courteous, genuine and professional support

4. Learning from the people who use our services

4.1 Many of the issues which children, young people and adults have reported over 2016/17 reflect the kind of situations which can occur from time to time in a large care organisations – but we take each one seriously, and take steps to address both the individual situation of the complainant and any wider issues about systems, training and guidance which are raised, as the table below describes in general terms.

Key Themes	Responses to upheld complaint
Delays e.g. to arranging a service, appointment or assessment	Set up service, appointment or assessment at the earliest practicable time and apologise. Issue addressed through individual or team supervision as appropriate.
Communication e.g. lack of response to phone calls	Apology given. Ensure individual and team, as appropriate, comply with existing communication policy. Individual supervision and training as appropriate.
Staff attitude e.g. failure to handle a difficult situation sensitively	Apology given. Issue addressed through individual or team supervision and training as appropriate.
Quality of service provision e.g. treatment which caused poor outcomes or homecare provision that was of poor quality	Apology given. On-going monitoring and review of service quality. Service review through contract team and/or operational management.
Questions about the information in reports or assessments	Factual errors are amended, text clarified as appropriate and explanations given about outcomes and conclusions.
Processes – especially financial, legal and poorly understood assessment processes	Restitution/refund or waiving of charge if appropriate. Emphasis on explaining matters. Review any financial arrangements to make sure that they are correct. Advice/signposting especially in

	<p>respect of court matters and how adult or children's services work relates to this.</p> <p>In children's services, reinforcing contact and safety plans and why e.g. supervised contact is required, that the child and the child's views are at the centre of decision making (e.g. contact with parent(s) should be positive for them; child choosing not to have contact).</p> <p>On-going monitoring of effectiveness of processes.</p>
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4.2 Where complaints have been resolved relatively quickly and satisfactorily the common factor is the most appropriate manager making early contact with the complainant, often face to face, and taking prompt action to resolve matters. It is important to listen and to acknowledge people's experiences; and to apologise as appropriate.

4.3 Listening to the views and experiences of the people who use our adult and children's social care services and of carers is extremely important, but what is more important is how we respond to this. Below are some examples of improvements as a result of adult, CHC and children's complaints:

- a. Following a complaint related to charging, action was taken to ensure care management team managers have raised the relevant information with their teams. For example:

When a care manager arranges care and support they should inform the service user (and/or their financial representative as appropriate) that we expect everyone to contribute what they can afford to towards the cost of this.

Where a service user is eligible for NHS Continuing Healthcare (CHC funding) or receives aftercare under section 117 of the Mental Health Act the care manager should explain to them (and/or their financial representative as appropriate) that these arrangements are subject to review.

The care manager should record a discussion about charges in the CSP1.

- b. Following a complaint from a service user who felt that they had been told that they 'had' to have a particular stairlift from a particular company which turned out to be unsuitable for them, the written 'client authorisation agreement' was amended to make it very explicit that a person can choose can choose their own contractor rather than one attached to Northumberland County Council's procurement process.

- c. Following a series of instances where children’s social care staff put through a parent or family member to the complaints team because this person was upset or angry about a perceived lack of response from the local team we developed ‘Admin Guidance to Managing Concerns and Complaints’ to support the resolution of issues locally when appropriate to do so.
- d. Following some concerns from complainants that they did not fully understand what happens when a child becomes ‘looked after’, we reviewed information/literature for LAC and their families which includes advice about rights and what financial support may be available and in what circumstances.
- e. Following a complaint about the emergency placement of children that had not managed effectively, new guidance was developed to support staff in their understanding of the complex legal framework surrounding this area of work.
- f. In respect of complaints handling, we have introduced the following after feedback:
 - A leaflet aimed at staff named in a complaint describing the process and what to expect.
 - The introduction of a communication plan at stage 2 of the children’s complaints process to make sure all parties, especially the complaint is kept up to date about progress (stage 2 complaints can take several weeks to complete)
 - A glossary of terms to explain the process aimed at complainants
 - Template and report letters aimed at managers and investigating officers

4.4 It is important to note that learning can come from other kinds of feedback, not just complaints. For example, we received an enquiry about charges which led to an exercise to make sure all relevant staff understood about charging policy. We undertook this because over time we have identified several occasions when charges were not explained or explained poorly.

4.5 As an example of learning, below is an excerpt with a real case from children’s services:

Lessons Learned	Action Required	Outcomes	Lead
1. Allegations against foster carers			
In this case there has been a lack of joint working between the locality team and FPS with key decisions being made by the locality team. The Child’s SW made the decision to remove a child from the placement without	LADO/FPS procedures on the management of allegations against foster carers need to be reviewed and amended.	Clear processes on referral and management of allegations against foster carers. Active involvement at a senior level (CSM) of FPS and locality team in strategy discussions and in investigation.	LADO/CSM FPS/CSM Safeguarding

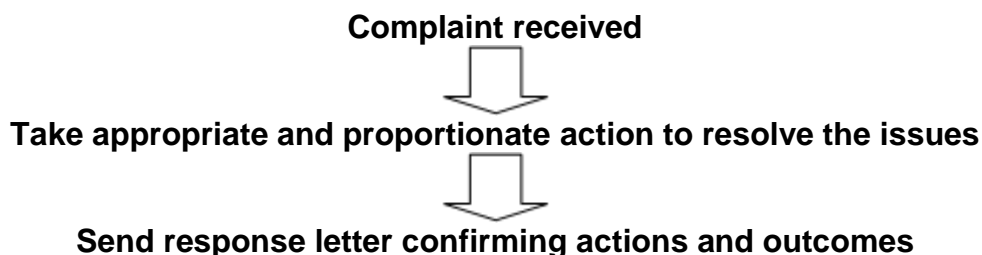
proper consultation with FPS. The decision to remove was disproportionate and potentially damaging to the children.		Decision to remove children from foster care placements should not be made by the Child's SW alone. The decision should sit with the FPS in consultation with Child(ren)'s SW and TM. Relevant CSMs should be involved in agreeing the decision.	
Sec 47 investigation was inappropriate and took over 2 months to complete. The decision to conduct the S47 was made outside the LADO strategy meeting by the Child's TM.	LADO procedures to be reviewed and amended.	Decision to conduct a S47 should be made in the LADO Strategy Meeting, if there is insufficient information to make a decision the Strategy Meeting should be reconvened by the LADO.	LADO
The Child's SW was unclear as to the purpose of the S47 and conducted it to establish whether allegation was substantiated not whether child had suffered significant harm.	Briefing and training to all TMs and SWs to remind them of purpose of S47 enquiries.	Appropriate use of S47 and clearer conclusion from enquiries.	CSM
As the Foster Carer worked in a different area, two separate LADO processes occurred, one in Northumberland and one in another authority.	LSCB/LADO should review current arrangements and identify improvements in practice.	One LADO process with involvement from relevant agencies/employers.	LADO/LSCB Business Manager
2. Standards of Care Process			
The Foster Carers were subjected to a succession of challenges about their conduct which was appropriate, but led to a S of C meeting. The carers felt this was unfair and punitive in it's approach. They also were not clear about what had been dealt with in 1:1, use	S of C procedures need to be reviewed to consider the use of notifications, when S of C Meetings are convened and in particular how to manage circumstances where concerns are regularly raised about foster carers.	It should be expected that new and inexperienced foster carers will make mistakes and this needs to be considered by the service. Everyone should be clear about what level of concern would be dealt with in supervision, through written agreements,	CSM FPS

<p>of notifications and the trigger for a S of C meeting.</p>	<p>Where S of C meetings are held terminology <i>substantiated</i> should not be used but <i>this is an area for development which will be reviewed.</i></p>	<p>when and how issues are escalated to a S of C meeting and when notifications are used. Practice has already changed in the service around this.</p>	<p>FPS</p>
<p>3. Foster Carer Reviews</p>			
<p>FRO describes herself as an IRO. This misled the foster carers about the FRO role.</p> <p>The FCR process was compromised by a change in the child's SW just prior to the review. This meant that the SW providing information to the review was not credible. The FPS had to manage this process which concerned the carers about the role of the FPS in the process.</p>	<p>FRO should use title FRO and not IRO. FRO needs to be clear with carers that they are reviewing them on behalf of the FPS.</p> <p>FPS need to review the practice of gaining SW input to the reviews to ensure it is balanced and useful to the process.</p>	<p>Clearer understanding for foster carers of FRO role.</p> <p>Input to reviews from SW which does not give an overall judgement but a narrative of the child's progress in placement and the carers contribution to this.</p>	<p>CSM FPS</p> <p>FPS</p>
<p>4. Contact</p>			
<p>The Foster Carers where supervising sibling contact along with three other sets of carers. It involved 6 siblings in total with a wide age range. The children had just come into care and their plans were unclear. The contact appeared to be stressful and tense in this case.</p>	<p>Careful consideration should be given to when foster carers supervise contact particularly when children are not settled in long term placements.</p>	<p>Contact should be supervised by experienced workers and the contact plan should take into account the purpose of contact and how the quality of the contact can be enhanced.</p>	<p>CSMS and IROs</p>
<p>5. HR Issues</p>			

<p>This investigation has highlighted that HR policy and procedures do not necessarily relate to Foster Carers, e.g. References, bullying and harassment.</p>	<p>There should be a review of HR policies to determine which ones apply to Foster Carers.</p>		<p>HR and FPS</p>
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5. How we handle individual complaints and case studies

- 5.1 Although we work to two separate procedures where there are distinct differences, both adults and children’s complaints services work to the same principles in that all feedback is welcomed, is taken seriously, complaints are investigated thoroughly and a response provided in a timely manner. We aim to learn lessons from all feedback and utilise findings to influence and improve services going forward.
- 5.2 For adult social care the 2009 complaints regulations require us to send an acknowledgment to the complainant within 3 working days. The regulations also say we must “investigate the complaint in a manner appropriate to resolve it speedily and efficiently”. The process should be person-centred with an emphasis on outcomes and learning.
- 5.3 To this end when we receive a complaint and in discussion with the complainant and the service, we develop a ‘resolution plan’ which may be refreshed as required.
- 5.4 The action we take to resolve a complaint should be appropriate and proportionate to the circumstances of the case, taking into account risk, seriousness, complexity or sensitivity of events. The officers tackling the complaint should not feel limited about the actions they can take but they should avoid lengthening the process. For example, a well-meant apology or an opportunity to meet and discuss the issues may suffice. Alternatively, the complaint may warrant a ‘formal’ investigation. Whatever the case we should always speak to the complainant to understand their experience and to ask them what they would like us to do in order to put things right. We should also keep them informed of progress and of any findings throughout their complaint.
- 5.5 The process ends with a final written response from the appropriate manager in which the complainant is directed to the Local Government Ombudsman should they remain dissatisfied with how we have handled their complaint or with our findings.
- 5.6 Our adults services process can be summarised as follows:



- 5.7 The arrangements for the statutory management of complaints from children and young people (and their representatives) are set out in the Children Act 1989 and Representations Procedure (England) Regulations 2006. Department for Education guidance, “Getting the Best from Complaints: Social Care Complaints and Representations for Children, Young People and Others’, 2006, says that ‘a good procedure should ensure that children and

young people who make representations have their concerns resolved swiftly and, wherever possible, by the people who provide the service locally. The complaints procedure should be a useful tool for indicating where services may need improving. It is a positive aid to inform and influence service improvements, not a negative process to apportion blame". All children and young people who receive or are entitled to a service and also those connected to them who have appropriate interest in a child or young person's welfare, can access the complaints process by a range of means. These include completing e-forms available on the Council's website, using a direct Freephone number, complaint forms available within most children's services information leaflets with free postage, email, text and access via the Council's contact centres.

- 5.8 The process for children's social care complaints has three stages after which a complainant may ask the Local Government Ombudsman to consider their complaint.

Stage 1 – local resolution:

The aim of this stage is to satisfactorily resolve the complaint if at all possible and this can be regarded as the most important stage. At this point, the complaint is dealt with by local managers who are in a position of knowing the most about the issues of the complaint.

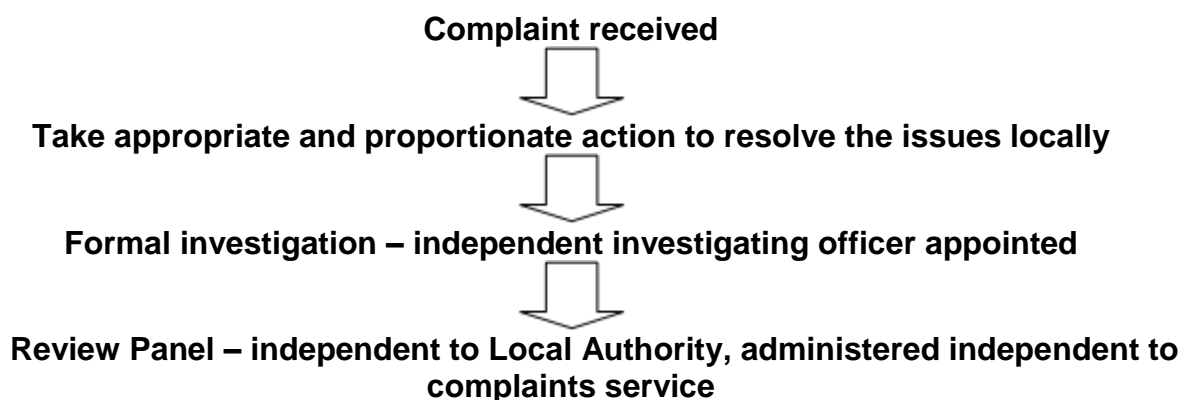
Stage 2 – formal investigation:

If a complaint cannot be resolved through local resolution, then a formal investigation can be arranged at the complainant's request. An independent investigating officer will be appointed, together with a statutorily required independent person who will monitor the investigation to ensure that it is conducted fairly and objectively and will report back about this. The investigating Officer's report will be sent to the Adjudicating Officer within Children's Services to respond to any recommendations and the final response to the complainant will come from the Executive Director of Wellbeing and Community Health Services.

Stage 3 – review panel:

If the complainant is dissatisfied with the findings or recommendations at stage 2, they can request that the matter be referred to a Complaint Review Panel. The panel is administered independently of children's services and comprises of three persons – a chair and two panel members, all of whom will be independent of the Authority.

- 5.9 Our children's social care services process can be summarised as follows:



- 5.10 Apologising is usually appropriate even if only because the person feels they have had a bad experience or because they felt strongly enough about their experience that they felt moved to make a complaint. The Scottish Public Services Ombudsman says, “A meaningful apology can help both sides calm their emotions and move on to put things right. It is often the first step to repairing a damaged relationship. It can help to restore dignity and trust. It says that both sides share values about appropriate behaviour towards each other and that the offending side has regrets when they do not behave in line with those values.”**
- 5.11 The following are example complaints about children’s social care and relate to issues that were satisfactorily resolved:**
- a. A parent whose child had been subject to a child protection plan complained about the temporary removal of her child which they attributed to apparently incorrect information about her in the initial child protection conference – this information related to her mental health and background including “childhood anti-social behaviour”. On investigation it was found that this information was incorrect and actually referred to the child’s father. This appeared to have been an administrative error. Importantly, it was also found that the removal of the child was as a result of the complainant’s lack of understanding of the risks posed by the father and her unwillingness to take protective steps, and not to anything else. However, an apology was given and steps taken to delete the inaccurate information as it related to the complainant. An amended initial child protection conference was reissued.**
 - b. A couple who had been looking after a relative’s children felt that this should be recognised by the Council and an allowance given. On investigation it was found that while some monies had been provided, the financial arrangements that had been put in place were not the right ones. It was also found that this issue of payment had been compounded by the time it had taken to assess the situation. An apology was given and the correct ongoing allowance was arranged. Some back payments were also made. Following some internal discussion about this case, work was undertaken with both managers and teams to make sure family members in similar circumstances are assessed in a timely manner and the correct financial arrangements applied.**
 - c. A young person felt that a lack of communication and information from the locality team was having an adverse effect on her wellbeing. She felt unsupported. The team manager contacted the young person promptly and arranged to meet. From this a number of issues were cleared up and the young person was put in touch with the welfare rights service to make sure that she was claiming everything to which she was entitled. Apologies were given for her experiences.**

5.12 The following are example complaints about adult social care:

a. Complaint

A family complained about a care manager's apparent decision not to move the service user into a 24 hour placement. The family were concerned about the service user's behaviour and the apparent risks as they lived alone.



Actions taken

On investigation it was found that the service user had the mental capacity to make their own welfare decisions and had chosen to stay in their own home. However, it was also found that the mental capacity paperwork had not been properly completed and the care manager had not clearly explained the limits of their authority to the family.



Outcomes

An apology was offered to the family and action taken to remind staff about the requirement to use and complete the relevant documentation; and to explain matters clearly to families, who would understandably be concerned about a relative's safety and wellbeing but who would not necessarily know about the legal frameworks in place. Please note that some while later the service user lost capacity and were moved into a 24 care placement after due process.

b. Complaint

A family member, whose adult relative has autism, complained that the service user's social worker and occupational therapists were not suitably qualified to work; that the social worker did not draw up a appropriate physical intervention protocol/risk assessment for the care provider; and that following the care provider's withdrawal that no further offers of care and support were made.



Actions taken

On investigation it was found that the members of staff working with the service user were appropriately qualified and that they were able to seek support and guidance from specialist partner agencies.

In respect of the physical intervention protocol/risk assessment it was found that efforts were made to revise the existing plan, but due to the complex nature of the relationship between the family and professionals, that this work was not completed and the provider later withdrew.

In respect of subsequent support, it was found that a further offer of care and support was made but declined by the family.



Outcomes

Since this complaint was made the case worker has changed and after some time suitable care and support options have been identified for when the service user leaves college; and what support may be needed at home. A senior manager has remained involved and has oversight of the situation.

5.8 The following are example complaints about CHC funded care:

a. Complaint

A family member complained that following the care package transferring from one provider to another provider this resulted in the service user receiving an inadequate and unsafe service.



Actions taken

Due to the serious nature of the allegations and the high level of need of the service user, a suitably experienced independent investigator was commissioned. On investigation it was found that the transfer had not been managed effectively by the receiving provider and that on a number of occasions over the first two week period the service user had not received a visit from a carer or carers as expected and outlined in the care plan. Although no harm had occurred the service user had been left upset and worried about the situation. Although the element of complaint related to the senior managers failing to take action was not upheld, remedial action was taken to prevent this situation occurring again.



Outcomes

A series of meetings were held between commissioners and the relevant provider to work through an agreed action plan. An apology and financial remedy were offered to the service user in recognition of what had gone wrong. To offer some assurances that things were being changed information was also given outlining the work being undertaken with the provider. Please note that those initial issues with delivery did not reoccur.

b. Complaint

A service user complained that the Clinical Commissioning Group - Northumberland should have “drawn up her care plan” following the decision to agree CHC funding (she felt that she was now entitled to a larger quantity of care than had been agreed previously).



Actions taken

A manager investigated the concerns and found that a suitable care package was in place and that her assessed needs were being met. This work included obtaining information and views from the service user, her partner, professionals, and in particular health professionals.



Outcomes

The integrated nature of arrangements between the Council and CCG were explained; and also an explanation given that change in funding arrangements of itself does not necessarily indicate that a person needs more care.

6. What people think about our services – complaints received in 2016/17

6.1 The adults and children’s complaints services directly handled all the social care and continuing healthcare complaints made to Northumberland County Council. Please note that some complaints closed were carried over from 2015/16 and some complaints will carry over into 2017/18.

6.2 The table below notes the numbers of complaints received and responded to in 2016/17:

Complaints	Adult social care	Children’s social care	CHC	Total
Received during 2016/17	12	17	6	36
Closed during 2016/17	12	16	3	34

For comparison, see the table below that shows the complaints received in the past two previous years:

Service area	2015/16	2014/15
Adult social care	48	61
Children’s social care	128	148
CHC	7	16
Total	183	225

6.3 The complaint service acknowledged 100% of these complaints in line with the relevant regulations.

6.4 Over 2016/17 we have seen a significant reduction in the number of complaints received. We have undertaken a careful analysis of this situation and have found that two main factors have contributed to this. We consider that 2016/17 was highly unusual and anticipate an increase of complaints over 2017/18 towards the more typical number that would ordinarily be received in any given year.

- Over 2016 a number of administrative systems were put in place or adjusted to support the logging and tracking of enquires across adult social care and Children’s Services. All contacts were responded to appropriately within these processes although without referral to the complaints team as may have happened in some cases previously.

- In addition and coincidentally the complaints manager, as part of an overall strategy to tackle issues at an early stage, had continued to encourage managers to take early action to resolve concerns.

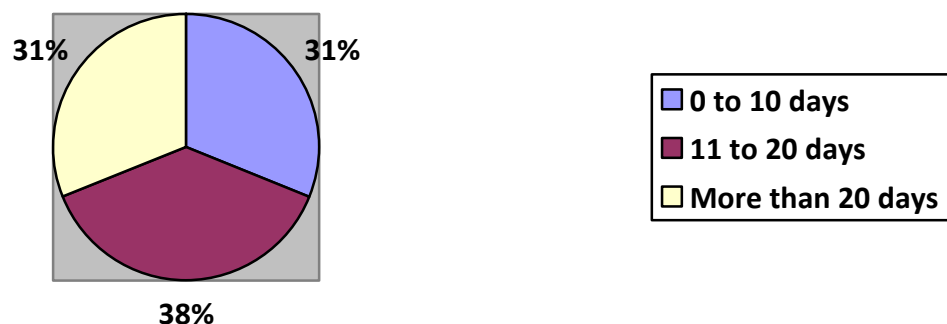
6.5 Taken together, this higher tolerance to determining entry to the complaints process (with the person’s agreement) and the effects of changes in the wider organisation has resulted in this anomaly; that is, the fall in the number of complaints logged over 2016/17. However, the overall number of contacts across adult services and children’s services appears to have remained broadly at the same levels as in previous years.

6.6 We continue to work towards a service-wide culture where staff, at whatever level, are empowered and able to respond appropriately in a timely manner to service users, their family and carers. In addition we have a robust mechanism which promptly informs all relevant staff of any issue where improvement is required and provides them with information on the cause of the problem.

6.7 In children’s social care services, legislation requires a complaint at stage 1 to be resolved within 10 working days but this can be extended to 20 working days with the knowledge of the complainant. A further extension is possible if necessary however the complainant must be told the reason for the delay and given the option to move the complaint to stage 2 if desired. Legislation requires that a complaint at stage 2 should be resolved within 25 working days and there is provision to extend this to 65 working days if necessary. To progress to a review panel, a request must be received within 20 working days of receipt of stage 2 adjudication letter and a date for the review panel must be agreed within 30 working days of receipt of this request.

6.8 The following chart shows children’s complaints timescales at stage 1 for 2016/17:

Stage one children's social care timeframes



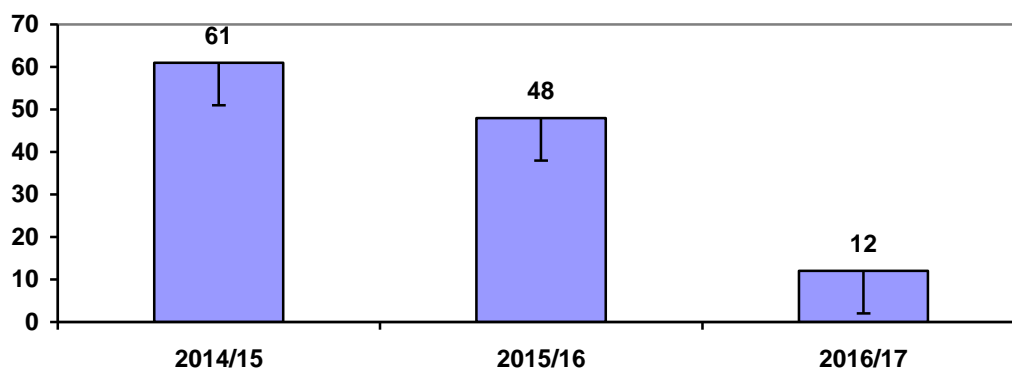
6.9 Whilst the majority of complaints (62%) were resolved within the designated 20 working days, 38% of these took longer than this to resolve. Analysis suggests that the circumstances around the complaint or the complainant were more complex and agreement to extended timescales allowed for a more comprehensive investigation and suitable resolution to take place. We

endeavour to keep complainants informed during the process and offer an open line of contact with the complaints service.

- 6.10 Complaints at Stage 2: during 2016/17, 6 formal complaints were received and 6 were closed. Analysis suggests that a higher tolerance to determining what is a complaint means that proportionally we will receive more complaint requests at stage 2 because these issues will be particularly complex and/or long standing.
- 6.11 Complaints at Stage 3: during 2016/17 we received no requests for a review panel (review panels are made of three people independent to the council including the chair).
- 6.12 For adult social care complaints an individual timetable for response is agreed with the complainant at the point of acknowledgement of the complaint. In adult social care we closed 100% of the complaints in the timeframe agreed with the complainant.
- 6.13 Below we report separately further information about adults and children's social care complaints because this reflects the custom and practice that has evolved to meet the requirements of the respective legislation and guidance.

Adult complaints:

- 6.14 The chart below shows that the numbers of adult social care complaints has been reducing over the past few years. Analysis suggests that dealing with people's concerns at an early stage can result in fewer complaints being made.



- 6.15 To put these complaints in context please note the following key service facts and figures over 2016/17:

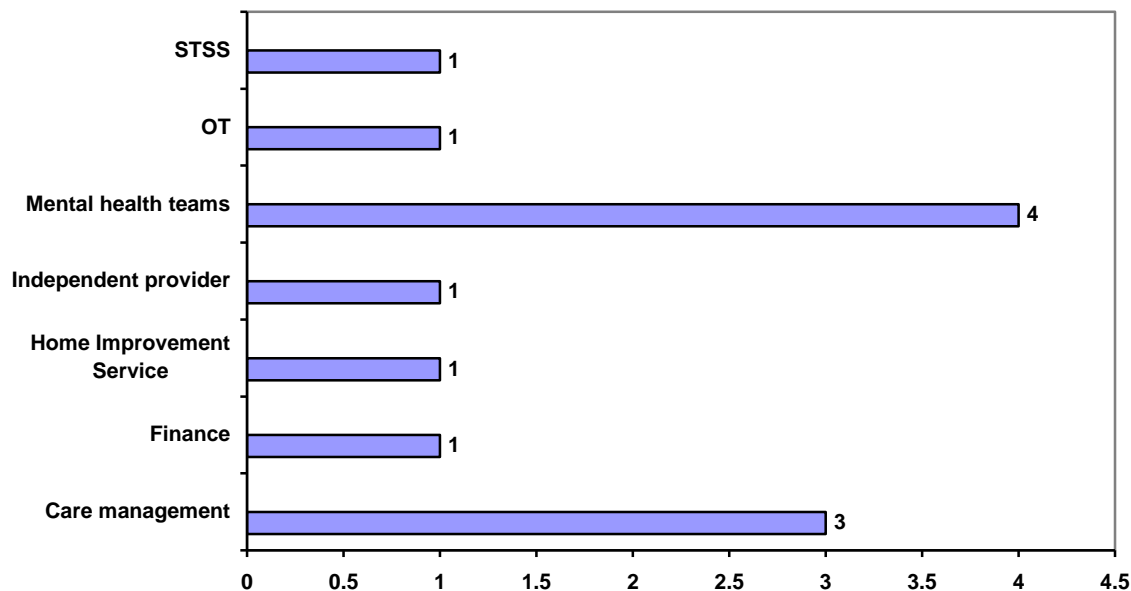
- Over 20,000 people received information, advice, support and services
- Our care management service met with on average 1,700 people each week
- Over 2,300 people were supported in care homes
- Over 4,700 people received care in their own homes
- The Social Care Single Point of Access handled on average over 950 calls a day
- Over 4,500 clients benefit from our Telecare Service
- Over 3,000 people received information and advice from a Support Planner

- Over 7,500 people were helped by the Short Term Support Service
- Over 1,000 people were accessing day services □ Over 600 people had a short break
- 41 people are part of the shared lives initiative
- There were 437 referrals to safeguarding that led to an investigation

6.16 It is important that people know how to and feel confident to express their dissatisfaction with our services. Customer feedback, good or bad, is powerful information which helps us determine whether we are doing a good job or not and informs any changes we need to make.

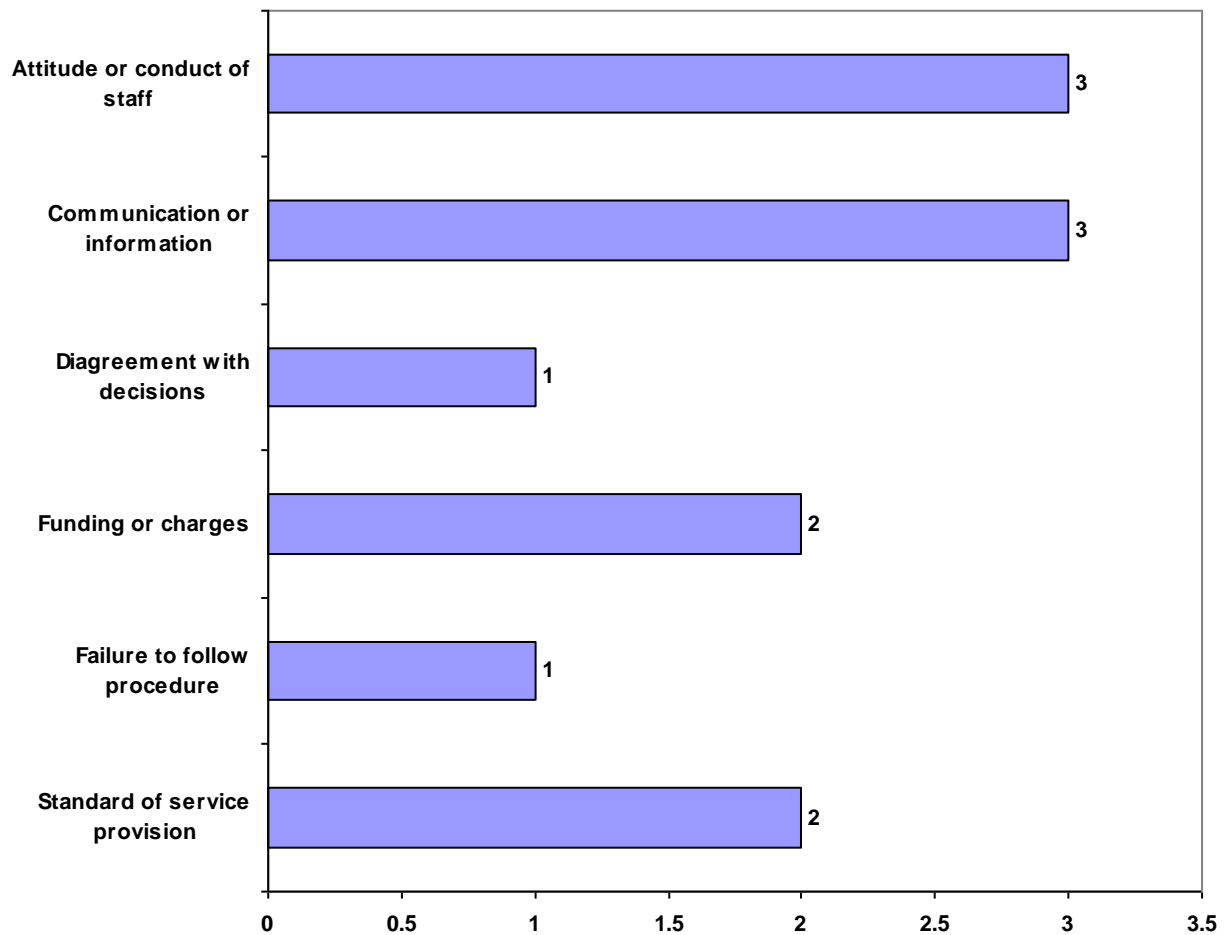
6.17 When a complaint is received the complaints team carry out a risk assessment. The Department of Health’s complaints best practice guidance, “Listening, Responding, Improving” (February 2009) says, “By correctly assessing the seriousness of a complaint about a service, the right course of action can be taken.” The risk assessment process enables the need for a more proportionate response. That is, with a high risk complaint it is more important to understand what may have gone wrong and take remedial action more urgently; this usually requires a greater use of resources. Conversely, a low risk complaint may need fewer resources to resolve satisfactorily.

6.18 This means that efforts to resolve complaints can be more effectively targeted, especially in those cases where longstanding or complex issues have been identified. The chart below identifies the adult social care service areas complained about in 2016/17:



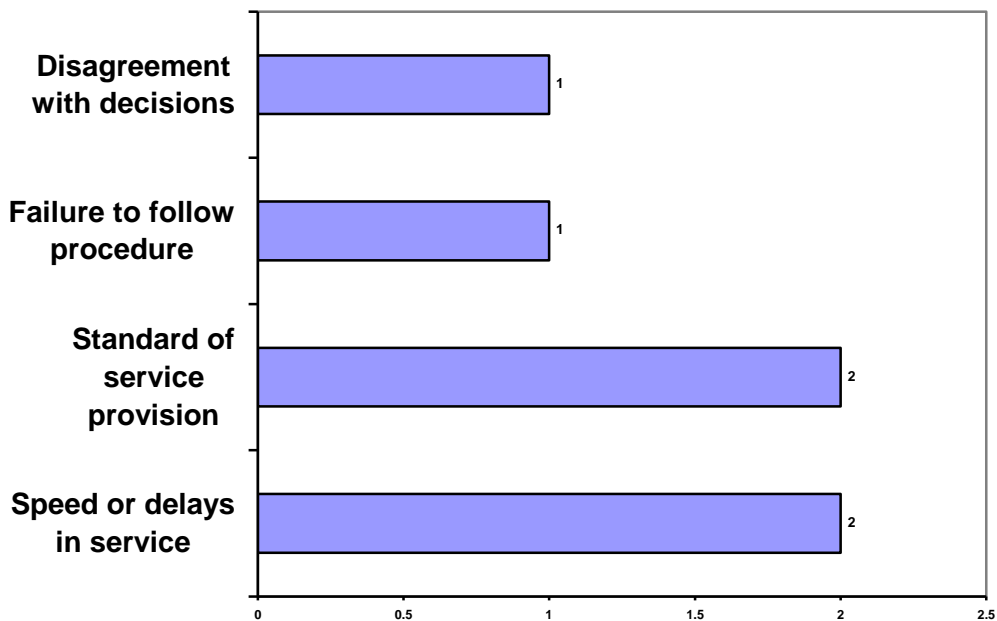
6.19 Over 2016/17 we have seen a decrease in the overall number of complaints although proportionately care management and the mental health teams continue to be the subject of most complaints. This is expected for care management due to the high numbers of people worked with; and for the mental health teams due to the especially challenging nature of the needs associated with this service user group.

6.20 The chart below identifies the broad subject of the adult social care complaints over 2016/17:



6.21 The spread of issues raised is broadly similar previous years with complaints about communication or information and staff attitude near or at the top of people’s concerns. Complaints related to finance or funding and service provision are broadly in line with previous years and not unexpectedly remain a source of disagreement.

6.22 The chart below identifies the broad subject of the CHC complaints over 2016/17:



6.23 Over 2016/17 67% of complaints related to the standard of service provision or perceived delay.

- In respect of service provision, one case related to an apparent lack of qualification held by workers to work with a service user with a high level of need; the other to a package of care that was not delivered with the expected degree of punctuality and consistency.
- In respect of delay, in both cases the complainant was frustrated by the time it was taking to consider and to secure the service which they felt was the best one for the service user.

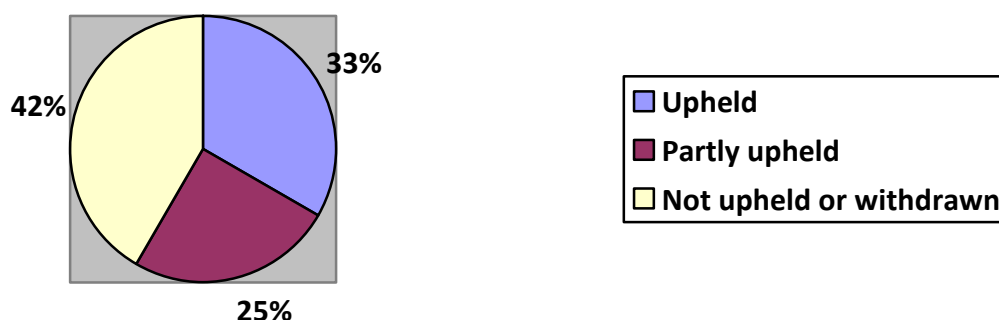
6.24 While some of these kinds of issues are subjective, how someone experiences or perceives our services is an important piece of information that can still help us change and shape how we work.

6.25 As an organisation it is very important to consider how we communicate both as individual members of staff and as a wider organisation; that people understand how we work and what they can expect; and that our policies and procedures support the decision making process to give individuals their preferred outcomes, as far as possible.

6.26 Certain common themes emerged over 2016/17 and have been noted previously in section 4 above.

6.27 The chart below shows the proportion of adult social care complaints upheld, partly upheld and not upheld in 2016/17 (the 2009 regulations refer to 'well founded'):

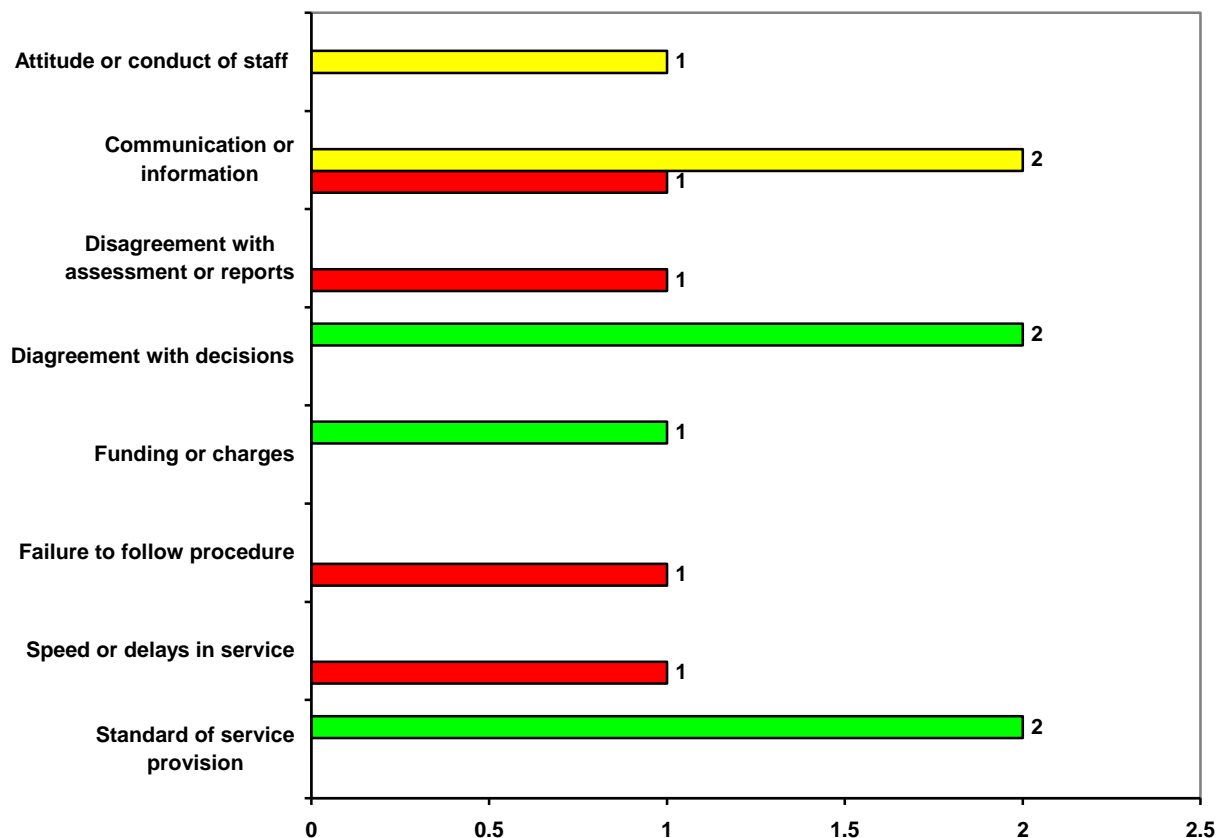
Adult social complaint outcomes



6.28 These findings show that of the complaints responded to in 2016/17, 58% were partly or completely upheld. This is a slight decrease on 2015/16 when 63% of adult social care complaints were partly or completely upheld which was an increase on the previous year. Over the past year the complaints manager has encouraged managers to take early action to resolve concerns rather than to register them as formal matters. Analysis suggests this strategy has resulted in fewer complaints but more complex situations being considered under the complaints process and hopefully fairer outcomes for people. In respect of CHC complaints closed, 67% were upheld or partly

upheld (2 of 3). However, the numbers remain low so no real conclusions can be drawn at this time.

6.29 The chart below indicates adult social care complaints closed by subject and outcome (upheld and in red; partly upheld in yellow; not upheld or undetermined as resolved in green):



6.30 Analysis shows that while complaints have fallen, it is now more likely that complaints will be 'well founded' when people raise concerns with 58% being upheld or partly upheld. Of note are the complaints about the standard of service or about decisions made of which all were not upheld. It appears that there is sometimes a mismatch between the service people feel should be the case and the actual delivery.

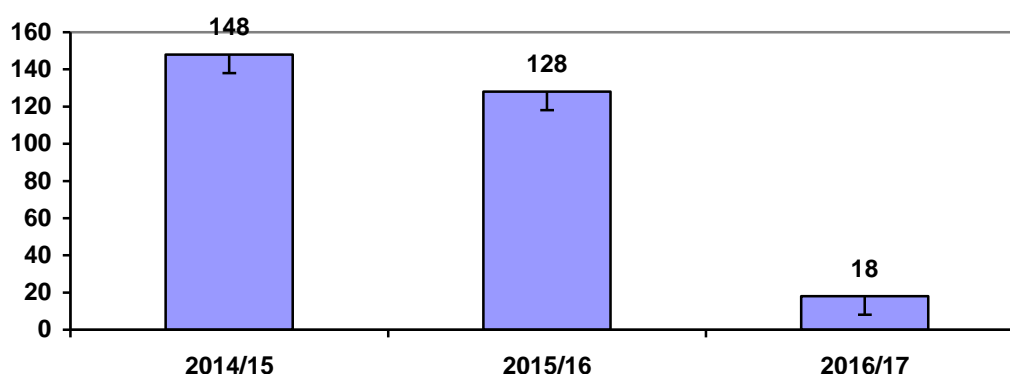
6.31 Where concrete issues have been raised (e.g. delay or whether specific information was given) we are much more likely to be at fault. However, where the complaint is about perception there is sometimes less evidence available to support the criticism. Regardless of this we must continue to be mindful of people's expectations, the standards that are expected and avoid defensiveness. A number of these complaints resulted from a perception that there was an (initial) reluctance to acknowledge that we may have got things wrong.

6.32 In respect of the upheld complaint about a failure to follow procedure, we found that a member of staff did not process a request for equipment as needed. Appropriate action was taken to put things right and the service user suffered no harm. In respect of the upheld complaints related to assessment and delay, we found in the first case a failure to complete the necessary paperwork although the right outcome had been reached; and in the second a

member of staff had not acted in a timely fashion as expected. As before, remedial was taken to put things right and to prevent recurrence.

- 6.33 In respect of adult social care 65% of all adult service users are aged 65 and over and 29% are aged over 85. Nationally and particularly in Northumberland, we have an aging population – 21.8% of the Northumberland population is aged 65 or over; this is higher than for the North East generally (17.3%) and for England (16.3%). This means in adult social care and complaints in particular we need to be acutely aware of the issues that affect old age and the kinds of help and support that may be available. This is especially important as the over 65 population is set to increase by 27.1% by 2022 in Northumberland (North East 21.4% and England 22.4%).

Children's complaints



- 6.34 To put these complaints in context please note the following key service facts and figures over 2016/17:

Early help

- 1089 families have been identified as part of the supporting families phase 2 programme and 289 have made significant and sustained progress to date
- There have been 3,192 referrals made to the four locality early help hubs in 2016/17

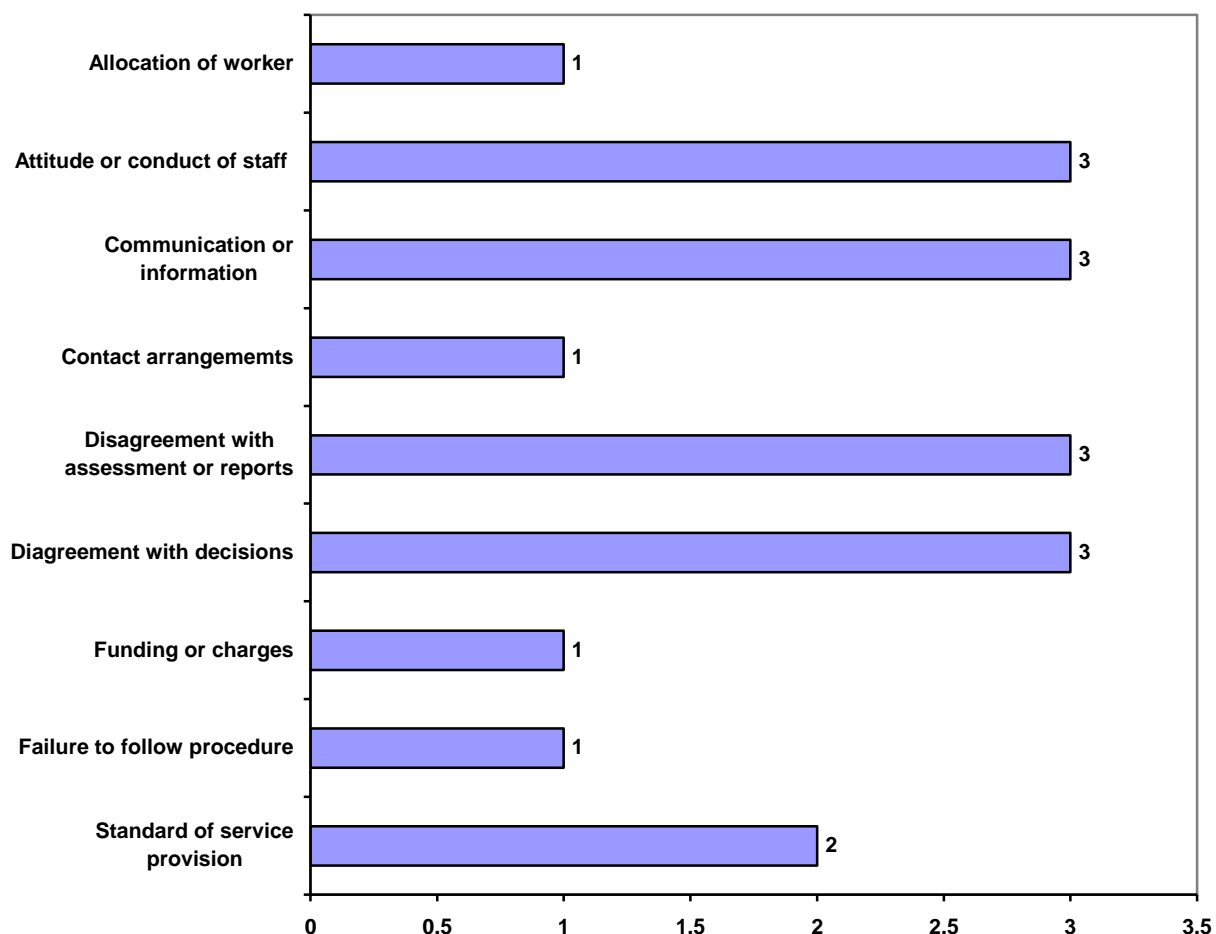
Safeguarding and social work

- The social work service received 3353 referrals in 2016/17
- 2,172 children and young people were assessed as being in need of a specialist social care service at 28 February 2017

Care proceedings and looked after children

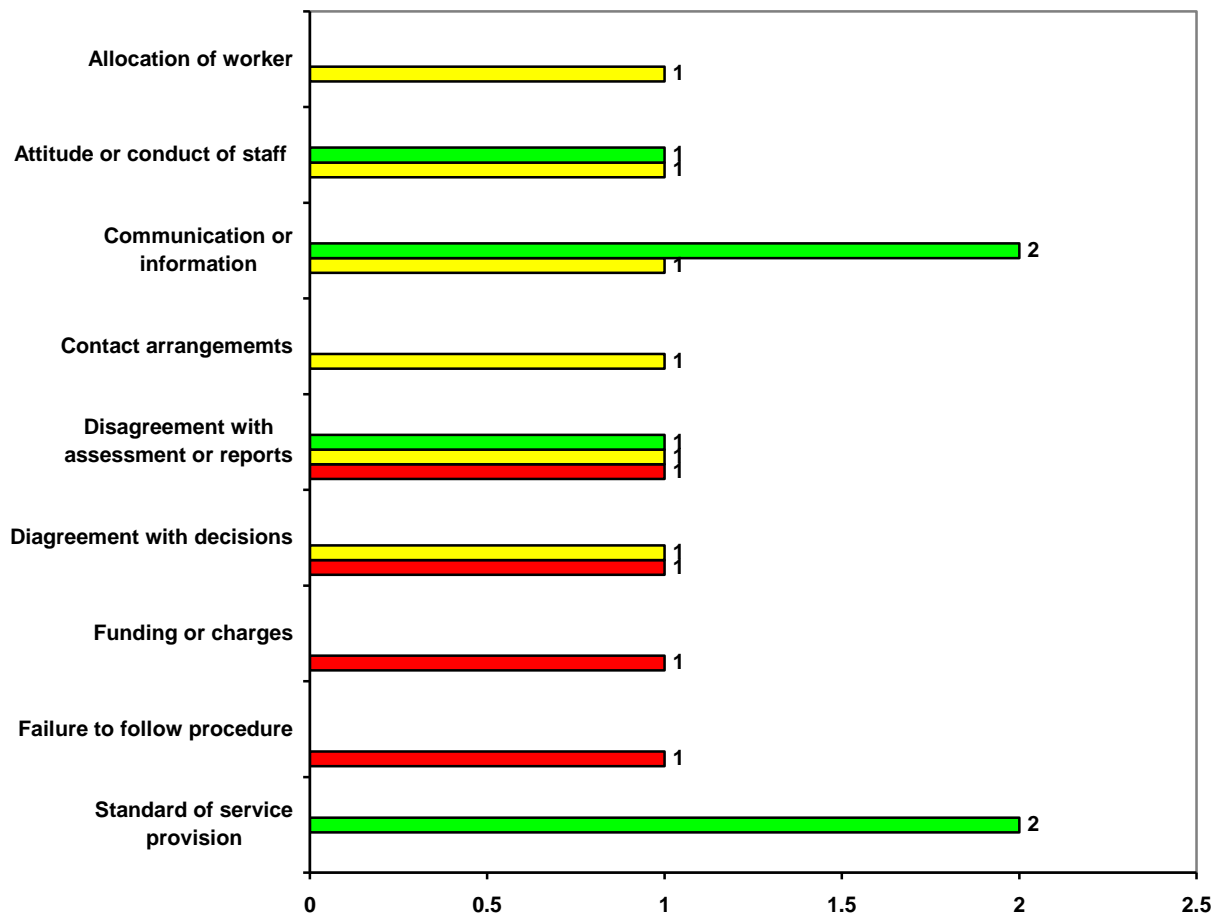
- 177 care proceedings cases have concluded over the previous 12 months where the outcome was provided
- 402 children and young people are in the care of the local authority as at 28 February 2017
- 150 children are placed with in house foster carers
- 63 children are placed with independent foster carers at February 2017

6.35 Complaints at Stage 1: the chart below illustrates a breakdown of the types of issues complained about:



6.36 The findings for 2016/17 are broadly in step with previous years with attitude or conduct of staff, communication or information issues and disagreement with decisions or reports making being the top issues each time.

6.37 The chart below indicates children’s social care complaints closed by subject and outcome (upheld and in red; partly upheld in yellow; not upheld or undetermined as resolved in green):



6.38 Numerically, complaints about attitude or conduct of staff have fallen again, dropping each year since 2013/14 when they were the highest category. There has also been a decrease in complainants who disagree with decision making. We have also seen a fall in the number of complaints about contact arrangements. Complaints about communication or information continue to rank as one of the most frequent issues raised making up 19% of the total complaints made.

6.39 Of the complaints made the overwhelming majority are from adults, usually a parent or a grandparent. Comparatively few are made by young people and children. Over 2016/17 we have received one stage 1 complaint and one stage 2 complaint from care leavers. In respect of the stage 1 complaint, the young person was dissatisfied about communication and the level of service. This was responded to constructively. In respect of the stage 2 complaint although on-going relates to the young person's experiences in foster care and his perception that people did not listen to him. This young person is being supported by an advocate.

6.38 In respect of in-house residential services concerns raised by children and young people were generally about members of staff or other young people. These matters were resolved internally with positive outcomes for the children and young people involved.

6.39 The table below shoes the number of complaints received by each in-house residential unit over 2016/17:

In-house children's homes	Complaints received and resolved locally
Phoenix House	2
Barndale short break	0
Kyloe House	12
Thorndale House	4
Coanwood	0

6.40 In-house residential services provide 23 places for LAC, of which 12 are provided by the national secure children's home. Kyloe House. A further 6 places are for children with disabilities in Barndale Short Break, although these children are not LAC.

6.41 Some examples of complaints and outcomes related to LAC in in-house children's homes:

- **A young person informed the home manager that he did not feel safe living with a specific named peer (he had witnessed a violent Incident). The young person's social worker investigated and found it to be an isolated incident. The young person felt reassured and did not want any further action taken.**
- **A young person spoke to her social worker about feeling unsafe with a peer. She also expressed dissatisfaction with a member of staff who had apparently said the situation was her fault; and with another member of staff who had apparently gone through her bin. Her social worker investigated and found that the message given by the member of staff was about her own behaviour, that throwing plates provoked the incident with her peer. The young person also felt safer when a risk assessment was carried out and a plan put in place. She was also reassured that the member of staff had gone through her bin for recycling purposes. The young person was offered a separate bin for recycling. Overall she felt reassured that matters had been taken seriously and looked at.**
- **A local resident raised a concern that they had been verbally abused by one of the residents. Following investigation, that person's risk assessment was updated and in addition staff arranged for them to speak with the local police as a way of reinforcing the potential for serious consequences. The local resident expressed satisfaction with the outcomes.**

6.40 Adult complainants tended to issues on behalf of young people around service quality, funding, contact issues and decision making, and again this would be expected given the different perspectives of each group.

6.41 Common areas for complaint for both groups were in terms of decision making and staff attitude and conduct. However it was communication that was complained about most.

- 6.42 Advocacy is available for those people who, as a result of their particular needs, need support to represent themselves and do not have or want family or friends to do this on their behalf. Northumberland County Council is currently contracted with specialist advocacy providers in both adult and children's services. Please see section 9, Advocacy for further information.**
- 6.43 Although only a small proportion of service users lack the mental capacity to make a complaint in their own right, we have found that half of adult or older service users are represented by others, usually their immediate family, in the complaints process.**
- 6.44 The high proportion of family members making a complaint relating to both adults and children's social services, can be about their wish to take or accept responsibility to challenge what is perceived as a poor service on behalf of a relative.**
- 6.45 Complaints made by family members can be very emotionally challenging for all parties because the complainant often perceives that the child, young person or adult has suffered unnecessarily to some degree.**

7. Complaints looked at by the Ombudsmen

- 7.1 It is the right of all complainants to ask the appropriate ombudsman to consider their complaint at any point if they remain dissatisfied. It is usual for the ombudsman to ask the complainant to exhaust local procedures before getting involved.**
- 7.2 The Local Government Ombudsman (LGO) considers complaints about adult and children’s social care. The Parliamentary and Health Service Ombudsman (PHSO) considers complaints about care funded by the Clinical Commissioning Group – Northumberland.**
- 7.3 Although every reasonable effort is made to resolve matters we direct the complainant to the relevant ombudsman should they remain dissatisfied in every final complaint response letter.**
- 7.4 In 2016/17 adult social care received no decisions from the LGO and children’s social care received four decisions.**
- 7.5 In 2016/17 we received one decision from the Parliamentary Health Services Ombudsman in respect of an adult in receipt of care funded by the Clinical Commissioning Group – Northumberland.**
- 7.6 Analysis suggests that during the complaints resolution process we are able to recognise where we have got things wrong and to take appropriate remedial action. Please note that in recent years the LGO has changed their focus and will highlight any faults in the original case handling over how effectively we investigated and remedied the issues raised. The LGO is the final stage in the complaints process and there is no appeal except through judicial review.**
- 7.7 Each year typically between 2 and 6 complainants ask the LGO to consider a complaint that adult social care has tried to resolve; similarly children’s social care. This year is slightly lower than the norm for adult social care. We anticipate likely higher than average numbers over 2017/18 for adult social care cases based on on-going LGO involvement in a number of cases at the time of writing.**
- 7.8 The following summarises the outcomes of those complaints considered by the PHSO and LGO in 2016/17.**

Summary of complaint	Summary of ombudsman's final decision
Adult services	
<p>A family member complained about the care his partner received at a care home between 2002 and 2008; in particular that the actions recommended in a 2008 independent complaint investigation report have not been carried out.</p>	<p>The Parliamentary Health Services Ombudsmen said that they “will not investigate the complaint about his partner’s care and the handling of his complaint because the events took place more than 12 months ago.”</p> <p>We reviewed our records and they indicated that all actions related to this complaint had been resolved.</p>
Children’s social care	Summary of LGO final decision
<p>A parent complained about the actions of a social worker during a child protection investigation.</p>	<p>The LGO wrote, “There was fault in the way the Council acted in respect of the child protection investigation, and it recognises that. I am satisfied with its agreement to make a payment to (the parent) to acknowledge the distress caused.”</p>
<p>A parent complained about the social worker who visited her about her daughter J. She says the social worker confused her family with another family and accused her of being unfit.</p>	<p>The LGO wrote, “An error which was not of the Council’s making led to confusion over identity at Mrs X’s meeting with the social worker.</p> <p>Council accepted in its initial response that the actions of the social worker had not conformed to its usual standards.</p> <p>The Council’s response to Mrs X’s complaint ... delayed (the . However, it was not the fault of the Council that later investigations were delayed.”</p>
<p>Miss B complained the Council failed to provide an appropriate</p>	<p>The financial remedy that Miss B had already received was reconsidered in light of the LGO’s advice and a further sum was provided.</p>

<p>financial remedy, which it agreed to do after considering her complaints.</p>	
<p>A parent complained that the Council failed to properly investigate child protection allegations against her and her partner. She says the Council failed to speak to her or properly consider the history of her former husband making false allegations. She says the Council's failures affected its position at court and the decisions made about her children.</p> <p>They complained that the Council failed to investigate her concerns about her former partner whom the Council supported having the children.</p> <p>They complained that the Council gave inaccurate advice about her rights to contact with the children. She says she had supervised contact once a week and her partner did not see the children for 6 months.</p> <p>They complained that the Council's assessment report and court report contain false and inaccurate information about her. She says the reports accuse her of</p>	<p>The LGO said, "The Ombudsman will not investigate Ms X's complaints about the Council's intervention with her family. Investigation is not likely to lead to a different outcome when courts have considered many of the issues. Ms X may consider her legal remedies if she wishes to pursue her complaints further or claim damages."</p>

being an alcoholic and say the children failed to attend school regularly

Ms X complains the Council has failed to follow its complaint procedure.

8. Enquires received in 2016/17

- 8.1 The complaints services also respond to a number of 'enquiries' from service users, carers, families and members of the public.
- 8.2 Enquiries can escalate into complaints if they are not dealt with satisfactorily or in a timely manner. At first contact the complaints service provides or arranges answers or explanations to resolve the issues raised.
- 8.3 Typically, enquiries managed by the complaint service are contacts from members of the public, including the children, young people or adults who use our services, who may wish to complain but we can deal with their concerns immediately; or from people who have a specific question about our services; or from people who are not sure who to contact or who believe we are the responsible body.
- 8.4 In the course of 2016/17, 194 enquiries were recorded by the team that related to adult services; and 251 that related to children's services. Some (15) other unrelated enquiries were received. Overall this is an increase in activity of 34% on 2016/17; and an increase of 14% for adult social care and CHC related matters; and 55% for children's services (please see complaints section above for further comment).
- 8.5 Of the total 460 enquiries received, the vast majority related to our services and were dealt with directly by the team. These included instances where issues could be signposted elsewhere so that the person was put in touch with expert staff. Sometimes service users contacted us to make comments or suggestions which were passed on to relevant services or used to help improve services.
- 8.6 In respect of individual school matters please note that while the Council's authority is limited, in most cases we were able to offer suitable advice; or to put the person in touch with the relevant service within the Council for advice or on occasion practical help. For example, with concerns about bullying or where the child has been identified as having a special educational need or disability.
- 8.7 The table below notes the enquiries received by service area:

ENQUIRIES RECEIVED 2016/17	
Admissions to schools (children)	1
Care management (adults)	133
Children's Social Work (including link workers in Care Homes)	193
Complaints service (adults)	1
Continuing healthcare (adults)	13

Early help team (children)	6
Education welfare (children)	4
Family placement (fostering and adoption)	2
Finance (adults)	9
Home Improvement Service (adults)	5
Independent social care providers (adults)	3
In-house providers (adults)	1
Joint equipment and loan service including wheelchair service (adults)	5
Leaving care team (children)	5
Northumberland County Council	8
Northumbria Healthcare	6
Other organisations	1
Safeguarding adults	4
Safeguarding children	4
School meals service (children)	1
Schools (children)	24
Self directed support (adults)	2
Subject access enquiries (children)	4
SEND (children)	7
Shared Lives (adults)	1
Short term support service (adults)	15
Single point of access (adults)	2
Total	460

8.8 Each enquiry can take anything from a matter of minutes to several hours to complete. Many enquiries are dealt with over one to two working days.

- 8.9** Some enquiries contain information that was handled under either adults or children's multiagency safeguarding procedures, especially information relating to independent providers. In these cases we let the enquirer know that they should contact the complaints team after the safeguarding process is complete if they remain dissatisfied with the outcomes.
- 8.10** Analysis suggests that the majority of people are making contact with the right organisation first time when they have a query or concern. This suggests that our publicity is effective.

On the finance team

Many thanks for your help and for listening.

On in-house services

Life savers! Very professional, friendly and kind. Will be back and strongly recommend them. Thank you for everything.

9. Advocacy

Adult social care

- 9.1 In respect of advocacy for people wishing to make an adult social care complaint, the complaints service is always mindful that on occasion the use of an advocate may be a constructive way to support the complainant to achieve a positive outcome from their complaint. Advocacy is not a right under the regulations for adult social care complaints.
- 9.2 The complaints service is able to access advocacy for adult social care complaints from local providers as necessary and with the agreement of the complainant. Decisions are made on a case by case basis. Please note that many complaints about adult social care come from a family member or family friend on behalf of the service user. In each case we ask for the service user's consent unless they lack the mental capacity to make a complaint in their own right; in these cases we make a best interest decision.

Children's social care

- 9.3 The council has an advocacy service which is based in the Northumberland Adolescent Service. (NAS). It provides a service to a range of children including looked after children.
- 9.4 In respect of advocacy for adults who wish to make a children's social care complaint, as above the complaints service can support the involvement of an advocate on a case by case basis. Some parents or other family members use a solicitor for this purpose.
- 9.5 In respect of advocacy for a child or young person to make a children's social care complaint, the complaints service supports them by actively providing information and advice. For example and as noted earlier in this report the Council's website includes a section specifically for participation and the 'voice of the child'. This includes information about how to get involved and have a say about how services for children are delivered in Northumberland. As noted earlier young people can also access advocacy themselves through self-referral and Mind Of My Own (Momo), our online application based advocacy service or through formal referrals from caseworkers.
- 9.6 In respect of advocacy for children and young people specifically, the Council has an in-house Advocacy Service as part of the Participation & Advocacy Team. Young people can choose to receive support from the Participation and Advocacy Officer at any point during their care, not just for making complaints. The service is there to support them to have their views heard if they feel they are not being listened to, or feel unable to put across their views themselves.
- 9.7 Under certain circumstances, such as a young person requiring legal advice or should a child or young person not want to use an in-house advocate, an advocacy referral will be made to the local contracted provider. This provider has also supplied advocates for child protection conferences.

9.8 Please note that the advocacy offer is accessible to any child or young person living in Northumberland who needs it, not just Looked After Children. This includes those on child protection or child in need plans, or subject to special guardianship orders. An advocacy leaflet has been developed, as well as a child protection conference advocacy pack. These are promoted via the social care teams and the Independent Reviewing Officers as well as schools, health organisations and the voluntary and community sector in Northumberland (VCS). Over 2016/17 over 100 referrals were received and acted on to help children and young people with matters as diverse as supporting contact with family and parents to obtaining their views regarding a citizenship application to homelessness.

The issues raised with this service vary widely, but common concerns include:

- Wanted and unwanted placement moves**
- Contact with siblings and other family members**
- A wish to become accommodated as a result of family breakdown**
- Educational and financial entitlements for care leavers**
- Housing issues for care leavers**
- A breakdown in communication with their social worker**
- Support in meetings**

9.9 An example of advocacy for children and young people:

Background:	The young person is in a specialist placement for young people with challenging behaviour and emotional difficulties.
Desired outcome:	The young person wants to return home, or at least move nearer his family, which would enable him to attend a local school.
Summary of work:	A contract between advocate and young person was put in place outlining the support to be offered. The advocate liaised with relevant professionals and attended care team meetings making sure that the young person's voice was heard. They helped the young person to reflect on information given to them to help them make informed decisions about their future. They helped the young person claim benefits to which they were entitled which will help improve the young person's financial position and independence. They also supported an agreement with children's social care and the young person's family so that the young person was able to make food choices on home visits.

Outcomes:

The young person has been able to express their views on their current placement and returning home.

The young person has been able to listen and reflect on information to help them understand decisions and to contribute to the decision making process.

The young person is able to talk positively about their future, including ambitions around education and future living arrangements.

Family and professionals have said that the young person's behaviour has improved both at home and in the placement, leading to increased contact between the young person and their family.

CHC complaints

9.10 In respect of advocacy for people who wish to make a complaint complaints about CHC funded care packages the complainant has a right to advocacy if they so choose and we signpost people to the relevant contracted provider.

Other information

9.11 In general terms and irrespective the different advocacy arrangements in place the complaints service considers how to meet the varying needs of complainants on a case by case basis making reasonable adjustments as appropriate. This is particularly important in relation to complainants whose first language is not English and those with communication difficulties.

10. Conclusions and future plans

- 10.1** We continue to be guided by the aim of responding to complaints in an appropriate and proportionate manner, understanding the perspective of each child, young person or adult that makes a complaint and where possible aiming to resolve things at an early opportunity.
- 10.2** The Care Act 2014 proposal for an appeals system for care and support were deferred to 2017 and we expect to receive further information in due course.
- 10.3** We also continue to learn lessons, to make changes to improve things for individuals and their families, and to draw on what we learn to improve our services more generally.
- 10.4** Over the coming year, 2017/18 we will continue to improve accessibility to make compliments, complaints and comments and the ways in which we demonstrate learning from complaints. We want to continue to focus on the experiences of children in foster care, children with disabilities, adults with learning disabilities and older people in care homes.
- 10.5** As part of our other development work we will continue to work alongside contracted adult social care providers to report on all their registered compliments and complaints regardless of funding arrangements.
- 10.6** We will continue to focus on handling enquiries promptly to try to prevent unnecessary escalation and dissatisfaction.
- 10.7** We will also continue to support managers in resolving complaints at a local level and in a timely manner.
- 10.8** We have plans for further training during 2017/18, in particular handling complaints proportionately and writing response letters. We will also continue to encourage teams to share their good news – it is useful to know when people feel that we are getting it right.
- 10.9** More broadly, we continue to make and maintain links with a range of other organisations which will provide service users and others with new ways to tell us what they think about services and how services will develop, including:
- Healthwatch which has a role in NHS advocacy and support for people wanting to make complaints.
 - The Clinical Commissioning Group (CCG) on whose behalf we handle complaints related to Continuing Healthcare (CHC) funding.
 - The continuing development of integrated and partnership working across health and adult and children's social care services in Northumberland. Existing links will be further developed over the coming year.
- 10.7** Overall we have had a positive year with many compliments received and more enquiries dealt with at an early stage. We have successfully resolved

the vast majority of issues raised locally even when we have not been able to agree with the complainant's perspective. However, we always speak to people to hear their views and take their concerns very seriously. We are committed to improving our services and continue to receive support from staff and managers throughout the organisation in our day to day work.

On the enquiry response coordinators

J has been the best person I have spoken to in months.

On the independent reviewing officers

They were saying they were pleased it was you again as although you "told it like it is" last time they liked that as there was no misunderstandings and nothing got missed. They said you were good.

On the children's subject access officer

A fabulous piece of organisation and one I don't see too often when requesting documents so I am very grateful.

On the support planners

We truly cannot thank you enough for all your care, concern, thoughtfulness and generosity and your cheerful upbeat spirit.