

**NORTHUMBERLAND**

Northumberland County Council

In partnership with

Northumbria Healthcare



NHS Foundation Trust



*Northumberland*

*Clinical Commissioning Group*

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# **Customer Experience: Compliments and Complaints Annual Report 2017/2018**

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**1.**

## 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 2017/18. 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. carers week or domestic abuse awareness week.
- 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. 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. In respect of children's homes in Northumberland we receive the views of young people, family and care team members via regular reports which are carried out independently. 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:

### Adult social care

#### a. Quality Assurance Visits

Over the last twelve months internal quality assurance visits have been carried out using modelling from the CQC's assessment framework. Services have been encouraged to provide robust evidence from these visits to support the CQC Key Lines of Enquiry ("KLOEs"). This has enabled us to share innovative practice between services, to showcase services to their best advantage and to reframe our practice positively in response to feedback from a "critical friend". This work also makes sure that evidencing the KLOEs in day to day practice is maintained and becomes part of custom and practice in the workplace.

#### b. Adult Social Care Services Mock Inspection

In September 2017, adult social care services participated in a full week mock inspection based on the CQC KLoE framework. A number of impartial staff (i.e. not directly involved with adult social care) were trained and prepared to act as inspectors. Following an in-depth inspection process, formal feedback and a full report modelled on a formal CQC report, the service was rated outstanding. The outcomes were shared with all staff working within adult social care services and a full and detailed action plan was created to help continue with future service improvements and development.

#### c. Customer insight

**A range of methods are used to understand people's experiences of the services and support available to them - including national and local surveys and feedback sessions, events and road shows. By determining levels of satisfaction and having deeper insight into people's views, experiences and use of services, we are able to monitor and improve areas of care. Key information is shared to inform strategic plans and service development.**

**d. Two Minutes Survey**

**This survey is carried out in the Short Term Support Service during or immediately after a period of care and includes questions on: Dignity & Respect; Involvement; Staff Skills; Confidentiality; Accessibility and Information. Results and comments from quarter three, for example, of 2017/18 are extremely positive, highlighting excellent, professional services with skilled staff, and with 100% of people saying they would recommend the service to friends and family. These are shared quarterly with the service to inform its review and development.**

**e. The 2016-17 Northumberland Adult Social Care Survey**

**This annual national survey is carried out by all local authorities in England using the government's *Adult Social Care Outcome Framework* ("ASCOF"). We sent out 1,398 surveys in February 2017 to a random sample of adult social care users and received 577 responses, giving a 41.3% response rate compared to 40.4% in the previous year. Results for this year show:**

- Northumberland scores above the England average in eight out of eight measures and above the North East regional average in six out of eight ASCOF outcome measures.**
- 81.8% of survey respondents said that they had control over their daily life, our best result on record (up from 81.4% in 2016) and the third highest in the North East region.**
- The proportion of service users who say that they are very or extremely satisfied with their care and support has increased by 2% to 70.3% which is our best result on record and the 4<sup>th</sup> highest in the North East region; with 93.0% saying they were quite, very or extremely satisfied.**
- Northumberland was in the top three councils in the North East for three out of eight measures (Quality of Life; control over daily life; and services helping users to feel safe), and in the top four for six out of eight measures.**
- Work on the 2017-18 survey is under way.**

**f. The Northumberland Carers Survey**

**This biennial national survey was mailed to 1,271 carers in Northumberland, randomly chosen from a total of just over 3,200 carers known to social services teams across the county. A total of 506 carers responded to the survey (an overall response rate of 40%).**

**As expert partners in care, family/friend carers provide vital support to relatives or friends who are ill, disabled or frail. While caring can be**

rewarding, it can also have a massive impact on the carer's own health and wellbeing. As an organisation we are very aware of the part played by unpaid carers within their community, and the importance of understanding their needs, experiences, and the impact their caring role has on them. The last census revealed that the number of people with caring responsibilities in Northumberland has risen in the last ten years by 6%, to almost 36,000. Of these, some 2,000 are under 24 years of age and at least 7,000 provide over 50 hours care per week.

Results show:

- The Northumberland Carers survey scores above the England average in 5 out of 5 ASCOF measures.
- 76% of carers said they were extremely, very or quite satisfied with support received from Social Services.
- 72% of carers find it easy to find information about services, compared to 69% in the previous survey in 2014-15.
- The majority of carers, 79%, said they were involved in discussions about support for the person they care for.
- This is a biennial survey therefore the next survey will be sent out to a random sample of carers in October 2018.

g. Carers of people with dementia

We analysed separately those responses to the Carers Survey from people who identified themselves as carers of people with dementia. Findings include:

- An overall level of satisfaction with the support or services received from Social Services in the last twelve months of 84%.
- In particular, carers were very positive about the practitioners/staff who work with them
- 79% of carers said that the information and advice provided was very or quite helpful.

h. Safeguarding adults:

Customer experience is gathered directly from clients upon closure of each case. For example, results gathered over 2017/18 show that 95% 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.

i. 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.

j. Joint Equipment and Loans Service (JELS)

**The most recent survey found that 95% of respondents rated their satisfaction of the JELS received as 'Very Satisfied' or 'Satisfied'; and 97% said that they would be 'Extremely likely' or 'Likely' to recommend these services to friends and family if they were in need of a similar service.**

**k. The Learning Disability Partnership Board**

**The Board meets quarterly each year, with one of the meetings acting as the AGM for the group. The board has a mix of members representing user forums, carer groups, health and social care professionals and guests who focus and lead on specific areas and who update the board on changes and innovations. Each meeting is chaired by a user forum representative and a named Operations Manager within Adult Services.**

**The aim of the board is to improve services and systems that people with learning disabilities use and rely upon. Increasing users' involvement in developing and reviewing these services will make them more accessible and responsive to the needs of the user group. Promoting ability and not disability will change how people are viewed and increase inclusivity within their local and chosen community.**

**There are three user forums:**

- Northumberland Echo who are based in the north of the county**
- Central User Forum who are based in the central and south east of the county**
- Have a Say group who are based in the west of the county**

**All forums took part in some bespoke training and development sessions led by Inclusion North. Funded through the voucher scheme that the council supports, the training brought the forums together to recognise the achievements made as well as what skills and resources are needed to develop the forums further, with the ultimate aim that the forums take a greater role in service developments and in the board itself.**

**Achievements recognised with the forums over 2017/18 include:**

- Setting up a coffee evening in Berwick once per month**
- Involvement in reviewing and advising on travel/airport needs for people with physical disabilities**
- Advising the NHS on easy read hospital information documents (on-going)**
- Promoting awareness weeks/campaigns, including lighting up the Bridge at Berwick and a performance and sales event at Alnwick for Learning Disability week**
- Involvement in a housing survey with Inclusion North**
- Supporting initiatives from other agencies, including "Nowhere to Go" a study by Newcastle University on accessible changing and toilet facilities in the region**



- Promoting Flu awareness and vaccine education

## Children's social care

### a. Inspections

With the implementation of the new ILAC inspection framework, the local authority received one of the new Focused Visits in February 2018. This concentrated on Front Door services where referrals and assessments are undertaken. The findings provided positive messages, with no priority actions, and inspectors noted progress had been made since the previous full inspection 2 years ago. Ofsted said that the local authority knew itself well and that its improvement plans were appropriate with the right priorities. They saw good application of appropriate thresholds, good use of early help services, prompt responses to referrals and some high quality assessments. The improvement plan's progress is monitored and reported to senior leaders every month. The Local Safeguarding Children Board (LSCB), as the improvement partner, receives a report and the Council's scrutiny committee and Corporate Parenting Advisory Group also have regular updates and provide appropriate oversight and challenge.

- All local authority children's homes are judged good or better - 2 are outstanding based on recent inspections in March 2018, and 3 are good, one with leadership judged to be outstanding.
- Youth Offending is judged as green (good) by the Youth Justice Board and the last short quality screening inspection in June 2016 had a very successful outcome. A further short quality screening inspection is possible in 2018-19.
- The Children's Centre inspection framework remains suspended with no indication of when it will be reinstated. There have been no further inspections of children's centres during the year.
- The recently-planned peer challenge had to be postponed due to inclement weather but has been rearranged for September 2018.

### b. Customer perception

A variety of mechanisms exist for people to express their views of the services provided to them. Much of the activity is qualitative so that they have the chance to fully describe their experience and what, if anything, they would like to change.

### c. Children's Centres

The Children's Centre parental satisfaction survey provides hard data on customer perception each year.

- 98% of parents felt they could speak to staff confidentially if required, equal to the position in the previous year.
- 99.4% were satisfied with the group/service they attended, slightly better than the position in the previous year.
- 98% were satisfied with the information and advice given, 1% lower than the previous year.

- **98% were satisfied with the staff overall, again 1% lower than the previous year.**

**d. Care leavers**

**Results from the over 18's care leavers' survey completed in October 2017 identified that:**

- **Although the majority of young people felt that the place they lived now was the right place for them, a significant proportion of them had moved more than once since they were 16.**
- **Only just over half felt they had had enough information to make an informed choice about where they lived.**
- **The majority of the respondents felt they had a good relationship with their support worker and saw them regularly.**
- **The majority knew what was in their pathway plan and felt they had had a say about it.**

**e. Families' feedback on social work practice**

**Feedback from the small number of families contacted as part of the case file audit process was generally positive.**

- **Families reported improving relationships with social workers.**
- **All felt that their social worker had made a positive difference.**
- **All would feel confident to contact children's services in the future if they needed help.**
- **Areas for improvement are around written documentation being provided to families in a timely way.**

**f. Priorities for children and young people**

**Young people across Northumberland were asked to vote on how they would prioritise ten nationally identified issues. The areas which received the top votes were:**

- **A curriculum to prepare us for life**
- **Transport**
- **LGBT+**
- **Mental Health**
- **Work Experience Hubs for 11-18 year olds**

**These fit with the already identified priorities for the Youth Parliament and Youth Cabinet in Northumberland and will be taken forward over the next twelve months.**

**g. Staff perception**

**For staff working in early help and social care services, the most recent staff survey conducted by the council highlights that:**

- Training and development they have received over the last twelve months, including appraisal, has supported them to do their job.
- Staff understand how their role is important to the values and vision of the council and feel supported to flexibly undertake their role.
- The vast majority of staff are happy to come to work.
- There has been a marked improvement in communication from senior managers to their staff. There is still some work to do, particularly in early help.
- Social work staff were generally enthusiastic about their roles and described supportive colleagues, teams and line managers. They reported feeling trusted and understood their responsibilities with good opportunities for training, development and meaningful appraisal.
- They were not as positive about the council as an organisation to work for, were dissatisfied with their rate of pay and didn't feel that there were enough staff employed to allow them to do their job as well as they would like to.

This is a much more positive staff survey than the one in 2016 and demonstrates the rate of progress experienced by the staff. Each senior manager is developing an action plan to continue the improvements in their area.

#### **h. Safeguarding children**

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.

#### **i. 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.

#### **j. Participation Groups**

- 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.

k. **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.

l. **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.

m. **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.
- 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.
- n. 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.
- l. 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:
- m. Regulation 43 visits and regulation 44 reports
- Over 2017/18 monthly regulation 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 and that the children's wellbeing continues to be paramount.

**In addition**

**a. Complaints service:**

- The complaints service has 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 and to develop e-learning packages.

- **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 and Social Care Ombudsman personnel who can approach complaints team members seeking local intelligence around certain providers where concerns have been expressed.**

**On care management staff**

**I would like to say thank you for your services as a care manager. I felt that you played a large part in the care, not just as a name on a letter.**

**On children's social work staff**

**Thanks for your help today, I guess it's what you do every day but made a big difference to us.**

**2.4 Changes do not need to be 'big' to be important or helpful. For example, in respect of carers in Northumberland, both young and old:**

- **A programme has delivered training to carers - Caring with Confidence; How to Say No; Guilt Workshops; A Good Life, A Good Death and Caring Day 2 Day.**
- **Carer Awareness Training has been delivered to 344 staff (clinical and non-clinical) in 32 GP surgeries across the County and continue to support carer awareness training to student medics.**
- **The carers' partnership with students from Newcastle University continues with joint work on the Nowhere to Go Project, to understand access to toilets across the County.**
- **Carers Northumberland has partnered VoiCeS Northumberland and Smile Through Sport to encourage and understand the barriers to young carers getting active.**

**On care management staff**

**She has done a fabulous job. She is a good listener, quick on her feet and extremely dedicated. Her intervention on behalf of (the service user) has improved his life and all those that live with him. She and all her team worked well together to make the life of a young disabled man all that much more stable and have provided hope for happy future. We want to say thank you, and let you know you have a wonderful addition to your team. They work they have done is something to be proud of.**

**On children's social work staff**

**Thank you for all your help and support with (our son), you have not only increased his confidence, but you have empowered us to ensure he has the same chance as any other child to reach his potential.**

**On mental health care management staff**

**You are an excellent care manager, you have made me feel positive and happy again. I have gained trust in people and wanted to thank you and let your management know. Thank you for the help I couldn't have done any of it without you and your positive input.**

**On children's social work staff**

**Hi, just wanted to thank you for all your support, today and during the last year. I take great comfort in the fact that you will remain involved and have my best interests at heart!**

### **3. What people think about our services – compliments received in 2017/18**

- 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**

**Just a wee message to say thank you once again for the great care and consideration you were willing and very able to devote in order to make sure that my uncle’s position and welfare were given a full and fair hearing, resulting in a very good outcome. You acted very professionally and kept me in the loop at all times for which I am very grateful.**

#### **On day care staff**

**I have tried to express below what your service has meant to my son over the years that he has been attending ... He has found your service to be a lifeline and has enjoyed each day of his time there, which has spanned over more than 20 years. He is always eager to talk about his work and recalls what he has been doing from week to week ... Not only is the work a reason for him to get up on a morning, it is also important to provide the social interaction and stimulation that he needs ... You have been one of the few stable things left in his life.**

- 3.4 In 2017/18 adult social care received 532 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 During 2017/18, 76 compliments were received by children’s social care and of these the majority (59) were related to in-house children’s homes.**



- 3.7 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.
- 3.8 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.
- 3.9 Social care compliments have increased a little over the 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.
- 3.10 The table below shows the number of compliments received over 2017/18:

Service area	2017/18
Social care	608
CHC	206
Total	814

**On an in-house day care provider**

I would like to thank both of them for all their help, they were brilliant & very helpful and so pleasant to talk to. Thank you!

**On children's social work staff**

Just want to thank you for everything you are doing for me it means so much and you have helped me so much in a short time more than anyone really has I couldn't thank you anymore!

- 3.6 The two tables below show the services that have received compliments and how many times compliments were received during 2017/18:

ADULT AND CHILDREN'S SOCIAL CARE COMPLIMENTS 2017/18	TOTAL
Children's social work teams	13
Care management (adults)	57
Children's safeguarding unit	1
Complaints service	2
Enquiry referral coordinators (adults)	1

Family support service (children)	2
Finance (adults)	6
Fostering and adoption (children)	1
Home improvement service	10
Horticultural training unit (adult)	6
Hospital to Home Northumberland (adults)	1
Independent providers* (adults)	289
In-house children's care homes (children)	59
In-house day care services (adults)	53
In-house residential care services (adults)	9
Joint equipment and loan service	2
Occupational therapy (adults)	6
Onecall (single point of access)	1
Risk and independence team	1
Self-directed support team (adults)	10
Short term support service (adults)	77
Welfare rights	1
<b>Total</b>	<b>608</b>

<b>CONTINUING HEALTHCARE COMPLIMENTS 2017/18*</b>	<b>TOTAL</b>
100% NHS funded packages	77
Part NHS funded packages	129
<b>Total</b>	<b>206</b>

\*Reported by contracted providers

3.7 Throughout this report we have included people's own words about our staff and services.

**On children's social work staff**

I'm sad you're leaving you go above and beyond to help me when you could just turn off and go home. You are amazing, funny thoughtful person and I will never know how to thank you enough.

**On short term support service staff**

Many thanks to all the girls who have been visiting over the past 6 weeks. You have all been kind, cheery & helpful. I've enjoyed your company.

## 4. Learning from the people who use our services

- 4.1 Many of the issues which children, young people and adults have reported over 2017/18 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 respect of court matters and how adult

	<p>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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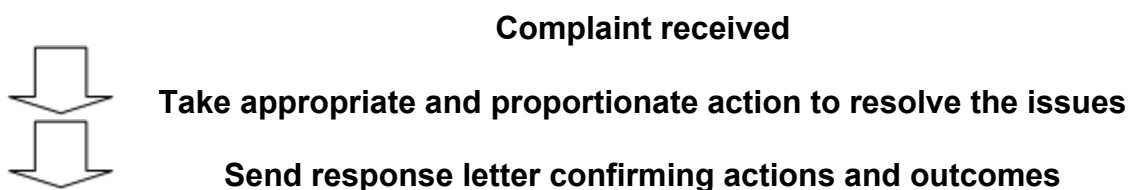
- 4.2 Where complaints have been resolved relatively quickly and satisfactorily the common factor is the most appropriate manager making early contact with the complainant, often face to face, and taking prompt action to resolve matters. It is important to listen and to acknowledge people's experiences; 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. We reminded care management staff about the circumstances in which it is appropriate for a service user can to come onto the Council's (residential) contract. This followed a complaint in which it was found that the care manager had incorrectly offered this option to the service user and their representative.
  - b. Following a complaint about difficulties using the Council's automated telephone payment system the instructions on the back of invoices were reviewed and amended.
  - c. Following a complaint related to the completion of CHC checklists, care management teams have been asked that prior to approving any budget requests for nursing and/or residential placements, the social worker must evidence via an electronic contact note on the system that a CHC Checklist has been completed and submitted to the Nurse Assessment Team for consideration. The Team Manager is now also required to check swift when considering all budget approvals to ascertain if CHC funding has been considered.
  - d. Following a complaint from a parent about apparent inaccuracies, inappropriate information, bias in a report, the report was re-written making sure the complainant and former partner were each consulted at draft stage and invited to comment. In addition a review of the quality assurance process for these reports was undertaken which resulted in a stronger system of responsibility and accountability.
  - e. Following a complaint from a family about the way children's social work responded to concerns about an apparent bruise on their young baby, which later turned out to be a birthmark, workshops were set up for all social

**workers in which were outlined the organisation's expectations around written contracts, visiting patterns and the review of contracts with families in response to the finding of poor planning and follow ups in this case.**

- f. Following a complaint raised by an absent parent about the actions of his former partner which he believed compromised the safety of his children an investigation established that the safeguarding children enquiry report was poorly written and on the face of it contained not enough information (however, the recording was extensive and showed that the outcome would not have been different). A practice review was carried out and findings were fed back to the children's locality teams to reinforce the need that all appropriate information should be included in reports and shared with families to evidence how outcomes have been reached.**
- g. In respect of complaints handling, after feedback we have developed a more structured way for team managers to log and report on informal complaints and compliments.**
- h. It is important to note that learning can come from other kinds of feedback, not just complaints. For example, following analysis of a number of enquiries from the people who use our services, their families and carers, we reminded all relevant adult social care staff that:**
  - We have a legal duty to carry out an assessment for clients who lack capacity unless it is deemed to be in their best interests not to (the assessment is regardless of the care and support arrangements which may/may not be funded privately); and that**
  - We have a legal duty to carry out an assessment for carers (it is essential that we understand the impact that their caring role is having on them to enable us to support them in the most appropriate way).**

## 5. How we handle individual complaints and case studies

- 5.1 Although we work to two separate procedures where there are distinct differences, the complaints service works 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 and Social Care 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 and Social Care 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.

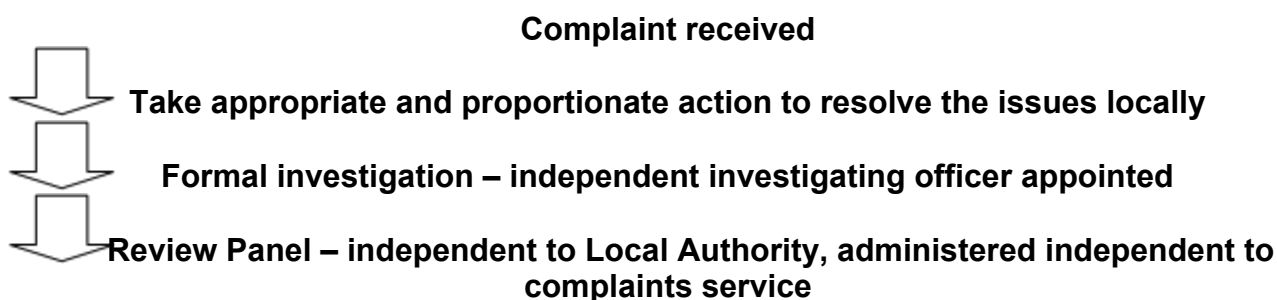
**Stage 2 – formal investigation:**

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 complained that a Children and Family Assessment Report (C&F) contained information that was excessive, unnecessary and inaccurate. The parent also felt that the information contained in the report was biased towards her former partner, the children’s father. The report also contained assumed information about her parents which further presented an inaccurate picture. An Investigation upheld the complaint, finding that the C&F report was not of the required standard. As a result of the complaint:
  - The C&F report was reviewed and amended in line with findings of the complaint investigation. The views of the complainant were sought prior to finalisation.
  - The team manager attended Court to provide information should the report be presented to the Judge as indicated by the complainant’s former partner.
  - Apologies were given for the shortfall in service.
- b. A young care leaver living in his first independent accommodation complained that his social worker was not fully supporting him to improve his independent living skills. The young person said that he felt that he had been left in his property with no support from social services. The investigation found that there had been some instances where the young person had not engaged with the service. However, it was also found that more attention should have been paid to the young person’s specific wishes. As a result of these findings the young person was offered an opportunity to discuss things with the social worker in a supportive environment. As a result a plan was agreed around how best to move forward together with the support he was requesting.
- c. A foster carer complained about the way a safeguarding inquiry was conducted after the child with complex needs made an allegation against them. Their complaint centred on the attitude and behaviour of the social worker and the standard of communication with the family in relation to the process. As result of the complaint investigation work was undertaken to ensure that where safety plans are agreed, these are explicitly confirmed in writing for families. Work was also undertaken to ensure that children and families are always provided with appropriate information to support understanding of the processes taking place. Relevant social work staff also attended refresher training to ensure that standards of practice are high and are supportive to families. Apologies were also given to the complainant.

5.12 The following are example complaints about adult social care:

- a. Complaint

A family complained that during works to install a wet room several significant leaks had occurred causing damage to the home, that leaks were still occurring from time to time and that contractor was now refusing to fix the problem. The relationship between the two parties had broken down.



#### **Actions taken**

The complaint was referred straight to the relevant senior manager who decided to commission a second contractor to completely redo the adaptation and asked for photographic evidence of what they found. This work was closely monitored by the service.



#### **Outcomes**

The family was satisfied with the prompt action taken and said that the finished wet room was fit for purpose and of an acceptable standard. The second contractor also put right damage to ceiling and walls where water damage had occurred previously.

The photographs showed that the original work was of such a poor standard that no amount of effort, short of stripping out the bathroom and starting again, would have fixed the problems. These photos were shared with the family.

The senior manager also made a home visit to apologise in person for the family's experiences. (The original contractor no longer does work on behalf the Council.)

### **b. Complaint**

A family member was unhappy with how her husband's case had been handled, that changes to the care package had not been necessary.



#### **Actions taken**

On discussion with the family it was found that issues were complex and longstanding. To provide the family with assurances that they would be treated fairly, an independent investigation was commissioned to look into their concerns.



#### **Outcomes**

It became apparent that the family were very unhappy with the way in which certain members of staff had dealt with them. Although the family's complaints were not upheld the relevant senior manager met the family in person to listen to these concerns and to apologise for their experiences. Although the actions and decision making by the staff involved in this case had been appropriate, at times it appeared that their manner was not. Further action was intimated by the senior manager and the family expressed confidence that they had been listened to and taken seriously.

## **5.8 The following are example complaints about CHC funded care:**

### **a. Complaint**

A family member was unhappy that time with her mother, who was receiving palliative care, was apparently being limited by the social work team manager.



#### **Actions taken**

On investigation it was found that the service user had three adult children, including the complainant, who were unable to put aside their differences whilst with their mother. The care team had become concerned that the arguments and the

alleged shoving/pushing was adversely affecting the service user. It was found that once the team manager had expressed these concerns that the three siblings had arranged their own rota for visits; that is, the decision to 'limit' the complainant's contact was in fact her and her siblings' arrangement and not one made or imposed by the team manager and the team manager had encouraged the siblings to abide by their arrangement.



### **Outcomes**

The investigating manager met the complainant and explained her findings. The manager also took some time to listen the complainant's experiences. While the complainant remained unhappy with the situation they acknowledged the reasons behind the team manager's position.

#### **b. Complaint**

A family member complained that the CHC checklist had not been completed in a timely manner.



### **Actions taken**

A manager investigated the concern and found that the checklist had only been completed after the family member asked some few weeks after the care manager's assessment. The manager also found that the assessment indicated some health needs and that this should have previously prompted completion of a checklist. The delayed checklist had screened the service user into an assessment for CHC which was subsequently awarded.



### **Outcomes**

It seemed likely that had a checklist been completed straight after the assessment then CHC would have been awarded at an earlier point. Therefore some charges were refunded to remedy the delay completing the checklist to make sure that the service user was not 'out of pocket' i.e. she was put back into the (financial) position she should have been had not the error occurred.

## 6. What people think about our services – complaints received in 2017/18

- 6.1 The complaints service 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 2016/17 and some complaints will carry over into 2018/19. The table below notes the numbers of complaints received and responded to in 2017/18:

Complaints	Adult social care	Children's social care	CHC	Total
Received during 2017/18	24	27	3	54
Responded to during 2017/18	21	19	5	45

- 6.2 For comparison 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	35
Responded to during 2016/17	12	16	3	29

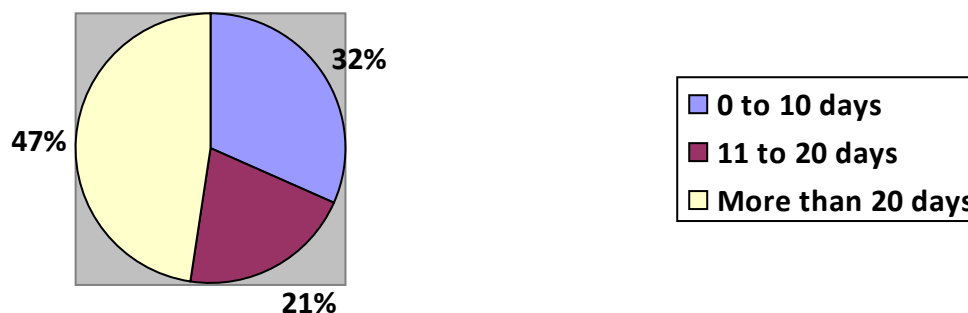
- 6.3 The complaint service acknowledged 100% of these complaints in line with the relevant regulations.
- 6.4 As anticipated in last year's annual report we have seen an increase in the number of complaints received. As noted in last year's annual report, 2016/17 saw a lower number of complaints as administrative systems across adult social care and Children's Services were adjusted or put in place (all contacts were responded to appropriately); and the overall trend for complaints over the past several years remains downward.
- 6.5 We continue to encourage managers to take early action to resolve concerns and 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. We also continue to exercise a higher tolerance to determining entry to the complaints process (as appropriate and with the person's agreement) and because 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 that promptly informs all relevant staff of any issue where improvement is required and provides them with information on the cause of the problem.

6.6 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. After 20 working days the complainant can request to progress their complaint to stage 2, or if they are willing to accept a reasonable explanation for any delay, the period to respond at stage 1 can be extended further. 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.

6.7 The following chart shows children’s complaints timescales at stage 1 for 2017/18:

**Stage one children's social care timeframes**



6.8 Whilst just over half of complaints (53%) were resolved within the designated 20 working days, 47% 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.

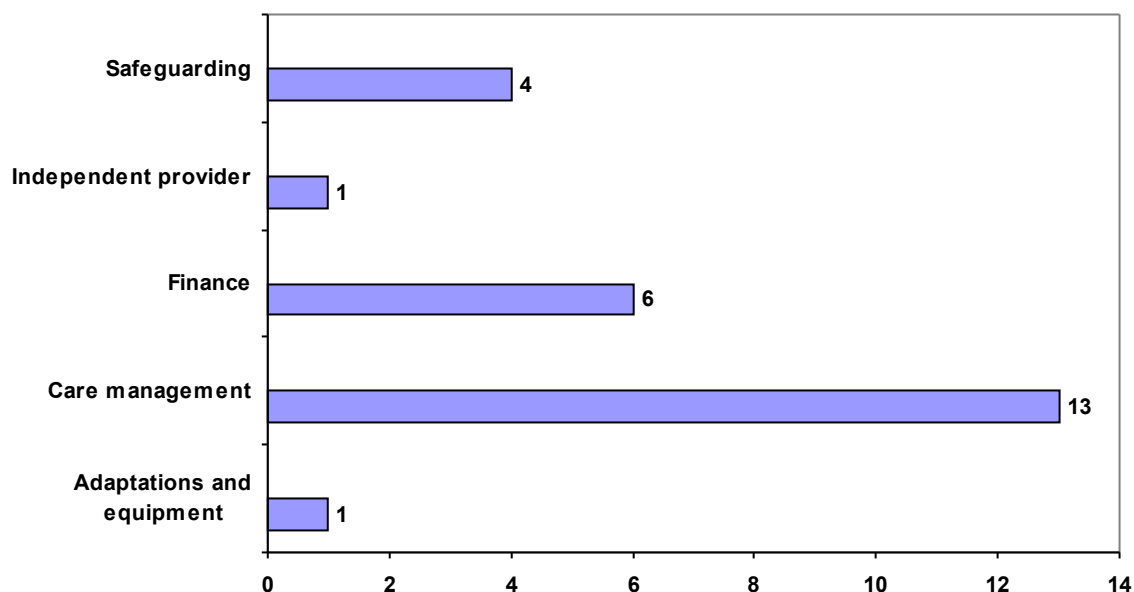
6.9 Complaints at Stage 2: during 2017/18, 5 formal complaints were received and 6 were closed. Analysis suggests that a higher tolerance to determining what is a complaint means that proportionally we will receive more complaint requests at stage 2 because these issues will be particularly complex and/or long standing.

6.10 Complaints at Stage 3: during 2017/18 we received no requests for a review panel (review panels are made of three people independent to the council including the chair).

- 6.11 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.**
- 6.12 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.**

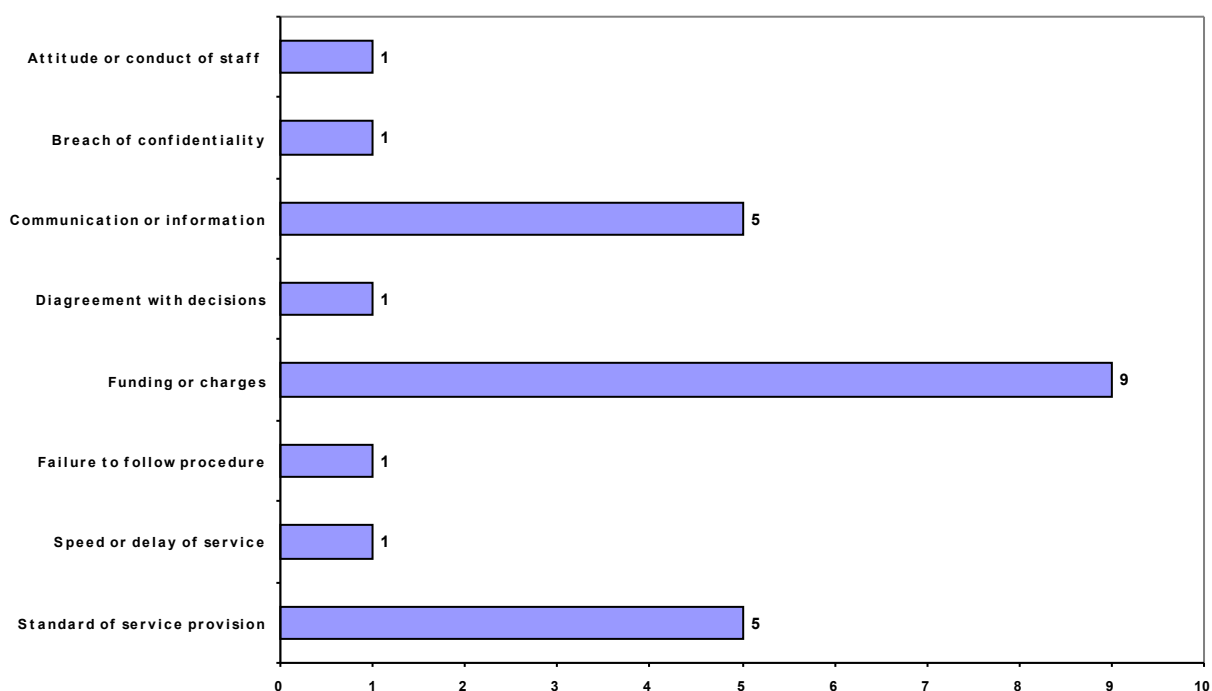
**Adult complaints:**

- 6.13 To put these complaints in context please note the following adult social care data for 2017/18:**
- **Over 20,000 people received information, advice, support and services**
  - **Our care management service met with on average 1,500 people each week**
  - **Over 2,400 people were supported in care homes**
  - **Over 4,600 people received care in their own homes**
  - **The Social Care Single Point of Access handled on average over 1000 calls a day**
  - **Over 4,500 clients benefit from our Telecare Service - 95% of calls are answered within one minute**
  - **Over 5,000 people received information and advice from a Support Planner**
  - **Over 7,000 people were helped by the Short Term Support Service**
  - **Over 1,000 people were accessing day services**
  - **Over 640 people had a short break**
- 6.14 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.**
- 6.15 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.**
- 6.16 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 2017/18:**



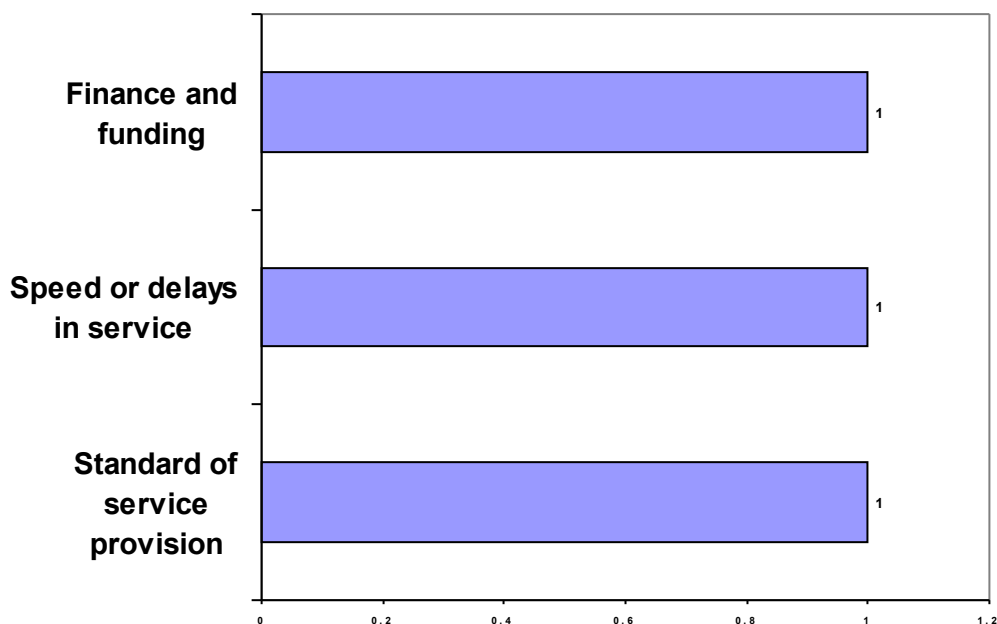
**6.17** Although over recent years we have seen a downward trend in number of complaints, proportionately care management continues to be the subject of most complaints. This is expected due to the high numbers of people worked with. However, we have seen over the past year an increase in the number of complaints related to financial services. This upward trend is also reflected in the subject matter of the complaints made.

**6.18** The chart below identifies the broad subject of the adult social care complaints over 2017/18:



**6.19** The key areas of concern relate to standard of service provision; finance and funding; and communication. The spread of issues has narrowed somewhat over the past 12 months compared to previous years. Although communication has regularly, and not unexpectedly been a key area of disagreement, complaints related to finance or funding and service provision have become more prominent.

**6.20 The chart below identifies the broad subject of the CHC complaints received over 2017/18:**



**6.21 As with adult social care concerns around finance and funding and the standard of service provision have been raised over the past 12 months.**

**6.22 Analysis suggests that the increase in concerns related to finance and service provision has occurred in the context of increased media coverage of NHS and adult social care. Analysis also suggests that people's expectations of services are increasing and that people want confirmation that financial processes are being carried out correctly and that charges, where applicable, are being applied fairly. There are also some people who disagree entirely with the principle of charges particularly when applied to older people who have worked all their lives and now find themselves, through no fault of their own, in need of care and support.**

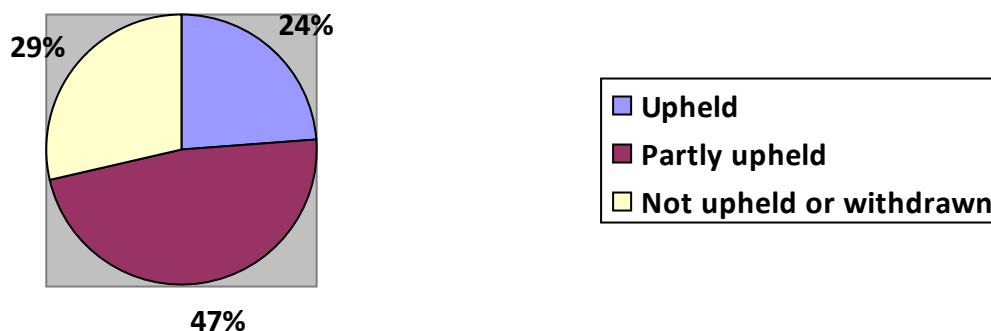
**6.23 As an organisation it is very important to consider how we communicate both as individual members of staff and as a wider organisation; that people understand how we work and what they can expect; and that our policies and procedures support the decision making process to give individuals their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

**6.24 Certain common themes emerged over 2017/18 and have been noted in section 4 above.**

**6.25 The chart below shows the proportion of adult social care complaints upheld, partly upheld and not upheld in 2017/18 (the 2009 regulations refer to 'well founded'):**

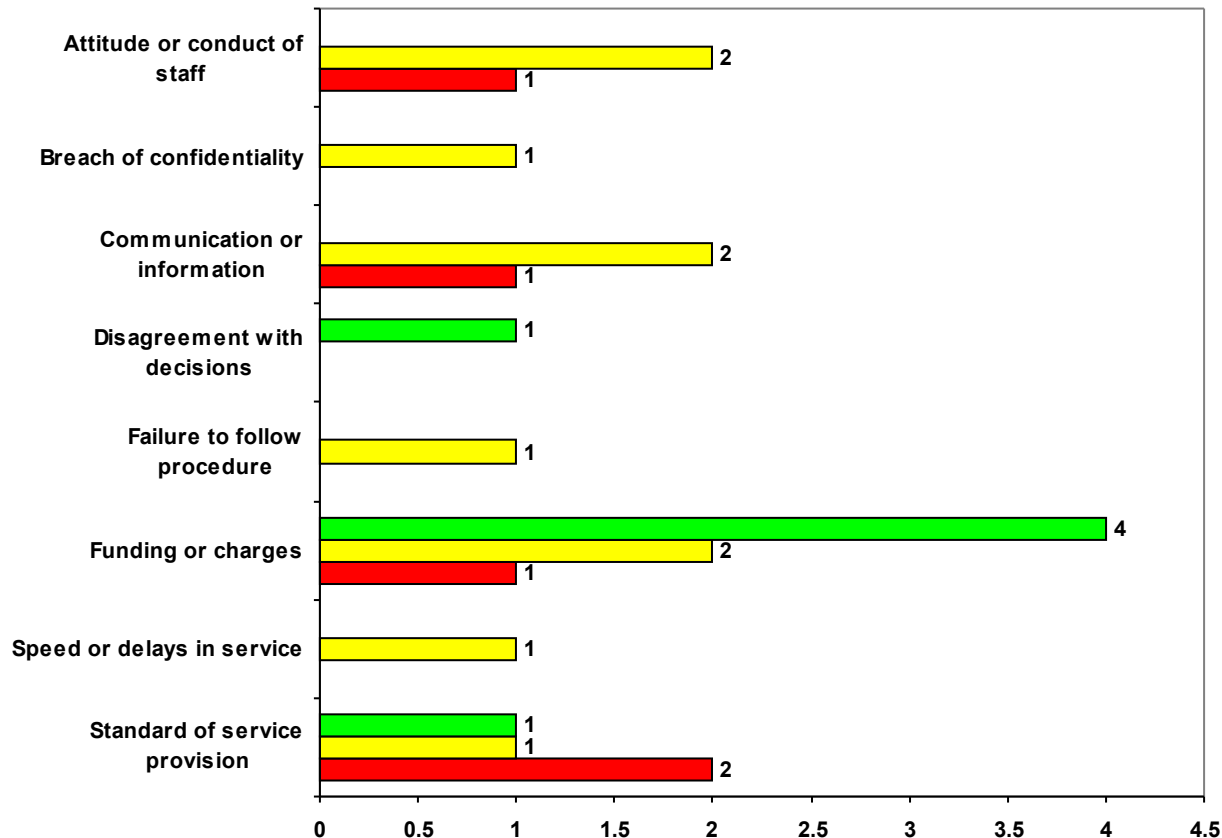


## Adult social complaint outcomes



6.26 These findings show that of the complaints responded to in 2017/18, 52% were partly or completely upheld. This is a decrease on 2016/17 when 58% of adult social care complaints were partly or completely upheld. In respect of CHC complaints closed, 67% were upheld or partly upheld (3 of 5). However, the numbers remain low so no real conclusions can be drawn at this time.

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

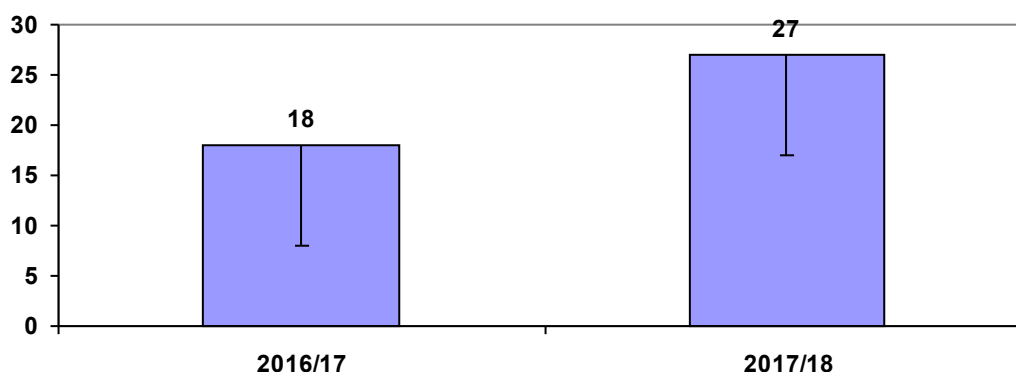


6.28 Analysis shows that while there has been an overall downward trend over recent years, it is now more likely that complaints will be 'well founded' when people raise concerns with most being upheld or partly upheld. However, of

note are the complaints about funding and charges – it appears that more often than not staff are acting appropriately and getting things right most the time. In respect of complaints about the standard of service, it appears that on occasion staff fall short of the standard expected. However, in respect of the general picture, the vast majority of feedback received around this subject is positive.

- 6.29 However, 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.
- 6.30 In respect of the upheld complaint about funding and charges, it was found that there had been a breakdown in communication between care management and the financial services and this resulted in charges being applied when it was not appropriate to do so in this case. Appropriate action was taken to put things right and the service user was satisfied with the outcome.
- 6.31 In respect of the upheld the complaint related to staff attitude or conduct, appropriate management action was taken in respect of the member of staff concerned. In respect of the upheld the complaint related to communication or information, it was found that the minutes of the meeting had not been provided some considerable time later; remedial action was taken and the member of staff’s line manager took action to prevent recurrence.
- 6.32 Overall, though, it appears that where complaints are upheld, that this has been the result of staff falling short at a given time and not as a result of lack of training or knowledge.
- 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 2017/18:**

**Early help**

- 1613 families have been identified as part of the Supporting Families phase 2 programme
- 2234 referrals have been made to the four locality early help hubs

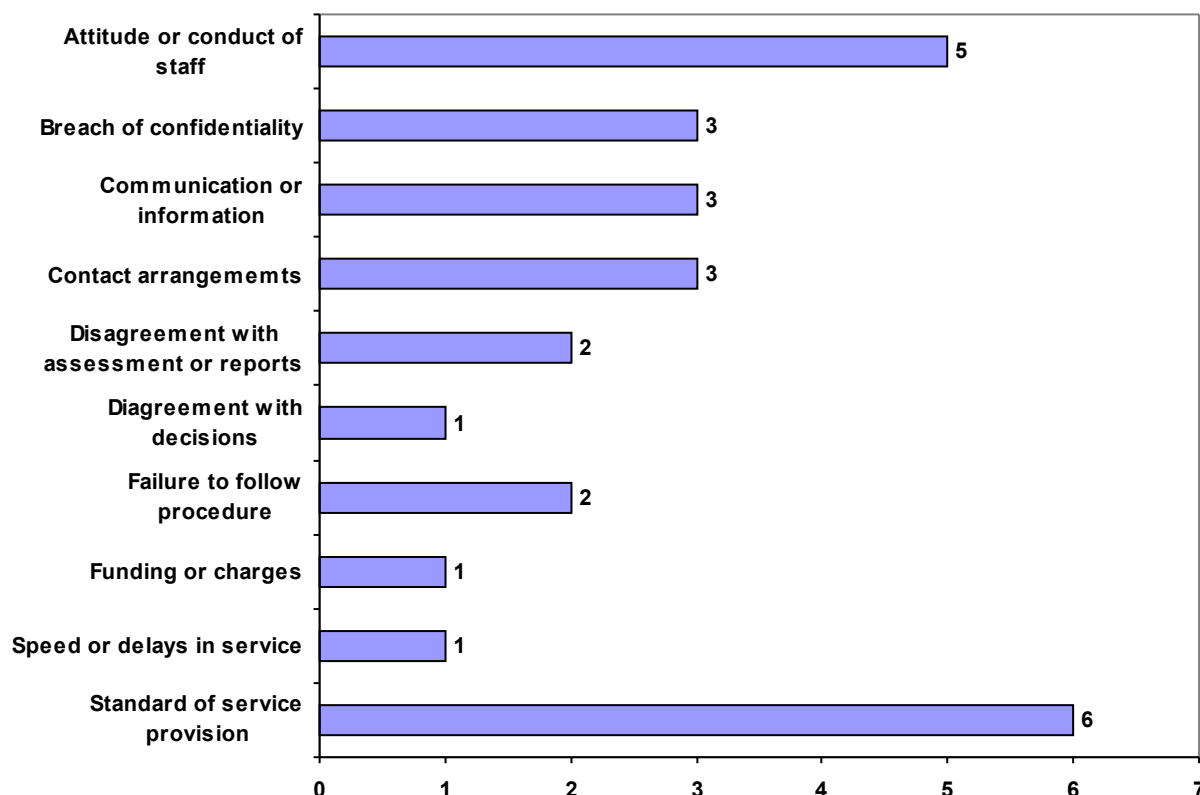
**Safeguarding and social work**

- 609 referrals were received per 10,000 population by the social work service
- 738 social work assessments per 10,000

**Care proceedings and looked after children**

- 189 care proceedings cases have concluded over the previous 12 months
- 395 children and young people are in the care of the local authority as at 13 March 2018
- 231 children are placed with Northumberland County Council Foster Carers as at 13 March 2018
- 52 children are placed with independent foster carers at 13 March 2018

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



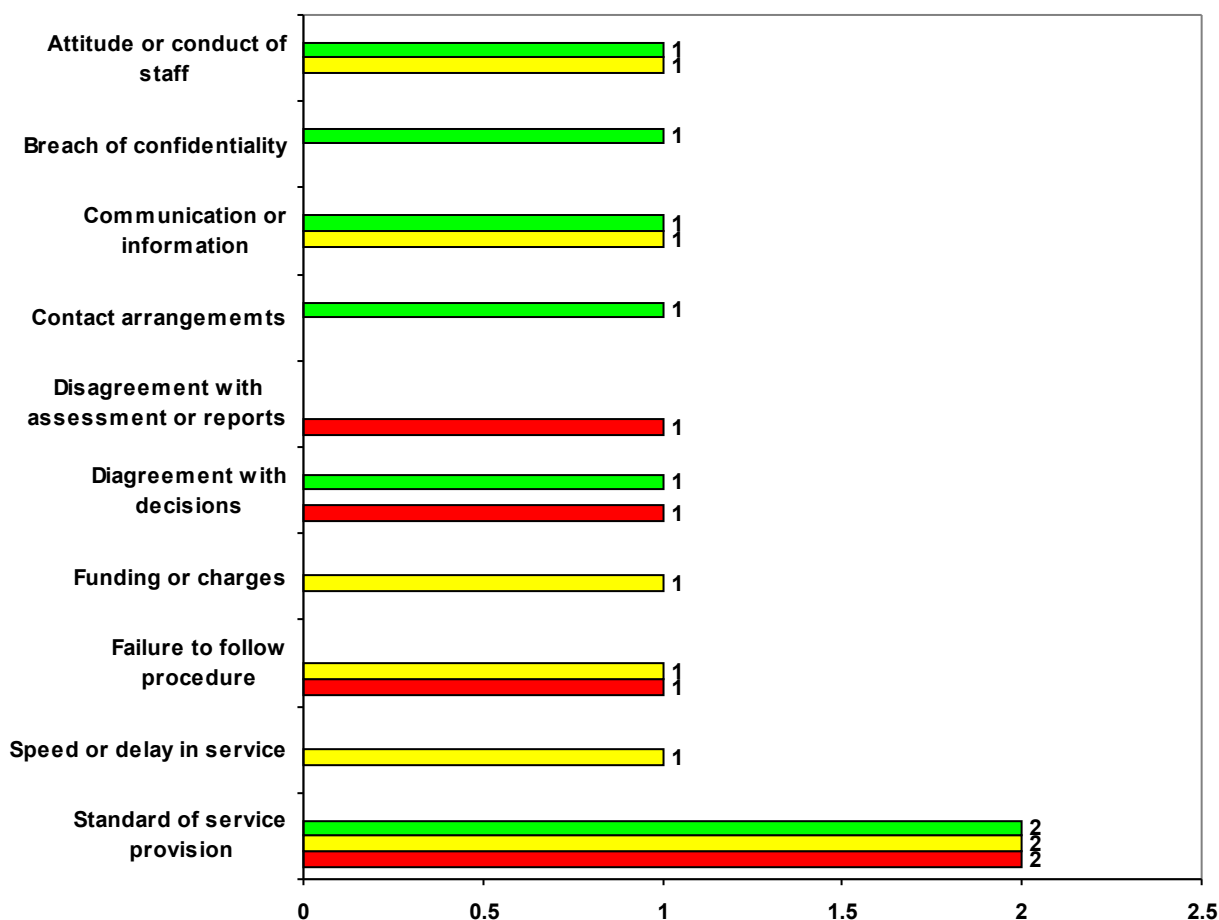
**6.36 The findings for 2017/18 are broadly in step with previous years with key issues related to attitude or conduct of staff and communication or**

information issues. However, issues related to breach of confidentiality and the standard of service provision have become more prominent than in previous years.

6.37 In respect of staff attitude or conduct, analysis suggests that this is often as a result of the work carried out by children’s social workers where difficult and challenging conversations are needed with families and carers. In respect of service provision, we have found that people can be unsure and/or unaware of what to expect when children’s social care services become involved. As noted in the the examples in 5.11 above, we have carried out a number of exercises to improve communication and make sure children, families and carers get appropriate information in a timely manner. We continue to focus in this issue going forward.

6.38 In respect of issues around confidentiality, analysis suggests that people have become more aware about their personal information in the build up over 2017/18 to the General Data Protection Regulations. This is an area on which we will continue to focus although to date the evidence suggests that we are compliant in this area.

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



6.40 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 2017/18 we have received 2 complaints from children and young people. Of these, one was noted in section 5.11b above. The other

was made by a child living in one of our care homes who was unhappy with the behaviour of peers and did not feel safe. This was which was resolved through discussion and negotiation in a supportive environment.

- 6.41** Adult complainants tended to raise 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. Please note, however, that with the introduction of the General Data Protection regulations and taking into consideration the child's/young person's age and ability, we are now seeking a their authorisation and agreement to share their information within the complaints process. This will also ensure that the child's/young person's voice is heard in the complaints process.
- 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 and Social Care Ombudsman (LGSCO) 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 2017/18 adult social care received 5 decisions from the LGO and children’s social care received 5 decisions.**
- 7.5 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 LGSCO 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 LGSCO is the final stage in the complaints process and there is no appeal except through judicial review.**
- 7.6 Each year typically between 2 and 6 complainants ask the LSCGO to consider a complaint that adult social care has tried to resolve; similarly children’s social care. As anticipated last year’s annual report, we did receive a higher than average numbers for adult social care over 2017/18 based on on-going LGSCO involvement in a number of on-going cases at the end of March 2017. Of the LGSCO decisions received related to children’s social care, 3 of the 5 were not investigated – one had been resolved immediately by Council officers, the other two were outside the one year timeframe within which the LGSCO expects complainants to contact them.**
- 7.8 The following summarises the outcomes of those complaints considered by the PHSO and LGO in 2017/18.**

Summary of complaint	Summary of ombudsman's final decision
Adult services	
<p>This was a joint investigation by LGSCO and PHSO.</p> <p>Mr K is complained about the care and support provided to Mrs K by the Trust and Council in 2013. This included concerns that the Trust and Council took inappropriate action against him as a result of unsubstantiated allegations; and that the Trust and Council discriminated against him on the basis of his race.</p>	<p>The joint LGSCO and PHSO investigation found, "The Ombudsmen are satisfied there was no fault in the care provided by a Council and Trust to a woman who was detained under the Mental Health Act. However, the Ombudsmen did find fault with the Trust's failure to clarify who should be treated as her nearest relative. The Ombudsmen also found fault with the handling of a safeguarding investigation by the Council and Trust ... Specifically, the Trust and Council should have regularly reviewed the chaperoning arrangements that were in place for Mr K's visits. I am satisfied the Trust has already taken appropriate action to remedy this matter."</p> <p>In respect of discrimination, "Mr K provided no evidence to support this aspect of his complaint. I found nothing in the records to suggest staff had acted in an inappropriate or discriminatory way towards him on the basis of his race. I find no fault on the part of the Trust or Council in this matter, therefore."</p>
<p>Mr D complains that the Council took too long to resolve the problems he had with the installation of an unsatisfactory stair lift. He says the Council spent too long trying to modify the existing stair lift without taking his needs into account, even though Mr D fell beneath it and had to be rescued by his father. He says the Council did not offer him a choice of stairlift or tell him there was a showroom where he could look. The Council then ignored his initial complaint.</p>	<p>The LGSCO found, "There was some delay in the application process for the stair-lift after the repairs service transferred to the control of the Council. The Council should have explained to Mr D that he could choose a stair-lift manufacturer, and says it now does so (evidence has been provided to LGO). The Council has now installed an alternative stair-lift after Mr D complained that the original lift did not meet his needs, but in the interim the Council sought to modify the lift instead. The Council agrees to offer a payment to Mr D to recognise the delay in processing his application between August and November 2015."</p>

<p><b>Mrs X complains there is a dispute between Council D and Northumberland County Council over who should pay for the care she provides to Mr Y who lives with her. As a result she has not been paid since May 2016 for the care she has provided to meet Mr Y's assessed needs.</b></p>	<p><b>The LGSCO found, "The Council was not responsible for meeting Mr Y's care needs while an ordinary residence dispute was resolved. However it should have done more to ensure the dispute was resolved. It has agreed to apologise to Mrs X and to pay her (a modest financial remedy) to acknowledge the distress caused by its contribution to the delays."</b></p>
<p><b>Mrs A, complains on behalf of her mother, Mrs B about the way the Council has considered Mrs B's capacity and best interests and that there was a delay in facilitating Mrs B's return home from residential care. Mrs A says Mrs B remained in residential care for seventeen months against her wishes. Mrs A also complained about Mrs B's care and support.</b></p>	<p><b>The LGSCO found, "There is no evidence of fault in the way the Council assessed Mrs B's capacity or sought to provide her with care and support. There was a difference of opinion between some family members and the Council about Mrs B's capacity and where she should live. This dispute was correctly referred to the Court of Protection. The Ombudsman cannot intervene in the professional judgments of Council officers or the Court."</b></p>
<p><b>Mr P says the Council fitted a new front door, as part of Disabled Facilities Grant (DFG) works, which differs from the one he was promised. He also says the Council delayed dealing with his complaint.</b></p>	<p><b>"The Council has already acknowledged fault in its handling of the case and has provided a reasonable remedy. The Ombudsman has not found any evidence of additional fault."</b></p> <p><b>In respect of the fault, Council officers had already "apologised for not complying with the correct process. However the (Council) Investigating Officer noted the door was functional and met the client's needs as her wheelchair could access the property with no difficulty. The Council concluded that doing additional building work was not needed because it would not change the usability of the door and the door had no defects. It would pay Mr P (a modest financial remedy) for the time and trouble caused."</b></p>



	In respect of the delay dealing with Mr P's complaint, LGSCO said, "In my view they acted reasonably and brought it to a conclusion as quickly as they could."
<b>Children's social care</b>	<b>Summary of LGO final decision</b>
Mrs M complains about the Council's failure to diagnose her child, B's, condition and failure to meet B's special educational needs.	LGSCO said, "We cannot investigate how the school dealt with B's condition. The Council has a duty to provide extra special education needs support to those children that have been assessed as needing this. If Mrs M believed the school could not manage B's condition, she could, and still can, request that B is assessed for special educational needs. It is reasonable to expect her to do this. Whether the Council should run a screening programme is a wider community or political issue which is not suitable for our investigations. We will not investigate this complaint as it partly concerns school actions and it is unlikely we would find fault in the Council's response to her complaint."
Mrs P says the Council withdrew payments for her caring for a young person, D, without explanation or notice.	LGSCO said, "We will not investigate this complaint as injustice to Mrs P has been remedied by the back payment." The relevant Council officers had already recognised that a mistake had been made and were in the process of putting things right for the complainant.
Mr and Mrs X complain the Council failed to do enough to protect their younger children from inappropriate behaviour by their eldest son, Y. They say the family has been left with a great deal of uncertainty about the effect of Y's behaviour on the younger children.  Mr and Mrs X say the family was caused a great deal of distress as a result of Y being removed from their house by the police and this	LGSCO found fault causing injustice to Mr and Mrs X and their children and made a number of recommendations in this case. Officers accepted these recommendations and took actions to remedy the injustice caused to the family. The LGSCO were kept informed and responded, "We are satisfied you have now carried out the agreed actions and we have ended our involvement with this case."

<p><b>could have been prevented if the Council had acted sooner.</b></p>	
<p><b>Mrs J complains that in 2014, while she was on sick leave, the Council began an investigation into her actions as a foster carer. She says the investigation caused immense emotional and financial stress.</b></p>	<p><b>The LGO said, “Mrs J knew from 2014 that the investigation was underway, and her resignation in 2015 indicates the impact it was having on her. So Mrs J could have brought her complaint to the Ombudsman in 2014 or 2015. She has not provided good reasons why she did not do this. So we cannot investigate her complaint.”</b></p>
<p><b>Mr F says the Council failed to investigate a safeguarding incident in a school and delayed in investigating his complaint.</b></p>	<p><b>The Council had previously investigated and responded to the complainant. The LGO decided that, “The Council concluded its complaint investigation over a year ago. This means the complaint is more than 12 months old. We cannot investigate it unless there are good reasons to do so. It is my view there are not ... We will not investigate Mr F’s complaint as it is over 12 months old and there are no good reasons to do so.”</b></p>

## 8. Enquires received in 2017/18

- 8.1 The complaints service 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 2017/18, 128 enquiries were recorded by the team that related to adult services; and 228 that related to children’s services.
- 8.5 Of the total 356 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:

<b>ENQUIRIES RECEIVED 2017/18</b>	
Care management (adults)	<b>66</b>
Children’s Social Work (including link workers in Care Homes)	<b>132</b>
Continuing healthcare (adults)	<b>6</b>
Education services (SEND/Admissions etc)	<b>15</b>
Emergency duty team (children’s)	<b>2</b>
Enquiry referral coordinators (adults)	<b>3</b>
Family support (children’s)	<b>4</b>
Finance (adults)	<b>12</b>

<b>Front Door/First Contact (children's)</b>	<b>10</b>
<b>Fostering and adoption</b>	<b>4</b>
<b>Home Improvement Service (adults)</b>	<b>5</b>
<b>Independent reviewing officers</b>	<b>9</b>
<b>Independent social care providers (adults)</b>	<b>13</b>
<b>In-house children's homes</b>	<b>4</b>
<b>Joint equipment and loan service including wheelchair service (adults)</b>	<b>3</b>
<b>Northumbria Healthcare</b>	<b>3</b>
<b>Occupational therapy (adults)</b>	<b>3</b>
<b>Other organisations</b>	<b>1</b>
<b>Safeguarding adults</b>	<b>8</b>
<b>Safeguarding children</b>	<b>7</b>
<b>Schools (children)</b>	<b>41</b>
<b>Self-directed support team (adults)</b>	<b>1</b>
<b>Short term support service (adults)</b>	<b>2</b>
<b>Single point of access (adults)</b>	<b>1</b>
<b>Welfare rights</b>	<b>1</b>
<b>Total</b>	<b>356</b>

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**

I felt that I must send you an email to let you know about my recent involvement with J in respect of my father's finances/care. She has been an absolute star and so very helpful in explaining/sorting out the situation for me – in my opinion, she has gone over and above what I would have expected to be part of her job. J is so approachable, actually does what she says she will do and has kept me informed of everything. I felt that she deserved some recognition for this as she just kept saying to me that 'it was her job' but I feel she definitely has 'gone the extra mile' in helping me.

#### **On in-house services**

I have had the pleasure of visiting Hatfield Chase on a number of ... The staff have shown professionalism, all clients are treated with respect and dignity.

## 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 2017/18 over 50 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: Issues centred on several siblings' application for British citizenship. Issues included:**

- **Time taken to progress application**
- **Lack of communication/involvement with the children in respect of the progress of their application.**

**Desired outcome: The children wished to be kept involved, to be part of the process and for action to be taken to move the process along.**

**Actions: The advocate spoke to the children, their foster parents and senior managers. He talked to the children about what he had been told and explained to the children their rights. He established their wishes and feelings around what was happening. The advocate also acted as an intermediary for update letters and information and explained each step to the children involved. The advocate attended meetings and pressed for matters to be concluded to prevent matters from drifting.**

**Outcome: The advocate continues in his role and the passport application process is on-going with the help of specialist solicitors.**

## **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** 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.
- 10.3** Over the coming year, 2018/19 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. In addition we have planned a series of improvements to our electronic case management system which we will carry out over this next year.
- 10.4** 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.
- 10.5** We will continue to focus on handling enquiries promptly to try to prevent unnecessary escalation and dissatisfaction.
- 10.6** We will also continue to support managers in resolving complaints at a local level and in a timely manner.
- 10.7** We have plans for further training during 2018/19, 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.
- 10.8** 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 complaints service**

Thank you so much for your help today. It's lovely to speak to a person who wants to help instead of rushing me off the phone.

**On children's social work staff**

An adoption order was granted and the magistrate specifically wanted to thank the authors of the report for its detail, saying it allowed them to get a picture into the life of a child. They also wanted to thank all social workers for working so hard to keep all siblings together.

**On children's social work staff**

Thank you so much for helping me.

**On the support planners**

Your department have given me back my dignity and made my husband feel he matters. So it is with pleasure that I thank you for your help, support and kindness in dealing with us both.