



Northumberland
County Council

In partnership with

Northumbria Healthcare 
NHS Foundation Trust

and


Northumberland
Clinical Commissioning Group

Customer Experience: Compliments and Complaints Annual Report 2018/2019 by the Adult Social Care and Children's Social Care Complaints Service

- **Adult social care and children's social care**
- **Continuing health care services**

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1.0 Introduction

- 1.1 This report is provided by the joint Complaints Service that covers adult social care, children's social care and the NHS responsibilities for continuing health care and related services which the Council delivers under a partnership arrangement with Northumberland Clinical Commissioning Group. The report describes 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 2018/19. The report also describes what people have said about NHS continuing healthcare funded by Northumberland Clinical Commissioning Group and about 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 Adult Social Care and Children's Social Care 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, for example, surveys, networks of user forums 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 Activities 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 of 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 Activities 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 continued. They are 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. Care Management Quality Panel

In November 2018 a quality panel led by senior managers and clinicians outside care management services reviewed performance using the Care Quality Commission standards as a baseline. Overall, the panel considered that care management services were performing well and the following areas were particularly noted:

- First contact (Onecall) system working very well
- Strong relationships with other agencies and Clinical Commissioning Groups
- Very strong succession planning training programme

- Excellent learning disability nurse inspection report
- Extremely impressive service – very self-aware and can pinpoint improvements

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. Short Term Support Service

Over 2018/19 a specially designed questionnaire was sent to 600 Northumberland residents (with a proportionate and even distribution across the county) who had used the Short Term Support Service (STSS) within the previous three months.

Respondents were asked their opinion about the STSS staff and how they felt they were treated by them. The overwhelming majority of responses clearly indicated that they felt staff demonstrated good core values, skills and knowledge, that they were treated with dignity and that their personal information was kept confidential. Respondents also stated that they were involved in the decisions made about their care and in the main had the opportunity to talk through any worries or fears they had.

e. The 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”). The results published in 2018 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.
- 83.6% of survey respondents said that they had control over their daily life.
- The proportion of service users who say that they are very or extremely satisfied with their care and support has is 69.6%; with 93.6% saying they were quite, very or extremely satisfied.

f. The Adult Carers Survey

The Survey of Adult Carers in England (SACE) is a biennial survey overseen by NHS Digital. The survey is run between October and November every two years, by local authorities in England with social services responsibility.

The survey asks questions about quality of life and the impact that the services they receive have on their quality of life. It also collects information about self-reported general health and well-being.

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.

The most recent results include the following:

- 74% of survey respondents said that they were satisfied with the support or services they and the person they care for have received from Social Service in the last 12 months.
- 75% of carers find it easy to find information about services.
- 80%, of carers said they were involved in discussions about support for the person they care for.

In addition to the above survey, over 2018/19 the Learning Disability Partnership Board has been supporting work on researching and quantifying the value of unpaid carers in delivering social care across the region and nationally.

g. Ageing Well in Northumberland

The Ageing Well programme continues to have active support from a number of statutory, voluntary and community organisations, teams and individuals. Doing more together locally leads to people feeling more empowered.

The programme has maintained its place based methodology, working with specific local communities.

By working with local partners involving older people, Ageing Well can make sure that everyone (who can help older people to become or sustain being active, better connected and well) has a clear understanding about what they do best and about how to work well together to strengthen existing provision.

Through community-based activity and support for individuals we have continued to build on a diverse range of activities in order to:

- Promote social contact
- Encourage and empower people to take part in their community
- Share skills and understanding
- Support people who might otherwise become isolated.

Positive action to improve older people's physical activity and connectedness through social contact has a range of health benefits in:

- **Maintaining and improving health**
- **Improving mood and addressing loneliness**
- **Delaying the onset and impact of disability**
- **Reducing use of statutory services**

Ageing Well continues to engage with older people in Northumberland through a number of vehicles including:

- **Road shows**
- **Ageing Well Ally training programme**
- **Training related to older people's health**
- **Events and campaigns**
- **Health trainer interventions across the county and more strategically through the Ageing Well Network and the Ageing Well Partnership Board**
- **Age-Links intergenerational project**

h. Safeguarding adults:

Customer experience is gathered directly from clients upon closure of each case. For example, in 2018/19, 91% (153 out of 168) 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. 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.

There are three user forums and all are at the forefront of any work the board is involved in:

- 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

(Currently, due to numbers of users and support the Central User Forum have joined forces with the Have a Say group.)

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.

Achievements recognised with the forums over 2018/19 include:

- Working with Northumbria Healthcare Foundation Trust in improving communication and understanding of primary care for people with disabilities. One of two key developments was that hospitals within Northumberland were successful in funding some electronic tablets to be used by people with disabilities whilst they stayed within the hospital. The aim was to make their stay more comfortable and reduce their levels of anxiety with some activities/apps.
- The second key development was to work with Northumbria Healthcare Communications Team to produce three easy read leaflets for people with disabilities titled, "Getting ready to Come into Hospital", "When you are in Hospital" and "When you leave Hospital". LDPB user forum groups advised on the information required, how it should be communicated and took part in a photoshoot for the new leaflets.
- In relation to employment, LDPB was involved and enthusiastic about the development of a coffee cart on the County Hall site and which delivers barista and cafe related skills and qualifications to learners with disabilities on a 24 week training program whilst supporting local coffee/baking producers and selling to staff and visitors each day.

Previous achievements continue to be supported and remain active and include:

- Coffee evening in Berwick once per month.
- Promoting awareness weeks/campaigns, including lighting up the Bridge at Berwick increased use of performing arts promoting ability around the county.

- 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.
- SpLinter Group continue to work tirelessly to improve safety in the community for vulnerable people and promote this to wider groups.
- Increased community based sport and leisure activities through Active Northumberland.

Children’s social care

I. Customer perception

A variety of mechanisms exist for children, young people and adults to express their views of the services provided to them. Much of the activity is qualitative so that there is an opportunity to fully describe their experience and what, if anything, they would like to change. For children and young people, we utilise a range of methods of gaining their views and enabling their participation with our services.

m. Care leavers

From the results of the most recent care leavers’ survey, the care leavers’ participation group identified the following areas to work on:

- Effectively supporting young people for independence.
- Website development: to provide a range of information including finding out their rights, who they can contact, independence skills.
- Peer mentoring - Developing ways in which care leavers could give advice and support to other young people.

The survey also gave feedback on care leavers’ views on their accommodation and their participation, the majority being fully satisfied in both areas. They identified that too many care leavers had had too many placement moves and needed time to prepare for moves wherever possible.

More recently, our care leavers are developing an approach to further ensure all looked after children have the right information from the point at which they become looked after.

n. Voices Making Choices (VMC)

We have a group of looked after children who meet monthly and we are continuing to develop the range of ages and the ways in which their views effectively inform and support work with all our looked after children. The group meet and liaise regularly with the directors and with corporate parenting advisory group as part of supporting effective participation. They are also involved in a range of activities including training and staff recruitment.

o. Residential homes

Children and young people in all our residential homes are regularly consulted about and influence matters relevant for them and this is reflected in the detail and judgements of the Ofsted inspection reports.

p. Wider consultation with children and young people

As part of the development of the new partnership children and young people's plan (CYPP) a consultation was held to gather what young people were seeing as most important to them. The survey received over 1700 responses from young people across the county and their responses form a central part of the plan and its development. Key responses were:

- Making sure adults and services communicate in a way that suits young people.**
- Safety: Developing safe spaces for children and young people to go.**
- Knowing where to go for advice and support on mental health, bullying, drugs, alcohol.**
- Having fun: being able to do things with your family and friends.**
- Insufficient means being a barrier to taking part in things.**
- The importance of the 'Curriculum for Life'.**

q. Make Your Mark

Make Your Mark is a national youth consultation that takes place on an annual basis to inform the UK Youth Parliament on what young people see as their priorities. The voting was also held here in Northumberland too with over 6000 young people from across the County casting their vote during September 2018. The top three issues from Northumberland were mental health, curriculum for life and ending period poverty and these have fed into strategic developments.

r. Parental and family feedback

Parental and family feedback is obtained in a range of ways. Through our standard monthly audits, feedback has been obtained from 46 families over the year. The vast majority of the feedback is positive, with clear evidence of service users experiencing support that makes a difference to their lives. 83% of service users who were spoken to (38 out of 46) stated that they felt that the social work intervention had made a positive difference to their lives.

'Yes I feel that they really listen to me and I can talk to both C and L and they give me pep talks and tell me I can do it and to keep going. I am so grateful for the help and support that they have given me it is because of them that my life is changed.'

'Really good, to be totally honest, at the end of the phone when needed very open, listened to my views, lovely approachable, she is very open and honest. Her involvement has made a huge difference to me and family, she always got back within the day. She adjusted appointments in emergencies and met my needs.'

This positive support was reflected in the family's perceived confidence in the service and their willingness to feel able to make an approach in the future as necessary. 39 out of 42 (93%) families who were asked the question felt that they did have confidence in the service and would feel able to come back for help in the future.

The information received provides a richness and insight into the quality of practice and service user experience that can help shape future interventions and lead to quality improvements. Areas for improvement are around responsiveness, social workers not always communicating effectively (which is often reflected in complaints), and consistency of the workers who are involved with families.

s. Practice Week

During practice week, the vast majority of families who were contacted families were positive about the support and services they were currently receiving. In some cases, previous difficulties and challenges were acknowledged but the vast majority reported current workers to be approachable and helpful. They were clear on the concerns that professionals had and the vast majority of parents stated that they were able to give their views in on-going work as well as in formal meetings.

"I will be both sad when the support finishes, but also happy as I have achieved a lot with that support"

However, an area for development identified from practice week were the missed opportunities within services to seek feedback from families. Most feedback heard was positive but there are missed opportunities to learn from our families and what they tell us.

t. Children's centres

There is an annual children's centre parental satisfaction survey and the most recent survey indicated:

- 98% of parents felt they could speak to staff confidentially if required.
- 99.4% were satisfied with the group/service they attended.
- 98% were satisfied with the information and advice given.
- 98% were satisfied with the staff overall.

u. Staff Feedback

Practice days and practice week

As part of the above work, staff views and opinions are sought. The findings indicate that workers are extremely positive about the support that they receive from their managers, formally and informally. There is regular management oversight of casework and the varied training opportunities are appreciated by staff.

Staff survey

For staff working in children's social care, the most recent staff survey conducted by the Council highlights that:

- The vast majority of staff in children's social care are enthusiastic about their job, feeling trusted to do it to a standard they are pleased with.**
- They are very positive about the teams within which they work, the colleagues with whom they work and the support and encouragement they receive from their line manager.**
- The training and development that they receive has helped them to do their jobs more effectively for the benefit of the service users and that their skills and knowledge are up to date.**
- While staff say that communication with senior managers has got better in the last 12 months and is better than the Council average, this needs to be further improved, in particular acting on staff feedback and ensuring staff feel and are involved in decisions.**
- Jobs in social care can be stressful and we need to make sure that, as a service and a Council, we continue to do as much as we can to mitigate the impact of stress and to support staff that may experience harassment or abuse from service users.**
- We need to do more to ensure that feedback from service users is regularly communicated to staff and is used to inform decisions.**

Overall, this is a positive staff survey with a high rate of return within children's services and it demonstrates continuing progress for the staff from previous surveys. An action plan will be developed in consultation with staff to for those areas identified for improvement

In addition:

v. Complaints Service:

- The Complaints Service has participated in or run several informal training sessions on complaints handling and complaints resolution. These sessions received very positive feedback – staff considered that the training was relevant and enjoyable. We have planned more formal sessions over the coming year.**

- **The Complaints Service has helped develop a specialised training package, “My customer, my responsibility”.**
- **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.**

3. What people think about our services – compliments received in 2018/19

- 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.**
- 3.4 In 2018/19 adult social care received 485 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 2018/19, 34 compliments were received by children’s social care and of these the majority (26) were related to social work teams.**
- 3.7 Young people and their families’ compliments were usually about staff involved with the child; particularly care staff that 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 2018/19:

Service area	2018/19
Social care	519
CHC	159
Total	678

3.11 The two tables below show the services that have received compliments and how many times compliments were received during 2018/19:

ADULT AND CHILDREN'S SOCIAL CARE COMPLIMENTS 2018/19	TOTAL
Children's social work teams	26
Care management (adults)	94
Complaints Service	2
Enquiry referral coordinators (adults)	1
Family support service (children)	1
Finance (adults)	8
Home improvement service	1
Hospital to Home Northumberland (adults)	2
Independent providers* (adults)	194
In-house children's care homes (children)	6
In-house day care services (adults)	53
In-house residential care services (adults)	8
Joint equipment and loan service	4
Leaving care – 14+ team (children)	1
Occupational therapy (adults)	24
Onecall (single point of access)	4
Safeguarding adults team	4

Self-directed support team (adults)	7
Short term support service (adults)	78
Welfare rights	1
Total	519

CONTINUING HEALTHCARE COMPLIMENTS 2018/19*	TOTAL
100% NHS funded packages	64
Part NHS funded packages	95
Total	159

*Reported by contracted providers

3.12 Below we have included a selection people's own words about our staff and services.

On children's social work staff

From a young person living in secure accommodation, "I would like to say a massive thanks to everyone but mainly Z because she has helped me through thick and thin, she's been like a mother to me."

On short term support service staff

A massive thank you to M for all her wonderful care in helping to make my friend's visit not just possible but really enjoyable, relaxed and restorative. My friend has life limiting cancer and limited mobility. She wanted to come up to stay with me (she lives in London) and M was able to provide the support and equipment to enable her to live comfortably and independently while she was with me. M made two visits to ensure that we had all we needed and was incredibly helpful and positive. It made all the difference. My friend had a memorable and said that it had done her more good than any treatments or therapy ever had. Thank you.

On care management staff

Thank you for your patience and understanding. ALL our family noticed this which is an achievement in itself. I hoped you will get a well-earned break during the Xmas period.

On disabled children's social work staff

It seems like an opportune time to let you know that in the short term D has provided exceptional service for which we are grateful. D has been knowledgeable, communicative, empathetic and very efficient, it has minimised any extra stress at an incredibly difficult time.

On care management staff

Thank you very much for your excellent social work service. You always seem to have a plan, to know how to solve each problem, to understand the dynamics and to respond emotionally. Plus you have been so efficient and probably had to do vast amounts of form filling and computer inputting. Thank you very much, I hope your career and life go very well.

On children's social work staff

I wanted to thank you for all the hard work you do for the children. Your reports are always informative and helpful and it is clear that you have an understanding of the differing needs of each child. I don't doubt that your support of the children is a significant factor in their successful placements.

On mental health care management staff

I just wanted to let you know C is a credit to you and your department. My sister has suffered from mental health issues over a number of years. C is a credit to you and your team and went above and beyond. I know sometimes you don't get enough feedback and unfortunately the system is under immense pressure but I felt it was important to recognise C on this occasion.

On children's social work staff

From a young person to their locality team social worker, "I'd like to personally thank you for all your help these past few years you helped me see sense and I will truly be forever grateful for that."

On an in-house day care provider

I am happy with everything at the day centre and transport. When I am a bit low I feel the staff pick me up and make me feel a lot better. I can ask staff anything and can rely on them trying to solve any problem. Staff are very friendly, honest and approachable and I can see you have a great team of staff.

On children's social work staff

I just wanted to thank you again. L is now a changed person and it's down to you. You pointed L in the right direction and helped get the placement. You made L believe in themselves when I couldn't get through after 5 years. Thank you."

On care management

E responded promptly and effectively to our wish that our Dad spend his last few days with the dignity, respect and comfort that he deserved. She was proactive, diligent and sympathetic to our wishes and feelings about Dad's care. At the time we became aware that our father was dying, and urgently needed to ensure he had the best possible care in his final days, E's support and positive action was invaluable. On behalf of all of us in the family, please pass on our gratitude and thanks. The help she gave us is very much appreciated.

On day care staff

I value the care and kindness shown to me and my hubby. He's happy which makes me happy. It's the only centre out of four that he's settled in.

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.

On the Complaints Service

May I take this opportunity to pass on that I have found dealing with you and your department a very supportive process – lines of communication have been open, remained so and you have kept me updated along with way – thank you!

On the direct payments team

I just wanted to say thank you to you and K and all in direct payments. You have been so helpful and professional throughout all the years (too many to remember) while I have been dealing with direct payments for G and L. I could not have done it without your help and support. You were always there to answer anything I needed help with.

4. Learning from the people who use our services

4.1 Many of the issues which children, young people and adults have reported over 2018/19 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.

	<p>Advice/signposting especially in respect of court matters and how adult or children’s services work relates to this.</p> <p>In children’s services, reinforcing contact and safety plans and why e.g. supervised contact is required, that the child and the child’s views are at the centre of decision making (e.g. contact with parent(s) should be positive for them; child choosing not to have contact).</p> <p>On-going monitoring of effectiveness of processes.</p>
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- 4.2 Where complaints have been resolved relatively quickly and satisfactorily the common factor is the most appropriate manager making early contact with the complainant, often face to face, and taking prompt action to resolve matters. It is important to listen and to acknowledge people’s experiences; and to apologise as appropriate.**
- 4.3 Listening to the views and experiences of the people who use our adult and children’s social care services and of carers is extremely important, but what is more important is how we respond to this. Below are some examples of improvements as a result of adult, CHC and children’s complaints:**

Adults

- a. A parent complained that adult services had not done enough to support her adult daughter and had not listened to the family. The investigation found that the situation had been more complicated because at times the service user had refused to engage with services; at some other times she refused consent to share her information with her family; and at other times she engaged and was happy for services to share her information with her family. The investigating officer met with the parent and explained what she had found. This included examples of both good and less good practice. With the family’s permission, this case became the subject of a training module for adult social care managers. We hope that this will help improve practice and responses in cases where the service user does not consistently engage and/or has made risky lifestyle choices.**
- b. Following a complaint about how we managed the situation when a private payer came onto an adult social care contract, we are producing written information for private payers and their families who may touch our services and who are looking for a suitable care home.**
- c. Following another complaint we found that the Safeguarding Adult Review policy in place at the time did not sufficiently clearly look at the interactions with other processes, such as NHS Serious Incident investigations or the relationship between sections 42 and 44 (different safeguarding enquiries depending on whether or not the service user is alive or has died). This policy has now been wholly reviewed and suitably updated to make these pathways more coherent. The relevant senior manager has also raised the**

lessons learned from this case with the regional and national ADASS safeguarding networks to ensure the furthest possible spread of this case.

CHC

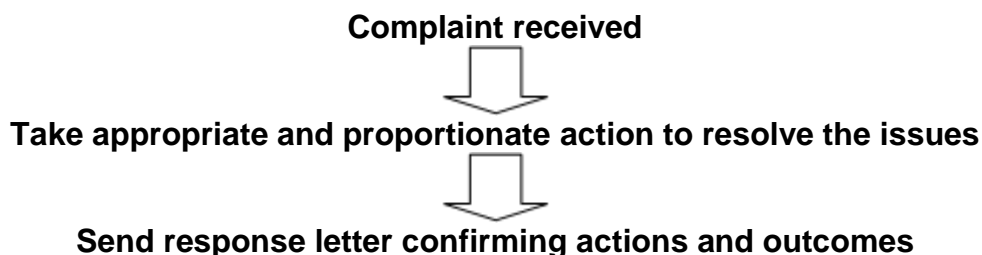
- d. Following a complaint about the outcome from a CHC assessment not being shared (and a subsequent look at this issue more widely), the CHC process has been changed. Now the Nurse Assessment Team sends out all the outcome letters rather than, as was the case in some circumstances, sending the letter to the allocated key worker to forward on.**

Children's

- e. Following a complaint from a family regarding their experience regarding the transition of their disabled child to adult services, it was agreed that work on the transition process was required to offer clarity to both staff and parents on the stages of the process and who should be involved. Further work was also identified in relation to communications around CHC/PHB funding. It was agreed to have an audit undertaken by NHS England around the current set up at Northumberland.**
- f. Following a complaint from a family about the fostering application process, changes were made to the application form to offer clarity around the number of references required.**
- g. Following a complaint raised in relation to delays in complaint handling, it has been agreed to provide a briefing to Elected Members in relation to their involvement and responsibilities in relation to complaints made direct to them and where they should be directed to.**

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.

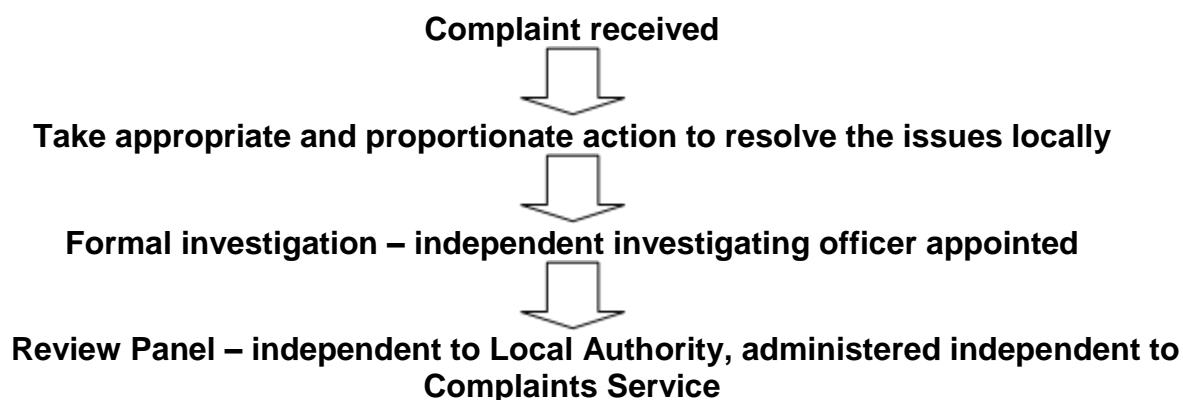
Stage 2 – formal investigation:

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. Mr A contacted children’s services to discuss his concerns for his son, young person X, specifically his access to the community. X has global learning difficulties and ADHD. He was unhappy because a social worker had told him that there was nothing available to X in terms of enablement and he should use his DLA to help him access and pay for support. Following his complaint, Mr A had a constructive meeting with team manager and a newly qualified social worker to discuss X’s needs. The team manager agreed to arrange a children and families assessment which the identified young person as a child in need; and a support plan was put in place. The social worker who initially took the referral was reminded about their responsibilities and what is expected in this type of situation. Apologies were also given and Mr A expressed his satisfaction and thanked staff.**
- b. A young person complained about staff in a residential placement not listening to him or understanding him. The young person was allocated an independent advocate as a result and reports that relationships have much improved.**
- c. An estranged parent complained that he was not receiving information about his child in a timely manner as he worked abroad. He had been told that due to the confidential nature of the documentation, children’s services staff could not send it via email. It was identified that this was incorrect and that the Council have a ‘Cryptshare’ facility to ensure confidential documents can be shared securely and appropriately. The relevant updates were shared with the parent.**

5.12 The following are example complaints about adult social care:

a. Complaint

A daughter complained about the quality of care her father received in two care homes, in two hospitals and from the GP.



Actions taken

On investigation, each organisation found that their involvement was appropriate and that the care provided met the expected standard.



Outcomes

This complaint appears to have been motivated by a daughter's worry for her father generally and that he had received proper care before he died. We were able to provide assurances that this was indeed the case. We also responded to further questions about the details of his last few days and that he was not alone.

b. Complaint

A family member was unhappy about the quality of care provided by an independent domiciliary care provider to his mother. Specifically, that when the paramedics tried to resuscitate his mother and when the police were called the carers did not stay in the house to be questioned (his mother died at home as result of her health condition).



Actions taken

On investigation it was found that the carers who were present had acted appropriately, that they called the emergency services; that they informed their senior manager who attended; and that they were not required to remain at the property when the police arrived.



Outcomes

We explained the outcomes from our investigation and gave assurances that everything had been managed appropriately.

5.8 The following are examples of complaints about CHC funded care:

a. Complaint

A family member complained about the time it took to complete an unsuccessful CHC appeal. They complained that the service user could not afford to pay the outstanding social care charges that had accumulated in the meantime.



Actions taken

On investigation it was found that the CHC appeal had taken longer than expected and an apology was given. It was also found that the service user and the complainant had both been made aware at the point CHC ended that charges would accumulate if they chose not to pay them during the time the appeal would be on-going; that an unsuccessful appeal may result in a large charge owing; and that any monies paid in the event of a successful appeal would be reimbursed. It appears that the couple chose not to pay the charges.



Outcomes

The family member and the service user both accepted the findings paying the full outstanding charge. Please note that the service user's financial position was strong and that this was known to all from the outset - no hardship was experienced.

b. Complaint

A family member complained that the service user's care and support plan (CSP1) had been changed without agreement.



Actions taken

On investigation it was found that a draft care plan, which showed the changes being proposed, all of which had been discussed with the service user and complainant, had been shared with the existing provider. It was also found that the provider misunderstood that the care plan was still in draft and they assumed that another provider was now taking over some of the tasks as had been discussed. As a result, certain elements of the care plan were stopped causing some unnecessary upset to the client.



Outcomes

Immediate action was taken to reinstate the care plan and appropriate apologies given.

6. What people think about our services – complaints received in 2018/19

- 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 2017/18 and some complaints will carry over into 2019/20. The table below notes the numbers of complaints received and responded to in 2018/19:

Complaints	Adult social care	Children's social care	CHC	Total
Received during 2018/19	34	70	5	109
Responded to during 2018/19	26	58	6	90

- 6.2 For comparison 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

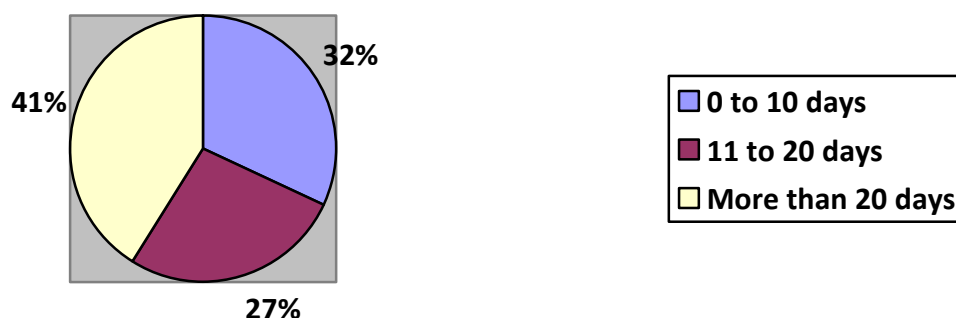
- 6.3 The complaint service acknowledged 100% of these complaints in line with the relevant regulations.
- 6.4 As anticipated in last year's annual report we have seen an increase in the number of complaints received. Although the overall trend for complaints over the past several years has been downward, over the past two years we have seen an upward trend. Analysis suggests that this is largely due to changes to the way in which complaints/feedback are recorded and managed; and to some extent as a result of increased knowledge of and understanding about the right to complain. We have seen no evidence to suggest that the overall quality of services has changed.
- 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 be responded to within 10 working days or 20 working days if the complaint is complex and with the agreement of the complainant). After their Stage 1 response or the expiry of 20 working days, the complainant can request to progress their complaint to stage 2. Legislation requires that a complaint at stage 2 should be investigated and responded to within 25 working days or 65 working days if the complaint is more complex or requires multiple interviews/extensive record research. Following Stage 2, if the complainant remains dissatisfied they have the option to progress to a Stage 3 Review Panel. Review Panels are made up three people independent to the council, with one acting as Chair, who will review the Stage 2 investigation and consider whether further resolution can be achieved. A request must be received within 20 working days of receipt of the Stage 2 Adjudication Letter and the Review Panel should be held within 30 working days of receipt of this request. This can however, be negotiated with the complainant depending on the availability of all parties involved.

6.7 The following chart shows children's complaints timescales at stage 1 for 2018/19:

Stage one children's social care timeframes



6.8 Whilst just over half of complaints (59%) were resolved within the designated 20 working days, 41% 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. In 2017/18, the same analysis showed that 47% of Stage 1 responses were taking more than 20

days. Although this past year shows an improvement in response timescales, there is still work to be done.

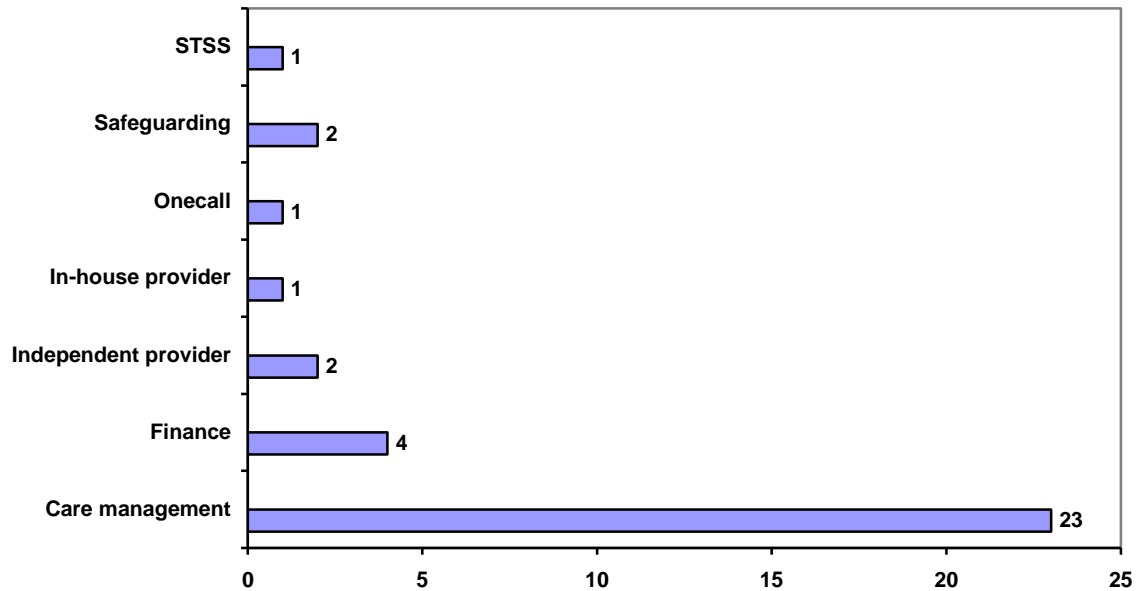
- 6.9 Complaints at stage 2: during 2018/19, 15 stage 1 complaints were escalated to stage 2; and 3 complaints at stage 2 were closed. A further 4 of these complaints were escalated to Stage 3 and the other investigations are on-going.
- 6.10 Complaints at Stage 3: during 2018/19, 4 complaints were escalated to stage 3 review panel hearings.
- 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 2018/19:
- Over 20,000 people received information, advice, support and services
 - 80% of people who use services find it easy to find information about services
 - OneCall handled on average over 1500 calls a day
 - Over 3,000 people received information and advice from a Support Planner
 - Over 7,800 people were helped by the Short Term Support Service with care or re-ablement
 - Our care management service on average visited over 1,000 people each week
 - Over 4,800 people received care in their own homes
 - Up to 1,200 people received a direct payment
 - Up to 1,000 people were accessing day services
 - 44 people are part of the shared lives initiative
 - Over 700 people had a short break
 - Over 2,400 people were supported in care homes
- 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

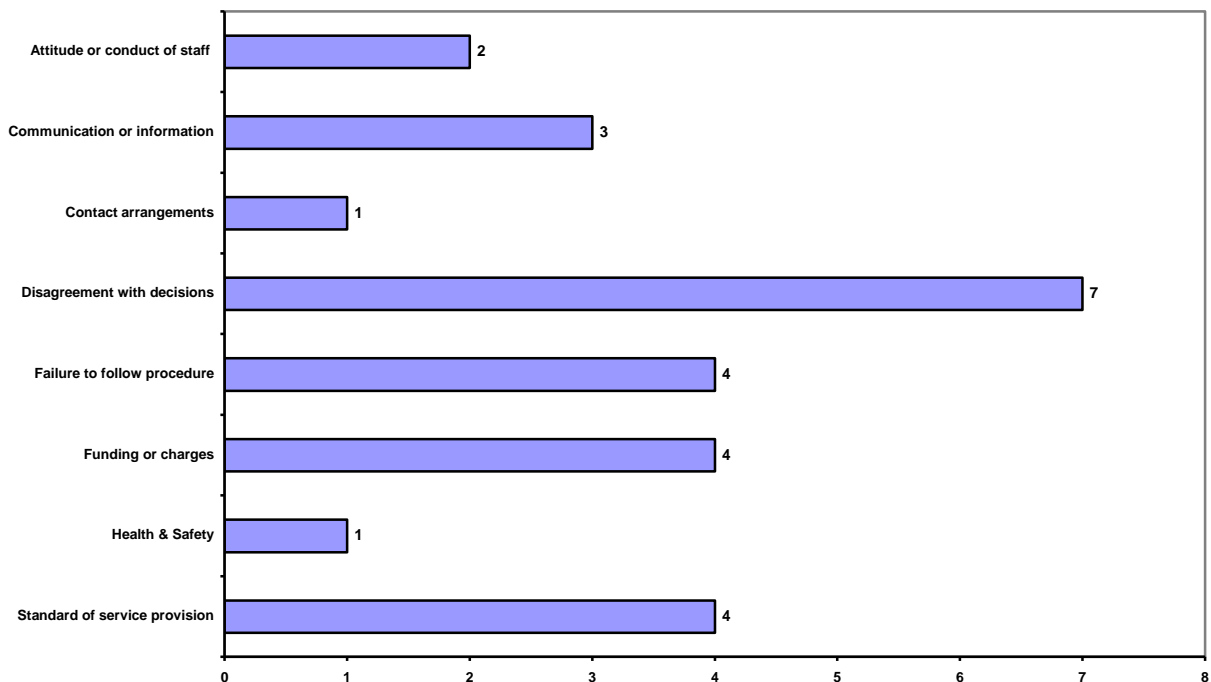
more urgently; this usually requires a greater use of resources. Conversely, a low risk complaint may need fewer resources to resolve satisfactorily.

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 2018/19:



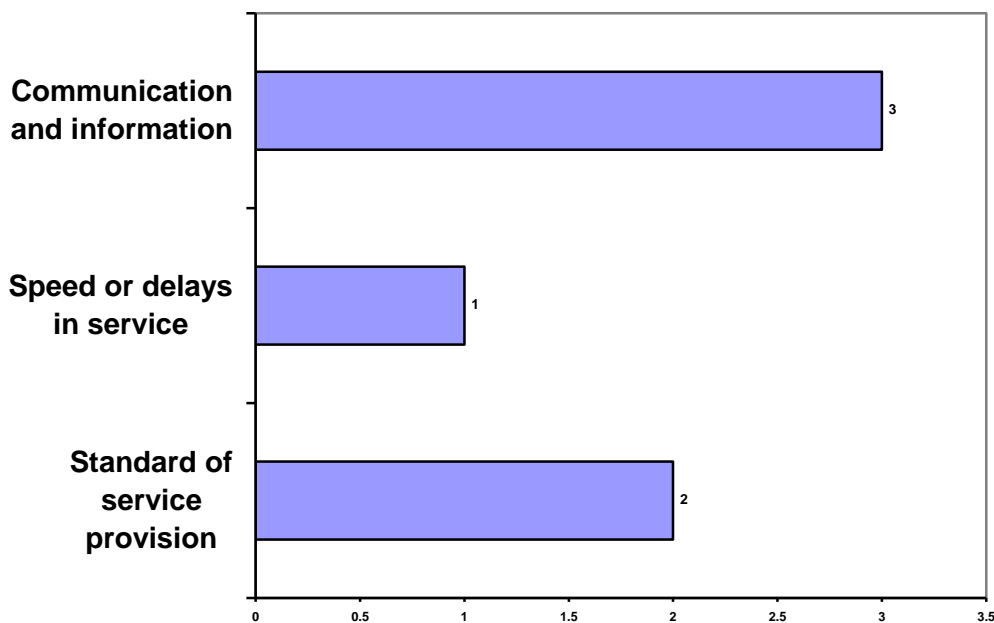
6.17 Proportionately care management continues to be the subject of most complaints. This is expected due to the high numbers of people worked with. We have also seen over the past year a decrease in the number of complaints related to financial services (down from 9) which suggests that we have been communicating charges and managing any concerns more effectively.

6.18 The chart below identifies the broad subject of the adult social care complaints over 2018/19 based on our closed complaints:



6.19 The key areas of concern relate to disagreement with decisions; an apparent failure to follow procedure; finance and funding; and the standard of service provision. Although communication has regularly and not unexpectedly been an area of disagreement, over the past 12 months it has featured less than in previous years. Instead, complaints challenging actions and decisions have become more prominent. To some extent the complaints have become more ‘technical’ in nature rather than solely being about a poor experience.

6.20 The chart below identifies the broad subject of the CHC complaints closed over 2018/19:



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

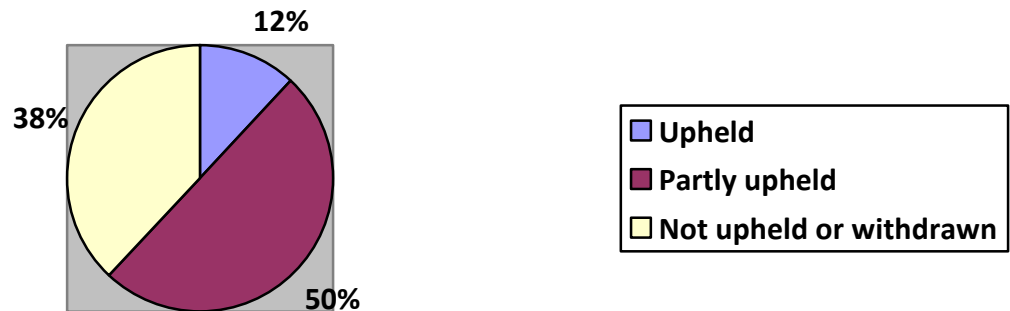
6.22 Analysis suggests that people’s expectations of services continue to increase and that people want confirmation that processes are being carried out correctly and are being applied fairly. Analysis also suggests that when expectations are not met people are more willing to challenge professionals about their decisions and to hold them to account. This is entirely reasonable and the test for adult services is how well members of staff understand the policies and procedures relevant to their service area; and how well we are able to communicate our role and purpose and what we can and cannot do to help people who are ill or disabled.

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 2018/19 and have been noted in section 4 above.

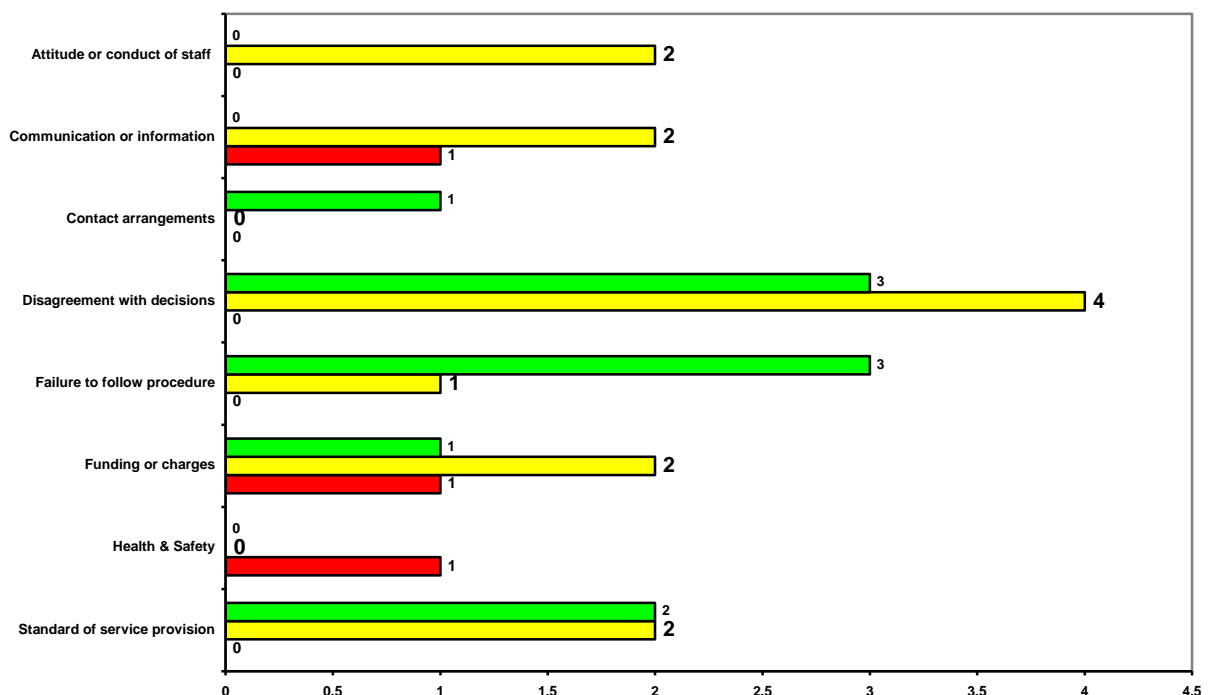
6.25 The chart below shows the proportion of adult social care complaints upheld, partly upheld and not upheld in 2018/19 (the 2009 regulations refer to ‘well founded’):

Adult social complaint outcomes



6.26 These findings show that of the complaints responded to in 2018/19, 62% were partly or completely upheld. This is an increase on 2017/18 when 52% of adult social care complaints were partly or completely upheld. It appears that the more 'technical' nature of some of the complaints received is highlighting some individual examples where the relevant policy or processes has not been as well understood by the member of staff as we would have wanted; and in some cases decisions have not been reasoned and evidenced as well as we would have expected. In respect of CHC complaints closed, 67% were upheld or partly upheld (4 of 6), exactly the same proportion as in 2017/18. 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 the numbers of complaints remains comparatively low compared to the work done, the majority of people who make complaints do have a point, at least to some degree; and that there is often learning or action that is needed to resolve matters satisfactorily. However, of note are the complaints about decisions and the standard of service provision. While none were upheld, it is important to note that the complainant had a point in the majority of cases. Where the complaint was not upheld, better communication and explanation in the first instance may have resolved matters at an earlier stage – this has led to a number of instances where the individual member of staff, their team manager or the wider team have received some refresher training about the particular issue under scrutiny. As noted in 6.19 and 6.22 above, the test for adult services is how well members of staff understand the policies procedures relevant to their service area; and how well we are able to communicate our role and purpose and what we can and cannot do to help people who are ill or disabled.
- 6.29** However, it remains the case that more often than not staff are acting appropriately and getting things right most the time although on occasion staff fall short of the standard expected. In respect of the general picture, the vast majority of feedback received is positive.
- 6.30** 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.
- 6.31** In respect of the upheld the complaint related to communication and information, this related to an individual member of staff not adequately responding to the service user’s family over a specified period of time. Appropriate management action was taken in respect of the member of staff concerned.
- 6.32** In respect of the upheld complaint about funding, it was found that a service user had accepted and received a service and charges raised but without adequate information being provided to allow them to make an informed choice. As soon as they found out about the charges they ended the service. An apology was made and the charges waived.
- 6.33** In respect of the upheld complaint about health and safety, it was found that a service user had left his day centre without staff knowing. No harm came to the service user. A review of safety procedures was undertaken which found that appropriate measures were already in place. Please see the summary in section 7 – this complaint was looked at by the Local Government and Social Care Ombudsman.
- 6.34** 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.

Children's complaints

6.35 The table below shows an increase in complaints. This is largely due to changes to the way in which complaints/feedback are recorded and managed.

Year	Social care	Corporate	Total
2017/18	27	0	27
2018/19	66	4	70

6.36 Of the 70 complaints received, only five were from young people themselves. Three of those are currently Looked After Children and two are former Looked After Children. That is, the overwhelming majority are from adults, usually a parent or a grandparent.

6.37 Although the number of complaints is increasing, any concerns can be put fully into context by a comparison between the number of complaints to the number and range of services provided by Children's Services and every individual interaction as a result of these contacts. Some key facts relating to service provision in 2018/19 are included below:

Early Help

- 13,250 children under 5 are registered with a Sure Start children's centre.
- 1375 early help episodes, with 268 requiring a referral to the social work teams after closure, and 209 requiring a referral within the following 12 months.
- 5198 referrals made to the four locality early help hubs.
- 799 Early Help Family worker cases (EHFW) have started in the last financial year.

Safeguarding and Social Work

- 612 referrals per 10,000 of the under 18 population were received by the social work service.
- 719 social work assessments were completed per 10,000.
- There were 71 per 10,000 children subject to child protection plans in March 2019.

Care Proceedings and Looked After Children

- 174 Care Proceedings cases have concluded over the previous 12 months.
- 375 children and young people are in the care of the local authority as at March 2019, working out as 62.8 per 10,000.

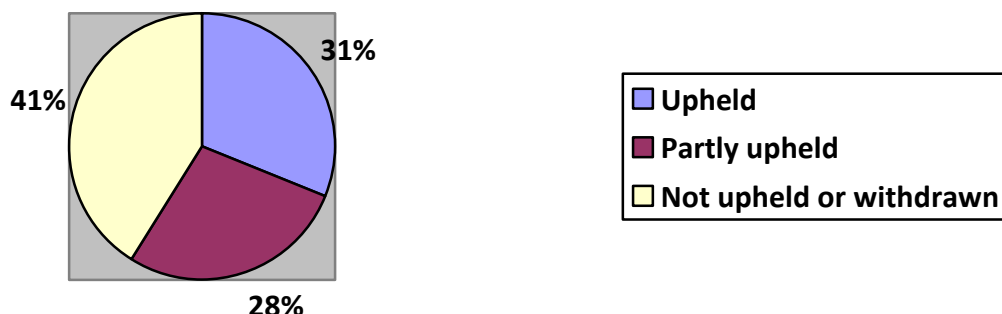
Themes

- 6.38 The following table indicates how the children's social care complaints were categorised according to the content and nature of the complaint being made. Some complaints relate to varying issues and therefore can be included in multiple categories.

Category	Total
Breach of confidentiality	7
Communications/Information	24
Delay in service	7
Disagree with officer decision	11
Failure to follow policy/procedure	9
Issue with social worker	1
Standard of service	14
Staff manner/attitude	3

- 6.39 The findings for 2018/19 are broadly in step with previous years with the majority of complaints relating to communication or information issues. Issues related to breach of confidentiality and the standard of service provision have become more prominent than in previous years.
- 6.40 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. 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 on this issue going forward.
- 6.41 In respect of issues around confidentiality, analysis suggests that people are more aware about their rights in relation to the General Data Protection Regulations 2018 and are increasingly reporting alleged breaches of data protection. Training has been undertaken with staff in relation to this and how to handle any such allegation made. This is an area on which we will continue to focus.
- 6.42 In relation to the outcome of stage 1 complaints responded to during 2018/19, 18 have been upheld; 24 not upheld and 16 partially upheld. The remaining stage 1 complaints are on-going and outcomes are awaited.

Children's stage 1 complaint outcomes



- 6.43 Depending on the outcome and findings of each complaint, learning is taken forward on an individual basis as and where necessary or if it relates to the wider department, this is fed into quarterly management meetings in order to structure relevant training/development, guidance or policy/practice reviews. For example, as a number of complaints focussed on communications, a specialised training package was developed with an external provider in relation to “My customer, my responsibility” which is being rolled out across the department.

General comments

- 6.44 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.
- 6.45 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.
- 6.46 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.
- 6.47 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.

6.48 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 2018/19 adult social care received 10 decisions from the LGSCO and children's social care received 4 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 around 6 complainants ask the LSCGO to consider a complaint that adult social care has tried to resolve; similarly children's social care.**
- 7.7 Over 2018/19 we received a higher than average numbers for adult social care based on on-going LGSCO involvement in a number of cases at the end of March 2018 (three). Of the ten decisions received, the LGSCO decided not to investigate in half the cases. Of the remaining cases they investigated, they generally confirmed our own findings.**
- 7.8 Of the 4 LGSCO decisions received related to children's social care, 1 could not be investigated due to concurrent court proceedings. 2 were upheld, but this correlated with the Council's own findings and the LGSCO were satisfied that the Council had dealt with and remedied the issues correctly. 1 complaint had a number of elements and whilst the LGSCO upheld the complaint, this only related to one element regarding a delay in the complaint handling. The elements of complaint relating to social care practice were not upheld.**
- 7.9 The following summarises the outcomes of those complaints considered by the PHSO and LGSCO in 2018/19.**

Summary of complaint	Summary of ombudsman's final decision
Adult services	
<p>This was a joint investigation by LGSCO and PHSO.</p> <p>The complainant, Mrs B, complained the Council, the CCG and the Trust failed to properly assess her needs despite having partnership arrangements in place.</p>	<p>The Ombudsmen found fault in the way we assessed the complainant's needs. Because of this there was doubt about the adequacy of the care and support arrangements put in place for the complainant and her main carer. We agreed with the Ombudsmen's findings and, for example, started comprehensive assessments urgently, apologised to the complainant and her main carer and offered a modest financial remedy.</p> <p>Please note that this specific complaint had not been through our own procedures in the first instance.</p>
<p>Ms A raised concerns about her sister, Ms C who lived with their mother. Ms A said Ms C had refused to allow her and her other sister, Ms D, access to Mrs B via the telephone and was being obstructive. Ms A reported concerns about the impact the feuding sisters was having on Mrs B's emotional well-being.</p>	<p>This complaint reflected long standing and challenging relationships within the family. It is important to note that the service user was mentally incapacitated at the time of the dispute due the progression of her terminal illness. We investigated and acknowledged to the complainant that in some ways our handling of the case could have been better around communicating both our role and how the Mental Capacity Act should be applied in this case. We apologised. We also took action to prevent recurrence. For example, we arranged a formal briefing session with all professionals involved to consider lessons to be learned. Additional training was provided to all professionals involved in this case in relation to, for example, the areas of consulting with the service user and interested parties in best interests' decision making.</p> <p>The LGSCO said that they "will not investigate Ms A's complaint about the Council's actions ... This is because the Council has apologised for the failings in this case and implemented further training for staff. The Ombudsman is satisfied this remedies any injustice caused to Ms A."</p>
<p>Ms B complained on behalf of an organisation that provides residential care and hospital</p>	<p>This is a complex area of law. Following some detailed exchanges with our legal services and LGSCO, LGSCO said that we should have processed deprivation of liberty applications from Ms B's organisation while seeking a</p>

<p>services. Ms B says the Council is the supervisory body for residents who came from Scotland as the care home or hospital is in the Council's area. Ms B therefore says the Council should have assessed the organisation's residents for deprivation of liberty safeguard authorisations.</p>	<p>resolution to the issue.</p> <p>However, the issue of guardianship orders was also relevant and LGSCO made "no recommendation for residents placed in care homes or hospitals in the Council's area where there is a guardianship order approving deprivation of their liberty ..."</p> <p>Therefore, we began "the process of carrying out assessments for those deprivation of liberty applications it has received from Ms B's organisation where the resident does not have a guardianship order; and began discussions with Ms B's organisation about whether to apply to the Court of Protection for a decision for those residents with a guardianship order."</p> <p>We also reminded "those dealing with deprivation of liberty applications ... of the content of Government guidance ... relating to the Council's responsibility when there is a dispute about ordinary residence."</p>
<p>Mrs A complained that she should not have to pay for her deceased brother's, Mr B's, care charges because he did not know he would have to pay. Mrs A says when Mr B found out he would be liable for costs he cancelled his care.</p>	<p>Our complaint investigation found evidence to show that Mr B had been made aware of the Council's charging policy and had agreed to pay towards his care. The LGSCO decided "not investigate Mrs A's complaint that her brother, Mr B, was not told he would have to pay for his care before being charged. This is because it is unlikely he would find evidence of fault with the actions taken by the Council to warrant an investigation."</p>
<p>Mrs X says she fell while being assessed by an Occupational Therapist (OT). She says the OT did not take it seriously and it is not reflected in the notes. Mrs X wants the fall added to her notes and an apology.</p>	<p>At the time of the apparent fall, two OTs were present. The Ombudsman found that the records from both OTs do not indicate that Mrs X fell and there is consistency in the records from both the OTs. In addition, the Council responded appropriately to the complaint by checking the records and speaking to both OTs. LGSCO decided "not investigate this complaint that the Council did not take a fall seriously. This is because there is insufficient evidence of fault by the Council and because it is unlikely an investigation would lead to a different outcome."</p>
<p>Mr X complained about the distress caused by the Council's</p>	<p>LGSCO confirmed our findings that we had not dealt with matters as quickly as we would have wanted. We apologised again to Mr X and offered a</p>

<p>communications with him and his brother, Mr Y, when their parents were ill last year and died.</p>	<p>modest financial remedy.</p>
<p>Mr X complained that the Council delayed carrying out works to create a level access and failed to keep him informed.</p>	<p>We accepted it took longer than it should to complete the works, though some of the time taken was due to unfavourable weather. We took action to learn from the faults and offered a modest sum as a goodwill gesture. LGSCO said, "This is a suitable remedy for the fault identified."</p>
<p>Mr X said valuable and irreplaceable items were lost by Council officers. Mr X wants compensation.</p>	<p>The Ombudsman decided he "will not investigate this complaint that important items belonging to the complainant were lost by Council officers. This is because it is unlikely the Ombudsman could add to the Council's response (we saw no evidence to support the complaint) ... I appreciate Mr X thinks it is obvious that the Council lost his belongings but the Ombudsman can only make decision based on hard evidence, not just personal convictions."</p>
<p>Mrs X complained on behalf of her late husband, Mr X. She complained that when Mr X's terminal illness significantly affected his mobility, the Council failed to complete an adequate occupational therapy (OT) assessment; delayed providing the equipment they needed; failed to provide the information they needed; and failed to deal with the issues promptly.</p>	<p>Our investigation found that the OT's recording was not adequate but the outcomes of the assessment appeared to be reasonable. We had also found that we had not provided Mr and Mrs X with particular written information and therefore they were unclear about what we had agreed.</p> <p>Although LGSCO found that there were "several discrepancies between what Mrs X understood and what the OT said" they found fault with the OT assessment and the provision of equipment "because the information provided to Mr and Mrs X was not adequate". They also noted in view of the particular, time-pressured circumstances, that we could "have responded quicker to the issues Mrs X raised."</p> <p>We apologised again to Mrs X. We also took additional steps to improve all OT staff understanding about what had gone wrong in this case and we reviewed training for staff around dealing with people with terminal diagnoses.</p>
<p>Ms A says her brother, Mr B, was missing from his day centre for</p>	<p>We had previously investigated Ms A's concerns about Mr B being able to leave the day centre without being observed by staff. We noted that Mr B</p>

<p>over an hour and no-one noticed. Ms A says Mr B could have been killed or seriously injured because the day centre did not notice he was missing.</p>	<p>was a capacitated adult in this regard and that it was not unusual for him to opt out of group activities and sit elsewhere within the building. We apologised for the distress caused to family members from Mr B leaving the premises unaccompanied. We also explained that to our knowledge no other service users had left the centre unobserved and that we were reviewing its risk and security procedures with its Health and Safety Team, and if necessary improve security at the rear of the building (this action has been completed).</p> <p>LGSCO decided “not investigate this complaint. This is because it is unlikely he could add to the Council’s response of make a different finding even if he investigated. The Council has apologised and is reviewing safety procedures. The Ombudsman is satisfied this remedies the injustice caused to Mr B and his family.”</p>
<p>Children’s social care</p>	<p>Summary of LGO final decision</p>
<p>Ms X complained that the Council delayed the progression of her foster carer application and didn’t follow process correctly. She also complained that her complaint had not been handled in accordance with timescales.</p>	<p>Ms X’s concerns were fully investigated by the Council and the outcome in relation to both the progression of the foster application and the process was not upheld. The complaint in relation to how the complaint had been handled had been upheld due to a delay in the complaint being passed into the organisation by a Council member. The LGSCO agreed with the Council’s findings as follows:</p> <p>“There is no evidence of unreasonable delay by the Council in progressing Ms X's application to become a foster carer. The Council's application form lacked clarity about how many referees Ms X needed to provide but the Council has addressed this by introducing a new form. The Council delayed in dealing with Ms X's complaint which caused frustration and avoidable time and trouble to her which the Council has agreed to apologise for.”</p>
<p>Mrs X says in the early summer, the Council allocated her family a new social worker, Z. She says Z has been unfair in their assessment of Mrs X and her</p>	<p>On the evidence currently available, the Ombudsman cannot investigate Mrs X's complaint about a children services social worker's views. It is reasonable to expect Mrs X to tell the Court of her views in ongoing Court proceedings and we cannot investigate the evidence the officer gives the</p>

<p>family. The Council has refused to investigate Mrs X's complaint because of the Court proceedings.</p>	<p>Court.</p>
<p>The complainant, whom I shall call Ms X, complains the Council has failed to offer a suitable remedy for injustice caused to her niece, Y, by fault. This fault was the failure to tell Ms X between August 2015 and July 2017 that it had closed Y's case and there was no longer any need to restrict contact with Y's family. Ms X also complains the Council has not shown her evidence of a new case closure checking system it told her it had put in place.</p>	<p>Ms X complains the Council failed to provide a proper remedy for failing to tell her for two years that it had closed the social care case of her niece, Y. The Council has already offered a suitable remedy for the injustice caused.</p> <p>As well as offering Ms X an apology and a payment, the Council told her it would use a new case closure checking system. Ms X says she has seen no evidence of this.</p> <p>The Council told me it had started a named programme of external training on 3 June 2018 to ensure all social workers are clear about what they must do when communicating with families, including when closing cases. It also told me a standard item had been added to supervision sessions that social workers have with their managers to make sure they are aware of the case closure procedure. It sent me a confidential copy of the training materials. These showed the external training provider has dealt with the issue in detail during the training sessions.</p> <p>I would have recommended similar actions had the Council not already acted. But as it has, I do not recommend further remedy.</p>
<p>Mrs X complains on behalf of her disabled daughter, who I will refer to as C, that the Council has failed in its duty of care towards her.</p>	<p>Mrs X complains on behalf of her daughter about how the Council has failed in its duty of care to her. She raised several matters dating from 2013 to 2016, and says a complaint investigation was closed by the Council at Stage 2 in October 2017 when it would not accept her version of the complaint statement. The Ombudsman finds there was fault in the Council's approach to considering Mrs X's complaint at Stage 2 of the statutory children's complaints process. The issues identified are the main reason the process failed and caused Mrs X a significant injustice. The Council has agreed with our recommendation to carry out a new Stage 2 investigation, using the most recent draft complaint statement as its starting point.</p>

8. Enquires received in 2018/19

- 8.1 The Complaints Service also responds 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 2018/19, 129 enquiries were recorded by the team that related to adult services; and 102 that related to children’s services.
- 8.5 Of the total 231 enquiries received, the vast majority related to our services and were dealt with directly by the team. These included instances where issues could be signposted elsewhere so that the person was put in touch with expert staff. Sometimes service users contacted us to make comments or suggestions which were passed on to relevant services or used to help improve services.
- 8.6 In respect of individual school matters please note that while the Council’s authority is limited, in most cases we were able to offer suitable advice; or to put the person in touch with the relevant service within the Council for advice or on occasion practical help. For example, with concerns about bullying or where the child has been identified as having a special educational need or disability.
- 8.7 The table below notes the enquiries received by service area:

ENQUIRIES RECEIVED 2018/19	
Accommodation team (children’s)	1
16+/Leaving care team (children’s)	1
Care management (adults)	67
Children’s social work (locality teams)	72
Continuing healthcare (adults)	7
Disabled children’s team	1
Early help team (children’s)	1

Education services (SEND/Admissions/EWO)	4
Enquiry referral coordinators (adults)	2
Family placement and adoption (children's)	1
Finance (adults)	12
Front door/First contact (children's)	1
Home improvement service (adults)	5
Independent social care providers (adults)	13
In-house children's homes	4
Joint equipment and loan service including wheelchair service (adults)	3
MASH (children's)	3
Northumbria Healthcare (adults)	3
Occupational therapy (adults)	3
Other (children's)	12
Other organisations (adults)	1
Safeguarding adults	8
Safeguarding children	1
Self-directed support team (adults)	1
Short term support service (adults)	2
Single point of access (adults)	1
Welfare rights (adults)	1
Total	231

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.**

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, 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 Participation and Advocacy

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 as well as care leavers and young people with SEND.

Advocacy support for young people in Northumberland is provided initially through the Participation and Advocacy Team, based within Northumberland Adolescent Service (NAS). However, when necessary, advocacy support can be arranged through Action For Children.

To enhance the young people's participation offer within the Children's Services Locality Teams across Northumberland the Participation and Advocacy Team is in the process of appointing three additional Participation Development Officers.

In the year 2018/19 a total of 31 referrals for support were received by the Participation and Advocacy Team. Of these 26 were supported by the Participation and Advocacy Team, three referrals were passed on to Action For Children for Advocacy support and five were for an Independent Person for a secure review.

The Advocacy support offered by the Participation and Advocacy Team has ranged from supporting young people to raise complaints, assisting in identifying young people's wishes regarding placement moves and supporting the views of Unaccompanied Asylum Seeking Children to be heard.

CHC complaints

- 9.10 In respect of advocacy for people who wish to make a complaint 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, 2019/20 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 2019/20, 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.