



Walsall Council

Title	Customer Focus & Intelligence Report Adult Services Social Care Annual Report 1st April 2007 to 31st March 2008
Subject	Statutory Social Care Complaints & Representations Report
Creator	Mark Pitcher – Investigation Officer (Adult Services)
Version	5.0
Date	July 2008
Status	Final

1 Introduction

- 1.1 The Local Authority Social Services Act 1970, as amended by the NHS and Community Care Act 1990, requires the production of an annual report on the statutory complaints and representations procedures. Further specific regulations were implemented in September 2006 regarding statutory complaints – Statutory Instrument 2006/1681, the Local Authority Social Services Complaints (England) Regulations 2006.
- 1.2 The previous annual report was presented to Strategic Management Board in September 2007 and to the Health, Social Care & Inclusion Scrutiny Panel in March 2008.
- 1.3 All statistical information within this report has been obtained solely from the council's bespoke database (Respond).

2 Background Information

- 2.1 5 of the 8 targets set for the Customer Care Team (CCT) in the last annual report have been achieved. In respect to the remaining 3 targets, 1 was almost achieved (Local Performance Indicator CCT 2 target was set at 70%, achieved 69%). The timely resolution of a two more complaints would have been sufficient to achieve the CC2 target; all other CCT local PI's were achieved. The 2 other targets both related to delivery of training, one was partially achieved the other was not achieved at all. The main reasons were the lack of capacity within the team due to staff vacancies and other changes relating to the training section. No mandatory managers complaint training was delivered during the year and only two 2 hour training sessions were delivered to some teams within the adult directorate.
- 2.2 The targets set in the 2007/2008 annual report are indicated below; supporting evidence of the achievements is contained in the identified appendices and in the main report.
 - Training in relation to dealing with and responding to complaints should now be delivered through two separate courses: a revised mandatory one-day course targeted for all adult service managers who have to respond to complaints at stage 1, and new half day awareness course available to all

adult social care directorate staff. Attendance should continue to be monitored and reported on by the Human Resources and Organisational Development team. **NOT ACHIEVED** (See section 6)

- The target for local performance indicator CC2 should be set at 70% and a target of >5% set for local performance indicator CC3. The target for number of complaints acknowledged within the 5-day timescale should remain at 95%. **ALMOST ACHIEVED** (See appendix 1(d & e))
- A target of 15% of all complaints received being brought to the attention of the CCT directly by adult social care staff, through the use of the internal log forms (WSS 76a&b). – **ACHIEVED** (See appendix 1(c))
- That the public can electronically access the revised representations and complaints procedures via the council's website and that they can complete their representation on line and then forward it directly to the Customer Care Team. – **ACHIEVED** (See appendix 2)
- The continued use of mediation to achieve customer-focussed resolutions and to maintain the reduction of complaints escalating to stage 2. All complainants who remain dissatisfied following a stage 1 response and request to proceed to stage 2 should be offered the option of mediation, and its effectiveness be monitored (CC3) – **ACHIEVED** (See appendix 1 (a) and section 4)
- Two-hour awareness sessions in respect to complaint handling, should be provided to individual or groups of teams that fall within the four main services that form the adult social care directorate. - **PARTIALLY ACHIEVED** (See section 6)
- The six-month trial period of the learning from complaints procedure agreed by SMT on 26th June 2007 should be implemented from September 2007. Following the trial period, the data should be analysed and the outcomes presented to SMT in March 2008. It is anticipated that the information gathered during the trial period will be of value in relation to providing evidence that can be used in relation to performance indicator CC4.
- **ACHIEVED** (See section 5)
- The production of a range of service standards for each service area, which outlines what a service user should expect from a particular service team and how to comment, compliment or complain if they wish to in relation to the service or its provision. – **ACHIEVED** (See appendix 3)

3 Revision of Guidance and Regulations

- 3.1 The last annual report referred to changes to regulations and guidance in respect to the Social Services complaints procedures issued by the Department of Health. Implementation of these changes took place on 1st September 2006.

The main changes were :-

1. The revision of the council's Social Care & Inclusion public information leaflet, 'Comments, Compliments and Complaints', to ensure it correctly reflected the 20 working day timescale permitted to resolve and appropriately respond to

any statutory adult stage 1 complaint registered with the council.

2. The revision of the Social Care & Inclusion directorate's representations and complaints procedures, to reflect the requirements of the regulations.
3. Clarification within the revised procedures that complaints received through the statutory process in respect to services commissioned by this council (Care Standards Act complaints), now have to be forwarded to the provider who are being complained about. The council must seek permission from the complainant before forwarding the complaint to the relevant provider and the provider is then required to respond directly to the complainant in accordance with their own procedures. They must also provide a copy of their response to the council. Once permission has been obtained, the Customer Care Team is required to forward the complaint to the provider and inform the complainant of this action.
4. A time limit of 12 months from the date of the incident being complained about was introduced for people to register their complaint; this is subject to a level of discretion, which is held by the Customer Care Manager.

3.2 The following requirements were completed: -

- New leaflets were produced and circulated. A review of the leaflets was undertaken in March 2008, and a few minor alterations were made prior to the reprint of the leaflets in April 2008.
- The revised Social Care & Inclusion complaints procedures and leaflets were successfully placed on the council's website and can now be completed and submitted on line. During the reporting year, members of the public have utilised this availability to submit comments and complaints directly to the team via our web address, Customercareteamsocialcare@walsall.gov.uk

NOTE. There are separate procedures for the children's services directorate.

- 3.3 Further consultation within the reporting period has taken place about the proposed development of a single joint complaint procedure to be used by both Health and Social Care professions. Further work and consultation is still taking place and early adopter (EA) sites have been established in to ascertain how this arrangement may successfully be achieved. Early adopter field implementation teams (EAFIT) have also been set up to support those EA organisations. The Department of Health is leading on this project and input from Assistant Directors of Adult Social Services (ADASS) and the national and regional complaints officer group have been actively involved in the consultation process. More information in respect to these developments can be found by accessing the link attached below, or contacting the Customer Care Team.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_078565

From a social care perspective there is considerable concern to ensure that best practice that has been established following the revision of the statutory complaints regulations and guidance will be retained when the new combined regulations are implemented, possibly in 2009.

4 Mediation

- 4.1 Mediation is offered as an alternative dispute resolution method in an attempt to achieve acceptable resolutions without the need to progress complaints through to the next stage of the complaints procedure. It is offered, where appropriate, to all complainants who remain unhappy following the receipt of a statutory complaint response. The majority of feedback received from complainants that have used mediation has been positive. Complainants have stated that, not only has their complaint been appropriately resolved in a less formal setting, their perception of the council has become more positive. They have felt both listened to and valued and presented with an opportunity to suggest how services provided could potentially be improved. This improved perception is what the council should value most (improving the customer experience); however to maintain and reaffirm this perception, the council must ensure that appropriate action is then undertaken to deliver better outcomes for service users. This matter is covered within section 5 of this report.
- 4.2 In this reporting period, 7 complainants remained unhappy following receipt of their stage 1 responses and they all indicated they wished to progress their complaint to stage 2 of the complaints procedure. Of those 7, it was appropriate on 6 occasions to offer mediation and 5 of the complaints were successfully resolved as a direct result. With regard to the complaint that was not successfully mediated, other alternative dispute resolution methods were considered and tried but an acceptable resolution could not be achieved. This particular complaint and the other complaint that was not appropriate to mediate on both progressed to stage 2, but outside this reporting period. They will be reported on in next year's annual report. (See appendix 1(a)).
- 4.3 Mediation, where appropriate to use, is a more cost effective method to achieve real customer satisfaction, whilst still maintaining the opportunity to learn from complaints. This upholds and contributes towards achieving the corporate aspirations of Walsall Council. The offer of mediation promotes the council's willingness to actively engage with complainants and show that the council is committed to listening to its customers and taking action in order to achieve appropriate and acceptable complaint resolutions. I would recommend that its use be actively promoted on all occasions that it is appropriate to do so. (See section 8)
- 4.4 The pursuit of alternative forms of dispute resolution was promoted as good practice in the recent regulations and guidance notes highlighted earlier. One member of the team achieved accreditation as a qualified mediator in November 2007; another member of the team attended the course in 2008 and is now awaiting confirmation of their successful accreditation.

5 Learning From Complaints (LFC)

- 5.1 Following a period of consultation with various levels of management from SC&I and Children's services, a working group was set up to develop a system to capture LFC opportunities. Templates and procedural guidance were developed and presented to SMT on 26th June 2007. At the meeting it was confirmed that from September 2007 a pilot of this new procedure should commence for a period of 6 months across the directorate.

5.2 An update regarding the status and impact of the LFC pilot was provided within the quarter 3 CCT report presented to the Adult Performance Board (APB) meeting held on 28th January 2008. Statistical information and details regarding the improved access and usability of the revised forms were discussed. At this meeting, a decision was made that the LFC procedure should continue after the pilot period and the procedure should be adopted as standard practice and be incorporated within the directorate's electronic procedures. Work is still being undertaken as part of a review of the electronic procedures and once completed all complaints related procedures will be incorporated into them.

5.3 A further update providing the final statistical information from the pilot was provided as part of the quarter 4 CCT report that was produced in March 2008 and presented to APB on 28th April 2008.

A summary of the statistics are indicated below and in appendix 1(f):-

- 51 complaints were responded to during the 6-month pilot period that potentially could have provided learning opportunities.
- 27 completed templates were returned to the CCT, a 53% return.
- A range of learning opportunities were highlighted, the main ones being in relation to issues about attitude/behaviour of staff, poor availability or provision of clear and accurate information and the quality of services provided. (See appendix 1 (f & g))
- The customer care team have followed up some of the recommended action/activity required to address the identified shortfalls and evidence is available that some effective responsive action has been taken that has led to improvements. They have previously been reported on under the local Performance Indicator CC4 which forms part of the adult score card presented on a quarterly basis to APB. Though the target set for the year was achieved, there is still room for improvement. Both the quality and amount of returned LFC templates would benefit from the delivery of complaints training.

5.4 It is imperative that any identified learning should be followed up with appropriate and timely action, either to ensure appropriate amendments to policies or procedures are implemented or practice/service issues are addressed in order to improve outcomes. Equally, once the improvement has been completed, it should, if appropriate, be shared with the complainant, to reinforce the council's commitment to actively learning from complaints and taking action to provide better services to our community. I would therefore recommend that greater strategic and operational priority is attributed to the LFC procedure ensuring that any actions/activities required to be undertaken to deliver service improvements is not only carried out but is effectively evidenced and service user feedback obtained and recorded. (See section 8).

6 Training

6.1 No complaints training sessions were provided for responsible managers who have to respond to a stage 1 statutory complaint in accordance with the SC&I representations and complaint procedures. Previously up to 5 separate training sessions would have been provided during the period reported on; the reasons for no training courses being provided were indicated in section 2.1 above. (65 members of staff, most of who were managers from across adult services attended

training sessions during 2006/07.

- 6.2 It had been anticipated that 2 types of training would be offered following analysis of the previous years training delivered; a whole day for managers who have to respond to complaints at stage 1 and a half day (2 hour) awareness session for all operational staff across adult services.
- 6.3 Two 2 hour awareness sessions have been delivered to operational staff and managers in relation to complaints handling, but the emphasis was more in respect to the developments of the LFC related work.
- 6.4 Two short awareness sessions have been provided to all new SC&I staff as part of the corporate induction programme. Staff who attended were informed of the complaints procedure and advised of their roles and responsibilities with respect to the use of the internal complaints logs (WSS 0076a). They were advised of how to access the information via the intranet, the legal rights of service users to make representations and the importance of assisting them to complain. In addition, if they receive a compliment, they should ensure that it is forwarded to the CCT so it can be recorded and reported on.
- 6.5 A new training game, 'complaints made easy', was purchased to be utilised in future training events. (See section 8)

7 Performance related activity

- 7.1 From November 2007 all complaints in relation to Disability Facilities Grants (DFG's), (post O.T eligibility criteria being confirmed) have ceased to be recorded as a statutory social care complaints on Respond as they are now recorded by Strategic Housing as corporate complaints on the council's corporate Tell Us system.
- 7.2 The CCT have provided performance related and exception reports to Older People (OP), Learning Disability (LD) and Younger Adults and Disability Services (YADS) on a regular basis. Issues, trends or concerns in relation to complaints or concerns or the management of them are raised in these meetings.
- 7.3 The CCT local indicators that were introduced into the adult Social Care & Inclusion scorecard were amended to provide more useful performance management information. They have been monitored and reported on quarterly and in the end of year out turn figures. The local indicators used in 2007/08 are indicated below and it is proposed that they are reviewed and amended accordingly to ensure they remain fit for purpose for 2008/09 :- (See section 8)
 - CC1 - The number of complaints received in the period (stages 1 & 2)
 - CC2 - % of complaints that were resolved in period within indicated timescale
 - CC3 - % of complaints progressing to the next stage of the procedures within the period
 - CC4 - % of complaint issues that indicated the need for a revision of policy or procedure following the completion of stage 1 or 2 complaint investigations

- 7.4 There has been a significant decrease in the number of compliments recorded on Respond from across adult social care services, 82 compared to 109 last year. This in part can be attributed to the lack of capacity the team has had to provide training and maintain the important emphasis that compliments should be recorded, promoted and celebrated. An increased investment in training, time and publicity needs to be initiated next year, to raise the profile of the importance of complaints/compliments to both the staff and the public, and to recover ground lost this year. (See appendix 1 (b) and section 8)
- 7.5 During the reporting period, the use of direct e-mail representations via the council's web site has continued to increase. Further work using assisted technology is currently being developed (TexBox) to improve access for service users who have a sensory impairment. It is envisaged that by 2008/09 people with a sensory impairment will be able to effectively and directly contact the council; it is proposed that once this service is implemented, they should be able to make their representations and complaints directly to the Customer Care Team and receive acknowledgements via the same technology. (See section 8)

8 Proposed targets for 2008-2009

- 8.1
- Complaints management training to be reinstated this year, incorporating the use of the recently purchased training game. All SC&I managers responsible for responding to stage 1 complaints should attend the 1 day course if they have not previously done so. Records of attendance are to be maintained.
 - The introduction of half-day awareness courses should also be implemented if capacity allows. This is being discussed with the relevant people and it is hoped that this will be available from October.
 - The Customer Care Team manager to actively participate in the consultation process in respect of the proposal for a combined complaints procedure for health & social care and appropriately update SC&I strategic managers of any impact it may have across the directorate.
 - The target for local performance indicator CC2 should remain at 70% as should the target of <5% for local performance indicator CC3.
 - The target for number of complaints acknowledged within the 5 day timescale should be maintained in excess of 95%.
 - Local PI CC4 should be amended to state 'The ability to demonstrate that at least 7% of complaints lead to changes in services for service users'
 - At least 15% of all representations received should be notified to the CCT using the internal log forms 0076a&b.
 - The continued use of mediation to achieve customer focussed resolutions and to maintain where appropriate the reduction of complaints needed to be escalated through to other stages of the statutory complaints procedure. All complainants who remain dissatisfied following the receipt of their complaint response and who submit a written request to escalate their complaint, should be offered the option of mediation, and its effectiveness be monitored (CC3).

- The number of complaints received using formats other than a letter or leaflet should be increased, reflecting improved service user's access to the representations and complaints procedure, such as via the council's website or textbox facility.
- The learning from complaints procedure and appropriate following up of agreed action/activity needs to be further embedded into SC&I practice. Appropriate records of actions undertaken to improve service delivery should be evidenced including post complainant feedback in response to the actions undertaken. This information will be invaluable when used to provide evidence in relation to local P.I. CC4 and future SAS requirements.

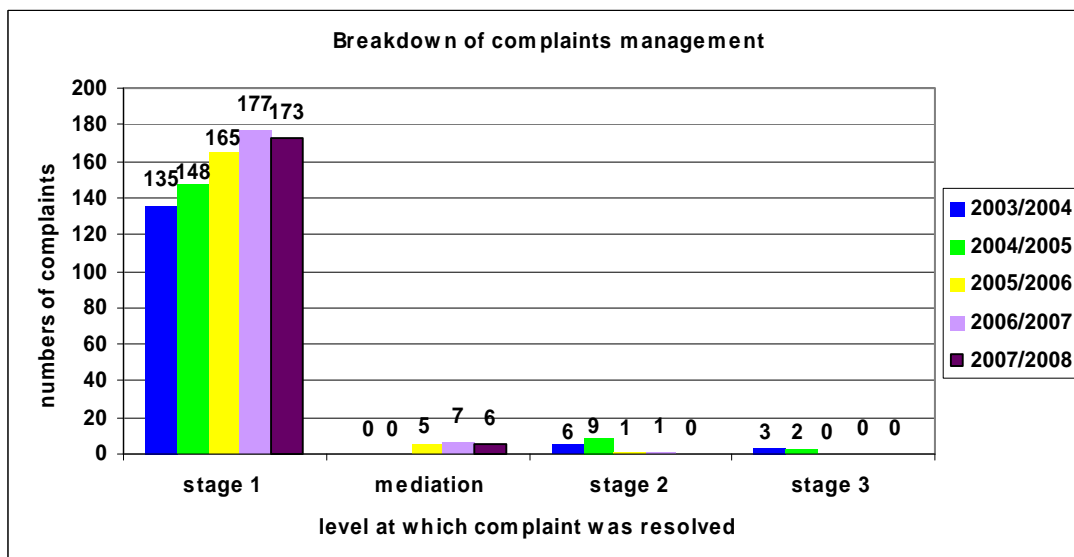
9 Recommendations

- 9.1
- That SMT endorse this report and its contents.
 - That SMT consider and advise whether this report needs to be presented to SMB, prior to it being presented to SC&I Scrutiny & Performance Panel in September/October.
 - That SMT informs the workforce development team that they need as a matter of priority to provide support to the customer care manager, to ensure that complaints management training and complaints awareness courses are both publicised and well attended.

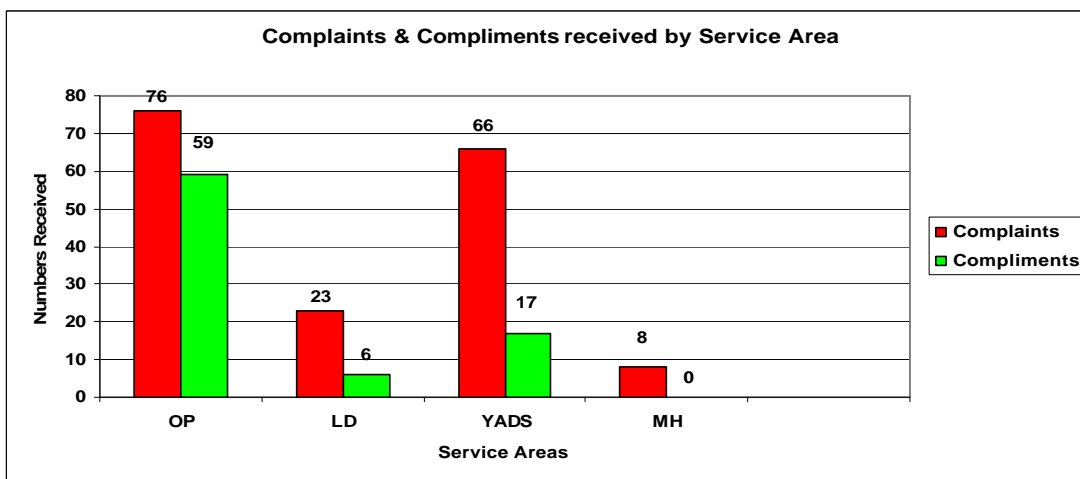
10 Contact Details

10.1 Mark Pitcher
 Adult Investigation Officer
 Corporate Performance Management
 Customer Care Team
 6th Floor Tameway Tower, Bridge St, Walsall, WS1 1JZ
pitcherm@walsall.gov.uk
 01922 650489

10.2 Paul Cooper
 Customer Care Manager
 Corporate Performance Management
 Customer Care Team
cooperpaul@walsall.gov.uk
 01922 650486

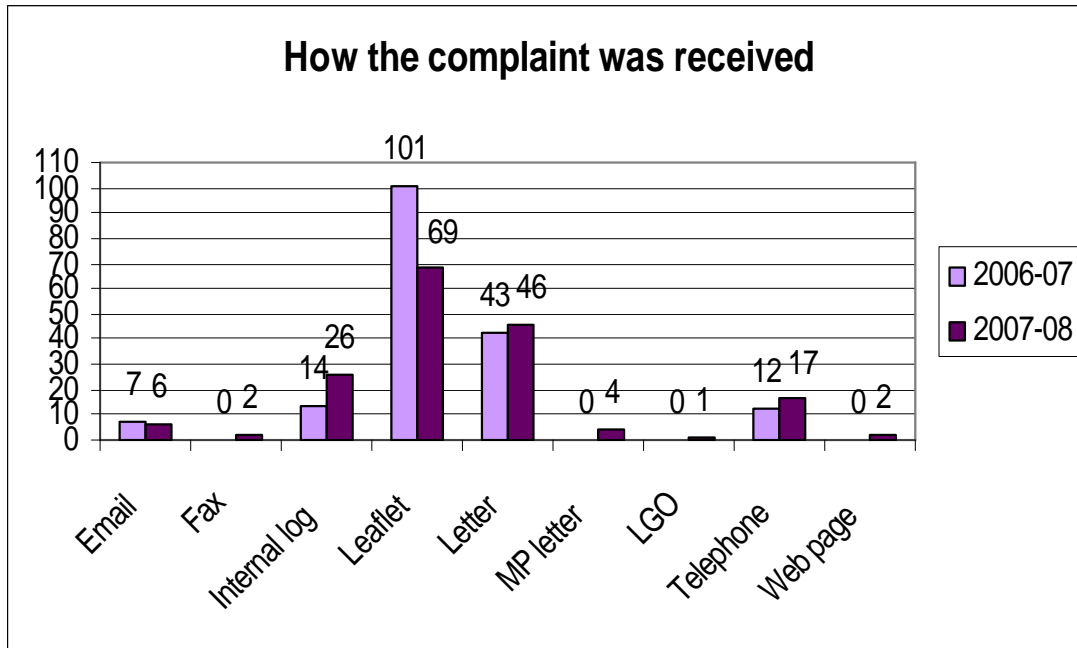
(a) Breakdown of complaints management

173 social care complaints were received this year; this figure is comparable with last year's figure (177). There has been a 17% reduction in older peoples complaints compared to last year, but a 16% increase in complaints relating to Younger Adults and Disability Services (YADS). The percentage of Learning Disabilities (LD) and Mental Health (MH) complaints has remained the same as last year. This graph also indicates a high percentage of complaints successfully resolved through mediation (83% compared to 88% last year), no stage 2 investigations have been undertaken, though two unresolved this year have progressed to stage 2 outside the reporting period and will be reported on next year, consequently no stage 3 reviews were required either.

(b) Comparison of complaints and compliments received by service areas

Of the 173 complaints, 44% were received in respect of OP services, 13% in LD, 38% in YADS and 5% in MH. 82 compliments were recorded compared to 109 last year (a 25% reduction), 72% in OP (10% increase on last year), 7% in LD, and 21% in YADS (5% increase), none were received for MH. For the second year in succession MH complaints have accounted for only 5% of the total received and further development work within this area should be considered.

(c) How was the complaint received?



The posted use of the adult social care CCC information leaflet remains the most commonly used method to register representations. The Customer Care Team supplies very few leaflets directly to services users indicating good levels of accessibility to this leaflet via our local offices or by their inclusion within the yellow SAP folders issued by social care assessment staff.

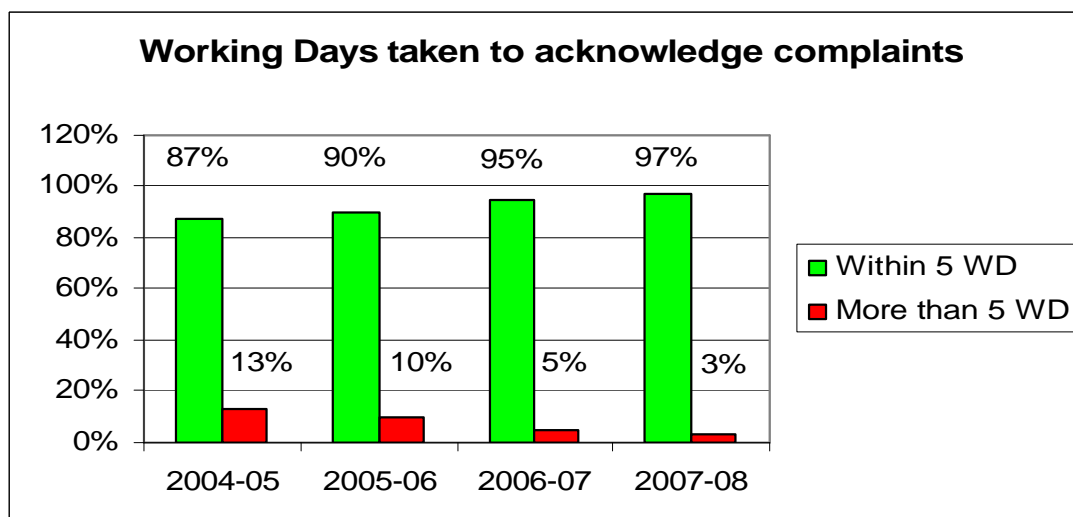
The CCT continue to provide a leaflet within acknowledgement letters sent to service users following receipt of their representations, this is to ensure they retain the ability to make a representation in the future.

Since better access and easier to use electronic forms have been made available on the council's intranet/internet web site, an increase in directly received electronic representations has been achieved.

The target of 15% of all complaints being recorded using the WSS76a & b internal forms has been achieved; this is nearly a 50% increase on last year. This would indicate that staff are now proactively capturing complaints during social care interactions and more appropriately following the council's representations and complaint procedures.

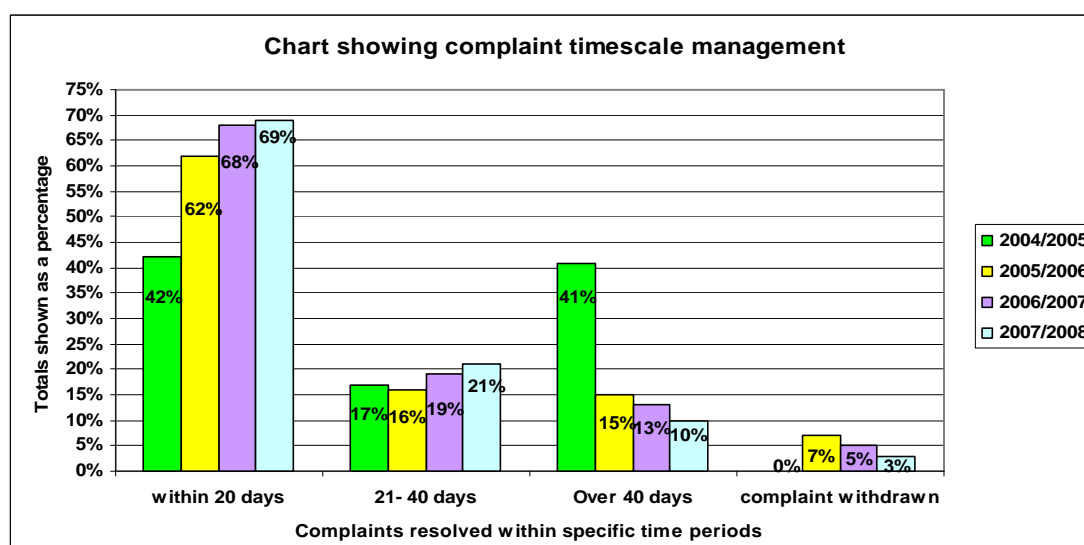
This more direct approach by social care staff directly indicates to service users that this council is committed to dealing with complaints and values customer feedback. It also means that complaints are captured and reported to the CCT early, maximising the amount of time available to managers to investigate, resolve and appropriately respond to service users within the permitted timescales.

(d) How long did it take to acknowledge the complaint?



All complainants in accordance with Statutory Instrument 1681 (2006) should receive an acknowledgement from the council within 5 working days of receipt of their statutory complaint. This graph above shows the continuous improvement that has been achieved in respect to this requirement over the past 4 years. The target of 95% of complaints acknowledged within time scale set for 2007/08 was achieved; it is proposed that this target should be increased to 97% for 2008/09.

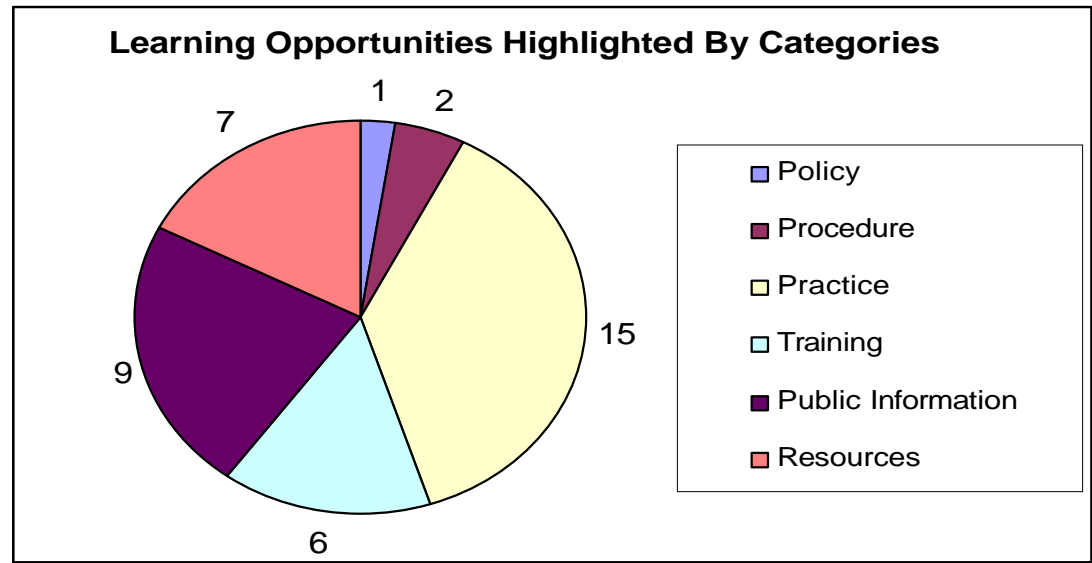
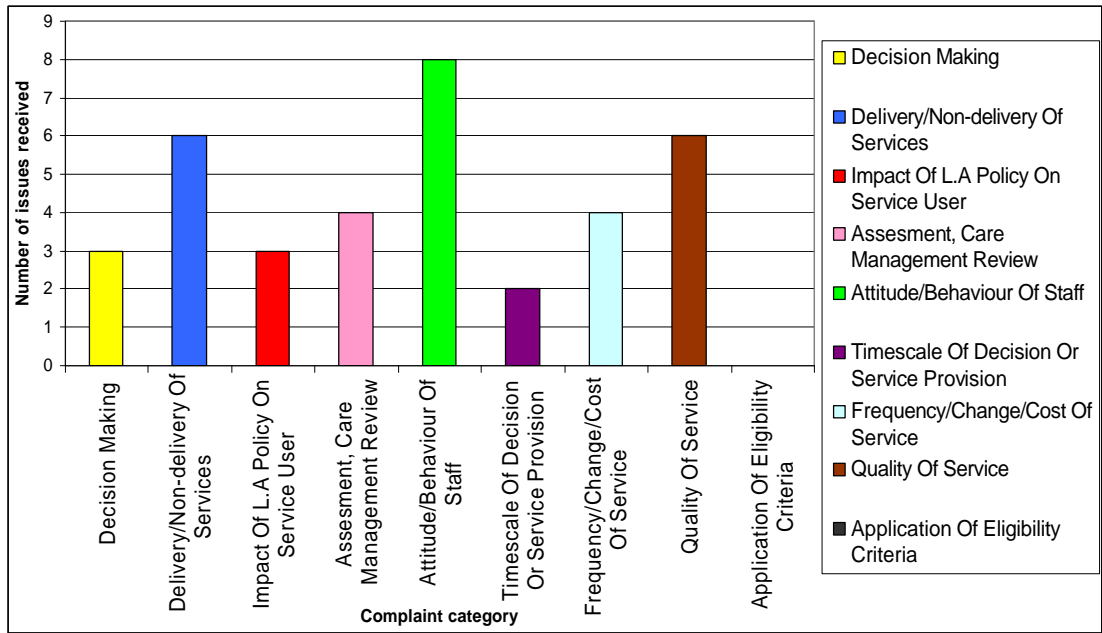
(e) Time taken to received a written response at stage 1



A continued increase in the number of stage 1 responses provided within the 20-day timescale has been achieved, however the target of 70% set for 2007 – 2008 was not achieved. This can in part be attributed to some vacant management posts and the unavailability of some managers due to extended periods of sick leave. However, some managers are still failing to give sufficient priority to producing a written response to the complainant within the appropriate timescales. Nevertheless, there has for the fourth successive year been a reduction in the number of complainants that have waited in excess of 40 days to receive a written response. The response time percentages provided relate to 168 of the complaints received, as 5 of the 173 complaints were withdrawn (3%). It is proposed that a target of at least 70% of all social care complaints

being responded to within the 20 working day time scale be set for 2008/09. (See section 8)

(f) Analysis breakdown of LFC forms completed during the 6-month pilot.



27 learning from complaint forms were completed, in respect to the 51 complaints received during the 6-month pilot. Of the 27 forms, 23 highlighted potential learning opportunities. The fundamental aim of the pilot was to capture any learning opportunities presented, group them into the 9 identified categories and to ensure that appropriate actions were undertaken.

The 27 forms raised 36 various complaint issues across the 9 categories, as shown in the bar chart above. From the 36 complaint issues captured, 40 learning opportunities were identified; they fell within the 6 areas displayed in the pie chart above. Staff attitude and work practice were the 2 highest areas of concern identified on the completed LFC forms.

From the findings, it is evident that further workforce development and training is required across the SC&I directorate. Equally better information needs to be available to

both staff and service users in order that staff can provide clear information to service users or they can access this information themselves, in order that service users are in a better position to make informed choices.

A total of 16 improvement activities have been recorded as being implemented throughout 2007/08 by the CCT, as reported in the end of year adult scorecard (Local P.I. CC 4). These activities were instigated and undertaken at both strategic and operational levels across the directorate and in some instances involved service users or representative groups. It is likely that other improvement work has been undertaken, across the directorate as a consequence of complaints being made, that has not been appropriately recorded and brought to the attention of the CCT.

This is why it is extremely important that good complaints handling and the LFC procedure is embedded as good practice by all staff across the directorate.

(g) Main issue categories complained about and outcomes at stage 1.

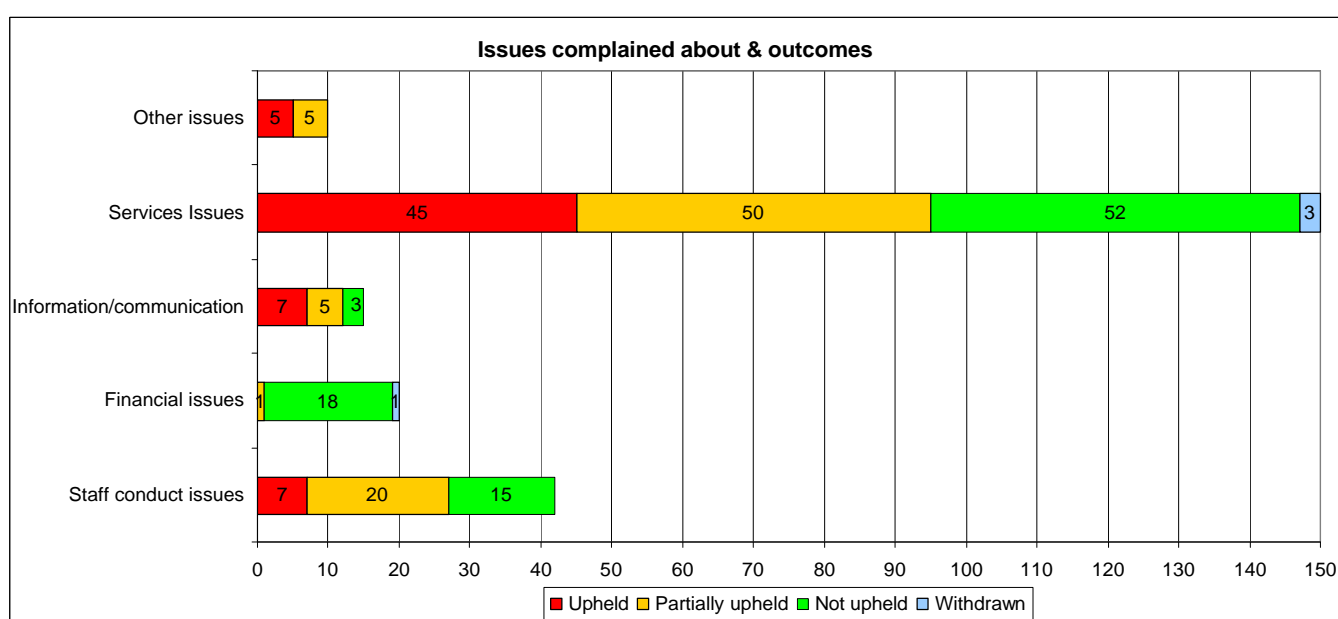


Table showing statistics used to populate the graph above.

	Upheld	Partially upheld	Not upheld	Withdrawn
Staff conduct issues	7	20	15	0
Financial issues	0	1	18	1
Information/communication	7	5	3	0
Services Issues	45	50	52	3
Other issues	5	5	0	0
TOTAL	64	81	88	4

Of the 237 issues raised within the 173 complaints received, over 63% whether they were upheld or not, were received in respect to dissatisfaction around actual service provision, which includes services provided by social care staff. The majority of issues

specifically made in respect of staff conduct, related to the provision of poor information or staff not being particularly helpful.

Of the 173 complaints received, 27% were upheld, 28% were partially upheld, 42% were not upheld and 3% were withdrawn. For comparison, last year's figures were 42% upheld, 20% partially upheld, 33% not upheld and 5% withdrawn.

This year's figures indicate that there has been a 7% decrease in the number of complaints that were upheld/partially upheld and a 9% increase in the number of complaints that were not upheld.

These figures would indicate that further work needs to be undertaken in respect to the quality of the services that are being provided to our service users, which includes the conduct of SC&I staff when providing support or direct services such as assessments and reviews to members of the public.



Social care complaints or comments

Adult Services

[View the Comments, Compliments and Complaints leaflet for Adult Services](#)

[View the Adult Services annual report 2006/2007 \(Word 478KB\)](#)

To make a comment, compliment or complaint, please complete the online form below:

[Online Comments, Compliments and Complaints form](#)

If you prefer to submit a written complaint, please click on the link below, print out the blank form, write in your information and post it or email it using the contact details on this page.

[Printed Comments, Compliments and Complaints form \(PDF 79.1KB\)](#)

Comments, Compliments and Complaints procedures

If you wish to view a copy of our complaints procedures for either adult's services or children's services, please contact the customer care team.

Customer Care Team
Tameway Tower
6th floor, west wing
Bridge Street
Walsall
WS1 1JZ

Telephone 01922 650487

Email customercareteamsocialcare@walsall.gov.uk

Links

Listed below are some organisations that may be able to assist you if you have a complaint:

- [National Youth Advocacy Service](#)
- [Local Government Ombudsmen](#)
- [Age Concern](#)
- [Walsall Carers Council](#)



[Return to Normal View](#)

Service Standards

Putting the customer at the heart of what we do

When you contact Walsall Council, we will make sure you receive friendly, reliable and excellent customer care. Our standards apply to everyone working for us. This includes all staff and elected members, and all services we provide or that are provided for us.

Social care and health

- [Housing Standards and Improvements \(PDF 24KB\)](#)
- [Housing Strategy and Partnership \(PDF 24KB\)](#)
- [Integrated Learning Disability Service \(PDF 28KB\)](#)
- [Mental Health Service \(PDF 26KB\)](#)
- [Older People's Services \(PDF 29KB\)](#)
- [Supporting People \(PDF 20KB\)](#)
- [Younger Adults and Disability Service \(PDF 28KB\)](#)

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