



FOREWORD BY TERRY RICH
DIRECTOR ADULT AND COMMUNITY SERVICES

Welcome to our 4th Annual Adult and Community Services Complaints Report.

We have had another busy and productive year in ACS in which the learning from complaints has formed an important part in improving the services we provide to our service users.

As we have increased choice and opportunity we have sought to involve the people who use our services in the changes. They are after all the 'experts' and their experiences are invaluable in shaping our future services. With change comes the challenge of developing new systems and we must ensure our customers continue to provide us with feedback on our performance. This is fundamental to our ongoing development as a customer focused organisation.

Particularly important this year has been the developments in our quality assurance systems. Learning from complaints has been key in helping us to improve the monitoring of our own domiciliary care services, making them better able to deliver consistently in the standards of delivery our customers expect.

We are committed to continuing to improve standards and our customers' complaints are vital, highlighting when our services do not meet their expectations. We continue to work in partnership with our contracted providers and we are encouraged by their willingness to engage with us to raise standards and address shortfalls.

Our complaints service has made a difference. We have handled over 250 social care complaints this year and the learning from many of these has resulted in improvements to service standards. We also receive compliments, providing valuable positive feedback to our staff and teams. We ensure a fair and robust investigation takes place into each complaint and have developed monitoring systems to ensure those who complain are fully informed of the progress of their complaint. We will continue to work with this positive approach towards complaint resolution over the coming years and hope to see continued high quality service provision as a result.

London Borough of Bromley

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Section 1: Complaint Overview

Adult Social Care (Statutory Complaints)

Summary of activity from April 2009 to March 2010.

Given the large volume of adult social care services provided to people in Bromley, there are inevitably times when service delivery may not fully meet intent or expectations. The number of complaints received about Adult Social Care during 2009/10 was 253. This compares to 352 for the previous year (2008/9); a drop of 28%. Overall last year, just under 8500 people received a range of social care services so the number of complaints received equates to 3% of service users, which is a small but significant number.

Last year, the statutory complaints regulations for care and health services changed. This saw the 3 stage local resolution process change to a single process, with escalation to the Local Government Ombudsman if customers remained unhappy with the outcome of their complaint. Under the current regulations, front line staff are encouraged to resolve complaints informally, with the aim that less serious complaints can be dealt with quickly and more efficiently. As a result, fewer complaints should reach the formal stage. However, the Department continued to monitor complaints resolved informally (**45** informal complaints for adult social care).

The significant drop in complaints seen by the department this year can be attributed to actions taken during 2008/09 with respect to a particular domiciliary care provider. Complaints regarding commissioned domiciliary care have fallen by 60% this year. (**127** in 08-09 to **43** in 09-10).

The 20 working day timescale to resolve a complaint previously set by the Department of Health is no longer a statutory requirement. However, within Bromley the 20 day timescale has remained the target time overall. Of the 253 complaints received for adult social care this year, 168 (**66%**) were responded to within of 20 working days. This is an improvement from last year's figure of 56% and exceeded our 65% target.

Only 38 of the 253 complaints received for adult social care were responded to after 28 days, therefore 85% of complaints were responded to within this time. Delays were experienced mainly where investigators had to wait for information from service providers. It is recognised that there is the need for continued improvement in this area and the complaints team will make every effort to ensure the progress of all complaints is monitored carefully.

The types of complaints we receive are recorded under four main categories: Operational, Information, Lack of Action and Policy. As expected, most complaints fall under the operational category, with the relevant sub-categories representing the primary reasons for complaint i.e. late/missed call, incorrect billing and assessment delay.

We received a total of 203 complaints this year relating to operational issues, which constitutes **80%** of all complaints in 2009/10. It is important to note that not all complaints are upheld and on average this applies to just over a third of the complaints we receive. Of the operational complaints received, 77 (**38%**) are recorded as not upheld and of the largest category, which related to quality of service provided, **33%** were not upheld.

Chart 1 below represents all the operational complaints received this year for Adult Social Care and shows how many complaints were received for each sub-category. A breakdown for each service is given in the next section of this report, including details of improvements made to the services to address the issues raised.

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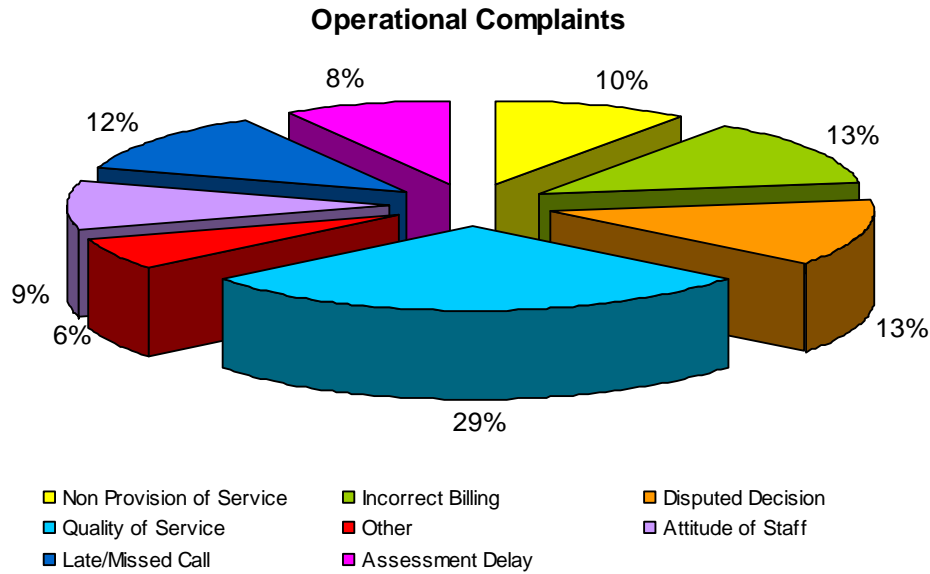


Chart 1

Of all the operational complaints received (203), 126 were either upheld or partially upheld. The largest category of complaints related to 'one off' incidents involving late or missed calls by domiciliary care staff (22) and to the quality of service provided, which includes care tasks not being completed to the expected standards (20). The department further strengthened domiciliary care quality assurance systems last year as detailed in 'lessons learnt' and as reported in the 'Quality Domiciliary Care Annual Report 08/09'.

Chart 2 below is a breakdown of complaints recorded under the remaining categories, the largest area of concern being the failure of staff to communicate (lack of response). A total of 27 complaints were received with regard to this and 19 (70%) of these were either upheld or partially upheld. Section 2 details measures that have been put in place by individual teams to address the problems highlighted by these complaints.

Complaints about Lack of Action, Information and Policy

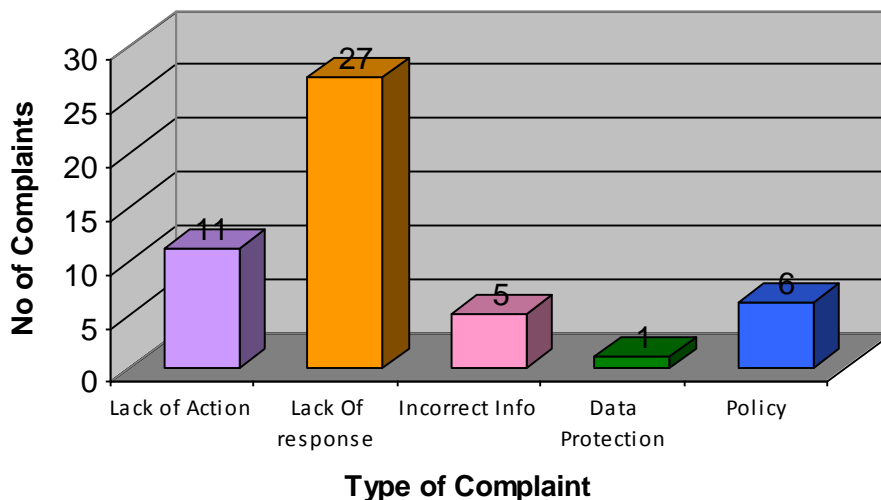


Chart 2

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Housing, Strategy & Performance and Drug Action Team (Corporate Complaints)

This year, we received a total of 69 formal complaints about **Housing and Residential Services**, which is a slight increase of 8%. Last year's total was 64. The Division responded to 41 (**59%**) of the 69 complaints received within timescale. This is a drop on the previous year's performance, where 76% of complaints were responded to within 20 working days. The drop in performance in responding to complaints is largely due to recent increased pressures on the housing services and increased workload, of which more is discussed in section 2.

Housing and Residential Services received a total of 32 complaints relating to operational issues (disputed decisions, service delays, non-provision of requested service etc.). Meanwhile, 30 complaints were about the failure of staff to communicate or staff providing incorrect information. 7 complaints related to lack of action by staff. In total, 50 (**72%**) of the 69 complaints received this year are recorded as not upheld. Only 6 (**19%**) of the 32 operational complaints received were either upheld or partially upheld; while 10 (**33%**) of the 30 complaints were issues around communication/information and were either upheld or partially upheld. In addition, 3 (**43%**) of the 7 complaints relating to lack of action were upheld or partially upheld.

Many of the operational complaints were around disputed decisions (*17 in total*), and 15 of these were not upheld. As a result of the current national economic climate, there have been added pressures on the housing team and this has included an increase in complaints by residents disputing their banding position on the housing register. In most cases, these residents have been found to have been banded correctly by the housing team.

6 complaints were received for the **Strategy & Performance Division** this year; one about the Complaints Team, one relating to the Appointeeship & Deputyship service, one about the Adult Safeguarding Team and three regarding freedom pass applications. Of the 6 received; 3 concerned operational issues, 2 were about the failure to communicate and one about lack of action.

All the above complaints are recorded as not upheld, except for the complaint relating to the Adult Safeguarding Team. Lessons learnt and actions taken as a result of this complaint are discussed in section 2.

This year, we received two complaints about the **Drug Action Team**. The service is now managed by the Commissioning & Partnership Division and complaints relating to it are recorded as corporate complaints. One of the complaints received was about the attitude of staff and one concerned lack of action by Drug Action Team staff. Both complaints are recorded as not upheld.

Section 2: Complaints received by service & lessons learnt

Chart 3 and **Table 1** show the number of complaints received by each service area, in each quarter and also quarterly totals for all adult social care complaints received for the year 2009/10.

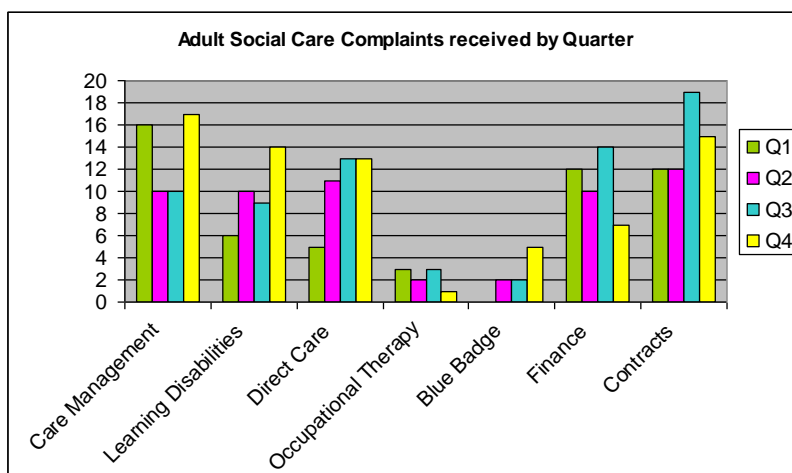


Chart 3

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Adult Social Care Complaints Received specific to Service Area

	Q1	Q2	Q3	Q4	Total
Care Management	16	10	10	17	53
Learning Disabilities	6	10	9	14	39
Direct Care	5	11	13	13	42
Occupational Therap	3	2	3	1	9
Blue Badge	0	2	2	5	9
Finance	12	10	14	7	43
Contracts	12	12	19	15	58
Total	54	57	70	72	253

Table 1

Chart 4 and Table 2 show how many corporate complaints were received in each quarter this year.

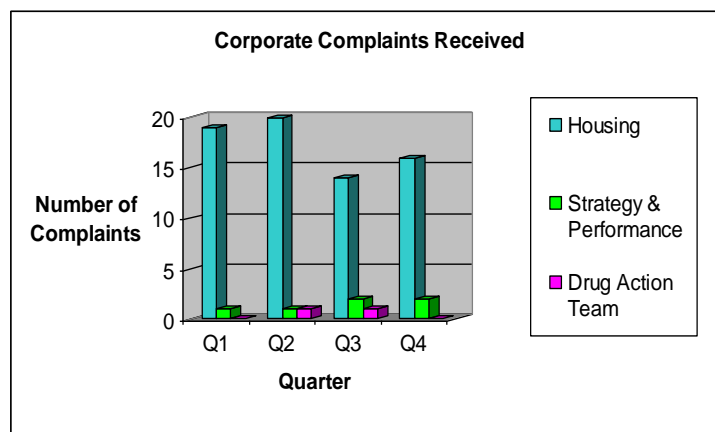


Chart 4

Corporate Complaints Received per Quarter

	Q1	Q2	Q3	Q4	Total
Housing	19	20	14	16	69
Strategy & Performance	1	1	2	2	6
Drug Action Team	0	1	1	0	2
Total	20	22	17	18	77

Table 2

The following is a summary of complaint activity for each service area and team, with details of the lessons learnt from complaints, wherever applicable.

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Care Management

CARE MANAGEMENT 2009/2010												
	Penge Team		Orpington Team		Hospital Team		PDSI Team*		Review Team		CARTS Team**	
Complaints Received	21		17		2		8		1		2	
Resolved within 20 working days	14	66.7%	9	52.9%	1	50.0%	6	75.0%	1	100.0%	0	0.0%
Upheld	5	23.8%	3	17.6%	0	0.0%	3	37.5%	1	100.0%	2	100.0%
Partially Upheld	5	23.8%	2	11.8%	0	0.0%	1	12.5%	0	0.0%	0	0.0%
Not Upheld	11	52.4%	12	70.6%	2	100.0%	4	50.0%	0	0.0%	0	0.0%
Still Active	0		0		0		0		0		0	

*Physical Disabilities and Sensory Impairment. **Community Assessment, Rehabilitation and Treatment Service.

The **Penge Older People's Team** received 21 complaints in 2009/10 compared to 18 the previous year; a rise of 17%. 16 of the complaints received for this team were in relation to operational issues, while 5 were about either non-communication or incorrect information being provided. In the first quarter, the team received 9 complaints. Of these, 3 were about the attitude of staff and 3 concerned the failure of staff to communicate. Of these, 5 were either upheld or partially upheld and, as a result, measures were put in place by senior management to address the problems highlighted by these concerns (please see [Lessons Learnt 1.1](#)). Since these measures were put in place, complaints relating to the poor attitude of staff have dropped.

Other complaints related to:

5 x failure to provide a requested service; 1 upheld, 4 not upheld.

4 x disputed decisions; all not upheld.

2 x quality of service provided; both upheld.

2 x provision of incorrect information; 1 partially upheld, 1 not upheld.

The **Orpington Older People's Team** received 17 complaints, with no notable peaks or trends quarter by quarter (Q1 = 5, Q2 = 5, Q3 = 3, Q4 = 4). In the previous year the team received 38 complaints, which means complaints about this service have dropped by 55%. This drop in complaints could be attributed to a permanent manager being in post.

9 of the 17 complaints received this year related to operational issues, while 5 related to issues around communication. The remaining 3 were about policy and lack of action. Only one complaint was made about the attitude of a member of staff in the team and, although it was recorded as not upheld, measures were taken by team managers to help prevent similar complaints being made in future (please see [Lessons Learnt 1.5](#)).

Other complaints related to:

2 x issues around adult safeguarding; 1 partially upheld, 1 not upheld.

1 x the quality of service provided, not upheld.

3 x the failure of staff to communicate; 1 upheld, 2 not upheld.

3 x disputed decisions; 1 upheld, 2 not upheld.

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1 x provision of incorrect information; not upheld.

1 x incorrect billing; upheld

1 x data protection issues; partially upheld.

1 x lack of action; not upheld.

2 x policy; both not upheld.

1 x assessment delay; not upheld.

The **Hospital Care Management Team** at the Princess Royal University Hospital received 2 complaints in 2009/10 compared to 7 in 2008/09, both were about operational issues. One related to a disputed decision and one to the non provision of a requested service. Although both were recorded as not upheld, changes were made in order to mitigate complaints around any confusion around care charges (please see [Lessons Learnt 1.6](#)).

The Physical Disabilities and Sensory Impairment Team received 8, this compares to 13 received in the previous year; a drop of 38%.

Two of the 8 complaints received this year related to delays in carrying out assessments and were either upheld or partially upheld. As a result of these, procedures were put in place to improve the assessment process (please see [Lessons Learnt 1.8](#)). In addition, 3 complaints were about the failure of staff to communicate and 2 of these were upheld. Improvements have been made to the service to address some of the communication issues highlighted (please see [Lessons Learnt 1.8](#)).

Other complaints related to:

1 x lack of action; not upheld.

1 x policy (reduction in service); not upheld.

1x non-provision of a requested service; not upheld.

The **CARTS** and **Review & Brokerage** teams recorded a total of 3 complaints this year. The complaint about the Review & Brokerage team related to an assessment delay and was upheld, while the complaints about the CARTS team were about the failure to communicate and lack of action respectively. Both of these were upheld.

Lessons Learnt

- 1.1 The duty team in the care management office in Penge now has three permanent staff. This ensures a quicker response rate and improved consistency of service to those who contact the office. In addition, to improve the quality of communication, further training has been put in place to enhance customer service skills and improve the overall experience for service users when contacting the area offices.
- 1.2 Following a complaint by a care home about a safeguarding investigation, a new protocol has been established. In future, when there are safeguarding concerns relating to a contracted provider, the decision to suspend commissioning of new placements will be taken by heads of service and assistant directors. This protocol includes an appeals process, where disputed decisions can be taken to the Director. In addition, it has been recognised that in line with other local authorities, the complaints procedure can be used to review decisions in adult safeguarding investigations. No further complaints have been received in this area.
- 1.3 The **Penge Older People's Team** has amended its assessment and care plan documents following a complaint made about the failure to follow a care plan. In response to suggestions made by the service user who made the complaint, some documents can be tailored to suit an individual's requirements.

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- 1.4 A complaint about a care manager with regard to an alleged conflict of interest, highlighted problems faced when dealing with families where internal disputes are present. Care Managers at the **Orpington Older People's Team** have been reminded to advise service users and their families when meeting with them that no formal notes will be taken. However if an agreement is in place then formal notes will be taken. Relatives will be informed of the role of the care manager and clear boundaries will be set at the outset of assessments. Care managers will also be encouraged to follow up discussions with service users and their families in writing in order to minimise instances where misunderstandings can occur.
- 1.5 Changes have been made as a result of a complaint with regard to the charging of fees for interim placements. Care managers have revised the standard written confirmation to service users and carers, which clearly states when they are required to make a contribution to the services they receive. This includes short term, emergency, transitional and respite placements. In addition, improved details of direct payments are now available on the Bromley website. The offer of direct payments to all service users and their carers is now a compulsory part of the assessment process for service users discharged from hospital. No further complaints have been received in this area.
- 1.6 Following a review of the Discharge Checklist, the **Hospital Care Management Team** has amended this to include issues of catheterisation and referrals to District Nurse Services. In future the checklist will act as a prompt to care managers to check with the discharging ward the necessary steps and advice has been given, before the patient is discharged from hospital. This follows a complaint where it was found there was not enough clarity provided to the carer around the maintenance of a service user's catheter bag. The team's group manager has also suggested that the hospital produces a leaflet on catheter care for patients.
- 1.7 We received two complaints from residents about the length of time taken to carry out assessments and delays in setting up services. In response to the concerns raised by these complaints, the duty service for people with physical disabilities has been improved and so has assessment timeliness. Since this improvement has been implemented we have received no further complaints in this area.
- 1.8 As a result of a complaint from a member of the public who was unable to contact one of the technical officers for deaf services, the **PDSI Team** has changed its voicemail messages to provide alternative contact numbers. As a consequence, there is now always an officer available to offer advice when required, during hours of operation

Learning Disabilities & Mental Health

LEARNING DISABILITIES & MENTAL HEALTH 2009/2010						
	Assessment & Support		Transition Team		Mental Health	
Complaints Received	26		11		2	
Resolved within 20 working days	15	57.7%	9	81.8%	0	0.0%
Upheld	8	30.8%	3	27.3%	1	50.0%
Partially Upheld	3	11.5%	3	27.3%	0	0.0%
Not Upheld	15	57.7%	5	45.5%	1	50.0%
Still Active	0		0		0	

The Learning Disabilities Assessment & Support Team received 26 complaints in 2009/10, compared to 24 in the previous year. The majority of the complaints received were about operational issues (21 in total), while 3 were about the failure of staff to communicate and 2 were about lack of action.

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The largest area of complaint for this team was about delays in carrying out assessments. Although 8 complaints were received in regard to this, only one is recorded as upheld. For this case a shortcoming in the service was highlighted and measures were taken to address this problem (please see **Lessons Learnt 2.1**). It is noted in the fourth quarter, the complaints team received no further complaints with regard to assessment delays.

Complaints regarding disputed decisions totalled 5 and 2 of those were upheld. As a result of this, it was recognised safeguards needed to be put in place so that decisions about care provision were properly risk assessed before being finalised (please see **Lessons Learnt 2.2 & 2.3**).

Other complaints related to:

1 x non-provision of a requested service; upheld.

3 x attitudes of staff; 1 upheld, 2 not upheld.

2 x behaviour of another service user; 1 partially upheld, 1 not upheld

1 x the quality of service provided; upheld

1 x complaint about a safeguarding investigation; partially upheld

3 x the failure of staff to communicate; 1 upheld, 2 not upheld.

2 x lack of action; 1 upheld, 1 partially upheld.

The Learning Disabilities Transition Team received a total of 11 complaints in 2009/10, which is a rise from last year's total of 4. The largest area of complaint was with regard to the failure of the team to respond to service users or their families. Two of the four complaints received with regard to this particular concern were either upheld or partially upheld. A period of temporary staff shortages may have been responsible for the rise in complaints. The team is now fully staffed and, as a consequence, complaints relating to non-communication have since dropped. In the fourth quarter, only one communication-related complaint was received and this is recorded as not upheld.

Other complaints related to:

2 x disputed decisions; 1 partially upheld, 1 not upheld.

1 x non-provision of a requested service; upheld.

1 x assessment delay; not upheld.

1 x attitudes of staff; upheld.

1 x the quality of service provided; not upheld.

1 x lack of action; partially upheld.

Lessons Learnt

- 2.1 The recruitment of two new care managers in the **Learning Disabilities Assessment & Support Team** has reduced complaints regarding delays in allocations.
- 2.2 The **Learning Disabilities Assessment & Support Team** have implemented a procedure for making emergency decisions in the absence of the next of kin. The procedure requires a full risk assessment be undertaken in relation to the presenting need of the service user, before any decision is made.
- 2.3 Care managers have been reminded; where letters from clients or their families are received they should always respond in writing. Any meetings or telephone discussions should be followed up with a

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letter, setting out what was discussed, the conclusions reached and the action proposed by the Council. Although care managers might feel it more appropriate to deal with some issues on a personal basis, especially in sensitive situations; the sending of follow up letters will pre-empt complaints about the failure to respond to written communications.

- 2.4 Following a complaint about delays in **Learning Disabilities Assessment & Support Team** members completing adult safeguarding investigations, additional training has been provided. In addition, it has been made mandatory that only staff members who have completed the appropriate level of adult safeguarding training, can carry out safeguarding investigations.

Direct Care Services

DIRECT CARE SERVICES 2009/2010										
	Home Care		Extra Care Housing		Care Link		Transport		Invicta/OOH	
Complaints Received	32		7		2		0		1	
Resolved within 20 working days	18	56.3%	7	100.0%	2	100.0%	0	0.0%	1	100.0%
Upheld	15	46.9%	1	14.3%	1	50.0%	0	0.0%	1	100.0%
Partially Upheld	7	21.9%	1	14.3%	1	50.0%	0	0.0%	0	0.0%
Not Upheld	10	31.3%	5	71.4%	0	0.0%	0	0.0%	0	0.0%
Still Active	0		0		0		0		0	

The **Home Care Team** received a total of 32 complaints in 2009/10, a drop of 18% from last year's figure of 39.

12 of the 32 complaints received this year related to the quality of service provided by care staff, 3 were related to missed calls, 6 late calls and 1 both late and missed calls.

When looking at the outcomes, 7 of the complaints about service quality were either upheld or partially upheld, while 9 of the 11 complaints related to missed or late calls were either upheld or partially upheld. This represented a total **72%** in these 2 areas of concern. Steps have been taken to address the problems highlighted by these complaints ([please see Lessons Learnt 3.1 & 3.2](#)) and concerns regarding lateness and carers missing calls, will continue to be monitored to help improve the quality of service provided.

Other complaints related to:

1 x failure to communicate; upheld

5 x non-provision of a requested service; 3 upheld, 1 partially upheld, 1 not upheld

1 x attitudes of staff; partially upheld

2 x change in service; both not upheld

1 x allegation of theft; not upheld

Extra Care Housing received a total of 7 complaints in 2009/10, compared to 23 complaints the previous year. This represents a drop of 70%.

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Of the 7 complaints received this year, 3 were about the quality of care received by residents in the extra care housing units and all of these are recorded as not upheld. 2 complaints related to the attitude of care staff working at Norton Court and Durham House, both were either upheld or partially upheld. As a result of these complaints, additional training has been provided to carers by their agencies to improve communication skills and therefore avoid similar situations occurring in future.

Other complaints related to:

1 x non-provision of a requested service; not upheld.

1 x the behaviour of another service user; not upheld.

Direct Care Services received two complaints about the **Care Link** service in 2009/10; a drop of 80% on last year's total of 10.

Only one of the complaints received this year related to the quality of service and one related to the level of service provision. These were upheld and partially upheld respectively and, as a result, measures have been taken to address the shortcomings in the service highlighted by the complaints ([please see Lessons Learnt 3.3 & 3.4](#)).

Lessons Learnt

3.1 Following a serious complaint made during 2009 relating to the Councils in house home care service, the Council introduced measures to reduce the risk of these events being repeated. An electronic monitoring system has been introduced which records a carer's arrival and departure times. This ensures carers do not cut visits short and where the service user has double handed care, it records both carers are present. The service has also introduced unannounced quality monitoring visits which are undertaken by supervisors.

The lessons learnt from this complaint have been shared with all other domiciliary care contract with the Council. A number of external agencies were already using or preparing to use electronic monitoring systems. Since the 'easy tracker' system was introduced and made available across the borough, there have been two further complaints about missed or late calls this year; a drop of 75%. This trend continues with two further complaints received between April and May 2010.

3.2 The system of contacting and confirming the work domiciliary care agency staff have been requested to carry out has been reviewed. Previously, a system of faxing worksheets to the relevant agency was used and this had proven adequate at the time. As a result of a complaint about the domiciliary care service, an email system was introduced which means work can be monitored and tracked more effectively.

3.3 The Carelink service has put measures in place to ensure there is always a manager on call. Staff working out of hours can always refer to a senior colleague for guidance or instruction.

3.4 Following a complaint about Carelink and key safes, existing procedures have been re-issued. Those working in the control centre will be reminded of the service response procedures. Safeguards will be put in place to ensure all members of staff are fully aware of the locations of service users' key safes.

3.5 A complaint regarding a faulty hoist and the delay in resolving the problem indicated a shortcoming in the current system for repairing equipment. As a consequence, the procedures for dealing with faulty hoists have been amended to ensure an engineer from the supplier company is involved at an earlier stage. This means faults are identified and repaired quickly, thus minimising further distress and inconvenience to the service user. Under the new procedures, battery stocks will also be reviewed more frequently, so that problems with regard to hoist batteries can be dealt with more speedily.

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Occupational Therapy & Blue Badges

OCCUPATIONAL THERAPY & BLUE BADGES 2009/2010				
	Occupational Therapy		Blue Badges	
Complaints Received	11		9	
Resolved within 20 working days	2	18.2%	6	66.7%
Upheld	4	36.4%	1	11.1%
Partially Upheld	4	36.4%	6	66.7%
Not Upheld	3	27.3%	2	22.2%
Still Active	0		0	

The **Occupational Therapy Team** received a total of 11 complaints in 2009/10, compared to 7 in the previous year.

Of the 11 received this year, 6 related to either assessment or service delays and 5 of these were either upheld or partially upheld. One was recorded as not upheld.

In order to reduce waiting times, the Occupational Therapy Team has adopted a workload management system. This involves transferring referrals from the east to west team and vice versa to ensure service users are seen quickly.

Other complaints related to:

3 x the non-provision of a requested service; 2 partially upheld, 1 not upheld.

1 x disputed decision; not upheld.

1 x failure to communicate; partially upheld.

During 09/10 there were 9 complaints received about the **Blue Badge** service, 7 of which were upheld or partially upheld, whereas no complaints were recorded in 08/09. The main reason for this is that at short notice, the agency commissioned to assess blue badge applications ceased operating this concession on behalf of the London Borough of Bromley, causing some inconsistencies in service delivery during this time.

As a result of the complaints received for blue badges, an appeals process has been put in place to ensure fairness while at the same time ensuring blue badges are issued to applicants who meet the eligibility criteria ([please see Lessons Learnt 4.1](#)).

Complaints related to:

4 x disputed decisions; 1 upheld, 1 partially upheld, 2 not upheld.

3 x attitudes of staff; all partially upheld.

1 x quality of service provided; partially upheld.

1 x failure to communicate; partially upheld.

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Lessons Learnt

- 4.1 The care management and commissioning teams have established a blue badge appeals process to replace the process previously administered by BATH, following several complaints. BATH was the agency previously commissioned to issue blue badges on behalf of Bromley Council. Unsuccessful blue badge applications are now reviewed by a different occupational therapist, following the request for an appeal. The final decision is approved by the Head of Care Management. The Commissioning & Partnerships division is currently in negotiation with the trading arm of the Bromley PCT to deliver the mobility assessments for blue badge applications and this is still ongoing.

Charging & Finance

CHARGING & FINANCE 2009/2010						
	Charging Domiciliary Care		Charging Residential Care		Direct Payments	
Complaints Received	29		13		1	
Resolved within 20 working days	24	82.8%	6	46.2%	1	100.0%
Upheld	16	55.2%	6	46.2%	0	0.0%
Partially Upheld	4	13.8%	4	30.8%	0	0.0%
Not Upheld	9	31.0%	3	23.1%	1	100.0%
Still Active	0		0		0	

In 2009/10 we received 43 complaints relating to the charging of domiciliary and residential care, and direct payments. This compares to 16 received the previous year; a rise of over 250%.

The largest area of concern highlighted by the complaints received for **charging** in 2009/10 was incorrect billing, which constituted (25) **58%** of the complaints received for this service. 11 of those were upheld, while 5 were partially upheld and 9 were recorded as not upheld. In summary, 65% of complaints received about incorrect bills were either upheld or partially upheld and emphasised the need for clearer and more accessible billing information for the service user. Measures have been put in place to make statements clearer to understand and to ensure information is checked more thoroughly, so as to avoid instances of over or under-charging (please see [Lessons Learnt 5.1 – 5.5](#)).

Other complaints related to:

6 x failure to communicate; 5 upheld, 1 partially upheld.

6 x disputed decisions; 1 upheld, 2 partially upheld, 3 not upheld.

2 x incorrect information provided; both upheld.

3 x lack of action; all upheld.

1 x attitudes of staff; not upheld.

Lessons Learnt

- 5.1 The introduction of monthly statements will help billing disputes to be rectified much sooner and more efficiently.

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- 5.2 Targets and deadlines are now in place for financial assessments. Clients should no longer experience unnecessary delays in response to their requests. From April 2009, statements show charges for *actual*, rather than planned hours.

The aim of this is to filter out most errors and minimise the need for service users to dispute care charges.

- 5.3 The charging policy information has been amended to include details of the 30 minute minimum charge for domiciliary care, so as to avoid any future discrepancies and payment disputes relating to this. The finance team will ensure in future that all aspects of charging be explained clearly in policies and public material.
- 5.4 Due to quality issues and errors on statements, which have generated a large number of the complaints about charging, weekly reports are now run by the Fairer Charging Team. These reports identify new clients, amended care packages and closed packages. This information is then forwarded onto the relevant member of staff so records can be amended accordingly. The team also runs reports to identify which services have not yet been authorised, to ensure charges are made to all services being provided. The team also carries out weekly quality checks on data uploaded onto statements, so that any large credits and debits can be highlighted and checked before statements are sent out to clients. Since the implementation of these measures, complaints about incorrect statements have dropped significantly.
- 5.5 As a result of complaints relating to invoices for domiciliary and residential care, the Fairer Charging Team has changed its procedure for raising charges. Statements are now checked for errors on a regular basis, resulting in fewer complaints being made about incorrect billing. In addition, management of the Exchequer Services was moved back to the Head of Finance in Adult & Community Services, to ensure consistency in this area of the business.

Contracted Services

CONTRACTED SERVICES 2009/2010								
	Domiciliary Care		Residential Care		LD Day Services		LD Residential Services	
Complaints Received	43		13		1		1	
Resolved within 20 working days	37	86.0%	7	53.8%	1	100.0%	1	100.0%
Upheld	18	41.9%	1	7.7%	0	0.0%	0	0.0%
Partially Upheld	19	44.2%	7	53.8%	1	100.0%	1	100.0%
Not Upheld	6	14.0%	5	38.5%	0	0.0%	0	0.0%
Still Active	0		0		0		0	

The total number of complaints received this year about contracted domiciliary care agencies is 43, which is a considerable reduction from last year's figure of 127.

With the introduction of new complaints regulations in April 2009, which recommends front line staff deal with low risk complaints informally, more complaints are resolved to the satisfaction of customers without the need for recourse to the formal complaints process.

Last year we received 38 complaints about one particular domiciliary care agency in 2009/09. As a result of measures taken by the contracts team to address the high level of complaints received has dropped to only 2 in 2009/10.

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Of the 43 complaints received about contracted **domiciliary care** agencies, the majority were about the quality of service provided, missed or late calls. Concerns over quality of service, which included complaints about carers not following care plans, totalled 24 (56%). 18 (75%) of these, were either upheld or partially upheld. The Contracts Monitoring Team took a number of actions in order to address the problems highlighted (please see **Lessons Learnt 6.1 & 6.2**).

There were 14 (33%) complaints about carers being late or missing calls altogether. 14 of these were either upheld or partially upheld. These complaints revealed the need for more rigorous procedures to ensure carers arrive at specified times (please see **Lessons Learnt 6.3, 6.4 & 6.5**).

Other complaints related to:

2 x lack of action; 1 upheld, 1 partially upheld.

1 x non-provision of a requested service; partially upheld.

1 x attitudes of staff; partially upheld.

Contracted **residential care** services received 13 complaints this year and 6 of these (46%) related to the quality of respite care provided by one home.

Of those 6 complaints, 5 are recorded as partially upheld, while 1 was not upheld. Having analysed the complaints with regard to the level of respite care, it was found that customer expectations were not being met effectively. As a result of this, the Contracts Monitoring Team liaised with senior management at the home to address this problem (please see **Lessons Learnt 6.9**). Overall, complaints regarding the quality of service provided by residential homes totalled 10 (77%) and, of those, 6 (60%) were recorded as either upheld or partially upheld.

Other complaints related to:

1 x non-provision of a requested service; partially upheld.

1 x failure to communicate; partially upheld.

1 x allegation of theft; not upheld.

Lessons Learnt

- 6.1 A complaint about the service provided by one particular agency revealed that some carers were not following care plans properly. The contracts monitoring team informed the agency they will be carrying out regular spot checks to ensure basic tasks such as sweeping and tidying up are being carried out as instructed. Also, the agency has undertaken to reduce the number of different carers attending the same service user to improve consistency of care.
- 6.2 One agency has been reminded that maintaining a clear channel of communication with service users is essential when there is a change of carer. The Contracts Monitoring Team has amended its monitoring visits to include a review, to look at how agencies allocate carers to service users. This will help ensure consistency of care where carers are replaced.
- 6.3 To avoid discrepancies between perceived and actual visit times, all contracted agencies will be encouraged to make mandatory the signing of time sheets by service users. Timesheets have been adjusted to include a space for an authorising signature. The issue of the service user's ability to sign must also be considered and agencies will be asked to review their policies in regard to this.
- 6.4 As a result of concerns raised about carers arriving late or missing calls, one agency has disbanded the central out-of-hours service that proved to be unsatisfactory; they transferred the business to local branches, in order for cover to be provided more easily when carers are absent or unable to make calls.

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- 6.5 One particular agency has implemented some changes to the way it organises its rotas. This came about following a recent review, where it was recommended that more travel time be allocated between calls to reduce the risk of carers arriving late. This followed complaints about late calls. This recommendation was subsequently made by the Contracts Monitoring Team to all the domiciliary care agencies in the Borough and the expectation is for an improved quality of service in the long term.
- 6.6 In response to complaints received about a specific agency, the monitoring officer will review the agency's complaints and disciplinary procedures, including training programmes. The monitoring officer will forward recommendations regarding the training or re-training of staff members who are the subject of complaints. It has been recognised that agency staff may require refresher training in all areas, not just those required in the national minimum standards.
- 6.7 Following a number of complaints about the quality of respite care at one residential home, it was agreed that written confirmation will be sent to all service users attending respite care. The letter will record what was discussed at the pre-assessment, any special requirements that may have been mentioned by the service user and details of what the home can and cannot offer. The aim of this was to improve information for service users. We received one further complaint in this area during the implementation of the letter and none have been received since.
- 6.8 Day care centres will be asked to clarify their procedures as regards the administering of medication and, to make clear when staff members are not trained to carry out specific medical procedures.

Housing & Residential Services

HOUSING & RESIDENTIAL SERVICES 2009/2010												
	Housing Options		Housing Solutions		Housing Initiatives		Support & Resettlement (Young People)		Support & Resettlement (Vulnerable Adults)		Residential Services	
Complaints Received	28		30		1		3		5		2	
Resolved within 20 working days	18	64.3%	18	60.0%	1	100.0%	0	0.0%	2	40.0%	2	100.0%
Upheld	3	10.7%	4	13.3%	0	0.0%	0	0.0%	5	100.0%	0	0.0%
Partially Upheld	5	17.9%	3	10.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Not Upheld	20	71.4%	23	76.7%	1	100.0%	3	100.0%	0	0.0%	2	100.0%
Still Active	0		0		0		0		0		0	

The **Housing Options & Advice Team** received 28 complaints this year, a slight drop of 12.5% from last year's figure of 32. The main areas of concern were around poor communication (11) and the attitude of staff (5). Out of the 11 complaints received regarding failure of housing options staff to communicate, 8 are recorded as not upheld. Of the 5 complaints received about poor attitude of staff, 2 were partially upheld while the rest were not upheld.

Although most of the above mentioned complaints were not upheld, a need to improve response times was recognised and this has been addressed by the team in a number of ways. The service has experienced increased pressures as a result of a rise in home repossessions and loss of tenancy (and threats thereof), increased break up of relationships and domestic violence. An overall increase in those approaching the service for assistance of 40% and whilst the number of applications to join the housing register has tripled. Unfortunately this has meant that resources have been put under pressure explains why there are proportionately high numbers of complaints this year with regard to delays in communication. (please see [Lessons Learnt 7.1 - 7.7](#))

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Other complaints related to:

3 x non-provision of a requested service; 2 partially upheld, 1 not upheld.

4 x disputed decision; all not upheld.

2 x quality of service; all not upheld.

2 x lack of action; 1 upheld, 1 not upheld.

1 x incorrect information provided; not upheld.

The **Housing Solutions Team** received a total of 30 complaints in 2009/10 compared to 15 the previous year. This 100% rise in complaints is further evidence of and linked to the extra pressures on housing services as a result of the current national economic situation and particularly in its effects on people seeking to address their housing situation. There has been a dramatic increase (averaging 300% per week) in housing register applications and, as a result, delays in processing these along with an unprecedented number of households pursuing the limited supply of housing, which has resulted in an increase in complaints relating to communication delays, service delays and applicants challenging their priority banding allocations.

Complaints about communications totalled 11, only one of those was upheld and two partially upheld. There were 12 complaints relating to disputing banding decisions and only two of these were either upheld or partially upheld, while one is still being investigated. In addition, there are a significant number of 'formal reviews' sought on priority banding decisions as opposed to specific complaints. Three complaints were made with regard to service delays and are all recorded as not upheld; the concerns around these areas highlighted the frustrations of those experiencing housing problems. Measures have been put in place by the service to help lessen delays and mitigate further dissatisfaction in the service provided ([please see Lessons Learnt 7.7 – 7.8](#)).

Other complaints related to:

1 x attitudes of staff; not upheld.

1 x incorrect information provided; upheld.

2 x lack of action; 1 upheld, 1 not upheld.

The main areas of concern highlighted by the complaints received for both the **support & resettlement** teams, (which received a total of 8 complaints in 2009/10 compared to 2 the previous year) were around lack of action and a the failure to communicate. One particular complaint, although recorded as not upheld, identified the need to improve joint-working between housing and children's services. Measures were put in place to resolve these issues ([please see Lessons Learnt 7.10](#)). Since the protocols have been put in place, no further complaints have been received around this issue, although the success of the system will continue to be monitored.

Complaints related to:

3 x failure to communicate; 2 upheld, 1 not upheld.

2 x lack of action; 1 upheld, 1 not upheld.

1 x incorrect information; upheld.

1 x quality of service; upheld.

1x disputed decision; not upheld.

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Lessons Learnt

- 7.1 A new referral protocol has been set up between care management and housing to clarify the lines of communication between services in relation to potential safeguarding issues. This makes clear that safeguarding is the responsibility of the whole Council. This protocol proved a success when piloted and has resulted in a successful resolution and we have received no further complaints .
- 7.2 The Housing Advice Team has changed its procedures for people about to be made homeless due to mortgage repossession. People are now seen by an Options and Assessment Officer and if eligible for the Mortgage Rescue Scheme, their case will be referred to the Money Adviser. We have received no further complaints in this area.
- 7.3 To speed up complaint response times, all complaints are now filtered through two officers in the service this guarantees complaints are being received and dealt with promptly by an available officer. In addition, the progress of complaints can be chased and tracked more easily. Complaint response times have been made a priority matter for performance management and manager's appraisals for 2010/11.
- 7.4 The triage system and skills available within the service have been reviewed and amended to ensure a better service for those who contact the housing office. Members of staff in the housing team have received additional training to specialise in certain areas of work in order to provide a better and more comprehensive service, for example, training in mortgage advice and mortgage rescue. No further complaints have been received in this area.
- 7.5 Further work has been done with staff around the key aspect of managing expectations, so as not to raise customers' aspirations and thereby leading to complaints when these are not met.
- 7.6 A number of complaints have come from residents who have complex and/or multiple issues and where a number of services are involved. Where such cases arise, residents are now allocated wherever possible to a specific case worker, as a main point of contact. All communication is channelled through the case worker to avoid confusion and speed up the service for the service user. We have received no further complaints in this area.
- 7.7 Training has been commissioned by the Housing Division in telephone skills and decision letter writing. In addition, the **Housing Options & Assessment Team** has undertaken work and revised duty rotas to improve telephone response times.
- 7.8 Due to the increased volume in casework and in the level of enquires received by the **Housing Solutions Team**, a new process has been put in place to offer holding responses and keep clients informed if responses are likely to take longer. This includes automated email responses, advising on assessment and response times, as well as procedures.
- 7.9 Following a ruling at Southwark Crown Court (July 09) on 16 & 17 year olds presenting as threatened with homelessness, Housing and Residential Service have developed protocols and a joint housing/child in need assessment process with Children and Young People Services for use as soon as vulnerable young people approach them for help. This will ensure that the needs of those seeking assistance are appropriately assessed and the proper support identified and put in to place.
- In addition, officers were advised that, if they are not able to provide an appointment within seven days of the young person approaching the service, as set out in the procedures, this needs to be brought to the attention of management in order to ensure that this is possible. These measures were discussed in team meetings and supervision sessions. This was implemented as a result of a complaint about the **Support & Resettlement Team for Young People**, following the judgement.
- 7.10 The **Support & Resettlement Team for Vulnerable Adults** is to implement quarterly case file auditing in order to monitor the support and advice it provides. The team has also put procedures in place for the effective recording of the advice and support provided, in addition to recording outcomes.

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- 7.11 Due to complaints concerning a provider of services to mental health service users, the provider was placed under scrutiny. In addition, the **Support & Resettlement team for Vulnerable Adults** has conducted a review of both its housing triage system and its medical processes.

Other Corporate Complaints

DAT & STRATEGY COMPLAINTS 2009/2010										
	Freedom Passes		Complaints Service		Drug Action Team		Adult Safeguarding		Appointeeship & Deputyship	
Complaints Received	3		1		2		1		1	
Resolved within 20 working days	2	66.7%	1	100.0%	2	100.0%	1	1	1	1
Upheld	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%
Partially Upheld	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Not Upheld	3	100.0%	1	100.0%	2	100.0%	0	0.0%	1	1
Still Active	0		0		0		0		0	

Lessons Learnt

- Following a complaint from a member of the public who was misdirected when attempting to make a safeguarding alert, relevant front-line staff members have been reminded how to deal with adult safeguarding referrals, or requests for information made by the public and how the Bromley Social Services Direct service functions. A training session was given to relevant staff on 14th July 2009 for this purpose. Since the training, no further complaints about misdirected safeguarding enquiries have been received.

Section 3: Ombudsman Enquiries

Adult Social Care

This year, we received 5 Ombudsman enquiries for adult social care. Two of these have been completed, while three are still being investigated by the Local Government Ombudsman (LGO).

One of the two completed enquiries concerned a complaint against the Physical Disabilities and Sensory Impairment Team. The enquiry was concluded early when an agreement was reached between the Council and the complainant. The second complaint was in regard to a taxi card application and the Ombudsman discontinued their investigation following an offer by the Council to use its discretion and issue a taxi card, without the requirement to complete an assessment. The three active Ombudsman enquiries are in regard to complaints made about Occupational Therapy Services, the Orpington Older People's Team and a direct payment, respectively.

Housing

The Council received 8 Ombudsman enquiries regarding housing in 2009/10. Of those received, 5 of the complaints were not upheld by the Ombudsman and, as a result, the LGO discontinued their investigations. Three of the Ombudsman Enquiries received this year are still active, while the LGO completes its investigations.

Compensation Payments

As a result of Ombudsman Enquiries completed and upheld the previous year, £8000 in compensation payments were made during this financial year.

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Section 4: Informal Complaints

The new complaints regulations encourage front line staff to deal with and, whenever possible, resolve less serious complaints orally and within 48 hours. The aim of this is that service users who have less serious concerns can have them dealt with quickly and without the need to go through a lengthy formal complaints process; which may unnecessarily delay resolution and cause further inconvenience or frustration. Although there is no requirement under the complaints regulations to record informal complaints, the complaints team understands the importance of recording informal complaint information, in order to identify problems in service provision before they become more serious. Front line staff are therefore encouraged to record details of informal complaints they deal with and to provide this information to the complaints team.

The following is a breakdown of informal complaints received for adult social care in 2009/10.

We received a total of 45 informal complaints for adult social care this year.

2 x assessment delays	8 x attitudes of staff	1 x change in service
2 x disputed decisions	1 x disputing eligibility criteria	6 x failure to communicate
1 x incorrect billing	4 x incorrect information	1 x lack of action
1 x level of service	7 x late or missed call	3 x non-provision of a requested service
6 x quality of service	2 x service delays	

The largest number of informal complaints received by service this year was Home Care (**11**), and these were mostly around missed/late calls and the attitude of staff. The largest areas of concern for those who made informal complaints were around the attitude of staff, the failure to communicate and the quality of service received. These were across all services in adult social care.

Section 5: MP Enquiries, Comments and Compliments

As well as complaints and Ombudsman enquiries, we also record MP enquiries, comments and compliments. This year we received 18 MP enquiries for adult social care and 45 MP and Members enquiries for housing. 67 comments and general enquiries were received for adult social care and 26 for housing.

In addition, the Complaints Team received 23 compliments for adult social care and 23 for housing. The following is a sample of some of the compliments we received in 2009/10:

Adult Social Care

'My mothers care manager was pro-active, caring and efficient'

'My son's care manager was a tremendous source of support during the recent difficulties my family have faced and while my son was in hospital and has also helped with regard to adult safeguarding referrals.'

Housing

'Thank you for finding me a property, it's much appreciated'

'I would like to say a big thank you for all the advice, it's refreshing to speak to someone who I felt not only listened but actually wanted to help.'

Section 6: Listening to our service users

Complaints survey

We sent 60 customer satisfaction questionnaires to clients who had made formal complaints in 2009 and, of those, 22 (**37%**) were returned. The purpose was to gather information from service users who had made formal complaints about how they felt their complaint was handled.

Overall, we found the survey to paint a positive picture of the complaints service. While 64% of those who responded said they have not experienced a re-occurrence of the issues that caused them to complain, 55% thought their complaint was handled impartially.

Most encouraging of all is that 59% of respondents thought the person who handled their complaint was helpful and 68% said they were treated with courtesy and respect.

We found that 67% said they were satisfied with the way their complaint was handled. Of those, 27% said they were very satisfied, while 40% said they were fairly satisfied. We also found that, of those who responded, 50% were satisfied with the outcome of their complaint and of those, more than half said they were very satisfied, and half were happy with the actual outcome.

68 per cent of respondents said they thought the letter of response was well written, even though 59% of those who returned questionnaires told us that the letter of response did not answer their complaint.

We found that most people who answered our survey, thought their complaint was responded to in a reasonable amount of time. Those who thought otherwise considered three to four weeks to be a reasonable timescale.

As a result of some of the weaknesses identified by the survey, the team plans to send a follow up letter when a complaint has been concluded. The courtesy letter will confirm that a letter of response has been sent and will ask the complainant whether or not they feel their complaint has been fully responded to. The letter will also invite the complainant to write back if they have any remaining concerns and will also include a satisfaction questionnaire, so that we can continue to gather feedback from service users about what they think of the complaints service.

Monitoring information (adult social care) – See appendix 1

Equality and Diversity

Most social care complaints relate to service users who are over 65. This does reflect our customer profile.

67% of adult social care complaints were received from female service users. 133 (78%) of female service users who complained were over 65. This proportion of female over male complainants is consistent with the overall profile of service users in the borough.

Most of those who made an adult social care complaint this year, considered themselves to be White British (**90%**), while 5% considered themselves to be Asia British and 2% British Caribbean.

Disability

Out of the 253 of those in adult social care who complained, 39% considered themselves elderly and frail; 25% physically disabled, 16% have a learning disability and 5% to be living with sensory loss (either partial sightedness or hearing loss).

Section 7: What we've achieved and what we hope to achieve

The complaints procedure was re-written in line with the new complaints regulations and made available to all members of staff, who deal with complaints via the OneBromley intranet site.

In order to introduce the new procedures to front line staff and offer staff the opportunity to ask questions about any aspect of the complaint process they were not sure of, the complaints manager attended care management and home care planner's team meetings, throughout the year. In addition, complaint surgeries and regular catch-up sessions are now in place, so group managers can go through active complaints with a member of the complaints team. In this way, the complaints team is able to provide guidance and assistance to ensure complaints are responded to in accordance with the departmental procedures. The improvement in complaint response times this year indicates that these measures have been effective.

A total of 15 officers at management level have been trained this year in complaint investigating skills. This advanced complaints training, was given to assist officers investigate complaints made about services they manage or to carry out independent investigations, on behalf of other services within the department. Although only two independent investigations were carried out this year, the complaints team hopes to build on the skills acquired by staff who attended the course, with the aim of improving the quality of complaint investigations and the letters of response sent to complainants. The complaints team plans to hold regular meetings with its pool of investigating officers so that they are kept up to date with any changes in the complaints procedures, and so that specific issues with regard to complaints can be aired and discussed.

In addition to the investigating skills training, the Complaints Team will begin to deliver complaints made easy training in 2010 to staff at all levels who deal with complaints. The course is designed to train staff on how to deal with complaints as per the departments' complaints procedures and how to risk assess complaints effectively, so as to distinguish between formal and informal complaints. In this way it is hoped complaints are dealt with in the most appropriate way possible. Through this training, the complaints team hopes to create a better understanding of complaints handling throughout the department and continue to ensure complaints are responded to as quickly and effectively as possible at front line level.

The Complaints Team now produces quarterly complaints reports, so that senior managers are kept regularly informed of complaint activity throughout the year. The reports provide an analysis of complaint activity over three-month periods and outline the lessons learnt from the complaints received, along with details of improvements or changes made to services as a result of the complaints received. In addition, assistant directors are sent a weekly log of outstanding active complaints; this helps assistant directors identify which managers in their service are failing to respond to complaints within timescales and provides an additional level of support for chasing complaint responses.

In line with the new complaints regulations, which encourages early resolution of less serious complaints by front line staff, the Complaints Team will continue to promote the benefits of recording informal complaint information to all front line staff in the department. Although informal complaints are not subject to the formal complaints regulations, they are often early indicators of potential problem areas within a service. By recording details of informal complaints, problem areas and trends can be identified quickly and it is hoped this will prevent more serious complaints from being made in future. The complaints team is currently trialling a weekly informal complaints return, where group managers are asked to provide details of all informal complaints received on a weekly basis. The pro-forma is accompanied by a training pack, which explains how to identify, deal with and record informal complaints. All group managers will be expected to distribute to their staff after the pilot is completed.

The Complaints Team will continue to promote the importance of learning from complaints and will continue to compile information about changes made to services as a result of complaints. There are plans to set up regular meetings with group managers in order to discuss the lessons learnt from complaints, to identify what changes need to be made to services as well as making sure promised improvements have been implemented. In this way, any service improvements can be reported on both in the quarterly and annual complaints reports.

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Appendix 1

Domicilliary Care Agency

Dom Care Agency	Q1	Q2	Q3	Q4	Total	%
AG Care	5	0	2	2	9	20.9%
Care Uk	3	2	2	5	12	27.9%
Medichoice	0	0	0	0	0	0.0%
Redspot	1	0	1	0	2	4.7%
Safe Secure	0	0	0	0	0	0.0%
Nightingales	0	0	0	0	0	0.0%
Carewatch	0	1	2	1	4	9.3%
Goldsborough	0	2	2	0	4	9.3%
Bridges	0	0	0	2	2	4.7%
Sure Care	2	0	3	2	7	16.3%
Other	0	3	0	0	3	7.0%
Total	11	8	12	12	43	100.0%

Residential and Nursing Care Homes

Residential Home / Nursing Home	Q1	Q2	Q3	Q4	Total	%
Knowle House	0	0	0	0	0	0.0%
Kingswood	0	3	4	1	8	57.1%
Manorfields	1	0	0	1	2	14.3%
Homefield	0	0	0	0	0	0.0%
Elmwood	0	0	1	0	1	7.1%
Honeyfields	0	0	0	0	0	0.0%
Bellegrove	0	0	0	0	0	0.0%
Greenhill	0	0	0	0	0	0.0%
Oatlands	0	0	1	0	1	7.1%
Other	0	1	1	0	2	14.3%
Total	1	4	7	2	14	100.0%

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Appendix 2

Adult social care complaints monitoring information:

