

To: HOUSING AND SOCIAL WORK SERVICES COMMITTEE		Subject: ANNUAL COMPLAINTS STATUS REPORT 1 APRIL 2014 TO 31 MARCH 2015	
From: HEAD OF COMMUNITY CARE			
Date: 17 August 2015	Ref: EOC/DOD		

1. Purpose of Report

This report describes and analyses Social Work's performance in handling formal complaints from 1 April 2014 to 31 March 2015.

2. Background

- 2.1 Social Work provides a wide range of statutory and non statutory services to the population of North Lanarkshire. From 1 April 2014 to 31 March 2015 approximately 34,048 referrals were made to Social Work. In the same period 175 formal complaints (0.51% of all referrals) were received.
- 2.2 Complaints information is one of several sources of feedback about staff and service performance used to inform service improvements. Other sources include informal complaints, compliments and enquiries through elected members. Due to the broad nature of wider reporting routes information from these sources are generally subject to consideration at a local service level.
- 2.3 Social Work's three stage statutory complaints handling process slightly differs from the wider corporate complaints handling process (CCHP) in terms of timescales and in that the third stage of the process allows for complaints to be heard by a Complaints Review Committee (CRC) comprising of three lay persons who are independent of the Council. Another significant difference is that there can be more than one episode of contact between Social Work and the complainant at the first two stages of the process in an effort to resolve complaints as close as possible to the point of service delivery.
- 2.4 The outcome from a national review by the Scottish Government on social work complaint handling will result in closer alignment between the two complaints handling processes and the probable cessation of CRCs from April 2016.
- 2.5 In light of the current integration agenda between Health and Social Work consideration is currently being given to adoption of complaints handling measures that will more closely align with the respective complaints handling processes of the two organisations. The timing and extent of such related changes will be dependent on and influenced by future legislative changes.

3. Complaints Handling Process

- 3.1 The number of formal complaints received shows an increase of 26 from the previous year when 149 formal complaints were received.

- 3.2 Sources of complaint vary slightly from those from the previous year but most markedly in complaints received directly from service users where a drop from 54% of the total to 38% was noted. 54% of all complaints were initiated by relatives and 8% by advocacy workers.
- 3.3 There are two main performance measures applied to complaints handling. The first that of acknowledging complaints within 5 working days achieved 96% compliance; the second, to seek to conclude within 10 working days or otherwise to issue an interim response had a 56% compliance rate.
- 3.5 Concluding investigation of first stage complaints within the prescribed 10 working days target can present challenges due to the complexity of many complaints. 56% of all complainants received a full response within 14 days of submission and a further 20% were responded to within 15 – 28 days from submission. Factors behind delays in concluding investigations in the remaining 24% included the complainant's unavailability, investigative complexities, the necessity for meetings to be held with staff and the wider involvement of other agencies. In such instances interim or holding responses are issued prior to the determination of a complaints outcome.
- 3.6 98% of complaints received were resolved at the first stage of the complaints handling process. That figure demonstrates a positive commitment towards reaching resolution as close as practical to the complaint source. Five complaints were addressed at the second stage of the complaints handling process, two of which proceeded to the third stage, that of a CRC hearing. Findings from complaints referred to CRCs have predominantly supported the approach and stance taken by Social Work. Of the two complaints that were referred, one was not upheld, and the other continued, pending further investigation.

4. Complaints Findings

- 4.1 Table 1 below outlines the pattern of complaints and their outcomes in the main front line services; Table 2 focuses upon the main areas of activity which were subject of complaint and their outcomes. That detail differs from generic complaints descriptors contained in past annual reports.

Complaints Information 2014/15

Table 1
Complaints by Locality/Service and outcome

Team/Service	Total Complaints	Upheld	Partially Upheld	Not Upheld
Airdrie	22	5 (22.7%)	7 (31.8%)	10 (45.5%)
Bellshill	17	2 (11.8%)	4 (23.5)	11 (64.7%)
Coatbridge	38	5 (13.2%)	5 (13.2%)	28 (73.7%)
Cumbernauld	28	7 (25.0%)	5 (17.9%)	16 (57.1%)
Motherwell	16	4 (25.0%)	1 (6.3%)	11 (68.8%)
Wishaw	32	7 (21.9%)	10 (31.3%)	15 (46.9%)
Merrystone	12	10 (83.3%)	0 (0.0%)	2 (16.7%)
Others	10	1 (10.0%)	4 (40.0%)	5 (50.0%)
Total	175	41 (23.4%)	36 (20.6%)	98 (56.0%)

Table 2
Complaints by main area of concern and outcome

Team/Service	Total Complaints	Upheld	Partially Upheld	Not Upheld
Home Support	35	20 (57.1%)	4 (11.4%)	11 (31.4%)
Children and Families	31	0 (0.0%)	6 (19.4%)	25 (80.6%)
Occupational Therapy	14	2 (14.3%)	3 (21.4%)	9 (64.3%)
Self Directed Support	19	4 (21.1%)	4 (21.1%)	11 (57.9%)
Staff Attitude	26	4 (15.4%)	5 (19.2%)	17 (65.4%)
Community Alarm	12	9 (75.0%)	1 (8.3%)	2 (16.7%)
Other	38	2 (5.3%)	13 (34.2%)	23 (60.5%)
Total	175	41 (23.4%)	36 (20.6%)	98 (56.0%)

- 4.2 Table 1 identifies that 41 [23.4%] formal complaints were fully upheld; 36 [20.6%] were partially upheld and 98, [56%] were not upheld. It is notable that the majority of complaints received are not upheld. Complaints most commonly not upheld are those where issues of perception differ, where there may be no corroborating evidence or where there is disagreement over decisions on highly charged matters such as child or adult protection issues. Issues relating to communication are often a contributory factor e.g. visits cancelled or reprioritised at short notice; or failures or delays in responding to telephone calls etc.
- 4.3 Complaints have most commonly been upheld where the outcome is unequivocal, for example, in home support or community alarm services where there is tangible evidence that service visits may have been missed or of service delays and telephony problems.
- 4.4 There is no discernible pattern of complaints unique to any team or service. As part of ongoing monitoring of the complaints process whenever patterns of complaints are identified these are addressed at a service level. Services routinely submit returns to Social Work's Quality Assurance Section outlining lessons learnt from complaints in order that wider learning can, where appropriate, be shared.
- 4.5 Table 2 identifies the main service areas where complaints have arisen. In response to the identified need for service development and, in part, informed by complaints a number of service initiatives have taken place.
- 4.5.1 Home support
Many complaints about home support services are dealt with informally. Formal complaints have predominantly arisen where missed visits, medication mismanagement or dissatisfaction with service timings having previously been identified recur or are unresolved. A major home support development has been the issuing of smart phones to all home support workers to allow for "real time" electronic scheduling. This system provides improved flexibility and responsiveness where service changes are needed. Revised medication procedures which address the increasingly complex challenges faced by home support staff are currently being consulted upon.
- 4.5.2 Children & Families
The majority of complaints in this sector relate to disagreement over the implementation of decisions reached via the Hearings or Court systems, often linked to the management of disputed access arrangements. The recent inspection of joint services for children in North Lanarkshire was positive about practice in this area.

- 4.5.3 Occupational Therapy
Occupational therapy (OT) complaints generally arise from two areas of assessment activity, firstly the award of parking permits for disabled persons where new regulations are more rigid than previously was the case; and secondly, disagreement over assessments for the provision of shower room adaptations, the criterion applied and the agreed prioritisation. OT complaints will often arise from public misperception of eligibility despite the availability of published guidance.
- 4.5.4 Self directed support (SDS)
With around 1000 people receiving individual budgets the proportion of complaints applicable to this area of activity is relatively low. In the majority of instances complaints relate to disagreements over incorrect or lack of information about the assessment process followed or to the funding allocated. In response to concerns public information on SDS has been provided in leaflet form and website information is regularly reviewed and updated.
- 4.5.5 Staff attitude
Where complaints about staff attitude are upheld or partially upheld these are addressed on an individual basis with the staff member. As outlined at 4.2 (above) disagreements with decisions or communication issues can sometimes be personalised by complainants as individual staff decisions and subsequently coined as criticisms of staffs' attitude. Expected communication standards in relation to managing phone calls, service user contacts and sensitivity of approach are regularly reinforced across services.
- 4.5.6 Community Alarms
Over 15,000 people have community alarms installed in their homes in North Lanarkshire. The number of formal complaints logged against the Community Alarm service is higher than in previous years, primarily relating to response times for out of hours home support.

5. Summary

- 5.1 Whilst there has been a rise in the number of formal complaints received about Social Work Services the numbers remain low within a wider service context. Although the majority of complaints are not upheld in most instances complaints provide an opportunity for both organisational and individual learning. Section 4 of this report highlights several areas of service activity where formal complaints have arisen and where improvement measures have been taken.

6. Recommendation

Committee is asked to note the report.



Bobby Miller
Head of Community Care

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