

# **Cheshire West and Chester Council**

## **Adult Social Care Complaints and Compliments**

**Annual Report  
2014 - 2015**

## **Introduction**

This report provides information about the Adult Social Care Compliments and Complaints received by Cheshire West and Chester Council during the period 1 April 2014 to 31 March 2015. It highlights how the service has performed against the statutory timescales and indicates where improvements or revisions to services have been identified as a result of compliments in highlighting best practice and through the process of listening and responding to complaints.

The Authority is required to produce an Annual Report for complaints made under the Local Authorities Social Services and National Health Service Complaints (England) Regulations 2009 and the report should be made available to the public.

The Solutions Team was responsible for the coordination of Compliments and Complaints during this period, which is part of the Information Governance service area within the Governance Service. The wider functions of the team include case management of enquiries from the Local Government Ombudsman (LGO); Information Commissioners Office (ICO); Member of Parliament enquiries; Chief Executive Correspondence; and Requests for Information (RFI) under the Freedom of Information (FOI) Act 2000 and Environmental Information Regulations (EIR) 2004.

In accordance with statutory guidance, the response to complaints received by the Authority should be proportionate. Staff are encouraged to resolve matters locally at the first point of contact to avoid escalation wherever possible. Complaints raised with the service and resolved by close of play the following day are not counted as statutory complaints. They are not recorded centrally with the Solutions Team and are not subject to this report. Where this approach does not deliver a satisfactory outcome for the complainant matters are then referred to the Solutions Team for consideration through the formal complaints procedure.

## **Context**

Whilst considering this report it is important to see the overall picture of Adult Social Care involvement in the Cheshire West and Chester area. During this period 8,098 customers received service from Adult Social Care, with 5,007 being new clients requesting assistance. Of those receiving services 72 complaints were handled representing less than 1 percent of service users.

## **1.0 STATUTORY COMPLIANCE PROCEDURE**

### **1.1 The Adult Social Care Complaints Procedure**

The Local Authority Social Services Act 1970, as amended by the National Health Services Act and Community Care Act 1990 and the Local Social Services and National Health Service Complaints (England) Regulations 2009, require the local authority to have a procedure for resolving complaints received by, or on behalf of, adult service users.

In accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 new procedures for handling complaints came

into effect on 1 April 2009. These new arrangements are described in the following sections.

## **1.2 Role of the Solutions Team**

The Solutions Team act as a central point through which complaints can be made to the Authority without the need to refer directly to the service. Complaints can be made directly via telephone; in writing; through the online social care complaints portal; or directly to the dedicated social care complaints email inbox. Complaints received directly by the service (other than those outlined above) are referred to the Solutions Team to be processed.

The Solutions Team, often in liaison with the service, will determine whether a complaint is eligible for consideration under the statutory framework or whether an alternative procedure (safeguarding for example) would be more appropriate.

The Solutions Team offer training, advice and support to staff in their consideration of complaints and perform a quality assurance role in the preparation of complaint responses. The Team will also liaise with complainants to keep them informed on progress with their complaints, and provide advice about the complaints process and the role of the Local Government Ombudsman.

## **1.3 What is a Complaint?**

A complaint is an expression of dissatisfaction or disquiet with the service that requires a response.

## **1.4 Who Can Make a Complaint?**

Anyone can make a complaint where they receive a service from Adult Social Care or where they are affected, or likely to be affected, by the directorate's actions.

Complaints can also be accepted from individuals acting on behalf of a service user, for example an advocate or family member, where the service user has given consent. Where a service user's capacity to make informed decisions may be in question, the Solutions Team - in conjunction with the Service Team Manager - will look at whether the person pursuing the complaint is acting in the service user's best interests.

People, who fund their own care (known as self-funded users) for services that are regulated by the Care Quality Commission, do not fall under this procedure, as they are not using Council services. Since 1 October 2010, the Local Government Ombudsman widened its remit under new powers in the Health Act 2009, to consider complaints by these users. This provided additional representation and rights. These complaints remain outside Cheshire West and Chester Council's complaints procedure as they do not relate to services that we commission or fund.

From 1st December 2013 all complaints relating to provider services became the responsibility of Vivo Care Choices, which is the new organisation independent of the Council providing most of the direct services to social care clients. Complaints cases sent into the Council relating to provider services are redirected to Vivo to manage under their own complaints procedure. The complainant still has a right of return to the Council should they remain dissatisfied with the response they receive and the LGO can intervene.

## **1.5 Adult Social Care and Health Complaints Procedure**

The current Adult Social Care and Health complaints procedure is based on a single, flexible response to the complainant, followed by a right of referral to the Ombudsman. Where the complaint is made orally and is resolved by the next working day, council's are not required to treat it as a formal complaint under this procedure.

Complaints are provisionally assessed to identify any potential safeguarding risks or concerns. Where safeguarding issues are identified matters are redirected to be considered under the appropriate safeguarding procedures. Where there are no safeguarding concerns complaints are referred via the Solutions Team to a Business Manager to be considered through the social care complaints procedure. On occasions complaints are also referred through the 'corporate complaints' procedure, as appropriate.

## **1.6 Informal Complaints**

Complaints received directly by the service (or elsewhere) that can be resolved by close of play the following day are not required to proceed through the formal complaints process. Issues are often relatively minor and resolution can most easily be addressed locally through the service.

## **1.7 Formal Resolution**

Complaints considered under the formal procedure are acknowledged within three working days and information is provided about the complaints process and the availability of advocacy support to complainants.

Complaints are allocated to the relevant Business Manager who will discuss the complaint, where necessary, with the complainant. The scale and the nature of the investigation are intended to be proportionate to the complaint and may include face to face meetings with complainants; interviews with staff; paper reviews of records; policies and procedures examination, etc.

Responses to all complaints should be concluded within 6 months unless exceptional circumstances prevent it and an alternative deadline is agreed. It is intended that as far as possible complaints should be resolved by a single response although due consideration will be given to any request from a complainant to consider further the outcome of any complaint. Following conclusion of the complaint by the local authority the complainant has the right to pursue the matter further with the Local Government Ombudsman (LGO).

## **1.8 Local Government Ombudsman (LGO)**

The LGO's Annual Report, published 15 July 2015, found that the LGO registered more than 20,000 new complaints and enquiries in 2014-15, and more than 11,000 of these were considered further and a decision published. A detailed investigation was carried out in 4,780 of those cases.

The LGO has reported that Adult Social Care complaints are their fastest growing area of work, with the highest upheld rate for all areas of complaints. They saw a further rise of 10 percent for the year 2014/15, compared with the previous year, with 14 percent of their overall complaints cases being related to Adult Social Care.

The LGO will be publishing a separate annual review of social care complaints, which will include data on private providers, later this year.

A service user may approach the LGO at any time. However, the LGO retains the right to refer all complaints by service users to the local authority where the authority has not had a chance to investigate a complaint through the formal complaints procedure. The LGO can also ask the local authority to reconsider a complaint where it feels that local consideration of the complaint has been inadequate. Alternatively, the LGO may call in a complaint to review and investigate directly.

The number of cases referred to the LGO during this reporting period is as follows:

Number of ASCH complaints referred to the LGO in 2014/2015	8
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Referral of cases to the Local Government Ombudsman (LGO) has decreased from 10 cases in 2013/14 to 8 cases in 2014/15. This decrease is not significant enough to suggest a trend.

The 8 cases referred to the LGO were related to the following subject areas:

Finance	4
Care issues	3
Other	1
<b>Total</b>	8

Of the 8 cases, 6 have been concluded and 2 remain open with one at assessment stage and one at investigation stage. Of the 6 LGO closed cases referred in 2014/2015, 3 were not taken to investigation stage following assessment, with 2 closed 'after initial enquiries' by the LGO and 1 referred back to the Council as a premature complaint. The outcomes of the 3 investigated cases were as follows:

Not upheld	3
Upheld	0
<b>Total</b>	3

In setting out a vision for future social care complaints, the LGO also calls for a set of common standards for complaint handling, with mandated data returns to CQC, clear signposting obligations, and the right to advocacy support when complaining about care services.

## **1.9 Safeguarding**

The Solutions Team liaises directly with the Adult Safeguarding Team, and/or where appropriate, the Social Care Team within the service. The Solutions Team seek advice and guidance where necessary to ensure a proportionate response to any complaints and refer any matter that may be subject to safeguarding procedures.

Regular contact is maintained with the Safeguarding Unit to discuss individual complaints and agree a way forward as necessary in light of any safeguarding concerns.

## 2 PERFORMANCE ACTIVITY 2014/15

### 2.1 Summary of Activity

A total of 101 representations were received during the course of the year. Of those representations 1 was treated as a 'request for service'; 7 were declined as ineligible under the policy; and 13 did not proceed as they were withdrawn by the complainant. Of the remaining 80 representations 3 were redirected to Vivo (provider services company) for consideration under their complaints procedure and 9 were redirected as safeguarding investigations. The remaining **68 complaints** were subject to the Social Care complaints procedure.

To provide some context to these figures, the overall number of people receiving adult social care and health services during the year was 8,098, so the percentage figure for complaints from service users is less than 1% for 2014/15.

### 2.2 Comparison with Previous Years for Adult Social Care and Health

There has been a small decrease in the number of complaints received and investigated in the past year compared to the previous year, as shown in table 1 below:

**Table 1**

Year	2010/11	2011/12	2012/13	2013/14	<b>2014/15</b>
Number of complaints	81	51	51	74	<b>68</b>

The Authority remains committed to ensuring that the complaints process continues to develop and remains open, transparent and accessible to those who need to use it.

### 2.3 Observations and Outcomes

All complaint investigations were undertaken locally by the Adult Social Care and Health Service and none were referred for independent external investigation. Complaints received have been categorised by 'service user group' and are detailed in table 2 below for further information:

**Table 2**

<b>Group Categorisation</b>	<b>No. of Complaints Received 2013/14</b>	<b>No. of Complaints Received 2014/15</b>
<b>Prevention and Wellbeing</b>		
Winsford Patch Team	10	<b>6</b>
Chester & Ellesmere Port Patch Team	12	<b>14</b>
Northwich Patch Team	4	<b>8</b>
Rural Patch Team	0	<b>2</b>
Learning Disability Team	3	<b>10</b>
Occupational Therapy	2	<b>1</b>
Advice and Contact Team	0	<b>0</b>
Intermediate Care	0	<b>0</b>

<b>Group Categorisation</b>	<b>No. of Complaints Received 2013/14</b>	<b>No. of Complaints Received 2014/15</b>
Community Mental Health	8	2
Emergency Duty Team	1	0
West Hospitals Social Work Team	4	9
<b>Client Finance</b>	14	7
<b>Provider Services</b>	13	9
<b>Total</b>	<b>74</b>	<b>68</b>

As can be seen in table 2 above two of the Prevention and Wellbeing Patch Team's complaints figures are higher than their counterparts – Chester & Ellesmere Port and Learning Disability Team. Of the Chester and Ellesmere Port Team 14 complaints, 1 was fully upheld; 8 partially upheld; and 5 not upheld. The Learning Disability Team received 10 complaints, of which 1 was upheld and 2 partially upheld with the remaining 7 not upheld.

There has been an increase in Learning Disability complaints from 3 in 2013/14 to 10 in 2014/15. However, as 7 of the cases were 'not upheld' the complaints are a reflection of complainant's high expectations of the service including the transition from Children and Families services to Adults Social Care, and so does not reflect a decline in service delivery.

Although there has been a reduction in complaints for Client Finance from 14 in 2013/14 to 7 in 2014/15 we did see one cases investigated by the LGO. This was a particularly difficult case for all staff involved as the complainant made a number of personal verbal attacks to the staff involved in particular staff in Finance. The LGO did not uphold the complaint and agreed that the Council had made the right decision.

During 2014/15 various domiciliary providers changed, either through termination of contract or provider ceasing operation. To ensure a continuity of service, emergency care was provided by the Council until a new provider was in place. Whilst lack of communication was not the sole reason for complaints, it has been identified as a theme across complaints received across the service. This is an area of development identified for future improvement.

## **2.4 Complaint Outcomes**

Table 3 below shows the outcomes of the complaints investigated. Of those complaints which have been fully considered 22 percent were classified as upheld; 37 percent as not upheld and 41percent as partially upheld. The balance of outcomes from complaints indicates a slight decrease in the overall number of complaints which have been upheld/partially upheld compared with previous years.

Due to the relatively low number of complaints, these variations cannot be considered indicative of a trend. However, given that complaint investigations were conducted internally, the results continue to offer confidence that the outcomes from complaint investigations remain balanced and objective.

**Table 3**

<b>Outcome of Complaints</b>	<b>Outcome 2010/11</b>	<b>Outcome 2011/12</b>	<b>Outcome 2012/13</b>	<b>Outcome 2013/14</b>	<b>Outcome 2014/15</b>
Upheld	29 (36 percent)	17 (40 percent)	16 (34 percent)	18 (24 percent)	15 (22 percent)
Partially Upheld	26 (32 percent)	15 (36 percent)	14 (30 percent)	22 (30 percent)	25 (37 percent)
Not upheld	26 (32 percent)	10 (24 percent)	17 (36 percent)	30 (40 percent)	28 (41 percent)
Not resolved / open case	None	None	None	4 (6 percent)	None

## 2.5 Complaints by Subject Area

By their nature complaints are specific to the circumstances of the individual and cover a wide range of individual experiences and often relate to more than one aspect of a service that has been received. Complaints received by the Authority have been classified on the basis of the 'primary' area of concern raised by the complainant.

Detailed below are the numbers that fall within each category:

**Table 3**

<b>Complaint classification (primary issue of concern)</b>	<b>Number of Complaints received</b>
Conduct of staff	14
Quality of service	32
Appropriateness of service	1
Under provision of service	2
Delays	0
Communication	6
Cost	13
<b>Total</b>	<b>68</b>

The majority of complaints relate to the general 'quality of service' that people have received. This has been a recurring theme throughout our annual reports. Examples include the quality and timeliness of assessments; punctuality; consistency of care; or arrangements not having been made or followed up. A number of complaints reflected dissatisfaction with the level of service received, often linked to the level of assessed need.

In 2013/14 poor quality of service formed part of the wider issues raised indirectly within a complaint without being the primary reason for the complaint itself. We previously reported 46 cases and above we can see a substantial improvement in this area. However 2014/15 has seen an increase in 'cost' related complaints with 13 cases citing this as being their primary issue. There are three main themes within this section relating to Direct Payments, challenges received in relation to the outcome of the Financial Assessments, and Care Home charges.



Complaints that relate to the conduct of staff are usually addressed through supervision. Whilst the issues can vary, general concerns relate to attitude, conduct, etiquette and the need for additional training around particular issues.

Please refer to improvement section 18, which explains the remedial measures put in place to address all of these issues raised through the complaints submitted in this reporting period.

## 2.6 Resolution Times

In line with the current legislation there are no formal stages to the Adult Social Care and Health complaints procedure. There is a requirement for complaints to be resolved within 129 working days (6 months) of the complaint having been made.

However, the Authority's complaints procedure was subject to review and consultation with the service during 2012/13. This focused on proposals for reducing the time taken to provide responses to complaints and took account of the proposals for the restructure of the Adult Social Care and Health Service implemented at the start of 2013/14.

In 2014/15 the average time for resolving a complaint was 24 working days although the majority of cases were concluded in less than 20 working days. The table below shows a breakdown of response times in working days.

**Table 4**

<b>Number of Working Days</b>	<b>Number of Complaints Concluded 2013/14</b>	<b>Number of Complaints Concluded 2014/15</b>
20 working days or less	47	33
40 working days or less	19	28
60 working days or less	4	5
80 working days or less	0	1
100 working days or less	0	0
Over 100 working days	0	1
<b>Total</b>	<b>70</b>	<b>68</b>

There are 2 cases which have exceeded an 80 working days response time. The first case was resolved within a week of receiving the complaint. Unfortunately the written response was not provided until later. The complainant was telephoned to discuss the issues relating to the case and although was happy with the outcome requested a letter of apology.

The second case related to request from the Local Government Ombudsman to complete an internal review. Due to the complexity and the nature of the case, with difficulties in arranging appointments with the complainant; interviewing relevant personal at Vivo Care Choices; and checking records, the working days taken to resolve this case did exceed our usual service standard, but for justifiable reasons.

The response times within 20 working days represents an 18 percent decrease in performance from the previous year. In 2013/14, 67 percent of complaints were responded to within 20 working days or less. In 2014/15 this has decreased to 49 percent.

One reason for this is an increase in complexity of cases. However, this is an identified area for improvement for the service to ensure timely responses, wherever possible.

### 3.0 COMPLIMENTS RECEIVED DURING 2014/15

The service recorded a total of 136 compliments during 2014/2015, which represents a 56 percent reduction on the previous year's figures.

Year	2010/11	2011/12	2012/13	2013/14	2014/15
Compliments	183	315	182	241	136

Positive compliments recorded include:

“\*\*\* has been given such fantastic support by you over the past 18 months , and I have no doubt that without your weekly support and mobility training she would not be moving forward with her independence. \*\*\* has been able to make this next move purely by the fact that she has the necessary skills developed by you. \*\*\* life in Chester University has been made possible by your support. We will be forever grateful to you for providing such valuable training.”

“We wanted to express our appreciation for the support and hard work the team gave our mum over the past few weeks. We didnt think that our mum would respond well to having support but she adjusted much better than we thought thanks to the patience and caring of the team. Thanks to all staff involved.”

“Anyway enough of that, the main reason behind this email was to say thanks to group of people who probably don't get the recognition they deserve and to see the whole system work so well has been really good and I wanted you all to know that. The peace of mind we are getting from not having to phone the doctors and 999 so often, to see \*\*\* \*\*\* more comfortable and having her receive the care she requires is really something. Thanks again”.

“On a personal basis I would very much like to say thank you for your help and understanding. The duty social worker (I think her name was \*\*\*) was also extremely helpful to us.

Right from the start, following the GP referral, I have found the care to be exemplar, in what is pretty unpleasant circumstances for an elderly person and their families. We were all made to feel at ease, the input and placements were amazingly efficient and we were dealt with considerable empathy and understanding. Nothing appeared to be too much trouble and I certainly realize that 'we' put the service under some pressure.”

“I have never had to deal with Social Care and Health directly before but cannot fault any aspect of the work and care provided. It has been a great relief to see my elderly uncle being cared for so effectively and efficiently after a number of weeks of difficulty and concern for his well-being.”

The final example is a compliment as a result of a complaint and the complainant believed we resolved the issue and provided an improved service.

“I am writing in response to your letter concerning the complaint about inappropriate discussions and insensitivity towards my Mother on an introductory visit to \*\*\* \*\*\*

I first of all what to say how much I appreciated \*\*\* and \*\*\* coming to see me in my own home. Affording me the privacy and time needed to express myself helped me a great deal.

I can see that the matter was investigated in a very professional manner and I commend your organization for this. It is clear the staff are sorry for what happened and I accept their apology on behalf of my Mother.

I am a great believer in its not so much what we get wrong, although it's important to acknowledge it. But what we reflect on and learn from what we've experienced.

Would you please convey to \*\*\* my appreciation of having \*\*\* as Mother's social worker for the period of her respite. She has proved to be invaluable in helping Mother and I whilst arranging respite care for the first time."

## **4.0 LEARNING AND SERVICE IMPROVEMENT**

The Authority has identified areas and opportunities from which learning can be taken from the complaints and the compliments process and used to improve future service delivery.

### **4.1 Policy and Procedure**

On 14 May 2014 the Care Act received Royal Assent. For more than 60 years, social care law had been added to repeatedly and has become cumbersome and confusing. The new Act created a single, modern law that makes it clear what kind of care people can expect.

The Authority has revised the Adult Social Care Policy and Procedure incorporating the changes the Care Act 2014. Amongst its many provisions, the Care Act sets out the responsibilities of local authorities to assess the needs of vulnerable adults and their carers and consider how those needs can best be met. In particular, it places a responsibility on local authorities to promote wellbeing in carrying out any of their care and support functions or making a decision about a person.

Training courses are constantly reviewed in the context of feedback and amendments to policies, for example, in relation to the management of medication, personal behaviour support, etc.

### **4.2 Communication**

To ensure teams learn from issues raised team managers include updates in staff briefings, conferences and individual supervision of investigation outcomes of complaints issues raised. This process highlights both negative and positive comments which assist with service improvements transferred to practice. The Solutions Team meet with managers and staff to provide support and give updates on service outcomes.

Adult Social Care and Solutions Teams work closely together and share relevant information to progress complaints and keep the customer informed of progress and anticipated completion date. This ensures that complainants have confidence in the process and receive a meaningful response. Improved internal communications and appropriate peer review will ensure that the complaint is answered in full with a satisfactory remedy. This should reduce the number of complaints escalated to the LGO, and those

that are should be closed after initial enquiries as the cases have no grounds for further investigation.

A further example of good practice between the departments would be the Solutions Officer attending a home visit with a Senior Manager to resolve difficulties a carer was experiencing. This was part of an investigation outside of the complaints process but led to resolution of a longstanding dispute. Wherever possible, this joint working involving mediation with the complainant will continue in the future.

#### **4.3 Care Practice**

The Authority takes seriously the range of professionals it employs and who are required to register with professional bodies as part of their fitness to practice. It requires Social Workers to develop evidence which is submitted to the Health and Care Professions Council (HCPC) as part of an annual registration process. Internally, employee supervision ensures that Council officers are meeting the requirements of these professional bodies through performance management.

#### **4.4 Personal Development**

Through supervision and the Authority's performance management framework Social Workers and other ASC officers are required to demonstrate continuous improvement in practice including reflecting on feedback.

#### **4.5 Working with Partners**

Partnership working between the Council's adult social care and health services and a wide range of partnerships has continued to extend and deepen during the year, building a strong platform for 2015/16.

Work continued in 2014/15 to strengthen collaboration through the Integrated Pioneer Programme, one of 14 nationally selected pilot areas. Extending across all Cheshire the programme potentially deploys £1.3bn. across the health and social care economy to achieve the vision within three years that all residents will have a better standard of health and wellbeing. The Programme is co-ordinated by an inter-agency Pioneer Panel.

The council has identified a pooled budget of £24.3m with local NHS clinical commissioning groups for the development of health and social care services in the community.

Development accelerated of the successful Big Lottery funded bid into the Brightlife Project, working closely with voluntary and community sector partners. This invests over £5m over three years into supporting over 55s who are socially isolated. The project will be fully implemented from May 2015.

Notification came in October 2014 of inclusion as one of the nine national pathfinders for a model of Integrated Personal Commissioning, focussing locally on developing health and social care budgets for people with complex learning disabilities. The programme will develop in detail during 2015/16, with a first phase of joint consultation led by an NHS clinician.

Inter-agency working has evolved on the implementation of the first phase of the Care Act, which became law on 1 April 2014, including the establishment of a programme Board to

co-ordinate action on key duties, around for example assessment, care planning, information and carers support.

A Collaborative project to enhance long term and strategic planning, using refined 2011 census data, was undertaken with Warrington and Cheshire East Councils and our Research and Intelligence Team.

Joint working with key partners has been instrumental in removing duplication in frontline services and offering greater involvement and convenience to communities and a wide range of service user groups. The following are some practical examples of the authentic working relationships which are fundamental to the planning and delivery of adult social care services in the Borough.

Nine integrated community health teams have been established in the west of the Borough with a further four planned for Vale Royal. The council's mental health provider services, both day and outreach, have been merged into a joint operational structure with Cheshire and Wirral Partnership Trust. Collaboration with children's services and the NHS has seen the establishment of a joint transition team to support young people with lifelong disabilities and their families.

Co-operation in safeguarding vulnerable adults was notably strengthened in 2014/15 with consultation on a new domestic abuse strategy via the Domestic Abuse Partnership and the appointment of independent domestic violence advocates who work across agency boundaries to support those who have been subject to abuse.

Joint work on systems led to the development of a new digital records system for both patients and social care users. In partnership with the independent information and practice specialist FACE, the council has also introduced a Care Act compliant assessment and care records system to support the personal budget offer and link in with the emerging "Local Offer" information and basic on line self-assessment process.

During the year collaboration in commissioning services has increased with the local clinical commissioning groups resulting in joint agreements for care at home, care homes and over the Learning Disabilities Framework. Also, a step up, step down model of support has been jointly agreed with NHS commissioners and providers to maintain the safety and independence of people discharged from hospital.

Mindful of the need to work with neighbouring authorities, the Public Health Team supports a cross-boundary network for infection control, including the NHS, local councils, schools, GPs and pharmacists. More broadly, a collaborative project to enhance long term planning using refined 2011 census data was undertaken with Warrington and Cheshire East councils.

Additional examples of continued partnership working directly with a wide range of stakeholders which adult social care has supported in the year include the Stakeholder Network, Carers Inter-agency Group and the Learning Disabilities Partnership Board. In February, the council was selected as one of the nine national demonstrator sites to provide support to carers in returning to employment through working with the NHS, voluntary sector and local employers.

## **5.0 FUTURE PLANS FOR COMPLAINT HANDLING**

During 2014/15 the Solutions Team started a review of both statutory complaints processes. The review aims to standardise the approach between the two social care directorates, within the related legislation, and looked for any efficiencies and opportunities to share good practice. Also to align corporate complaints handling with some of the good practice identified in the statutory processes. Part of this review included recording a breakdown of the sub-categories of the most common complaint subjects, such as 'quality of service', in order to provide more detailed intelligence to senior managers.

As part of continued drive towards improvement the Solutions Team has worked closely with the service during 2014/15 to improve the quality of responses. The Solutions Officer will be attending SMT meetings on request to offer support and best practice guidelines in answering complaints. Joint training will also be arranged where identified.

Additionally, the team will be looking to implement a case management system to record social care complaints. This should allow for improved workflow, reporting and caseload management.

End report