

HERTFORDSHIRE COUNTY COUNCIL

**ADULT CARE AND HEALTH SCRUTINY COMMITTEE
THURSDAY 15 JANUARY 2004 AT 10.00 AM**

Agenda Item No.

4

**ANNUAL REPORT ON COMPLAINTS, COMPLIMENTS
AND USER/CARERS SATISFACTION**

Report of the Director of Adult Care Services

Authors: Meg Carter, Complaints & Quality Assurance Manager
Tim Anfilogoff, Policy Manager (Users and Carers)

Lead Officer: Diane Grinstead, Assistant Director
Performance & Commissioning, Telephone 01992 56350

1. Purpose of the Report

To report on feedback from users and carers through the formal complaints procedure and other mechanisms.

2. Summary

The Report includes :

- 2.1** An outline of the statutory requirement for and working of the complaints procedure.
- 2.2** The annual statistics refer to complaints and compliments regarding Adult Care Services. This includes services for the elderly, those with physical disabilities and learning disabilities.

The numbers of complainants receiving mental health services from Hertfordshire Partnership NHS Trust and those who receive a service from an external provider are included in the overall total but listed separately.

2.3 The Annual Statistics are presented in detail in the full report as Appendices 1 and 2.

In brief these show :

ADULT CARE SERVICES (all Groups)	2001/02	2002/03
Stage 1 Complainants	286	223 ACS 17 Mental Health 27 Ext. Provider 267 Overall Total
Stage 2 Complainants	2	5
Stage 3 Complainants	1	1
Complainants to the Ombudsman	15	7
Compliments recorded	193	248

2.4 Trends

The overall number of Stage 1 complaints remains consistent. There is a small increase in the number of complainants receiving services from external providers. Of a total of 267 complainants 27 are recorded by the Contracts Unit as being about the services of an external provider.

The number of Stage 2 complaints has increased. Of five Stage 2 Investigations one concerned the services of a home care agency and one concerned the services of a residential home. This is discussed in more detail in paragraph 2.2 of the Annual Report.

The number of Stage 3 Complaints Review Panels remains consistent and there is a reduction in the number of complaints to the Ombudsman. This shows that managers continue to be actively working to resolve complaints at every stage.

The Ombudsman has again drawn attention to what he considers to be our failure to offer an appropriate remedy with regard to complaints that have been upheld at Stages 2 and 3 of the complaints procedure. One investigation achieved local resolution with Health and Adult Care Services taking a joint responsibility to reimburse a specific sum with regard to Nursing Care Fees.

In a second investigation, the Ombudsman again found maladministration and the Director accepted the Ombudsman's recommendation that a substantial ex-gratia payment be made. The complaint concerned services for a young lady with both learning and physical disabilities during the period January

1997 until September 1999. The complaint was first investigated by Adult Care Services in 1999 and is commented on in more detail in paragraph 2.6 of the Annual Report.

2.5 Themes arising from complaints

This year a number of complaints have again been made about waiting times for assessment and the quality and consistency of home care services. This year there have been complaints about lack of choice with regard to services.

Two investigations at Stage 2 concerned complex and very specific aspects of social work/occupational therapy activity. One investigation concerned the difficulties and subsequent delays in reconciling the assessments of the client's needs with the client's wishes. Another concerned the carrying out of a Mental Act Assessment.

2.6 Integrated complaints procedures

An integrated approach to dealing with complaints that concern both health and social care services is making steady progress. The Hertfordshire Partnership NHS Trust Complaints Procedure is well established and provides a single point of access for a complainant at Stage 1.

Progress in this respect is less advanced with Primary Care Trusts. There are statutory constraints to the development of joint procedures that we hope will be addressed by the Health and Social Care (Community Health Standards) Bill currently going through Parliament. This is commented on in more detail in paragraph 2.8 of the Annual Report.

2.7 The report also includes:

- A report on the revised Having Your Say process, and satisfaction data based on forms returned during 2002/03 and customer care activities following from them
- Department of Health User Experience Survey (year 3) containing the second nationally comparable satisfaction surveys. The survey was of older people using homecare and took place in February/March 2003
- Satisfaction information from Quality Monitoring Officers' face to face interviews with homecare users and carers and customer care activities following from them.

2.8 Key themes arising from the surveys:

2.8.1 User/Carer Feedback from 'Having Your Say'

- Overall satisfaction remains high in all settings, particularly with staff courtesy and respectfulness (averaging 90%+).

- Comments from users and carers corroborate the themes identified in complaints such as problems with waiting times, access, flexibility of homecare etc
- Users and carers are often keen to comment, usually in a positive way

2.8.2 Department of Health User Experience Survey

- Our 'core customers' again took this process seriously with a 73% return rate.

The results include data for 2 BVPI Performance Indicators.

Indicator	Question	Result	Hertfords hire County Council
BVPI 190	If you asked for changes in the help you are given, are those changes made?	Percentage answering ALWAYS	63%
BVPI 182*	Overall, how satisfied are you with the help you receive in your own home?	Percentage answering EXTREMELY or VERY	54%

These scores meant that ACS received only a $\lambda\lambda$ (2 points of a possible 5 rating) for both indicators, showing further work is needed on issues around flexibility and quality in homecare.

2.8.3 Satisfaction information from Quality Monitoring Officers (QMOs)

Face to face interviews with homecare clients indicate that clients are receiving broadly the right amount of time from agencies but there are issues around flexibility and reliability.

2.9 Actions taken following complaints and user and carer feedback

Action has been taken to improve practice in the areas identified and includes:

- the implementation of the Practice Development Programme for all Elderly & Physical Disability Teams Area Teams & Community Learning Disability Teams. This represents a fresh approach to care management aimed to improve our ability to develop preventative services and promote choice and independence for users and carers.
- Measures to address the shortage of occupational therapists. This includes investment in additional technical assistants to carry out work previously undertaken by occupational therapists.

- a clear set of targets to reduce the waiting list for assessment so that by December 2004 all assessments are completed within 28 days
- improvements to procedures where these have been found to be inadequate, for example a review of some aspects of the medication policy
- work to pilot more flexible home care services following the Best Value Review of services of Older People

2.10 Messages from compliments

There is a steady increase in the number of compliments received by the Department. These are most frequently to do with the time taken to listen to clients, explaining how things will work and the quality and effectiveness of communication with them.

3. Conclusions

Key messages from complaints and user/carer satisfaction surveys are:

- Numbers of Stage 1 complaints remains consistent with a reduction in the number of complaints at Stage 3 and referral to the Ombudsman
- Overall high levels of satisfaction continue to be expressed
- Evidence of some recurring feedback from complaints and user/carer satisfaction

Areas for improvement/development for year 2003/4 include:

- More robust whole systems approach to acting on the 'messages' from users and carers. This will include a more systematic and timely performance reporting process in relation to user and carer feedback to allow action to be taken sooner.
- Focus on increased flexibility and reliability in homecare
- Expanding the scope of an integrated approach to the management of complaints with a wider group of health partners
- Ensuring there are means of gathering views that are accessible to *all* users and carers in compliance with Race Relations Amendment Act.

ANNUAL REPORT ON COMPLAINTS, COMPLIMENTS AND USER /CARER SATISFACTION FOR THE YEAR 2002/03

1. Complaints Procedures

- 1.1** Section 7 of the Local Government Act 1970 requires Social Services/Adult Care Services to have a complaints procedure.
- 1.2** The Hertfordshire Partnership Trust Complaints Procedure includes a joint approach to the management of complaints at Stages 1 and 2.
- 1.3** The Social Services and NHS Complaints Procedures will be revised in the light of the Health and Social Care (Community Health & Standards) Bill currently going through Parliament.

- 1.4** There are three stages of our complaints procedure :

Stage 1 : The emphasis is on local resolution.

Stage 2 : This has a more structured approach with problem solving and investigation by an investigating officer with no responsibility for the service being complained about.

Stage 3 : This is a review of findings by a Complaints Review Panel or by the County Secretary.

- 1.5** The complaints service and user carer satisfaction processes continue to be managed as part of the Policy & Performance Unit. These staff groups have strong links with local teams and an integrated approach to problem solving is being promoted and is now often achieved.

2. Number and Type of Complaints

These are presented in detail in Appendices 1 and 2.

2.1 Stage 1 Complaints

These are the number of complainants for the last two years :-

2001/2002	2002/2003
286	223 ACS
	17 Mental Health
	27 Ext. Provider
286	267 Overall Total

The number of Stage 1 complaints remains consistent. Appendix 1.A.1 shows that of 223 ACS complainants 158 had concerns about elderly and physical

disability services and 8 had concerns about learning disability services. This is consistent with previous years and reflects again the number of referrals to these client groups.

Examples of Stage 1 complaints include:

- delays in assessments for aids and adaptations

Complaints concerning delayed waiting time for assessments for EPD referrals are also significant and there is some indication that users/carers are now more concerned about a lack of choice in deciding on services. For example :

- complaint on behalf of client with a learning disability that transfer to different day care resource was not meeting clients needs
- carer wanting partner to return home rather than be admitted to nursing care
- complaint from client that he was not sufficiently involved in discussion regarding his care on discharge from hospital

From an overall total of 267 complainants the Contracts Section report 27 complainants concerning the services of external providers. The majority of the complaints concern the quality, consistency and reliability of homecare visits. We are pleased to see this increase as being indicative of a slightly more positive approach to the management of complaints within this sector.

The Client Relations Manager continues to play a key role in facilitating early resolution of complaints concerning external providers. This will often take the form of advising the provider as to how to complete a sufficiently detailed response.

Learning from Stage 1

Important steps have been taken to address delays in both assessment and service delivery. These include :

- recruitment drive for Occupational Therapists
- investment in additional technical assistants to carry out work previously undertaken by occupational therapists to enhance the effectiveness of service provision
- a clear set of targets :
 - to reduce waiting lists for assessments so that by December 2004 all assessments are completed within 28 days
 - to ensure delivery of equipment within 7 days.
- work has taken place to ensure that users with a learning disability have easy access to information, presented in appropriate media,

about their services and how to raise concerns/complaints about these. Additional funding has also been put into POhWER's non-instructed advocacy project for clients who do not or cannot use conventional means of communication.

2.2 Stage 2 Complaints

These are the number of complainants for the past two years :

2001/2002	2002/2003
2	5

The 5 complainants made 69 complaints. Of these the outcomes were:

Fully upheld	19
Partially upheld	8
Not upheld	39
No Judgement	3
Total	69

Two of the 5 Stage 2 investigations concerned external providers. These were:

- the services of a home care agency specifically with regard to the administration of medication.
- the quality of service provided for an elderly person by a residential home .

In both instances the complaints were presented by family members on behalf of the user and the investigation was managed by the Complaints Manager (ACS). This was with the full agreement of each agency who felt unable to appoint an investigating officer with sufficient experience and/or degree of impartiality (a particular difficulty for small home care agencies).

This was a constructive process. Matters were resolved at Stage 2 and the agencies were clear of their acceptance of learning points and action plans for improving practice. For example the introduction of more robust supervision arrangements and training for staff in the management of concerns/complaints at an early stage.

2.2 Learning from Stage 2

Specific action has been taken by ACS to support external provider services.

- for example, following investigation of a complaint about the administration of a specific medication and some follow up work by Quality Monitoring Officers, ACS is undertaking a review of some aspects of the Medication Policy (at the request of both the complainant and the agency) and is

currently consulting with health colleagues as to possible revisions to the Policy.

- in the light of recent Ombudsman judgements consideration is now given to agreeing an appropriate remedy with a complainant. Small ex gratia payments may occasionally be made.

2.4 Timescales for completion of Stage 2 Investigations

Three of the five Stage 2 investigations were completed within 3 months (in accordance with Community Care Act Guidance). Timescales for two investigations were extended with the agreement of the complainants. For one investigation this was due to the need to appoint a second investigating officer due to illness. The second investigation required additional work as the complaint was found to require more extensive investigation than first anticipated by the investigating officer. Improving timescales is always a priority for us.

2.5 Stage 3 Complaints

The numbers of Stage 3 Reviews are set out in Appendix 1. C1.

These are the number of complainants whose complaints were reviewed at Stage 3 for the past 2 years :

Stage 3 Reviews	2001/02	2002/03
- reviewed by panel	1	1
- reviewed by County Secretary	0	0
Total	1	1
- Pending ongoing work towards resolution	1	1

The number of Stage 3 Panels is consistent and indicative of the majority of complaints being resolved locally. Any work to resolve complaints at Stage 2 is no longer prolonged so as to safeguard against an unreasonable lapse of time between the investigation and the Panel Hearing.

2.6 Complaints to the Ombudsman

These are the number of complainants requesting investigation by the Ombudsman :

2001/02	2002/2003
15	7

Of the 7 complaints to the Ombudsman a total of 3 were judged by the Ombudsman to be premature. Local Settlement was achieved in 2 cases. For one of these the settlement was reimbursement of nursing home fees for a specific period of time. Settlement was agreed jointly with Health.

There has been one finding of maladministration following the investigation of complaints concerning services for an adult with multiple physical and learning disabilities and her carer. The complaints were investigated at all three stages of the complaints procedure and were largely upheld. The Ombudsman found that the Local Authority had failed to offer an adequate remedy. He recommended a payment of £80,000 to compensate the carer for alleged losses in the light of the Local Authority's failure to provide a service to support the care of his daughter at home for the period January 1997 until September 1999. The Director of Adult Care Services accepted the recommendations.

This complaint highlighted the importance of clear recording at every stage of assessment and care management together and this includes any perceived lack of clarity as to either the users and or carers expectations of the care plan. A more 'outcome focused' approach to assessments is being introduced as part of the Practice Development Programme and will help to address this learning point.

In both these cases the Ombudsman published a Report.

2.7 Compliments

These are the number of compliments recorded

2001/02	2002/03
193	248

The number of compliments being registered is increasing. We continue to encourage this as the registering of compliments can easily get overlooked. Compliments are regularly published in the department's 'Briefing'.

Some examples of compliments include:

Letter from carers of client using Learning Disability services:

'a very big thank you to all the staff for their care and kindness to A over the past year and for their patience. I feel you give A not just your care but also your friendship and it is these factors that have helped to grow as a person.'

Letter from carer of a client using Employment Direct:

'nothing was too much for her, she was always there for him when needed and that was often'

Letter from Elderly & Physically Disabled client:

'I would like to thank you for the bath board that has been issued to me. I have already felt the benefit and I am more confident I can also keep my independence much longer which to me is an extra bonus. I found Mrs H a very nice lady that I can talk to and feel comfortable with'

Letter from tutor working at Day Centre:

'I have worked in many settings and I would like to say I think GC Day Centre is a unique place. The staff are always very supportive and welcoming. It is a very positive place to work in.'

2.8 The Health and Social Care (Community Health Standards) Bill

The Hertfordshire Partnership Trust Complaints Procedure is well established and provides one point of access for complainants with both health and social care complaints. However, progress with developing integrated procedures with Primary Care Trusts and other Hospital Trusts is slower and constrained by legislation. Consequently although a user may have their needs assessed on a multi-disciplinary basis should a complaint arise this may often be subject to a minimum of two different complaints procedure.

The Health and Social Care (Community Health Standards) Bill currently going through Parliament will help to address this. The Bill provides for 'single track' process where NHS and social care are provided in partnership.

The Bill also signals other significant changes to the statutory complaints procedure. In particular it introduces the role of the new Commission for Social Care Inspection (CSCI) and Commission for Healthcare Audit and Inspection (CHAI).

The role of CSCI is proposed as bringing 'real' independence to the review of a complaint once a Local Authority has had the opportunity to resolve the complaint locally at Stages 1 and 2. Stage 3 Complaints Review Panels would no longer be the responsibility of the Local Authorities. CSCI would have a number of options, including taking no further action, referring the complainant back to the Local Authority, to an 'independent review panel or to the Local Government Ombudsman.

A similar role is proposed for CHAI regarding health care complaints.

Formal consultation process is expected to take place in January 2004.

3. 'Having your Say' (HYS) form

3.1 Revision of process

Following a review and consultation with stakeholders, three revised post-paid tick box forms have been available since December 2002:

Form 1. At assessment (10 questions)

Form 2. At care plan review (11 questions)

Form 3. Whenever users or carers may wish to comment about their experience of a particular service (12 questions).

A brief summary of Form 1s received to September 2003 is presented at Appendix 3 to illustrate how the process works.

3.2 Numbers returned in year

The new HYS process was implemented from December 2002 onwards and take-up has significantly increased in teams, though some are still not seeing significant numbers of forms returned (see table below).

	3 rd Quarter 02-03	4 th Quarter 02-03	1 st Quarter 03-04	2 nd Quarter 03-04
Form 1 Assessment	-	39	157	160
Form 2 Review	-	41	99	63
Form 3 Services	129	135	22	19
Total Forms Received	129	215	278	272

Services promoted the Form 3 mainly in 3 and 4 quarter of 02-03, hence the drop off at the beginning of 03-04.

As an example of how HYS can support the Quality Assurance Process, reports based on all 286 services forms (Form 3) received since the relaunch were fed, for the first time, into the annual Service Review Meeting for Day Services in September 2003, enhancing the user and carer voice in the process.

3.3 Interrogating the data

HYS is now being promoted as a key mechanism for hearing the user and carer voice within the Practice Development Programme, commencing in Welwyn Hatfield. There has been a marked increase in use of the forms in that Area since May 2003.

As numbers build it will be possible to analyse responses not just by area or service but by age group, ethnicity, status (user/carer) etc. Where questions are applicable to all stages of the user/carer experience, comparisons can be

made between them. For example, satisfaction with staff at assessment, review and when using services (see below table at 3.5)

Comparison between user and carer satisfaction has tended in the past to indicate that carers are generally less satisfied than users. Figures from the introduction of the new HYS to September 2003 indicate that work on improving carers' experience of assessment is beginning to bear fruit. Ninety-two per cent of both users and carers identifying themselves as such felt assessments had understood their needs and concerns.

3.4 Satisfaction Levels 02-03

Overall satisfaction levels are a very blunt tool. However comparing results from individual questions gives an indication of areas for improvement. For example, of the 157 Assessment Forms returned in the first quarter of 2003-04, 96% expressed satisfaction with how respectful and courteous our staff were in dealing with them, but only 88% were satisfied that we arranged to talk with them about what they needed within a reasonable time.

The results for the last four years show some steady satisfaction levels with some recent fluctuations (mainly upwards) but which are likely to be more to do with variations in sample size than anything else.

It is also important to compare quotes from clients with bald numbers of tick boxes. For example one client said they were very satisfied with 'first contact' and then went on to say:

This was years ago, when it was possible to contact local social services by phone. We have had difficulties with the switchboard being centralised.

3.5 Key themes

The most consistent message over the years appears to be that users and carers are usually *most* satisfied with our staff's attitude (above 90% on average).

Another frequent message is about the time it takes to get a service. As one service manager wrote recently:

I think clients appreciate the opportunity to make a comment and feel that they have a voice. I think it's excellent that you respond to them all. Staff appreciate the comments which usually amount to concerns about the waiting time, but satisfaction with the service when they receive it. They also give me the opportunity to deal with any less satisfactory comments.

3.6 Cultural Competence

Three questions on each form now relate to our practice in relation to people's culture, race and religion. Numbers are still too small to form any conclusions, but the facility is a useful one and will support the work of the new Black and Minority Ethnic Involvement Worker, in post from January 2004.

3.7 The future

None of this is a scientific process, but it gives us pointers to what ACS needs to look at in terms of its practice and customer care. At the last Older People's Inspection by the SSI, judgements were made about teams on surveys of 50 people. The Department will, in the future, be able to evidence a much more sophisticated understanding of the overall picture, based on a predicted minimum of 1,000 or so forms county-wide. With this, goes the need to show that we are listening to, and making good use of, the information we acquire.

3.8 Comments

Codings allow the service commented on to be specifically identified so issues can be addressed even if users and carers choose to remain anonymous. In addition, users and carers can (and frequently do) choose to identify themselves so that the issue they raise can then be dealt with.

About 40% of questions responded to have some comment attached. Recent examples include:

3.8.1 Positive Comments

'Interview conducted at a relaxed pace - time to think - other issues and problems investigated as encountered - rear access, bathing etc - Totally positive & helpful experience, without being "impersonal". Lack of 'pressure' and 'haste' especially welcomed.'

My father is main carer for my mother. As they don't speak English 100%, I was very thankful that all communications and any mail was done through myself - SON on a different address. THANKS.

We cannot thank all staff and especially [worker]¹. She worked very hard to get us what we needed.

Have only just started with adult care services but very impressed with the assessment of my father and the caring way it was carried out. Took a lot of time and trouble to help me in all areas where I didn't know I could get help. Sorted out respite care at very short notice and let me know of outcome within an hour of leaving.

Things work very quickly on all accounts moving from one department to another, everyone knew about the case.

I feel I have a new lease of life now and able to continue living in my own home. This is something I could not have done without their caring service.

All staff are extremely patient with my husband who can at times be difficult.

¹ Example of compliment passed on to team

3.8.2 Mixed/Other

I was very patient as I thought there were people with greater needs than me

They try their best within restrictions

Route rather roundabout sometimes - but assume this can't be helped.

3.8.3 Negative

Sometimes the information I receive is given to me too late.

We only found out by chance about the existence of the service.

People make promises but never keep them

Again too long in between deciding what's needed and getting it.

3.9 Follow up actions

Follow up actions for the last quarter of 02-03 were as follows:

	Total forms returned	Compliment passed on	Concern passed on	Suggestion passed on	Clarification sought	Actions
Form 1	39	8	3	0	1	12
Form 2	41	3	2	0	1	6
Form 3	135	6	6	0	2	14
Totals	215	17	11	0	4	32

Having Your Say is now a key part of ACS practice, not just a measure of it.

4. DH Survey and the Delivery and Improvement Statement

4.1 Format

The user satisfaction survey DH required all English Social Services Departments to carry out in 02-03 was a postal survey of older users of homecare.

Questionnaires were sent to a random sample of 997 people and 730 were returned (73%) showing once again how seriously our service-users take this sort of survey.

The results include data for 2 BVPI Performance Indicators.

PI	Question	Result	HCC	Shire Average	England Average
BVPI 190	If you asked for changes in the help you are given, are those changes made?	Percentage answering ALWAYS	63%	66%	65%
BVPI 182*	Overall, how satisfied are you with the help from ACS that you receive in your own home?	Percentage answering EXTREMELY or VERY	54%	60%	57%

These scores meant that ACS received a $\lambda\lambda$ (2 points out of a possible 5) rating for both indicators. This triggers the SSI to ask questions about performance and suggest that an authority consider complimentary indicators, contextual information and other performance evidence. Thanks to the Quality Monitoring Officers' satisfaction data (see below) ACS is well placed to provide this.

Other compulsory questions were as follows:

Question	Result
Do your care workers come at times that suit you?	ALWAYS or USUALLY 86%
Does anyone contact you from social services to check that you are satisfied with the home care service you receive?	YES 60%

The fact that nearly 40% of homecare users did not feel that ACS checked on the quality of their homecare is a major concern.

4.2 Getting Added Value

In addition to issuing the compulsory DH questions, we added our own to collect additional data to inform our practice. Such co-ordination will in future be standard practice.

5. Quality Monitoring Officers (QMOs)

5.1 Homecare visits

In 2002-03 the two Quality Monitoring Officers (QMOs) carried out 495 visits to clients receiving homecare.

The results of 270 such face to face interviews in the clients' own homes were entered on the new Inquisite database from November 2002. Analysis of 41 key questions (a mixture of subjective satisfaction questions to the user/carer and objective observations of paperwork etc) are available from the authors.

From April 2003, it has been possible to use QMOs in a more effective manner, linking their visits to a random sample of 20% of all clients of those agencies undergoing the Contracts Inspection process.

5.2 Satisfaction levels

While high levels of overall satisfaction are found among the 270 homecare clients recorded on the new database from November 2002-March 2003, there are significant concerns about reliability and flexibility. A list of some key indicators is attached as Appendix 4.

QMOs' visits in 2002-03 are categorised as Standard Sample (part of routine random visiting to an agency's clients) and Concerns Sample (where the Contracts Unit has requested random visits following expressed concerns).

Broadly clients are satisfied that they get the amount of time they should from care-workers, with 90% of the Standard Sample saying the care-worker always stayed the agreed length of time. This may result from Department's investment in electronic monitoring.

On the other hand, users also felt quite detached from ACS with 68% of the Standard Sample saying no one contacted them from ACS to check they were satisfied with their care. The more statistically significant DH figure is lower (40%) but still a concern.

5.3 Passing on the messages

Quality issues are routinely picked up through the Contracts Monitoring process. QMO feedback on visits to 20% of an agency's clients now forms a crucial part of the Contracts Inspection Report on each agency. The information from last year's QMO visits was also fed into the Topic Group on Homecare Capacity (alongside the DH survey results) and to the Practice Development Board. Issues around flexibility and quality are also being addressed through pilots of more flexible work arrangements.

5.4 Follow up actions

On an individual level, of the 270 visits recorded on the database, 109 involved no follow up while 161 (60%) did require some kind of action. Most are in the nature of customer care, low level resolution of difficulties with communication, clarification etc, though occasionally QMOs need to support people who are experiencing a poor service especially those who are frightened to complain.

The sense of isolation from Adult Care Services (above 5.2) is something which the work of the QMOs is proactively addressing.

5.5 One-off surveys

In 2002-03, QMOs in addition carried out five one-off surveys of clients to test their experience and confirm the quality of service.

6. Future developments

6.1 Having Your Say

A review of HYS is underway with plans for a relaunch in April 2004. A number of small changes to the forms and the database are being considered, including questions relating to the Single Assessment Process and effectiveness of the Practice Development Programme.

At the same time a new HYS form, focusing on users and carers' experiences of respite is being designed for launch in April 2004.

The Users and Carers section will be using social work students on placement to work face to face with users who cannot easily access the HYS process from 2004 to ensure they have an equal opportunity to comment.

An annual newsletter, available on Herts Direct web-site, is planned setting out HYS results, results of the year's consultations with users and carers, and the actions ACS has taken as a result. Additional comments will also be encouraged by this process.

6.2 DH Survey

The user experience survey for 2003-04 will be about clients with physical or sensory impairments aged 18-64 who are in receipt of community based services (ie anyone who is not in permanent residential care). The survey will take place in February/March.

Additional questions relating to the Practice Development Programme and Best Value Review implementation are being included.

DH have also confirmed that in 2004-05, the survey will cover children looked after, and then in 2005-06, will revisit elderly home care users, as part of a three year cycle.

6.3 Quality Monitoring Officers (QMOs)

There are plans to pilot the use of QMOs in visiting users in residential care (and their carers) as part of Contracts visits during 2004 and to use them more strategically across ACS.

6.4 Ethnic Minority Consultation

Funding has been found from Practice Development Programme and other resources to recruit a black and minority ethnic users and carers involvement worker. Detailed feedback around access and appropriateness of services will help ACS comply with its obligations under the Race Relations (Amendment) Act. Practice will be able better to reflect the needs of each local community.

6.5 Integration of Satisfaction and Consultation mechanisms

The Management Development Forum of ACS in November looked at:

- the tensions between hearing the views of users and carers and being limited as to how much we can do about them
- what clients can expect in terms of 'customer care'
- a timetable for co-ordinating consultation and involvement over 2004
- proposals for a new web-page on *Connect* setting out results of previous consultations in ACS, those in hand and those planned

7. Conclusion

We now have a range of means to obtain the views of users and carers about their experience of ACS.

We have shown that complaints is one important source of feedback, but increasingly we are making use of a much wider, and in some ways more representative, range of mechanisms.

We now need to continue to improve the way we pull together all the information we collect and ensure that is used to make the necessary changes to departmental practice and priorities.

***Background information referred to by the authors
whilst compiling this report***

PSS User Experience Survey of clients with physical or sensory impairments aged 18-64, issued November 2003

Guidance on Conducting a New Survey of Elderly Home Care Users in 2002-03, Department of Health June 2002.

Annual Report on Complaints and Satisfaction 2000/2001 Report to the ACS Select Committee 3 October 2002.

Standards used by the Social Services Inspectorate Volume 1.
General Social Services Policy and Training 1995.

Complaints Register for Stage 1, Stage 2 and Stage 3 Complaints held by the Policy & Performance Unit.

Social Services 'Open to Complaint' Procedure (April 1997) SSBN 96H
101

'Listening to People' A Consultation on Improving Social Services Complaints Procedures, Department of Health June 2000.

Health and Social Care (Community Health Standards) Bill, 2003

If you would like to know more about the issues covered in this report please contact:

- Meg Carter
Complaints & Quality Assurance Manager
(01707 280679)

or

- Tim Anfilogoff
Policy Manager Users and Carers
(01707 280761)

**ANNUAL REPORT OF COMPLAINTS, COMPLIMENTS
AND USER/CARER SATISFACTION 2002/2003**

APPENDIX 1

A. STAGE 1 COMPLAINANTS

A1.

223 ACS Complainants

27 External Provider Complainants
17 Mental Health

Stage One

134 ACS
Complainants
were satisfied

80 ACS not known if they
were satisfied

9 ACS Complainants
not satisfied

A2.

Number of Complainants	EPD/CLDT/MH Teams		Services	
	2001/02	2002/03	2001/02	2002/03
Elderly & Phy. Dis.	166	158	14	7
Learning Disabilities	6	8	53	44
Other	6	*6	0	0
TOTAL	201	172	67	51

(* Call Centre)

Number of Complainants

External Providers		Mental Health	
2001/02	2002/03	2001/02	2002/03
18	27	1	17

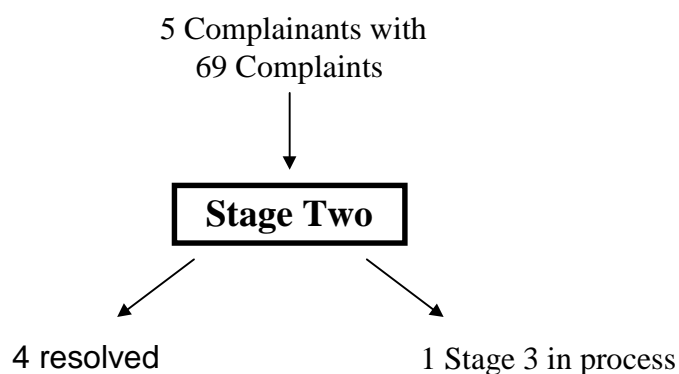
A3.

Overall number and nature of complaints

Nature of Complaints	EPD/CLD/MH Teams		Services	
	2001/02	2002/03	2001/02	2002/03
a) Dissatisfaction with professional practice	35	45	37	27
b) Service refused	15	14	4	2
c) Inappropriate/ Inadequate service	82	61	19	15
d) Other	72	66	16	23

B. STAGE 2 COMPLAINTS

B1.



B2. Stage 2 Complainants 2002/2003

Number of Complainants	EPD/CLD/MH Teams	
	2001/02	2002/03
Elderly & Phys.Disabled	1	2
Learning Disabilities	0	0
Mental Health	1	1
External Providers (EPD)	0	2
Total	2	5

B3. Nature of specific complaints investigated at Stage 2

Nature of Complaints 2002/2003	EPD Teams	Mental Health	Services	External Providers
a) Dissatisfaction with Professional practice	19	11	0	7
b) Service Refused	0	0	0	0
c) Inappropriate/inadequate Service	29	10	0	8
d) Other	0	0	0	0
Total	48	21	0	15

B4. Time scales for Stage 2 Complaints

Time from clarification to final response	2002/2003
within 3 months	3
within 4 months	0
within 5 months	1
within 7 months	1
Total	5

C. STAGE 3 COMPLAINTS REVIEW

C1 .

STAGE 3 COMPLAINTS REVIEW	2001/02	2002/03
- investigation reviewed by Panel	1	1
- investigation reviewed by County Secretary	0	0
TOTAL	1	1
- Pending ongoing work towards resolution	1	1

C2. Numbers of Complaints and Outcome of Stage 3 Reviews

Stage 3 Review Panel	Number of Complaints Reviewed	Numbers of Findings varied	Fully Upheld	Not Upheld	Partially Upheld	No Judgement
1	13	0	3	7	3	0

D. ADDITIONAL STATISTICAL INFORMATION

**D1. Numbers of Complainants Requesting Investigation by the
Ombudsman**

OMBUDSMAN	2001/02	2002/03
No mal-administration	3	
Referred back to complaints procedure/other proceedings	2	3
Under investigation	0	1
Ombudsman discretion not to continue	3	
Local settlement	2	2
Outside Jurisdiction	4	
Maladministration	1	1
Total	15	7

Note : the finding of the maladministration refers to a case first investigated at Stage2/Stage 3 in 1999/2000.

**ANNUAL REPORT OF COMPLAINTS, COMPLIMENTS
AND USER/CARER SATISFACTION 2002/2003**

APPENDIX 2

A. DETAILED DATA

A1.

Stage 1 Complainants – Elderly & Physically Disabled Teams	2002/03
South East Herts	36
Dacorum	2
Hertsmere	8
North Herts & Stevenage	30
St Albans	21
Watford & Three Rivers	49
Welwyn & Hatfield	12
Total	158

Stage 1 Complainants Areas – Community Learning Disability Teams	2002/03
Broxbourne & East Herts	0
Dacorum	0
Hertsmere	0
North Herts & Stevenage	3
St Albans	0
Watford & Three Rivers	3
Welwyn & Hatfield	2
Total	8

Stage 1 Complainants – Hertfordshire County Council Adults’ Services - Others/Call Centre	2002/03
TOTAL	6

**ANNUAL REPORT OF COMPLAINTS, COMPLIMENTS
AND USER/CARER SATISFACTION 2002/2003**

**APPENDIX 2
(continued)**

Stage 1 Complainants – Herts Partnership Trust Adults’ Services Mental Health	2002/03
Community Mental Health Teams	14
Assertive Outreach Team	1
Community Drug & Alcohol Team	1
Community Housing Support Team	1
TOTAL	17

B1.

Stage 1 Complainants – Adults’ Services Day Centres	2002/03
Balmoral Day Centre	1
Borehamwood MPDC	1
Butterwick Day Centre	1
Leydon House	1
Marsh Lane	2
Shepherd Centre	3
Stevenage Resource Centre	2
TOTAL	11

Stage 1 Complainants – Adults’ Services Elderly & Physically Disabled	2002/03
St Michaels House	2
TOTAL	2

Stage 1 Complainants – Adults’ Services Residential	2002/03
Dacorum Group Home	7
Hixberry Lane	1
Jupiter Drive	8
Lawn Lane	4
Scarborough House	10
Spring House	1
Tannerswood Close	6
TOTAL	37

**ANNUAL REPORT OF COMPLAINTS, COMPLIMENTS
AND USER/CARER SATISFACTION 2002/2003**

**APPENDIX 2
(continued)**

Stage 1 Complainants – Adults’ Services	2002/03
Employment Direct	1
TOTAL	1

Stage 1 Complainants - Services provided by Adult Care Services	2002/03
Adults	51
TOTAL	51

Stage 1 Complainants – Hertfordshire County Council Adults’ Services - External Providers	2002/03
TOTAL	27

APPENDIX 3

Having your say Form 1's (Assessment) returned January 2003 to September 2003

	Count	Percentages (rounded up)
Total Responses from all assessment teams	361	100%
Please tick ALL boxes that are appropriate to you		
(Not Answered)	131	36%
I use services from Adult Care Services	166	46%
I care for someone who uses services	64	18%
	361	100%
1. How satisfied were you with the way you were treated when you first had contact with Adult Care Services?		
Overall satisfaction	319	88 %
2. Were you satisfied that Adult Care Services arranged to talk to you about what you needed within a reasonable time, given your situation and what you needed?		
Overall satisfaction	316	88%
3. How quickly were you seen or spoken to about the services that you might need?		
Within 48 hours	82	23%
4. When our staff discussed your/your family's situation with you, how satisfied were you that they understood your needs and concerns?		
Overall satisfaction	331	92%
5. How satisfied are you that the information you were given included everything you needed, including how to make contact again and how to complain if anything was not working out?		
Overall satisfaction	317	88%

6. How satisfied were you that you had a chance to talk about matters that were important to you because of your culture when we talked about your needs? (excluding 'not an issue for me')

Not answered	69	30%
Satisfied	162	68%
Neither satisfied nor dissatisfied	5	2%
Very dissatisfied	2	1%
Total Responses	238	100%

7. How satisfied were you that you had a chance to talk about matters that were important to you because of your religion when we talked about your needs? (excluding 'not an issue for me')

Not Answered	98	48%
Satisfied	92	45%
Neither satisfied nor dissatisfied	11	3%
Dissatisfied	1	0.3%
Very dissatisfied	1	0.3%
Don't know	1	0.3%
Total Responses	204	100%

8. How satisfied were you that you had a chance to talk about matters that were important to you because of your race when we talked about your needs? (excluding 'not an issue for me')

Not Answered	104	56%
Satisfied	72	39%
Neither satisfied nor dissatisfied	10	1%
Don't know	1	0.5%
Total Responses	187	100%

9. Overall, would you say you were satisfied with how respectful and courteous our staff were in dealing with you?

Overall satisfaction	336	93%
Total Responses	361	100%

10. Ethnic Monitoring

We are always striving to make sure that our services are available to everyone who needs them in a fair way. We are not alone in doing this. The Government places a responsibility on all public services to keep records about...

(Not Answered)	21	6 %
White British	317	88 %
White Irish	9	2 %
Any other White background	6	2 %
Indian	3	1 %
Any other Asian background	1	0.3 %
Caribbean	1	0.3 %
African	1	0.3 %
Any other ethnic group	2	1 %
Total Responses	361	100%

APPENDIX 4: Quality Monitoring Officers' visits to Homecare Users 2002-03

	Standard Sample (n=114)	Concerns Sample (n=156)	DH Postal Survey (n=730)
	Routine visiting to an agency's clients	Contracts Unit has requested visits following concerns	
Question	Result	Result	Result
Experience of Homecare Agency			
Overall satisfaction	91%	87%	82%
Does care-worker always stay for agreed length of time	90%	83%	-
Carers do not usually arrive within 15 minutes of agreed time	19%	46%	-
Not always warned by agency if care-workers to be more than 15 minutes late	32%	57%	-
Missed visits in the last three months	29%	58%	-
Not always warned of changes to care-worker	58%	79%	-
Have reported concerns to the agency in the past year	25%	28%	-
Care-workers always come at times that suit me	30%	24%	39%
Care-workers usually come at times that suit me	43%	44%	47%
Care-workers sometimes come at times that suit me	25%	26%	12%
Care-workers never come at times that suit me	1%	5%	2%
Experience of homecare/ACS processes			
No one contacts me from Adult Care Services to check satisfaction with home-care	68%	65%	40%
If I ask for changes in the help provided they are always made	62%	38%	63%
If I ask for changes in the help provided they are sometimes made	31%	45%	29%
If I ask for changes in the help provided they are never made	8%	17%	8%