

NORTH LANARKSHIRE COUNCIL

REPORT

TO: Social Work Committee	Subject:
FROM: Jim Dickie Director of Social Work	COMPLAINTS : STATUS REPORT. PERIOD 1 APRIL 1996 - 31 MARCH 1997
DATE OF COMMITTEE: 22 April 1997	
REF: DOD/EH	

1. INTRODUCTION

- 1.1 A report to Committee of 26 November 96 outlined the Department's responsibilities in establishing an effective complaints procedure in line with guidance and directions issued in Scottish Office Circular SWSG 5/96.
- 1.2 This report sets out to inform Committee regarding the Department's performance in receiving, investigating and addressing formal complaints for the period 1st April 1996 - 31 March 1997.

2. BACKGROUND

- 2.1 The Social Work Department has experience of operating a complaints procedure since February '88. Circular SWSG 5/1996 provided revised guidance and directions.
- 2.2 Since the 1st April 1996 the Department has operated an interim complaints procedure, with the aim, wherever possible, of addressing complaints close to source.
- 2.3 Material outlining the complaints procedure is held and publicised at all public service points.
- 2.4 The complaints procedure is one of the means through which the Department is informed about the extent to which quality and service objectives are being achieved. Information about complaints will be used by operational and development staff in the evaluation of services.

3. HANDLING OF COMPLAINTS REGARDING SOCIAL WORK SERVICES

- 3.1 All complaints regarding social work services are primarily directed to senior managers for logging, investigation and response.

- 3.2 The six Area Managers are responsible for complaints regarding social work services within each team's geographical area. Exceptions to this are complaints regarding hospital and offender services which are dealt with by the respective Principal Officers (Community Care) and (Criminal Justice), and complaints regarding central services which are dealt with by senior managers at Social Work Headquarters.

4. HANDLING COMPLAINTS REGARDING SERVICES PROVIDED ON BEHALF OF THE SOCIAL WORK DEPARTMENT

- 4.1 For the purposes of the complaints procedure, services provided by third parties on behalf of the local authority remain the responsibility of the local authority. It is usual for the investigation of complaints against third party providers to, in the first instance, be delegated to them for investigation and resolution with the option being available for the complainant to invoke the local authority procedure.
- 4.2 Complaints received by the Department regarding nursing care establishments are passed to Lanarkshire Health Board as the registering authority, for investigation.
- 4.3 Complaints regarding registered residential or day care services brought to the attention of the Department are investigated by Officers from the Registration and Inspection Unit and dealt with under registration procedures.

5. TIMESCALES

- 5.1 Timescales for dealing with complaints are set out in the circular SWSG 5/96 as follows:
- a. All formal complaints should be acknowledged within five days;
 - b. A response in writing to complaints should be issued to the complainer within twenty eight days after receipt;
 - c. If within twenty eight days of receiving a response in writing the complainant informs the local authority that they remain dissatisfied, they can refer the matter to a Complaints Review Committee(CRC) forthwith.
- 5.2 An additional local measure available to any complainant prior to moving to a CRC, is to request, within 14 days of receiving a written response from the Department, that the Director of Social Work reviews the complaint and its findings.

6. APPENDICES

- 6.1 The attached appendices, numbered one to four, relate to numbers, timescales in which addressed, team/service location and category of service user and sector within which the complaint is made. The appendices do not set out to describe the seriousness of complaints nor draw comparison between the nature of complaints. All appendices cover the period 1 April 1996 - 31 March 1997.

- 6.2 The Department does not directly seek to elicit complainants' views on whether or not the matter is concluded to their satisfaction but rather sets out to inform of the options open in the event of dissatisfaction. That to date, from a total of 109 concluded complaints there have been no referrals to the CRC, suggests that complaints are being appropriately addressed.
- 6.3 Appendix One: sets out the Departments' performance within Teams and sectors in responding to complaints within the timescales outlined at Section 5 (above).
- 6.4 Appendix Two: sets out a profile of complaints on an Area Team/Hospital/Offenders/Headquarters basis and within these highlights client group categorisation.
- 6.5 Appendix Three: sets out the profiles referred to in Appendix Two, but in pie chart form.
- 6.6 Appendix Four: sets out the complaints received regarding registered residential establishments. It also covers nursing homes, which are subject to registration by Lanarkshire Health Board.

7. MANAGEMENT ACTION

- 7.1 Senior managers with operational and service development responsibilities are required to review the annual complaints return relevant to their area of authority and assess any implications for the quality of services.

8. CONCLUSIONS

- 8.1 In its first year of operation the Department, through its interim complaints procedure, has received 128 complaints (of which 109 have been concluded) from service users or others acting on their behalf. A commitment has been demonstrated to ensure complaints are addressed within tight timescales and to the satisfaction of concerned parties.
- 8.2 Complaints often have many facets. When inspection is complete each facet is considered, but often some elements of the complaint are upheld and others rejected. It is difficult therefore to reflect the outcomes of complaints in simple terms. The absence of referral to a CRC is the firmest indicator that where complaints arise these have been addressed satisfactorily.
- 8.3 The Department's commitment has to be directed, whenever possible and at all levels, to reducing the need for formal complaint by achieving good standards of practice and service and to ensuring, where dissatisfaction arises, that relevant public information is available to enable service users or their representatives to make their concerns known.

9. RECOMMENDATION

9.1 Committee is asked to:

- i) note the content of this report and the appendices attached;
- ii) approve the proposed management action;
- iii) agree to the provision of this information to Committee on an annual basis.



Jim Dickie
Director of Social Work
March 1997

For further information please contact: Dennis O'Donnell, Principal Officer (Registration and Inspection) TEL: 01698 332058

**NORTH LANARKSHIRE COUNCIL SOCIAL WORK DEPARTMENT
COMPLAINTS RETURNS FROM 1 APRIL 1996 - 31 MARCH 1997**

TABLE 2

	AIRDRIE	BELLSHILL	COATBRIDGE	CUMBERNAULD	MOTHERWELL	WISHAW	HQ	HOSPITALS	OFFENDERS	TOTAL	
No of formal complaints	9	13	22	13	23	36	1	8	3	128	
Of these, nos acknowledged within 5 days	8/9	13/13	16/22	11/13	19/23	26/36	1/1	5/8	0/3	99/128	77.3%
Of these, nos concluded within 28 days	8/9	9/13	16/22	8/13	18/23	25/36	1/1	0/8	1/3	86/128	67.2%
Nos outwith 28 days	1/9	3/13	4/22	4/13	2/23	4/36	0/1	3/8	2/3	23/128	18.0%
Nos ongoing	0/9	1/13	2/22	1/13	3/23	7/36	0/1	5/8	0/3	19/128	14.8%

The following points are brought to Committee's attention:

77.3% of the total annual complaints were acknowledged within the 5 day target. Failure to achieve the 5 day target largely relates to performance during the early transition to the new authority, when in the first 6 months only 65.3% of all complaints were acknowledged within proposed timescales. Remedial action shows a significant upturn in performance in the second part of the year.

67.2% of the total complaints were concluded within the 28 day target. The 18% outwith this total reflects in most instances the complexity of complaints, rather than investigations being allowed to drift.

The table does not give any indication of the nature nor seriousness of complaints, where these arise.

Of the total complaints concluded, 109 in the first year of operation, there have been no requests for referral to a Complaints Review sub Committee(CRC).

APPENDIX 2

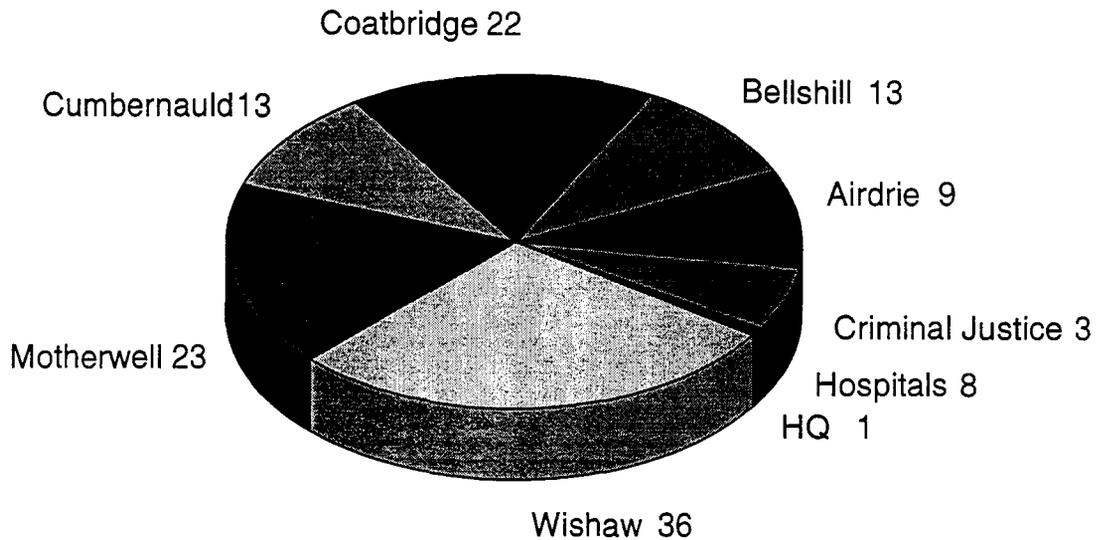
PROFILE OF COMPLAINTS CODINGS BY AREA TEAM/SERVICE 1 APRIL 96 - 31 MARCH 1997

CODING	AIRD	BELL	COAT	CUMB	MOTH	WISH	HQ	HOSPITAL	OFFENDERS	NL TOTAL	CATEGORY
1	1		4	1	5	2		2		15	Elderly Residential
2	3	3	4	4	4	16		3		37	Elderly Domiciliary
3	1	1	3	2	5	3				15	Physical Disability
4		1	1		1	1				4	Learning Disability
5						3		2		5	Mental Health
6	1		1							2	Aids-Addiction
7	2		2	2	1	2				9	Residential Childcare
8	1	1	6	3	3	5				19	Fieldwork
9					1				3	4	Offenders
10		7	1	1	3	4	1	1		18	Others
TOTAL COMPLAINTS	9	13	22	13	23	36	1	8	3	128	

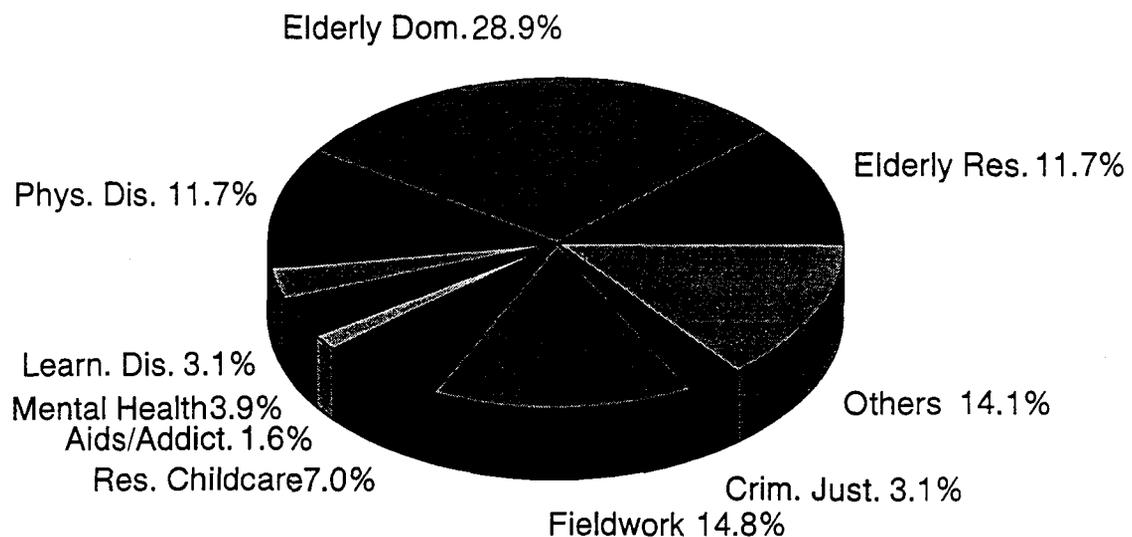
This profile highlights the category of elderly care domiciliary services as the major source of complaint. In most instances these complaints relate to home and daycare service reduction or charging changes, and to dissatisfaction at delays in aids and adaptations being provided.

Returns currently available do not cross reference client categories with the reason behind the complaints. It is envisaged that in 97/98 this information will be developed for inclusion.

North Lanarkshire Council Social Work Department Complaints Returns (1st April - 31st March)



North Lanarkshire Council Social Work Department Complaints By Type (1st April - 31st March)



APPENDIX 4**COMPLAINTS EVALUATION 1 APRIL 1996 - 31 MARCH 1997****REGISTERED RESIDENTIAL ESTABLISHMENTS**

No of complaints logged	14
Elderly care	9
Adult care	5

These complaints relate to a minority of establishments, 3 in the adult care sector and 4 in the elderly care sector.

Two complaints were initiated by one person; commonly complaints regarding residential establishments were made anonymously.

Complaints received regarding establishments often relate to more than one concern and several were inconclusive. Complaints investigations have led to formal action being taken with regard to enforcement procedures in one establishment and the requirement to implement an action plan in another. In all instances where complaints investigation has identified non compliance with standards, these matters have been addressed with the Owners/Managers.

NURSING HOMES REGISTERED WITH LANARKSHIRE OR OTHER HEALTH BOARDS

No of complaints logged	12
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All serious complaints regarding nursing homes were referred to Lanarkshire Health Board, as the registering authority, for investigation and action.

Complaints regarding nursing homes related to only 4 establishments, 6 related to one establishment.

Discussions are presently ongoing with Lanarkshire Health Board to improve liaison with regard to better informing the Department about outcomes of complaints raised about nursing homes.