

## PERTH AND KINROSS COUNCIL

Housing and Health Committee – 15 August 2012  
Scrutiny Committee- 19 September 2012

## HOUSING & COMMUNITY CARE (COMPLAINTS REPORT) CUSTOMER FEEDBACK

Report by Executive Director (Housing and Community Care)

### ABSTRACT

This report details the complaints received between April 2011-March 2012 across Housing and Community Care. It also includes information on the number of informal complaints received and some examples of feedback from customer satisfaction surveys. The report also outlines the actions required to improve services as part of our process of learning and using feedback to improve the services we provide.

### 1. RECOMMENDATION

- 1.1 The Housing and Health Committee is asked to note the contents of this report and the impact that feedback from complaints has had on improving services.
- 1.2 The Scrutiny Committee is asked to note the contents of this report.

### 2. BACKGROUND

- 2.1 In terms of Section 5B of the Social Work (Scotland) Act 1968, the Council has a statutory responsibility to establish and maintain a formal procedure for the receipt and consideration of complaints by, or on behalf of, service users. This duty is expanded upon in the guidance issued by the then Scottish Office (circular No SWSG 5/1996). This guidance asks local authorities to report annually on the complaints investigated and their outcomes. Within Housing and Community Care we also report on non-social work areas of service, including those relating to Housing and Strategy and Support Services.
- 2.2 As part of the Housing and Community Care performance management and planning processes, the findings of complaints are shared with the relevant managers and the Service as a whole to address any recommendations or improvement actions, as appropriate.
- 2.3 Handling complaints effectively is an important part of good customer care. It demonstrates that services listen to their service users' and stakeholders' views and helps improve services.

Dealing with Social Work complaints within the formal complaint procedure involves three stages:

- (i) Informal problem-solving stage, where every attempt is made to mediate and resolve the complaint.
- (ii) In the second stage, unresolved complaints, or where the complainant does not wish the matter to be dealt with informally, the complaint is formally recorded and investigated accordingly and to agreed procedures.
- (iii) In the third stage of the complaints procedure, a referral to a Complaints Review Committee may be made when all other avenues to resolve the complaint have been exhausted.

2.4.1 Community Care staff aim to resolve complaints as quickly as possible and as close to the point of service delivery as practicable. Complaint investigations are undertaken confidentially, without prejudice to complainant's rights to raise the matter through other routes, or for fear of discrimination in their right to services. It should be noted that the number of complaints when compared with the number of our service users is very low. See table 1 below

2.5 Our procedure for dealing with non-social work complaints is the Corporate Procedure and this was amended in October 2008 to a two stage formal process, with the option to try and resolve issues at an early stage in an informal manner. This has resulted in the numbers of formal housing complaints reducing quite considerably, while informal resolutions have increased. The fact that very few complainants escalated their complaint after their early informal response indicates that this new way of working is effective for both complainants and the service. Again it should be noted that the number of complaints when compared to the numbers of service users is very low. See table 1 below

**Table 1**

<b>Data to evidence number of complaints compared to service users</b>			
<b>Service or Team</b>	<b>Number of service users</b>	<b>Number of Complaints</b>	<b>%</b>
Community Care	6,236	26 formal	0.4%
Housing Repairs	31,950 repairs carried out	62 both formal and informal	0.2%
Area Housing Teams	7113 households	27 both formal and informal	0.4%

2.6 It should be noted that the Scottish Public Service Ombudsman is developing a framework for all public services in Scotland and this will be implemented in 2013. There is a concern that, as the time for informal resolution of complaints will be prescribed to possibly 5 days, more complaints will require a formal investigation. Work is ongoing with colleagues in other services to produce a revised complaints process.

### **3 ANALYSIS OF COMPLAINTS RECEIVED**

This section summarises the types of complaints reported in the past year and the improvements introduced as a result.

#### **3.1 Complaints dealt with under Social Work (Community Care) Complaints Procedure (see Appendix 1)**

Between April 2011 and March 2012 there were 26 formal complaints and a further 39 contacts were made which resulted in a more informal response. Of the 26 formal complaints:

- 25 (96%) of complainants received an acknowledgement within the target time set of 5 working days, an improvement on 2010/11.
- 23 (89%) of complainants received their detailed response within the target time set of 28 days or where an extension had been agreed.
- Care at Home teams again attracted the largest number of complaints with 10 (38%).
- Office conduct / staff attitude represented the largest single reason for complaints 11 (42%), followed by poor quality of service, 10 (38%).

#### **3.2 Complaints dealt with under Corporate Complaints (Non-Social Work) (See Appendix 2)**

Between April 2011 and March 2012 there were 22 formal complaints dealt with under this procedure and a further 184 contacts were made which resulted in a more informal response. Although this is an increase on last year the actual number going on to the more formal stage has reduced indicating that customers are satisfied with our responses at the first level.

Of the 22 formal complaints

- 20 (90%) of the formal complainants received their acknowledgements within the target time of 5 working days and 20 (90%) of the complainants received their response within the target time of 15 working days or a further agreed timescale.
- Repairs and Revenues and Benefits issues attracted the largest single number of formal complaints during this reporting period with 5 each (22%).

#### **3.3 As a result of the information gathered during the complaints process we have:**

- Reminded staff to be aware of third-party information when circulating letters to a group, and not inadvertently pass on addresses to other people on the circulation list.

- Updated our procedures on termination of temporary accommodation to ensure the billing for this is accurate.
- Improved our systems in relation to Care at Home scheduling to ensure that visits to vulnerable people are not missed.
- Considered how to improve communications with service users and their families when staff are involved in detentions under the Mental Health (Scotland) Act.
- Reminded staff of their responsibilities with regard to the customer care standards in returning calls, and answering correspondence, particularly where staff attitude or conduct has been an issue within a complaint.
- Made changes to our benefits team by employing more staff to ensure improved performance in dealing with new claims.
- Identified that the lack of facilities to record telephone calls across all operational teams means that we are unable to evidence alleged poor service from staff or alleged abusive language from service users.
- Appointed new staff changed processes and introduced new technology to significantly improve the time taken to process new claims.

### **3.4 Details of Escalated complaints.**

- It should be noted that no Complaints Review Committees (which is the final stage of the Statutory Social Work complaints process) were held in connection with 2011-12 cases.
- The only 2011-12 case which escalated to the Scottish Public Service Ombudsman was not upheld on all three points that were challenged.

### **3.5 We also measure customer satisfaction across our services through surveys as well as collation of comments received from service users, carers and tenants. We have included some results below.**

- **Welfare Rights Service.** 100% very or fairly satisfied with the final outcome of their enquiry (Data from Key monitoring Information Sep 2011)
- **Repairs Service.** 95% satisfied with their contact with the repairs service. (Data from Key Monitoring Information March 2012)
- **Adult Care Service Users.** 81.4% of service users who responded agreed that the services they receive are of a good quality. (Data from survey undertaken December 2011)
- **Adult Care Service Users.** 87% of the service users who responded agreed they had been treated with dignity and respect. (Data from survey undertaken December 2011)

#### **4 CONSULTATION**

The Chief Social Work Officer has been consulted about this report.

#### **5 RESOURCE IMPLICATIONS**

There are no resource implications as a result of this report

#### **6 COUNCIL CORPORATE PLAN OBJECTIVES 2009-2012**

The Council's Corporate Plan 2009-2012 lays out five Objectives which provide clear strategic direction, inform decisions at a corporate and service level and shape resources allocation. The following are relevant to this report:

- (i) A Safe, Secure and Welcoming Environment
- (ii) Healthy, Caring Communities
- (iv) Educated, Responsible and Informed Citizens
- (v) Confident, Active and Inclusive Communities

#### **7. EQUALITIES IMPACT ASSESSMENT (EqIA)**

An equality impact assessment needs to be carried out for functions, policies, procedures or strategies in relation to race, gender and disability and other relevant protected characteristics. This supports the Council's legal requirement to comply with the duty to assess and consult on relevant new and existing policies.

The function, policy, procedure or strategy presented in this report was considered under the Corporate Equalities Impact Assessment process (EqIA) with the following outcome:

- i) Assessed as **not relevant** for the purposes of EqIA

#### **8. STRATEGIC ENVIRONMENTAL ASSESSMENT**

Strategic Environmental Assessment (SEA) is a legal requirement under the Environmental Assessment (Scotland) Act 2005 that applies to all qualifying plans, programmes and strategies, including policies (PPS).

However, no action is required as the Act does not apply to the matters presented in this report. This is because the Committee are requested to note the contents of the report only and the Committee are not being requested to approve, adopt or agree to an action or to set the framework for future decisions.

#### **9 CONCLUSION**

- 9.1 This report summarises the level and nature of Housing and Community Care complaints received between April 2011 and March 2012 and summarises the

improvement actions undertaken. The number of formal complaints on the Social Work side in 2011-12 has remained constant when compared to the previous year at 26. The number of formal complaints dealt with under the corporate process has reduced from 28 to 22, although the numbers going to stage two are similar.

- 9.2 Formal complaints can be complex to investigate, may require lengthy enquiries and interviews with a number of staff and service users. The service continues to find ways of resolving complaints informally and as close to the source of the complaint as possible.

**DAVID BURKE**  
**Executive Director (Housing & Community Care)**

**Note:** No background papers, as defined by Section 50D of the Local Government (Scotland) Act 1973 (other than any containing confidential or exempt information) were relied on to any material extent in preparing the above report.

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**Date:** 15<sup>th</sup> June 2012

If you or someone you know would like a copy of this document in another language or format, (on occasion only, a summary of the document will be provided in translation), this can be arranged by contacting Joy Mayglothling



Council Text Phone Number 01738 442573

## Appendix 1

### Community Care Formal Complaints April 2010 – March 2012

**Table 1 Complaints Activity and Performance**

<b>Number of complaints</b>	<b>No. &amp; % ack by target date</b>	<b>No. &amp; % responded to by target date</b>	<b>No. &amp; % upheld</b>	<b>No. &amp; % satisfied with response</b>	<b>Number progressing to Complaints Review Committee</b>
26 (2011/12)	25 (96%)	23 (89%)	19 (73%)	21 (81%)	2 (Not yet held)
26 (2010 -11)	21 (84%)	22 (88%)	11 (44%)	18 (72%)	2

**Table 2 Teams involved**

<b>Team Concerned</b>	<b>Number of Formal Complaints 2011/12)</b>	<b>Number of formal complaints (2010/11)</b>
Care at Home	10	9
Assessment Care Management	6	2
Community Mental Health Team	3	2
Learning Disabilities	3	1
Criminal Justice Service	3	0
Access Team	1	1
Fieldwork	0	4
Occupational Therapy	0	3
Charging Team	0	2
Joint Equipment Loan Store	0	1
Various Teams within PKC	0	1
Total	26	26

**Table 3 What was the focus of the complaints?**

	<b>Officer Conduct/ Attitude</b>	<b>Non-provision of Service</b>	<b>Disputed Assessment/ Decision</b>	<b>Poor Quality of Service</b>	<b>Total</b>
2011/12	11	5	0	10	26
2010/11	9	4	4	9	26

**Table 4 Examples of Improvement Actions Identified**

<b>Issues raised</b>	<b>Actions Identified</b>	<b>Area of Service</b>
Service user and family unhappy with involvement with team during a detention under the Mental Health (Scotland) Act	Team to look at how they can provide informed information at this difficult time and respond promptly to requests for information	Community Mental Health Team
Service User and family raised issue of missed visits from Care at Home Service.	<ul style="list-style-type: none"> <li>• Use of dual screens so that staff can see if visits are missed</li> <li>• Enhanced training re using the electronic systems</li> <li>• Improved processes to ensure that there are checks taken if service users disappear from the systems</li> </ul>	Care at Home
Alleged breach of data protection	Staff we reminded not to routinely include circulation lists with minutes of meetings for example if they contain addresses of the people present.	All teams
Re-ablement	Re-ablement team to consider how the re-ablement service interacts with mainstream care at home if both are being provided in the same household.	Care at Home
Late visits by Care at Home staff	Staff to be reminded about the importance of keeping service users informed if they are going to be late	Care at Home
Inaccurate and poorly written review documents etc and also lateness in circulation of these review documents.	Discussion with Service Managers to discuss how best this can be improved	

**Community Care Complaints dealt with informally**

In addition to the 26 complaints dealt with formally, between April 2011 and March 2012 we had 39 complaints that were dealt with informally either by the Customer Liaison Team, or by the teams themselves and reported to the Customer Liaison Team. We accept that there is always a degree of under-reporting in some areas and are continuing to ensure that as many contacts as possible are recorded.

The main area dealing with complaints informally was the Care at Home service, which is understandable due to the immediate and personal nature of the service and the large number of service users and carers involved. The other area identified, which was reflected in the formal complaints data, concerned staff conduct / attitude and service users feeling that they received a poor quality or reduced service. Many of these issues were dealt with to the complainants' satisfaction when a member of staff made prompt contact and clarified the situation and also made an apology, where this was required.



## Appendix 2

Complaints dealt with under Corporate Complaints Procedure, including Housing and Finance and Support Services.

**Table 1 Numbers of contacts received by Customer Liaison Team reported by Service Area. 2010-12**

Service Area	Informal complaints	Escalated to Stage 1	Escalated to Stage 2	Escalated to Ombudsman
Housing repairs	33 (2010/11) 30 (2011/12)	5 (2010/11) 5 (2011/12)	2 (2010/11) 3 (2011/12)	0 (2010/11) 0 (2011/12)
Neighbourhood Services including Anti Social Behaviour Team	25 (2010/11) 23 (2011/12)	4 (2010/11) 4 (2011/12)	3 (2010/11) 1 (2011/12)	0 (2010/11) 0 (2011/12)
Revenues and Benefits	17 (2010/11) 30 (2011/12)	7 (2010/11) 5 (2011/12)	2(2010/11) 0 (2011/12)	0 (2010/11) 0 (2011/12)
Homelessness	8 (2010/11) 12 (2011/12)	3 (2010/11) 3 (2011/12)	0 (2010/11) 2 (2011/12)	0 (2010/11) 0 (2011/12)
Allocations, including sheltered housing	8 (2010/11) 1 (2011/12)	2 (2010/11) 1 (2011/12)	0 (2010/11) 1 (2011/12)	0 (2010/11) 0 (2011/12)
Private Sector Housing Team	2 (2010/11) 2 (2011/12)	1 (2010/11) 0 (2011/12)	2 (2010/11) 0 (2011/12)	1 (2010/11) 0 (2011/12)
Finance and Resources	2 (2010/11) 9 (2011/12)	2 (2010/11) 2 (2011/12)	0 (2010/11) 2 (2011/12)	0 (2010/11) 1 (2011/12)
Various Teams	2 (2010/11) 0(2011/12)	1 (2010/11) 0(2011/12)	1 (2010/11) 0 (2011/12)	0 (2010/11) 0 (2011/12)
Customer Service Centre	1 (2010/11) 3 (2011/12)	1 (2010/11) 0 (2011/12)	1 (2010/11) 0 (2011/12)	0 (2010/11) 0 (2011/12)
Welfare Rights	1 (2010/11) 1 (2011/12)	0 (2010/11) 1 (2011/12)	0 (2010/11) 1 (2011/12)	0 (2010/11) 0 (2011/12)
Combination of teams	0 (2010/11) 12 (2011/12)	0 (2010/11) 1 (2011/12)	0 (2010/11) 1 (2011/12)	0(2010/11) 0 (2011/12)
Informal complaints dealt with within the services	50 (2010/11) 68(2011/12)			
<b>Total</b>	<b>149</b> (2010/11) <b>184</b> (2011/12)	<b>26</b> (2010/11) <b>22</b> (2011/12)	<b>11</b> (2010/11) <b>11</b> (2011/12)	<b>1</b> (2010/11) <b>1</b> (2011/12)

**Table 2 Target timescales for responding to complaints**

	<b>Number of complaints</b>	<b>No and % ack on target</b>	<b>No and % responded to on target</b>	<b>No and % upheld</b>	<b>No and % of complainants satisfied with response</b>	<b>Number progressing to stage 2</b>
10/11	26	25 (96%)	20 (out of 25) (80%) (1 became HR issue before response sent)	14 (54%)	15 (58.%)	11
11/12	22	20 (91%)	20 (91%)	10 (45%)	8 (36%)	11

\*The target for responding to corporate complaints is 15 working days and if a key witness is on leave for example it can make meeting the targets problematic

**Table 3 What was the focus of the complaints?**

	<b>Poor Quality of Service</b>	<b>Non-provision of Service</b>	<b>Officer Conduct</b>	<b>Total</b>
2010/11	17	3	6	26
2011/12	21	0	9	*30

\* Some complaints concern more than 1 issue

**Table 4 Examples of improvement actions Identified**

<b>Issues raised</b>	<b>Actions Identified</b>	<b>Area of service</b>
Allegation of incorrect billing for temporary accommodation	Procedures amended to ensure that termination dates are clearly recorded	Temporary Accommodation Team
Long delays in processing new claims for housing benefit	Requirement for staff to be appointed, processes changed and new technology introduced have resulted in a significant improvement in time taken to process new claims.	
Allegations of rudeness or inaccurate information being said by members of staff. These allegations cannot be substantiated or refuted due to no evidence.	It would be useful if all calls especially to Area Housing and Benefits were recorded. This will have the effect of supporting staff especially if the complaints have no substance.	Area Offices and Benefits.
Poor quality correspondence	Staff have been reminded to use correct templates, and not to overwrite existing letters which can cause errors.	Service wide