

# **CULTURE, LEISURE AND TOURISM PORTFOLIO DECISION SCHEDULE**



**Tuesday 18<sup>th</sup> September 2007**

**at 10.00 a.m.**

**in the Red Room, Avondale Centre,  
Dyke House, Hartlepool  
(Raby Road entrance)**

Councillor Tumilty, Cabinet Member responsible for Culture, Leisure and Tourism will consider the following items.

**1. KEY DECISIONS**

No items

**2. OTHER ITEMS REQUIRING DECISION**

No items

**3. REPORTS FOR INFORMATION / DISCUSSION**

- 3.1 Adult and Community Services Departmental Plan 2007/2008 – 1<sup>st</sup> Quarter  
Monitoring Report – *Director of Adult and Community Services*
- 3.2 Annual Complaints Report 1 April 2006-31 March 2007 – *Director of Adult and Community Services*
- 3.3 Annual Excavations and Educational Work at the Catcote Village  
Archaeological Site, Summerhill – *Director of Adult and Community Services*

**4. REPORTS FROM OVERVIEW OF SCRUTINY FORUMS**

No items

## **CULTURE LEISURE AND TOURISM PORTFOLIO**

Report To Portfolio Holder

18<sup>th</sup> September 2007



**Report of:** Director of Adult and Community Services

**Subject:** ADULT AND COMMUNITY SERVICES  
DEPARTMENTAL PLAN 2007/2008 – 1<sup>ST</sup>  
QUARTER MONITORING REPORT

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### **SUMMARY**

#### **1. PURPOSE OF REPORT**

To inform the Portfolio Holder of the progress made against the Adult and Community Services Departmental Plan 2007/08 in the first quarter of the year.

#### **2. SUMMARY OF CONTENTS**

The progress against the actions contained in the Adult and Community Services Departmental Plan 2007/08, and the first quarter outturns of key performance indicators.

#### **3. RELEVANCE TO PORTFOLIO MEMBER**

The Portfolio Member has responsibility for performance management issues in relation to Community Services.

#### **4. TYPE OF DECISION**

Non-key.

#### **5. DECISION MAKING ROUTE**

Portfolio Holder meeting 18<sup>th</sup> September 2007.

#### **6. DECISION REQUIRED**

Achievement on actions and indicators be noted.

**Report of:** Director of Adult and Community Services

**Subject:** ADULT AND COMMUNITY SERVICES  
DEPARTMENTAL PLAN 2007/08 – 1<sup>ST</sup>  
QUARTER MONITORING REPORT

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## **1. PURPOSE OF REPORT**

- 1.1 To inform the Portfolio Holder of the progress made against the key actions identified in the Adult and Community Services Departmental Plan 2007/08 and the progress of key performance indicators for the period up to 30<sup>th</sup> June 2007.

## **2. BACKGROUND**

- 2.1 The Adult and Community Services Department includes Community Services, reporting to the Culture, Leisure and Tourism Portfolio Holder, and Adult Services, Adult Education and Supporting People reporting to the Adult and Public Health Portfolio Holder.
- 2.2 The Adult and Community Services Departmental Plan 2007/08 sets out the key tasks and issues with an Action Plan to show what is to be achieved by the department in the coming year. The plan also describes how the department contributes to the Organisational Development Improvement Priorities as laid out in the Corporate Plan. It provides a framework for managing the competing priorities, communicating the purpose and challenges facing the department, and monitoring progress against overall Council aims.
- 2.3 The Council has introduced an electronic Performance Management Database for collecting and analysing corporate performance. The database collects performance information detailed in the Corporate Plan and the five Departmental Plans. The aim is that the database will eventually collect performance information for all levels of the Council, including individual service/operational plans in each department.

## **3. QUARTER ONE PERFORMANCE**

- 3.1 This section looks in detail at how the Department has performed in relation to the key actions and performance indicators that were included in the Adult and Community Services Departmental Plan for this Portfolio.

- 3.2 On a quarterly basis officers from across the department are asked, via the Performance Management database, to provide an update on progress against every action contained in the Departmental Plan and, where appropriate, every Performance Indicator.
- 3.3 Officers are asked to provide a short commentary explaining progress made to date, and asked to traffic light each action based on whether or not the action will be, or has been, completed by the target date set out in the Departmental Plan. The traffic light system is: -

Red	- Action/PI not expected to meet target
Amber	- Action/PI expected to be meet target
Green	- Action/PI target achieved

- 3.4 Within Community Services there were a total of 25 actions and 30 Performance Indicators identified in the Departmental Plan. Table 1, below, summarises the progress made, to the 30<sup>th</sup> June 2007, towards achieving these actions and PIs.

Table1 – Adults Services progress summary

	Adults Services	
	Actions	PIs
Green	0	6
Amber	25	10
Red	0	1
Annual	0	13
Completed	0	0
Total	25	30

- 3.5 All 25 are on target to be completed by the target date.
- 3.6 It can also be seen that 16 (53%) of the Performance Indicators have been highlighted as being achieved or expected to hit the target. It can be seen that 1 indicator has been highlighted as not being expected to hit the year-end target, and an explanation for this is given in the relevant section below. There are 13 indicators that are only collected on an annual basis and therefore no updates are available for those indicators.

Table3: Community Services PI's not on target

Ref	PI	Milestone	Comment
BVPF 178	Percentage of Rights of Way and footpaths which are easy to use	Quarterly	Loss of the NACRO Team and Assistant Post has reduced the opportunity for clearing vegetation. The post has now been filled and agreements are being set up with landowners to manage vegetation on rights of way.

#### 4. RECOMMENDATIONS

- i) It is recommended that the first quarter outturns are noted.

CONTACT OFFICER: Alan Dobby, Assistant Director (Support Services)

## **CULTURE, LEISURE AND TOURISM PORTFOLIO**

Report To Portfolio Holder

18 September 2007



**Report of:** Director of Adult & Community Services

**Subject:** ANNUAL COMPLAINTS REPORT  
1 APRIL 2006 – 31 MARCH 2007

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### SUMMARY

#### 1. PURPOSE OF REPORT

To present the second Annual Complaints Report of the Adult & Community Services Department on complaints and representations for the period 1 April 2006 to 31 March 2007.

The Annual report is attached as **Appendix A** to this report.

The Annual Report is a means by which information is provided on the complaints framework. To this end, it draws together information in relation to complaints that have been received and dealt with during the reporting period.

Complaints relating to Community Services come within the Authority's Corporate Complaints Framework which is also reported to the Performance Management Portfolio.

#### 2. SUMMARY OF CONTENTS

It is a legal requirement in social care that an Annual Report be published on complaints and presented/made available to Portfolio, staff, the Commission for Social Care Inspection and general public.

The report offers an opportunity to demonstrate learning that has occurred from complaints and also consideration of trends emerging through the year's activity within the Complaints Framework.

The content of the Report includes the following areas:

- Types of complaints and representations received 2006/07
- Outcomes of complaints
- Compliance with timescales
- Learning lessons and service improvement
- Profile data on service users
- Overview of the effectiveness of the framework

The Report provides an analysis of recorded complaints and representations and draws comparisons with the previous year. To this end, performance is highlighted in a range of areas and practice issues are considered.

**3. RELEVANCE TO PORTFOLIO MEMBER**

Service is within the Portfolio Member's responsibility.

**4. TYPE OF DECISION**

Non-key

**5. DECISION MAKING ROUTE**

Culture, Leisure and Tourism Portfolio – 18<sup>th</sup> September 2007

**6. DECISION(S) REQUIRED**

That the Report be received and proposals for development of the Complaints Framework be noted.

**Report of:** Director of Adult & Community Services

**Subject:** ANNUAL COMPLAINTS REPORT  
(1 APRIL 2006 – 31 MARCH 2007)

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**1. PURPOSE OF REPORT**

- 1.1 To present the second Annual Complaints Report of the Adult & Community Services Department on complaints and representations for the period 1 April 2006 to 31 March 2007.

**2. BACKGROUND**

- 2.1 Complaints arising as a result of statutory Social Services functions come within the scope of the Adult & Community Services Department Complaints Framework.
- 2.2 The Annual Complaints Report provides data and information about activity in relation to operation of the Complaints Procedures for both Adult Care Services and Community Services.
- 2.3 The Annual Report outlines performance in a range of areas and also highlights areas for development to ensure continued improvement in the management and handling of complaints and representations regarding Adult Care Services.

**3. FINANCIAL IMPLICATIONS**

- 3.1 There are no financial implications of the report.

**4. RECOMMENDATIONS**

- 4.1 That the Report be received and proposals for development of the Complaints Framework be noted.





# **HARTLEPOOL ADULT & COMMUNITY SERVICES DEPARTMENT**

## **ANNUAL REPORT**

### **COMPLAINTS, COMPLIMENTS AND REPRESENTATIONS**

**1 APRIL 2006  
TO  
31 MARCH 2007**

APPENDIX A



Jeżeli potrzebujesz pomocy w przetłumaczeniu tego dokumentu, proszę zadzwonić pod nr tel. 09420 525054 a my posłamy ci Ci e-maila.

<b>Section</b>	<b>Page No.</b>
1. Introduction	1
2. Legal Context and Background	1
3. Management of Complaints in Adult Social Care	2
4. Complaints Framework: Scope and Process	2
5. Framework and Principles	3
6. Quality and Effective Outcomes	3
7. Diversity	3
8. Training	4
9. Public Information	4
10. Representations – Adult Social Care	4 - 7
11. Representations - Community Services	8 – 9
12. Local Government Ombudsman	9
13. Satisfaction Surveys	9
14. Lessons Learned	10
15. New Regulations	10
16. Advocacy	10
17. Conclusions and Way Forward	11 - 12
Appendix 1 Examples of Compliments Received Across Adult Social Care Business Units	13
Appendix 2 Nature of Adult Social Care Concerns	14 - 18

Section	Page No.
<b>Appendix 3</b> Number of Complaints Received by Adult Social Care Business Unit	19
<b>Appendix 4</b> Complaints: Range of Factors and Lessons Learned Identified by Adult Social Care Business Unit	20- 27
<b>Appendix 5</b> Time Taken to Respond to Complaints at Stages 1 and 2	28
<b>Appendix 6</b> Complaint Outcomes in Adult Social Care	29
<b>Appendix 7</b> Number of Complaints Received by Community Services Business Units	30
<b>Appendix 8</b> Complaints: Range of Factors and Lessons Learned Identified by Community Services Business Unit	31 – 35
<b>Appendix 9</b> 2006/07 Adult Social Care Satisfaction Survey Results	36

## **1. Introduction**

- 1.1 This is the 2<sup>nd</sup> Annual Report of Hartlepool's Adult & Community Services Department on Complaints and Representations relating to both Adult Care Services and also Community Services during the period 1 April 2006 to 31 March 2007.
- 1.2 This Report will be:
- Presented to the Portfolio Holders for Adult and Public Health; also, Culture, Leisure and Tourism;
  - Made available to members of the workforce and the general public;
  - Provided to the Commission for Social Care Inspection;
  - Made available to members of the workforce and the general public.
- 1.3 This Report provides:
- A profile of those people making representations;
  - Information on the type of compliments and complaints received;
  - Details of outcomes of complaints;
  - Compliance information with statutory social care timescales;
  - Details of available advocacy services;
  - Lessons learned and service improvements;
  - Statistical information about Complaints, Concerns and Compliments;
  - Objectives and achievements of the Complaints and Representations Framework.

## **2. Legal Context and Background**

- 2.1 The NHS and Community Care Act, 1990 requires Departments with responsibility for social care services to provide an annual report on their Statutory Complaints Framework.
- 2.2 Requirements of the statutory social care complaints framework are underpinned by the following legislation, guidance and regulations:
- Health and Social Care (Community Health and Standards) Act 2003
  - Learning from Complaints (Department of Health – 1996)
  - Local Authorities Social Services Complaints (England) Regulations 2006

- 2.3 Although there are no statutory requirements for a Local Authority to have a Corporate Complaints Procedure, it is a matter of good practice; guidance to this effect is provided by the Local Government Ombudsman.
- 2.4 Local authorities are required to designate an officer to manage the statutory complaints process in relation to Adult Care Services. However, this does not mean that one person is responsible for carrying out all the actions associated with a complaint.

### **3. Management of Complaints in Adult Social Care**

- 3.1 In Hartlepool, the Adult & Community Services Complaints Manager has overall responsibility for the Statutory Complaints Framework for Adult Care Services. However, day-to-day operation, co-ordination and management is undertaken by members of the Department's Support Services Division.
- 3.2 Although representations concerning the Department's Community Services come within the Corporate Complaints Framework, day-to-day operation and management relating to individual representations is co-ordinated through members of the Department's Support Services Division.

### **4. Complaints Framework: Scope and Process**

- 4.1 A broad range of people can use the statutory social care complaints procedure where they require a response to their dissatisfaction about actions, decisions or apparent failings of the local authority's adult social care provision.
- 4.2 There are 3 stages to the procedure:
  - Stage 1 An informal problem-solving stage (at which most complaints are resolved).
  - Stage 2 A formal stage where independent investigation is undertaken by officers who are not employees of the Council.
  - Stage 3 A Complaints Review Panel – where a complainant remains dissatisfied - the thoroughness and fairness of the investigation is considered.



## **5. Framework and Principles**

5.1 New regulations and guidance for adult social care complaints came into force on 1 September 2006. Changes introduced by the new guidance include:

- Tighter timescales for the handling of complaints
- Greater independence of Complaints Review Panels
- Possibility of introducing Independent Persons to the process of investigation of complaints
- Promotion of advocacy provision to complainants

5.2 Hartlepool Adult & Community Services Department values feedback on services by service users and carers. Such information makes an important contribution to service improvements. To this end, the complaints framework for Hartlepool's Adult Care Services is underpinned by the following aims:

- The complaints procedure is clear and easy to use for all service users and carers
- The complaints procedure is fair and thorough with adequate support to all who use it
- People who complain have their concerns resolved quickly by those who provide the service
- Complaints, Concerns and Compliments are listened to and all information and views are used to improve services
- Performance in handling complaints is monitored so that the quality of the complaints framework can be assured

## **6. Quality and Effective Outcomes**

6.1 The Authority is required to ensure that the Complaints Process is effective. This is done through systematic management, oversight and administration of the complaints framework to maintain a quality approach.

## **7. Diversity**

7.1 The Adult & Community Services Department is committed to providing complaints and representations services that meet the needs of all parts of the community. To this end, consideration has been given to ways in which the framework might be improved to ensure that there will be no adverse impact on specific groups/individuals who may be eligible to access the complaints framework.

## **8. Training**

- 8.1 During the year, training has been provided to 110 of the Department's Adult Social Care staff and 40 staff from the local Independent Sector adult social care provision.
- 8.2 Additionally, the Department commissioned the services of the Local Government Ombudsman's Office to deliver an 'Effective Complaint Handling' course in November 2006. Invitees included all Departmental adult social care managers and all Independent Investigating Officers required to undertake investigations of complaints.

## **9. Public Information**

- 9.1 Service users and carers may make comments or complaints to the Adult & Community Services Department using a form in the Department's leaflet 'Having Your Say' or the leaflet 'Complaints and Comments'. Alternatively, representations may be made by way of letter, telephone, e mail or in person.
- 9.2 Both leaflets are available via the internet and at all public access points within Hartlepool Borough Council. They are also provided to service users and carers when they take up a new service and also when a care plan is agreed and reviewed.
- 9.3 Work is in hand to provide new public information: in Braille, on audio tape, in 7 other languages and in easy-read format.

## **10. Representations – Adult Social Care**

### **10.1 Compliments**

- 10.1.1 The framework for complaints and representations includes receipt of compliments which give feedback on the quality of Adult Social Care Services. Compliments can also provide valuable lessons to the Department in terms of good outcomes for service users and carers.
- 10.1.2 During the year, 167 compliments relating to Adult Social Care have been received. These range across Occupational Therapy, In-House Home Care, Older Persons, Disabilities and Mental Health Services. Examples of compliments received for each Business Unit are shown at Appendix 1.



## **10.2 Concerns**

- 10.2.1 There were 21 service users or their representatives who made representations to the Department that were not formal complaints. These representations have been recorded and dealt with as valuable opportunities from which lessons can be learned to improve the services provided.
- 10.2.2 Table 1 at Appendix 2 provides details of the concerns received during the year. These reflect an increase of 5 in comparison to the previous year (Table 2, Appendix 2 refers).
- 10.2.3 Emerging themes and trends over the year indicate that the main categories of concern relate to care planning, care provision, information/communication and continuity of provision.

## **10.3 Complaints Analysis**

- *Complaints Received*

10.3.1 In comparison to last year, the number of complaints received has slightly decreased. In 2005/06, there were 20 complaints relating to adult care services. In 2006/07, there were 18 complaints, 5 of which were subsequently withdrawn.
- *Business Units*

10.3.2 Table 3, Appendix 3, provides comparisons of complaints received by individual Adult Social Care business units with those of the previous year.

10.3.3 In summary, there has been a decrease in the level of complaints within both Older People's and Support Services; a slight increase in those in Disability Services and in Mental Health the number has remained the same as last year.
- *Nature of Complaints*

10.3.4 Table 4, Appendix 4, provides factors giving rise to complaints and from these some of the lessons that have been learned.
- *Complaints Origin and Contact Method*

10.3.5 The sources of complaints received during the year is as follows:

  - 9 (50%) from males (3 subsequently withdrawn)
  - 9 (50%) from females (2 subsequently withdrawn)
  - 12 (67%) from relatives (4 subsequently withdrawn)
  - 6 (33%) from service users (1 subsequently withdrawn)

- 2 (11%) via telephone (2 subsequently withdrawn)
  - 7 (39%) via letters (1 subsequently withdrawn)
  - 7 (39%) via complaints form (2 subsequently withdrawn)
  - 1 (5.5%) via e mail
  - 1 (5.5%) via personal visit
- 10.3.6 This reflects an increase in the number of complaints from males; slightly fewer complaints via relatives; also, fewer complaints were made by telephone. There was an increased number received on the Department's complaints form.
- 10.3.7 • *Stages 1, 2 and 3*  
Efforts have continued by staff to try to resolve complaints as quickly as possible and at the earliest point of contact with service users and carers.
- 10.3.8 Complaints resolved and concluded at Stage 1 remain at the same level of the previous year, (85%).
- 10.3.9 Stage 2 of the complaints procedure represents a formal attempt at investigation and resolution of complaints. During the year, there have been 2 complaints investigated at Stage 2.
- 10.3.10 Of the 3 complaints at Stage 2 ongoing from the previous reporting period (2005/06), one was concluded at Stage 2.
- 10.3.11 The 2 remaining complaints from the previous reporting period - together with one complaint from this reporting period (2006/07) - within adult social care, sought progression to Stage 3. One Stage 3 Complaints Review Panel took place in May 2006 and the other 2 have been scheduled to take place April and June 2007.
- 10.3.12 • *Interim Costs*  
Costs associated with Adult Social Care Stage 2 investigations completed during the year total £15,834.50. However, this does not include Department staff costs; nor does it reflect the projected actual costs of the 2 investigations which were ongoing beyond March 2006.
- 10.3.13 • *Time Taken to Respond to Complaints*  
The Complaints Procedure is required to operate within specified timescales. These are laid down in relation to both acknowledgement and also response to each complaint. From 1 September 2006, changes in statutory timescales were introduced.
- 10.3.14 Table 5, Appendix 5, shows that 2 (50%) of the 4 complaints dealt with at Stage 1 between 1 April 2006 and 31 August 2006 were completed within the required timescale of 28 days.

- 10.3.15 Table 6, Appendix 5, shows that 1 (14%) of the 7 complaints dealt with at Stage 1 between 1 September 2006 and 31 March 2007 was completed within the new statutory timescale of 10 working days.
- 10.3.16 Table 6, Appendix 5, shows that one complaint at Stage 2 was completed within the new maximum extension period of 65 working days for resolution of Stage 2 complaints. The remaining Stage 2 complaint took 99 working days for resolution.
- 10.3.17 The time taken to deal with complaints is influenced by a range of factors. Frequent causes of delay remain complexity of issues and the number of elements within an individual complaint. Postponement by complainants in relation to planned appointments for interviews is another factor sometimes causing delays.
- 10.3.18 An important part of the Department's identified good practice is to ensure that complainants and others involved are always kept informed of progress/any delays.
- *Complaint Outcomes*
- 10.3.19 The outcomes of complaints received during the year are summarised at Table 7, Appendix 6.
- 10.3.20 All complainants received written findings and conclusions of enquiries into their complaints.
- 10.3.21 Of the 11 complaints that were concluded during the year at Stage 1:
- 7 were either upheld or partially upheld
  - 3 were not upheld
  - 1 was inconclusive
- 10.3.22 The 2 complaints investigated during the year at Stage 2 were not upheld. The Stage 2 complaint that progressed to the Stage 3 Review Panel in May 2006 had been carried forward from 2005/06.
- 10.3.23 Some of the service improvements resulting from complaints during the year are detailed at Table 4, Appendix 4.

## **11. Representations - Community Services**

### **11.1 Compliments**

- 11.1.1 During the year, 14 compliments relating to Community Services have been recorded; 10 related to Museums and Heritage, 2 related to Strategic Arts, one was recorded in Parks & Countryside and one in the Sports & Recreation Business Unit.

### **11.2 Complaints Analysis**

- *Complaints Received*

11.2.1 There were 13 complaints received in 2006/07.
- *Business Units*

11.2.2 Table 8, Appendix 7, provides comparisons of complaints received by individual business units.
- *Nature of Complaints*

11.2.3 Table 9, Appendix 8, provides factors giving rise to complaints and from these some of the lessons that have been learned.
- *Complaints Origin and Contact Method*

11.2.4 The sources of complaints received during the year is as follows:

  - 4 (31%) from males
  - 9 (69%) from females
  - 5 (38.5%) via letters
  - 5 (38.5%) via complaints form
  - 3 (23%) via personal visit
- *Costs*

11.2.5 An arrangement was made for a Corporate Complaint to be investigated by an Independent Investigating Officer within the Library service area. The cost associated with this was £852.50.
- *Time Taken to Respond to Complaints*

11.2.6 The Corporate Complaints Procedure is required to operate within a timescale of 15 working days. Of the 13 complaints investigated, 8 complaints were responded to within the requisite timescale. Of the remaining 5 complaints; 4 were responded to within a period of 16 to 21 days. The complaint for which an external investigation was undertaken was completed in 49 working days.

- *Complaint Outcomes*
- 11.2.7 The outcomes of complaints received during the year are summarised at Table 9, Appendix 8.
- 11.2.8 All complainants received written findings and conclusions of enquiries into their complaints.

## **12. Local Government Ombudsman**

- 12.1 Complainants who are dissatisfied with the investigation and/or outcome of their complaint may refer to the Local Government Ombudsman for adjudication.
- 12.2 During the year, there have been 2 complaints falling within the Adult Social Care Complaints Framework that have proceeded for consideration to the Local Government Ombudsman. The Ombudsman's Office made preliminary enquiries into one of these complaints following which it was settled locally; a payment of £250 being made to the complainant in respect of the time and trouble in pursuing the complaint. The Ombudsman decided to defer involvement with the other complaint until the Stage 3 Review Panel process had been completed.
- 12.3 There was one complaint in relation to Community Services where the complainant sought progression to the Local Government Ombudsman. The Ombudsman decided to defer involvement until the Council had an initial opportunity to respond to the complaint.

## **13. Satisfaction Surveys**

- 13.1 It is important that we seek complainants' views on the way the Complaints Procedure operates. To this end, complainants are routinely asked to give feedback about their experiences in using the Adult Social Care Complaints Framework.
- 13.2 Responses are provided through completion of questionnaires by complainants or with support through individual interviews by representatives of the Council's Corporate Strategy Unit.
- 13.3 During the year, 11 complainants were issued with a complaints satisfaction survey; 36% of whom provided valuable feedback.
- 13.4 Results from the 2006/07 Complaints Satisfaction Survey are detailed at Table 10, Appendix 9.

- 13.5 Feedback continues to indicate that respondents find information on the complaints system clear and the process easy to use. However, areas identified for continued improvement include:
- Promotion of the Complaints Procedure
  - Timely response to complaints
  - Greater level of detail within responses to complainants
  - Greater overall satisfaction of complainants in the handling and investigation of complaints
- 13.6 Issues highlighted through the previous year's Survey have been addressed through staff training. This includes the importance of a full apology being given to the complainant in circumstances where a complaint is upheld. Also, ensuring public information on complaints is available at all appropriate places accessed by the public.

## **14. Lessons Learned**

- 14.1 An important aspect of the Complaints Framework is the lessons that can be learned through enquiry into the complaints received. To this end, Table 4, Appendix 4, and Table 9, Appendix 8, outlines the context of some improvements that have been put in place as a direct result of complaints and representations received in both Adult Social Care and Community Services.
- 14.2 Compliments can also be used to celebrate success and to promote improvements of services. Work will be undertaken in the coming year to further develop this important area.

## **15. New Regulations**

- 15.1 The Department's previous Complaints and Representations Annual Report (2005/06) outlined the Government's intention to revise existing regulations and guidance in relation to local authority statutory social care complaints processes. Hartlepool has reflected the new Regulations through public information, training and also arrangements and guidance relating to Stage 3 Review Panels.

## **16. Advocacy**

- 16.1 Advocacy services are available to people in Hartlepool through a group of local advocacy providers.

This includes:

- Citizens Advice Bureau (CAB)



- Advocacy Information Foundation
- Hartlepool MIND
- Hartlepool Carers

16.2 During 2006/07, 2 complainants utilised advocacy services from CAB and Hartlepool Carers in relation to their complaints.

## 17. Conclusions and Way Forward

- *Continuous Improvement*
- 17.1 Review of the Complaints Framework is an essential activity to ensure a good quality service. It is an essential safeguard for service users, carers and also providers. To this end, the following activities have been completed during 2006/07.
- Updating of public information to reflect the new procedure and regulations in relation to statutory complaints.
  - Work in relation to diversity to ensure that there is no adverse impact on individuals who are eligible to use the complaints framework.
  - Training for Departmental staff and also Independent Sector Care Providers in relation to the new statutory Adult Social Care Procedure.
  - Arrangements put in place for Stage 3 Review Panels in order to meet new requirements resulting from the new Department of Health procedure.
  - Departmental restructure creating the posts of Complaints Officer and Vulnerable Adults Co-ordinator in order to address both the new procedural requirements and also reflect specific recommendations coming out of a complaint that included aspects relating to practice within the Vulnerable Adults framework.
- 17.2 In 2007/08 work will begin by the Department of Health in order to enable integration between health and social care complaints frameworks. To this end, during the coming year there is to be national consultation via local events to explore the best way to achieve this.
- 17.3 The introduction of The Mental Capacity Act in 2007 will have implications for the operation of the Statutory Complaints Framework. It will also be relevant regarding the use of Advocates for complainants.
- 17.4 The restructure of Adult & Community Services Department has resulted in the day-to-day co-ordination/oversight of Complaints and Vulnerable Adults frameworks being located within one team. It is hoped that this will lead to improvements in both processes; also, that it will enable a greater focus upon quality for those who have either made complaints or are being safeguarded.

- 17.5 A further outcome of the Departmental Restructure was the transfer of the Supporting People Programme from the Neighbourhood Services Department to the Adult and Community Services Department. Thus, the next Annual Report will incorporate Complaints and Representations from within the Supporting People Programme.
- 17.6 The new Department of Health procedure on complaints introduced the possibility of Independent Persons being engaged in Adult Social Care Complaints investigations. An Independent Person is tasked to observe and report on the conduct of an investigation with a view to ensuring that the process is fair and thorough. During the coming year, consideration of the benefits of inclusion of an Independent Person will be systematically considered in relation to all new complaints investigations.



**EXAMPLES OF COMPLIMENTS RECEIVED ACROSS  
ADULT SOCIAL CARE BUSINESS UNITS**

**1 APRIL 2006 TO 31 MARCH 2007**

- "I would like to take this opportunity of writing to tell you how grateful I am to both you and the carers who have over the past 10 months been coming to my home. The girls work so hard and each and every one of them have been so cheerful, helpful, kind and supportive at every visit. They have all treated me with utter respect and consideration, to the point that I consider them all to be my friends. Nothing is ever a bother to them and they are willing to go that extra mile. I would also like to mention that if ever I have needed to get in touch with you, the level of service and assistance has been given with such a quick response showing empathy." *(From a Service User to the Integrated Care Manager South regarding the Home Care Team)*
- "I would like to give my link worker a great big thank you for all the help and support she gives me and has given me over the years I have been seeing her. Nothing is ever too much trouble for her. She boosts my confidence when I'm down and over the last year I know I have needed her to listen and she gives me sensible advice. Thank you again." *(From a Service User regarding Brooklyn Day Centre)*
- "The words may be small but the sentiment is huge. Many, many thanks for your help and support." *(From the family of a Service User regarding a Social Worker in PLD Team)*
- "I would like to compliment all the staff on behalf of both my parents and myself. Every member of staff who visited them were totally concerned, helpful, patient and efficient when making decisions to improve their everyday life. The improvements suggested were made speedily and without any fuss at all to my parents. They are both very grateful to all concerned." *(From the daughter of Service Users regarding Occupation Therapy, Long Term Care, User Property Services Teams and also A4e)*
- "I would like to compliment the support staff at The Firs in Westbourne Road. They are always very helpful and kind. I could not go on without them. Their services have helped me overcome bouts of depression. I look forward to the support workers every week and when I know they are calling it makes me feel better and eases my anxieties. All the staff have helped me and been good to me over the years. Thanks to all." *(From a Service User regarding The Firs)*

**TABLE 1 – NATURE OF ADULT SOCIAL CARE  
CONCERNS 2006/2007**

Ref	Complaint	Lessons Learned/Action Taken
<b>SCC20</b> <b>Older Persons -</b> <b>Contracted Care</b> <b>Home</b>	<ul style="list-style-type: none"> <li>• Attitude of staff employed within a residential/nursing home</li> <li>• Allegations by staff against the individual raising the concern</li> <li>• Environment in home – allegations of staff playing loud music, TV too loud and located next to his wife's room</li> <li>• Lack of communication/feedback from the home about a request for transfer to another home</li> <li>• Arrangements for wife's feeding</li> </ul>	<ul style="list-style-type: none"> <li>• Investigation by Regional Operations Manager - found no evidence to substantiate the elements of concern.</li> </ul>
<b>SCC21</b> <b>Older Persons -</b> <b>Contracted Care</b> <b>Home</b>	<ul style="list-style-type: none"> <li>• Deterioration within residential home relating to husband's appearance</li> <li>• Personal hygiene arrangements</li> <li>• Unclean clothing</li> </ul>	<ul style="list-style-type: none"> <li>• Recording/documentation highlighted for completion by Home Staff.</li> <li>• Arrangements made for senior staff to attend meetings with Manager of Home.</li> </ul>
<b>SCC22</b> <b>Older Persons -</b> <b>Contracted Care</b> <b>Home</b>	<ul style="list-style-type: none"> <li>• Personal hygiene arrangements</li> <li>• Staffing levels</li> <li>• Home environment – unclean bathroom/sleeping arrangements</li> <li>• Relatives health problems overlooked</li> <li>• Home not overseeing the taking of medication effectively</li> <li>• Management of the initial concerns raised with the home</li> </ul>	<ul style="list-style-type: none"> <li>• Revision of staff supervision framework including Personal Development Plans and Training Needs Profiles for all staff.</li> <li>• Training for staff by way of update on good practice regarding administration of medication.</li> <li>• Initiation of procedure for senior staff on duty to be required to carry out regular checks on residents.</li> <li>• Inter-departmental meetings to enable raising of any concerns about residents.</li> <li>• Training module to be provided for staff in relation to topics such as:               <ul style="list-style-type: none"> <li>- communication with relatives;</li> <li>- reporting on and dealing with concerns and complaints;</li> <li>- confidentiality.</li> </ul> </li> </ul>

**TABLE 1 – NATURE OF ADULT SOCIAL CARE CONTINUED  
CONCERNS 2006/2007 CONTINUED**

Ref	Complaint	Lessons Learned/Action Taken
<b>SCC23</b> <b>Older Persons -</b> <b>Long Term Care</b> <b>Management</b> <b>Team</b>	<ul style="list-style-type: none"> <li>The format of a standard letter issued for return of OT equipment by Adult &amp; Community Services following the death of a family member</li> </ul>	<ul style="list-style-type: none"> <li>Telephone call and written apology given.</li> <li>Department's standard letter amended.</li> </ul>
<b>SCC24</b> <b>Disabilities -</b> <b>Contracted</b> <b>Domiciliary Care</b> <b>Provider</b>	<ul style="list-style-type: none"> <li>Access to care worker support to meet assessed needs</li> </ul>	<ul style="list-style-type: none"> <li>Review of service by Provider.</li> </ul>
<b>SCC25</b> <b>Older Persons –</b> <b>Contracted Care</b> <b>Home</b>	<ul style="list-style-type: none"> <li>Lack of contact from Care Home to inform about deterioration in mother's health</li> </ul>	<ul style="list-style-type: none"> <li>Staff meeting/ staff instruction to ensure any attempts to contact relatives are documented on communication sheets, diary and Nurse Manager Reports.</li> <li>Weekly meetings initiated between Manager and qualified staff to enable discussion of nursing residents and any concerns.</li> </ul>
<b>SCC26</b> <b>Older Persons –</b> <b>Contracted Care</b> <b>Home</b>	<ul style="list-style-type: none"> <li>Incident surrounding a relative's fall in Home, hairdressing arrangements and the location of hair washing facilities</li> </ul>	<ul style="list-style-type: none"> <li>Interim measures put in place by way of a temporary hairdressing area being utilised.</li> <li>Risk assessment to be undertaken in relation to hairdressing facilities and practice within the home.</li> </ul>
<b>SCC27</b> <b>Older Persons –</b> <b>Contracted Care</b> <b>Home</b>	<ul style="list-style-type: none"> <li>Lack of overall care and attention</li> <li>Issues surrounding health and well being</li> <li>Personal hygiene arrangements</li> <li>Missing personal items</li> <li>Lack of supervision by staff</li> </ul>	<ul style="list-style-type: none"> <li>Review of Home undertaken by Adult &amp; Community Services Commissioning Team.</li> <li>Induction arrangements for new staff reassessed.</li> <li>Audit of staff rotas and revised practice to ensure skill mix of staff deployed.</li> <li>Staff training arrangements improved.</li> <li>Range of improved recording:               <ul style="list-style-type: none"> <li>Residents personal belongings;</li> <li>Medication;</li> <li>Meal times and menus;</li> <li>Monitoring and review of accidents including escort arrangements</li> </ul> </li> </ul>

**TABLE 1 – NATURE OF ADULT SOCIAL CARE CONTINUED  
CONCERNS 2006/2007 CONTINUED**

<b>Ref</b>	<b>Complaint</b>	<b>Lessons Learned/Action Taken</b>
<b>SCC28</b> <b>Older Persons –</b> <b>Domiciliary Care</b> <b>Provider</b>	<ul style="list-style-type: none"> <li>Care Worker not arrived to attend to his mother's needs as had been previously arranged.</li> </ul>	<ul style="list-style-type: none"> <li>Written apology and explanation given by Provider.</li> <li>Procedures reviewed for recording changes to service provision.</li> </ul>
<b>SCC29</b> <b>Older Persons –</b> <b>Domiciliary Care</b> <b>Provider</b>	<p>Anonymous representation - domiciliary care staff:</p> <ul style="list-style-type: none"> <li>Do not stay for the allocated time</li> <li>Staff working 7 am – 2 pm and 4 pm – 11 pm without breaks</li> <li>View that staff and other service users 'treat like muck'</li> <li>Belief that staff not being CRB checked prior to starting work</li> </ul>	<ul style="list-style-type: none"> <li>Provider completed:               <ul style="list-style-type: none"> <li>Spot checks via supervisor;</li> <li>Instructions to staff co-ordinators regarding working hours and breaks;</li> <li>Carers rotas to be checked by Co-ordinators before offers of overtime;</li> <li>Break periods not to be filled with care activity;</li> <li>By way of quality checks, increased home visits and telephone contact to service users;</li> <li>Requirement for supervisors to complete spot checks including check on log books to ensure actual attendance of carer complies with Care Plan.</li> </ul> </li> </ul>
<b>SCC30</b> <b>Older Persons –</b> <b>Contracted Care</b> <b>Home</b>	<p>Residential/Nursing Home:</p> <ul style="list-style-type: none"> <li>Poor staff response times</li> <li>Inadequate staffing levels</li> <li>Lack of social activities at the care home</li> </ul>	<ul style="list-style-type: none"> <li>First and second contact details confirmed.</li> <li>Manager required to ensure signing and disclosure of information to be compliant with Provider's Policy.</li> <li>Staff vacancy to be filled.</li> <li>Manager to ensure staff are aware of requirement to assist in all areas of the Home.</li> </ul>
<b>SCC31</b> <b>Older Persons –</b> <b>Contracted Care</b> <b>Home</b>	<p>Residential/Nursing Home:</p> <ul style="list-style-type: none"> <li>Quality of care</li> <li>Dietary needs/fluid intake – lack of assistance by staff</li> <li>Administration of medication</li> </ul>	<ul style="list-style-type: none"> <li>Audit undertaken of Home by Provider.</li> <li>Manager met with Carers.</li> <li>Further random audits agreed to be undertaken by Regional Manager.</li> <li>Care Plans to include greater detail and reflected in progress reports.</li> <li>Training provided to Manager and Nursing staff in relation to recording.</li> </ul>

# APPENDIX 2 CONTINUED

**TABLE 1 – NATURE OF ADULT SOCIAL CARE CONTINUED  
CONCERNS 2006/2007 CONTINUED**

Ref	Complaint	Lessons Learned/Action Taken
<b>SCC32</b> <b>Disabilities – Duty Team</b>	<ul style="list-style-type: none"> <li>Service user unhappy about being contacted by staff out-of-office hours in relation to FACS consultation</li> </ul>	<ul style="list-style-type: none"> <li>Telephone call and written apologies to service user.</li> </ul>
<b>SCC33</b> <b>Older Persons – Domiciliary Care Provider</b>	<ul style="list-style-type: none"> <li>Service user suggested that new care provider did not adequately introduce her new carers; that the supervisor acted in an unprofessional manner and that the service user was not happy with the time care was to be provided</li> </ul>	<ul style="list-style-type: none"> <li>Staff training and supervision provided to:               <ul style="list-style-type: none"> <li>- Emphasise importance of risk assessment preceding provision of service.</li> <li>- Instruction to staff regarding consultation with service user regarding their wishes.</li> <li>- Undertaking of tasks as and when agreed.</li> </ul> </li> </ul>
<b>SCC34</b> <b>Disabilities – Duty Team</b>	<ul style="list-style-type: none"> <li>Request for public information – enquiry not dealt with at the first point of contact (Duty Team)</li> </ul>	<ul style="list-style-type: none"> <li>Apology given.</li> <li>Process for providing information by Duty and Operations Teams confirmed.</li> </ul>
<b>SCC35</b> <b>Disabilities – Physical Disabilities and Sensory Loss Team</b>	<ul style="list-style-type: none"> <li>Daughter of a service user unhappy with the delay between referral (May 2006) and OT assessment (November 2006)</li> </ul>	<ul style="list-style-type: none"> <li>Referrals for different aspects of assessment to be actioned simultaneously rather than constructively.</li> <li>Additional resources and funding of Occupational Therapy Services via Older People's Services. (Note: Latter constitutes 90% of service users)</li> </ul>
<b>SCC36</b> <b>Disabilities – Learning Disabilities Team</b>	<ul style="list-style-type: none"> <li>Care management/respice care arrangements for son</li> </ul>	<ul style="list-style-type: none"> <li>Meeting held with Carer.</li> <li>Care Planning arrangements implemented.</li> </ul>
<b>SCC37</b> <b>Older Persons – Contracted Care Home</b>	<p>Anonymous representation:</p> <ul style="list-style-type: none"> <li>Alleged practice of a night-shift worker sleeping whilst on duty</li> <li>Lack of assistance by staff relating to dietary needs/fluid intake</li> <li>Administration of medication</li> </ul>	<ul style="list-style-type: none"> <li>Information gathered from staff members.</li> <li>Disciplinary hearing held by Provider, staff member dismissed.</li> <li>Arrangements put in place for supervised practice of staff.</li> <li>Provision of POVA (Protection of Vulnerable Adults) training to staff.</li> </ul>

# APPENDIX 2 CONTINUED

**TABLE 1 – NATURE OF ADULT SOCIAL CARE CONTINUED  
CONCERNS 2006/2007 CONTINUED**

Ref	Complaint	Lessons Learned/Action Taken
SCC38 Older Persons – User Property and Finance Team	<ul style="list-style-type: none"> <li>Service user unhappy with timing of home care statements because of the effect on budget and knowing whether he is in credit or debit.</li> </ul>	<ul style="list-style-type: none"> <li>Statements brought up to date and schedule planned for future statements.</li> </ul>
SCC39 Disabilities – Physical Disabilities and Sensory Loss Team	<ul style="list-style-type: none"> <li>Review of Direct Payment arrangements</li> <li>Direct Payment information requested but not received</li> <li>OT Assessment not arranged as promised</li> </ul>	<ul style="list-style-type: none"> <li>Review was completed.</li> <li>Disability Funding Panel approved Direct Payment for short break.</li> <li>OT assessment actioned.</li> </ul>
SCC40 Disabilities – User Property & Finance Team	<ul style="list-style-type: none"> <li>Service user unhappy about delay in processing paperwork which in turn led to a delay in receiving Direct Payments</li> </ul>	<ul style="list-style-type: none"> <li>Issues considered by Direct Payments Steering Group and actions taken to improve response times and avoid delays in processing paperwork.</li> </ul>

**TABLE 2 - NUMBER OF ADULT SOCIAL CARE CONCERNS  
2006/2007 DATA COMPARED WITH 2005/2006**

2006/2007	2005/2006	DIFFERENCE
21	16	+5



TABLE 3

**NUMBER OF COMPLAINTS RECEIVED BY ADULT  
SOCIAL CARE BUSINESS UNIT  
2006/2007 DATA COMPARED WITH 2005/2006**

<b>ADULTS SERVICES</b>			
<b>Business Unit</b>	<b>2006/2007</b>	<b>2005/2006</b>	<b>DIFFERENCE</b>
Older Persons	7	10	-3
Disabilities	6	2	+4
Adult Mental Health (Integrated Service)	3	3	0
Support Services (Commissioning)	2	8	-6
<b>Sub Total</b>	<b>18</b>	<b>23</b>	<b>-5</b>
<b>Less Complaints Withdrawn</b>	<b>5</b>	<b>3</b>	<b>2</b>
<b>Overall Total</b>	<b>13</b>	<b>20</b>	<b>-7</b>

- Of the 18 complaints received, 5 were subsequently withdrawn during the year at the request of Complainants.
- Complaints for Disability Services and Older People's Service have increased.
- Complaints for Support Services (Commissioned Services) have decreased.

TABLE 4

## COMPLAINTS: RANGE OF FACTORS AND LESSONS LEARNED IDENTIFIED BY ADULT SOCIAL CARE BUSINESS UN ITS

DISABILITIES BUSINESS UNIT		
Ref	Complaint	Lessons Learned/Action Taken
S00241	<ul style="list-style-type: none"> <li>Delays in service provision surrounding an assessment of need and installation of equipment.               <ul style="list-style-type: none"> <li>Service User unaware if care needs have changed since the original assessment in 2005.</li> <li>No direct contact to the Service User from the Occupational Therapist for over 16 months.</li> <li>Service User unaware of progress with the installation of a bath lift.</li> <li>Enquiries are passed between Housing and Social Care staff.</li> </ul> </li> </ul> <p><b>UPHELD</b></p>	<ul style="list-style-type: none"> <li>Service Manager has reinforced with staff:               <ul style="list-style-type: none"> <li>The importance of having periodic reviews of cases and to maintain direct communication with service users at all times.</li> <li>To communicate regularly with agencies (Housing Associations) involved in the provision of commissioned services to chart progress.</li> </ul> </li> <li>One single person should be central to all communication.</li> </ul>
S00248	<ul style="list-style-type: none"> <li>Delays in the length of time taken (4 months) from a referral to an assessment of need being undertaken.</li> </ul> <p><b>NOT UPHELD</b></p>	<ul style="list-style-type: none"> <li>Review of Department's resources to assess adequacy to meet the deadlines of assessment times.</li> </ul>
S00254	<ul style="list-style-type: none"> <li>Breach of confidentiality by an Independent Provider regarding a service user's complaint about his carers.</li> </ul> <p><b>NOT PROVEN</b></p>	<ul style="list-style-type: none"> <li>Department to assist Independent Provider on effective management of complaints through complaints training sessions.</li> <li>Issues of confidentiality to be addressed by the Commissioning Team as part of their ongoing monitoring visits to the Independent Provider.</li> </ul>



TABLE 4 CONTINUED

COMPLAINTS: RANGE OF FACTORS AND LESSONS LEARNED IDENTIFIED BY ADULT SOCIAL CARE BUSINESS UNITS  
CONTINUED

DISABILITIES BUSINESS UNIT CONTINUED		
Ref	Complaint	Lessons Learned/Action Taken
S00255	<ul style="list-style-type: none"> <li>• Arrangements surrounding the Department's Direct Payments scheme and the support service (provided by an independent company).               <ul style="list-style-type: none"> <li>○ Difficulty with arrangements for monies paid to the carer by the support service.</li> <li>○ Direct Payment agreement not signed properly.</li> </ul> </li> </ul> <p><b>PARTIALLY UPHELD</b></p>	<ul style="list-style-type: none"> <li>• New agreement drawn up to ensure service user will receive the direct payment to be paid to the carer.</li> <li>• Reassurance provided to the complainant that the direct payment agreement had been signed in accordance with normal practice and does not affect the legitimacy of the contract.</li> </ul>
S00257	<ul style="list-style-type: none"> <li>• Relative dissatisfied with the Department's handling of a safety incident within day service provision and also communication regarding the event.</li> </ul> <p><b>NOT UPHELD</b></p>	<ul style="list-style-type: none"> <li>• Automatic Progression to Stage 2</li> <li>• Review procedures about informing carers of significant incidents concerning service users using day services and ensure good practice.</li> <li>• Improve process regarding advice to service users and carers in relation to medical treatment.</li> <li>• Review signing-in systems to establishments.</li> </ul>

TABLE 4 CONTINUED

COMPLAINTS: RANGE OF FACTORS AND LESSONS LEARNED IDENTIFIED BY ADULT SOCIAL CARE BUSINESS UNITS  
CONTINUED

DISABILITIES BUSINESS UNIT CONTINUED		
Ref	Complaint	Lessons Learned/Action Taken
S00259	<ul style="list-style-type: none"> <li>Relative dissatisfied with the care management arrangements surrounding a service user attending day service provision:               <ul style="list-style-type: none"> <li>Personal hygiene issues prior to service user returning home from the Day Centre.</li> <li>Relative struggling to attend to a range of personal hygiene requirements.</li> <li>Comments cited by a Social Worker in the case review documentation.</li> <li>Problems with the relative accessing the Direct Payment Service.</li> <li>Items of clothes going missing at the Day Centre.</li> </ul> </li> </ul> <p><b>PARTIALLY UPHELD</b></p>	<ul style="list-style-type: none"> <li>Manager has asked staff to implement discreet monitoring arrangements prior to the service user returning home from the Day Centre.</li> <li>Manager will consider a transfer of Social Worker subject to availability.</li> <li>Manager to pursue a request for an adaptation to the relative's home to help relieve personal hygiene issues.</li> </ul>

TABLE 4 CONTINUED

COMPLAINTS: RANGE OF FACTORS AND LESSONS LEARNED IDENTIFIED BY ADULT SOCIAL CARE BUSINESS UNITS  
CONTINUED

## MENTAL HEALTH SERVICES

Ref	Complaint	Lessons Learned/Action Taken
S00250	<ul style="list-style-type: none"> <li>• A member of a volunteer group was dissatisfied with arrangements within the service and also the conduct of a member of staff including:               <ul style="list-style-type: none"> <li>○ Members of the group smoking indoors and a fire door being propped open with a fire extinguisher.</li> <li>○ Volunteer group have personal items belonging to the complainant which have not been returned.</li> <li>○ Disputes regarding key holding arrangements and the closure time of the premises.</li> <li>○ Empty wine and spirit bottles at the premises.</li> <li>○ Complainant's perception that a member of staff believed the complainant had damaged the bonnet of her car.</li> <li>○ Belief of complainant that a member of staff was using the building to meet her boyfriend.</li> </ul> </li> </ul> <p><b>NOT UPHELD</b></p>	<ul style="list-style-type: none"> <li>• The Manager has ceased inappropriate practice in relation to the fire door being held open.</li> <li>• The complaint has progressed to Stages 2 and 3 of the statutory complaints framework.</li> </ul>

TABLE 4 CONTINUED

COMPLAINTS: RANGE OF FACTORS AND LESSONS LEARNED IDENTIFIED BY ADULT SOCIAL CARE BUSINESS UNITS  
CONTINUED

## MENTAL HEALTH SERVICES CONTINUED

Ref	Complaint	Lessons Learned/Action Taken
S00253	<ul style="list-style-type: none"> <li>Issues surrounding a lack of direct contact with a service user by the Social Worker during a relative's period of respite and poor communication by the Department.               <ul style="list-style-type: none"> <li>No contact from Social Worker to the service user whilst the relative undertook a period of planned respite.</li> <li>Following the service user's admission to hospital, the Social Worker did not visit or make arrangements for follow-up care.</li> <li>Failure to make a further pre-arranged visit following a CPA review meeting.</li> </ul> </li> </ul> <p><b>PARTIALLY UPHOLD</b></p>	<ul style="list-style-type: none"> <li>Manager to ensure that support needs can be assessed and responded to appropriately in the absence of the care co-ordinator.</li> <li>A member of the team (administrative or clinical) will be expected to cancel visits when needed in the future.</li> <li>That the Community Resource Team Protocol includes a response from a colleague where a care co-ordinator is unavailable.</li> </ul>

TABLE 4 CONTINUED

COMPLAINTS: RANGE OF FACTORS AND LESSONS LEARNED IDENTIFIED BY ADULT SOCIAL CARE BUSINESS UNITS  
CONTINUED

OLDER PERSONS BUSINESS UNIT		
Ref	Complaint	Lessons Learned/Action Taken
S00249	<ul style="list-style-type: none"> <li>Quality of care provided to a relative's mother residing in an independent care home including:               <ul style="list-style-type: none"> <li>Nutrition and dietary needs</li> <li>Swallowing difficulties</li> <li>Weight loss</li> <li>Staff not contacting family members following the service user's deterioration in health.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Independent provider to be more pro-active in discussing the care of residents with their families to provide re-assurance that they are familiar with their needs and the level of care required.</li> <li>Manager to inform all Social Workers that following a review, where any changes in circumstances are identified (i.e. swallowing difficulties) a re-assessment must be undertaken to ensure all needs continue to be met.</li> <li>The need for staff in care homes to build good relationships with family members and have clear lines of communication to ensure family members are aware of any changes in their relative. Also to be reassured that the correct steps are being taken to address issues as they arise.</li> </ul>
	<b>PARTIALLY UPHELD</b>	
S00251	<ul style="list-style-type: none"> <li>Department failed to issue an up-to-date home care statement despite reassurances from the Department that the statement would be prepared individually for the service user.</li> </ul>	<ul style="list-style-type: none"> <li>Up-to-date home care statement provided to service user via home visit.</li> <li>Freepost envelopes provided for the service user to use at his convenience when returning home care payments by cheque.</li> <li>Department is considering the issue of payment schedules which would bring payments more fully in line with the periods covered by the home care statements.</li> </ul>
	<b>UPHELD</b>	

TABLE 4 CONTINUED

COMPLAINTS: RANGE OF FACTORS AND LESSONS LEARNED IDENTIFIED BY ADULT SOCIAL CARE BUSINESS UNITS  
CONTINUED

OLDER PERSONS BUSINESS UNIT CONTINUED		
Ref	Complaint	Lessons Learned/Action Taken
S00252	<ul style="list-style-type: none"> <li>Communication problems regarding the closure of relatives short-stay placement upon readmission to hospital from the residential care home.</li> </ul> <p><b>NOT UPHELD</b></p>	<ul style="list-style-type: none"> <li>Service User reassured that the closure of the placement was in line with Adult and Community Services Departments procedures.</li> </ul>
S00258	<ul style="list-style-type: none"> <li>Disabled access grant -confusion surrounding a technical specification to support the provision of a gate on a ramp to allow direct access from the hard standing to the front door. Also, various issues following installation of adaptations including:               <ul style="list-style-type: none"> <li>Service user unaware that the specification did not include the provision for a gate.</li> <li>Canopy over front door not made water tight following installation of the ramp. Delays with company replacing the lead flashing.</li> <li>Ramp fitted was too long and deep resulting in the service user unable to close the front door.</li> <li>Stairlift was not safe to use when first fitted.</li> <li>Bathlift not collected by service provider in a timely way.</li> </ul> </li> </ul> <p><b>PARTIALLY UPHELD</b></p>	<ul style="list-style-type: none"> <li>Grants section funded the fitting of a gate to make access easier.</li> <li>Company re-fitted lead flashing on the canopy and made this water tight.</li> <li>Ramp re-adjusted to meet the needs of the complainant.</li> <li>Occupational Therapy staff to ensure that the Manager is aware of any anomalies arising from the installation of stair lifts so that they can be taken up at a contract monitoring level.</li> <li>Technical Officers to consult Occupational Therapists about any modifications to avoid confusion with the service user and to monitor contractor's work.</li> <li>Issue of timely collections of equipment to be raised with service provider.</li> </ul>

TABLE 4 CONTINUED

COMPLAINTS: RANGE OF FACTORS AND LESSONS LEARNED IDENTIFIED BY ADULT SOCIAL CARE BUSINESS UNITS  
CONTINUED

SUPPORT SERVICES – COMMISSIONING TEAM		
Ref	Complaint	Lessons Learned/Action Taken
S00247	<ul style="list-style-type: none"> <li>The relative of a service user is dissatisfied with responses from three staff members in his dealings with the Department regarding his mother's care.               <ul style="list-style-type: none"> <li>A member of staff not giving their name on answering the telephone.</li> <li>Following a telephone call – no complaint form was issued or a letter of explanation.</li> <li>Staff not ringing back.</li> </ul> </li> </ul> <p><b>NOT UPHELD</b></p>	<ul style="list-style-type: none"> <li>Relative of service user reassured by the Department that staff had not been deliberately obstructive and there seemed to have been some differing interpretations of the relative's enquiries.</li> </ul>

## TIME TAKEN TO RESPOND TO COMPLAINTS AT STAGES 1 AND 2

TABLE 5

1 APRIL 2006 TO 31 AUGUST 2006

Response Times No. of Calendar Days	ADULT SERVICES	
	No. of Complaints	
	Stage 1	Stage 2
0-28 calendar days	2	0
29 – 42 calendar days	2	0
Over 42 calendar days	0	0
<b>Total</b>	<b>4</b>	<b>0</b>

TABLE 6

1 SEPTEMBER 2006 – 31 MARCH 2007

Response Times No. of Working Days	ADULT SERVICES	
	No. of Complaints	
	Stage 1	Stage 2
0-10 working days	1	0
11-28 working days	4	0
29 – 65 working days	1	1
Over 65 working days	1	1
<b>Total</b>	<b>7</b>	<b>2</b>



TABLE 7

**COMPLAINT OUTCOMES AT STAGES 1 AND 2 BY BUSINESS UNIT**  
**COMPLAINTS INVESTIGATED 2006/2007**

Business Unit	STAGE 1				STAGE 2				Total
	Upheld	Partially Upheld	Not Upheld	Inconclusive	Upheld	Partially Upheld	Not Upheld	Inconclusive	
<b>Adult Services</b>									
Disabilities	1	2	0	1	0	0	1	0	
Mental Health	0	1	0	0	0	0	1	0	
Older Persons	1	2	2	0	0	0	0	0	
Support Services	0	0	1	0	0	0	0	0	
<b>Sub Total</b>	<b>2</b>	<b>5</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>13</b>

Of the 13 complaints investigated during 2006/07, 54% were either upheld or partially upheld.

TABLE 8

**NUMBER OF COMPLAINTS RECEIVED  
BY COMMUNITY SERVICES 2006/2007**

COMMUNITY SERVICES	
Business Units	2006/2007
Adult Education	0
Parks & Countryside	1
Libraries	1
Sports & Recreation	8
Museums and Heritage	1
Strategic Arts	2
<b>Total</b>	<b>13</b>

TABLE 9

**COMPLAINTS: RANGE OF FACTORS AND LESSONS LEARNED IDENTIFIED BY  
COMMUNITY SERVICES BUSINESS UNITS**

<b>LIBRARIES BUSINESS UNIT</b>		
<b>Ref</b>	<b>Complaint</b>	<b>Lessons Learned/Action Taken</b>
CS0059	<p>The complainant is unhappy with the attitude of a particular member of staff, and how his previous complaint was handled. He also complained about the general incompetence of library staff.</p> <p>(Note: Due to the sensitive nature of this complaint, the Department appointed an external Independent Investigating Officer to investigate the complaint.)</p> <p><b>NOT UPHELD</b></p>	<ul style="list-style-type: none"> <li>• None noted.</li> </ul>
<b>MUSEUMS &amp; HERITAGE BUSINESS UNIT</b>		
CS0060	<p>The complainant, when purchasing confectionary, complained that the goods she purchased were labelled at a lower price than she was asked to pay.</p> <p><b>UPHELD</b></p>	<ul style="list-style-type: none"> <li>• Confectionary removed from sale.</li> <li>• Apology given.</li> <li>• Voucher issued for complainant and A N Other for a free tea/coffee at the Central Library, PSS Wingfield Castle or Hartlepool Art Gallery Cafes.</li> <li>• Reinforced procedures/law with staff regarding pricing policies.</li> </ul>

TABLE 9 CONTINUED

**COMPLAINTS: RANGE OF FACTORS AND LESSONS LEARNED IDENTIFIED BY  
COMMUNITY SERVICES BUSINESS UNITS CONTINUED**

<b>PARKS &amp; COUNTRYSIDE BUSINESS UNIT</b>		
<b>Ref</b>	<b>Complaint</b>	<b>Lessons Learned/Action Taken</b>
CS0062	<p>The complainant is unhappy about the length of time taken to investigate and conclude a Definitive Map Modification Order (DMMO) application in respect of a particular footpath. Also, that he had not been personally invited to attend and address the Planning Committee.</p> <p>(Note: The complainant appealed against the initial outcome and this was subsequently considered and rejected by the Portfolio Holder for Culture, Housing and Transportation.)</p> <p><b>NOT UPHELD</b></p>	<ul style="list-style-type: none"> <li>• None noted.</li> </ul>
<b>SPORTS &amp; RECREATION BUSINESS UNIT</b>		
CS0061	<p>The complainant was unhappy with the air conditioning facility at a Fitness Room.</p> <p><b>UPHELD</b></p>	<ul style="list-style-type: none"> <li>• Technical issues investigated by Architects.</li> <li>• Further staff training carried out in the operation of the air-handling equipment.</li> </ul>

TABLE 9 CONTINUED

**COMPLAINTS: RANGE OF FACTORS AND LESSONS LEARNED IDENTIFIED BY  
COMMUNITY SERVICES BUSINESS UNITS CONTINUED**

<b>SPORTS &amp; RECREATION BUSINESS UNIT CONTINUED</b>		
<b>Ref</b>	<b>Complaint</b>	<b>Lessons Learned/Action Taken</b>
CS0063	The complainant alleges that a member of Café staff was rude and the standard of food was unsatisfactory.  <b>UPHELD</b>	<ul style="list-style-type: none"> <li>• Service delivery issues raised with independent catering proprietor.</li> <li>• Staff made aware of complaints.</li> <li>• Customers notices displayed around Café area informing customers that only food and drinks purchased may be consumed in the facility.</li> </ul>
CS0064	The complainant alleges that a member of Café staff was rude and the standard of food was unsatisfactory.  <b>UPHELD</b>	
CS0065	The complainant alleges that a member of Café staff was rude and the standard of food was unsatisfactory.  <b>UPHELD</b>	
CS0066	The complainant alleges that bookings for enrolment on a course were taken by staff before the set time which disadvantaged her daughter in being allocated a place.  <b>UPHELD</b>	<ul style="list-style-type: none"> <li>• Customer survey to be undertaken over next few months aimed at improving service delivery. This should also highlight any demand for courses.</li> </ul>

TABLE 9 CONTINUED

**COMPLAINTS: RANGE OF FACTORS AND LESSONS LEARNED IDENTIFIED BY  
COMMUNITY SERVICES BUSINESS UNITS CONTINUED**

<b>SPORTS &amp; RECREATION BUSINESS UNIT CONTINUED</b>		
<b>Ref</b>	<b>Complaint</b>	<b>Lessons Learned/Action Taken</b>
CS0068	<p>The complainant, the user of a Leisure Centre, alleges that an alarm system was not working correctly, security is compromised and staff on duty were unhelpful.</p> <p><b>UPHELD</b></p>	<ul style="list-style-type: none"> <li>• Alarm fault rectified.</li> <li>• Weekly operational and maintenance check re-examined, modified and reinforced with staff.</li> <li>• Modifications carried out to CCTV surveillance system to cover 'blind spot' identified by complainant.</li> <li>• Staff training, including customer care, organised during forthcoming period of centre closure.</li> </ul>
CS0069	<p>The complainant, whose daughter has been attending a course at a Leisure Centre, alleged that the coach advised his daughter that she could no longer attend because she hadn't re-enrolled. The complainant also alleges that his daughter was not advised to re-enrol and there were no places left when they tried to re-enrol.</p> <p><b>PARTIALLY UPHELD</b></p>	<ul style="list-style-type: none"> <li>• Centre management Team to address communication issues between parents, children, coaches and staff.</li> <li>• Questionnaire issued to complainant for views/opinions for inclusion within current review of course programmes.</li> </ul>
CS0071	<p>The complainant, who participated in the 'Walks for All' programme, alleges that:</p> <ul style="list-style-type: none"> <li>○ She is unsure who will assist her on the walks programme;</li> <li>○ A Volunteer Walks Leader appears not to like her;</li> <li>○ She is being discriminated against because of her sight impairment.</li> </ul> <p><b>NOT UPHELD</b></p>	<ul style="list-style-type: none"> <li>• Another 'walker' identified to assist the complainant to enable participation in the walks programme.</li> <li>• Clarification provided about the 2 different meeting groups – Walk leaders Group and Walks Participants Group.</li> <li>• Explanation provided about the Walk Leader's hearing impairment.</li> <li>• Clarification provided as to transport arrangements.</li> </ul>

TABLE 9 CONTINUED

**COMPLAINTS: RANGE OF FACTORS AND LESSONS LEARNED IDENTIFIED BY  
COMMUNITY SERVICES BUSINESS UNITS CONTINUED**

<b>STRATEGIC ARTS BUSINESS UNIT</b>		
<b>Ref</b>	<b>Complaint</b>	<b>Lessons Learned/Action Taken</b>
CS0067	<p>The complainant was unhappy that she was invoiced for technical and performing rights charges. She alleges she was unaware of these charges.</p> <p><b>NOT UPHELD</b></p>	<ul style="list-style-type: none"> <li>• None noted.</li> </ul>
CS0070	<p>The complainant expressed that he was unhappy with the:</p> <ul style="list-style-type: none"> <li>○ Level of staff on duty for the numbers in the theatre;</li> <li>○ Lack of customer care;</li> <li>○ Attitude of Manager in not responding to the request for him to attend the incident;</li> <li>○ Lack of first-aid trained staff;</li> <li>○ Lack of information issued to users/patrons regarding fire safety.</li> </ul> <p><b>NOT UPHELD</b></p>	<ul style="list-style-type: none"> <li>• Explanation to each point raised was provided to the complainant.</li> </ul>

TABLE 10

## 2006/07 ADULT SOCIAL CARE SATISFACTION SURVEY RESULTS

**% Results for 2006/07**

- 50% of respondents said that they were aware of the Department's Complaints Procedure prior to making their complaint.
- Of these, information about the procedure had been provided by:
 

- Staff members	25%
- Another person	25%
- Information leaflets	25%
- Other	25%
- Feedback about ease on finding information and clarity of information indicated:
  - 75% of respondents said they found that this was easy to obtain.
  - 75% of respondents found the information clear and easy to understand.
- In relation to actually making their complaint:
  - 75% said that this was very easy or quite easy.
  - 100% said they were given an opportunity to discuss their complaint with someone from the department.
  - 100% said that the process was explained to them.
- Quality of investigation was said by 75% of respondents to be satisfactory although 25% of respondents were very dissatisfied with the investigation.
- In relation to the Department's response to their complaint:
  - 50% of respondents said that they considered the response provided to be in sufficient detail.
  - 50% of respondents concluded that this had been provided within a sufficient timescale.
  - 75% of respondents believed that the response they had received had been sensitive to the issues of their complaint.



## **CULTURE, LEISURE AND TOURISM PORTFOLIO**

Report To Portfolio Holder

18<sup>th</sup> September 2007

**Report of:** Director of Adult and Community Services

**Subject:** ANNUAL EXCAVATIONS AND EDUCATIONAL  
WORK AT THE CATCOTE VILLAGE  
ARCHAEOLOGICAL SITE, SUMMERHILL

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### SUMMARY

#### 1. **PURPOSE OF REPORT**

To update the Portfolio Holder about the recent excavations at the Catcote Village archaeological site and the associated educational and participation work.

#### 2. **SUMMARY OF CONTENTS**

Cadcote Village was a settlement that existed during the Iron Age/Romano British period part of which remains on what is now Summerhill. Although there is nothing to see at ground level, below ground there is evidence of what a series of settlements that spanned some 600 years. Every June Tees Archaeology open part of the site to research what is there. This gives excellent opportunities for the team based at Summerhill to undertake associated educational and participation work. This information report is intended to update the Portfolio-holder about the work carried out over 2007 including a new 'walk to Summerhill' initiative combining health with heritage.

#### 3. **RELEVANCE TO PORTFOLIO HOLDER**

Summerhill and Tees Archaeology are within the remit of the Culture, Leisure and Tourism Portfolio Holder.

**4. TYPE OF DECISION**

Non-Key

**5. DECISION MAKING ROUTE**

Culture Leisure and Tourism Portfolio – 18<sup>th</sup> September 2007

**5. DECISION(S) REQUIRED**

The Portfolio Holder is requested to note the contents of this report.

**Report of:** Director of Adult and Community Services

**Subject:** ANNUAL EXCAVATIONS AND EDUCATIONAL  
WORK AT THE CATCOTE VILLAGE  
ARCHAEOLOGICAL SITE, SUMMERHILL

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## **1. PURPOSE OF REPORT**

- 1.1 To update the Portfolio-holder about the recent excavations at the Catcote Village archaeological site and the associated educational and participation work.

## **2. BACKGROUND**

- 2.1 Catcote Village is a Romano/British settlement that existed approximately between 200BC and 400AD. Located on a hill because of the good soils and commanding vistas, research has shown that 'Cadcote Village' was in fact a series of settlements, from earlier roundhouses to later period rectangular stone houses. Although the villages' existence spanned the time of the Roman occupation, Catcote was an indigenous agricultural settlement that probably enjoyed a good trading relationship with the occupying Roman forces.
- 2.2 Evidence of the settlement of Catcote was first discovered by accident in 1963 during the construction of English Martyrs school field. The construction works uncovered burials and stone buildings. Whilst some research was carried out at the time a lot of the settlement was lost to the subsequent development.
- 2.3 In the development of Summerhill in the late 1990's it was recognised that the remains of Catcote Village was present within the designated Summerhill site. As a key aim of Summerhill was to make benefits for conservation Catcote was incorporated into the wider plans, preserving this ancient monument. The presence of Catcote Village therefore represented an excellent opportunity and as a result since 1998 the Summerhill team have worked closely with Tees Archaeology to research the settlement whilst at the same time providing hands-on educational and awareness opportunities.
- 2.4 Every June Tees Archaeology open part of the Catcote Village site to carry out research. The team are assisted by students from Durham University and volunteers. At the same time the Summerhill team run a number of educational sessions and an archaeological Open Day, bringing the history to life.

### **3. EXCAVATIONS DURING JUNE 2007**

- 3.1 In 2007 the excavation team of ten Durham University students and up to eight local people every day, led by three archaeologists completed excavation of a 4<sup>th</sup> century AD rectangular building as well as identifying a possible second building.
- 3.2 These buildings would have been built of timber, perhaps with stone footings and represent local people changing from the traditional round house to the Romanised rectangular house. A bronze handle, bronze coins and sherds of pottery imported from Gaul and Trier were found in one of the buildings, helping to date it.
- 3.3 In addition numerous boundary ditches were excavated and finds included a nearly complete pot and a piece of amphora from Spain.
- 3.4 The most surprising find was a large quantity of whelk shells in one of the ditches, seafood was obviously as important then as it is now!

### **4. EDUCATIONAL AND AWARENESS WORK DURING JUNE 2007**

- 4.1 The school sessions linked to the Catcote excavations have proved to be very popular. Schools attend for usually half a day, during which time they take part in the excavations on site, within a specially designated trench, and carry out follow up activities in the Visitor Centre including pot reconstruction and quizzes based on the permanent displays within the Visitor Centre. Additionally, thanks to a very successful outreach project undertaken by the Museum Service last year, pupils can visit and appreciate an actual roundhouse, constructed in the Summerhill car park.
- 4.2 In planning the school work at Catcote Village for 2007 wider issues of exercise and health were considered. Working alongside the Children Services Department an initiative was devised to encourage schools to walk to Summerhill. Schools who walked to the site were given concessions on the normal charges. This initiative proved to be extremely popular with most of the schools taking part in the 'walk to Summerhill' option.
- 4.3 The educational work over June was a clear success. In total 30 half day sessions were held involving 12 different schools and 725 participants. 20 of the 30 sessions involved the schools walking to Summerhill.

- 4.4 In addition to the school sessions an Archaeology Open Day was held. This event was free to attend and allowed people to view the excavations at first hand with staff from Tees Archaeology available to give a guide. There was also craft activities in the Visitor Centre including the ever popular clay pot making. Finally, local living history group 'Roma Antiqua' made an appearance, describing key aspects of life in Roman times including a display of one of the best Roman medical kit collections in the country. The Open Day was reasonably attended, numbers kept down slightly due to the poor weather.

## **5. FUTURE WORK**

- 5.1 This years work at Catcote Village once again proved to be a great success and something of great benefit to Summerhill's position as a Country Park and educational resource for Hartlepool. On the one hand Catcote Village is being preserved and researched helping archaeologists better understand what is a regionally significant settlement. At the same time the work has clear educational benefits, providing classroom activities in a real life setting. Finally the 'walk to heritage' initiative provided an additional angle considering issues of exercise and health in young people.
- 5.1 Following the success of the excavations at Catcote Village it is hoped to run a similar scheme next year. Furthermore, due to the excellent take up of the walking initiative a similar theme is to be explored during September/October time focusing on general history, outdoor activity and healthy eating.

## **6. RECOMMENDATIONS**

- 6.1 The Portfolio Holder is requested to note the contents of this report.

CONTACT OFFICER: Andrew Pearson, Parks and Countryside Manager

### **Background Papers**

None