

ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO DECISION SCHEDULE



Monday 14th November 2005

at 9.30 am

in Committee Room “C”

Councillor R Waller, Cabinet Member responsible for Adult and Public Health Services will consider the following items.

1. KEY DECISIONS

1.1 None

2. OTHER ITEMS REQUIRING DECISION

2.1 Neighbourhood Services Departmental Plan (Adult Services and Public Health) Update September 2005– *Director of Neighbourhood Services*

2.2 Improvements to Spion Kop Cemetery Entrance Wall – *Head of Public Protection and Housing*

3. ITEMS FOR INFORMATION

3.1 Learning from Complaints – 1st April 2005 – 30th September 2005 – *Acting Director of Adult and Community Services*

4. REPORTS FROM OVERVIEW OF SCRUTINY FORUMS

None

EXEMPT ITEMS

Under Section 100(A)(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following items of business on the grounds that it involves the likely disclosure of exempt information as defined in the paragraphs referred to below of Part 1 of Schedule 12A of the Local Government Act 1972 as amended by the Local Government (Access to Information) Act 1985

5. KEY DECISION

5.1 None

6. OTHER ITEMS REQUIRING DECISION

6.1 None

**ADULT SERVICE & PUBLIC HEALTH PORTFOLIO
REPORT TO PORTFOLIO HOLDER
14 November 2005**



Report of: Director of Neighbourhood Services

Subject: NEIGHBOURHOOD SERVICES DEPARTMENTAL
PLAN (ADULT SERVICES & PUBLIC HEALTH)
UPDATE SEPTEMBER 2005

SUMMARY

1. PURPOSE OF REPORT

To agree the update on performance of the Neighbourhood Services Departmental plan for 2005 / 2006, covering the period from the 1st April 2005 to 30th September 2005.

2. SUMMARY OF CONTENTS

Brief description of services and the progress achieved to the end of September in reaching the targets.

3. RELEVANCE TO PORTFOLIO MEMBER

The portfolio holder for Adult Services & Public Health has responsibility for part of the Neighbourhood Services Departmental Plan.

4. TYPE OF DECISION

Non key

5. DECISION MAKING ROUTE

This is a decision to be made by the Portfolio Holder.

6. DECISION(S) REQUIRED

Approval of the Departmental Plan update report.

Report of: Director of Neighbourhood Services

Subject: NEIGHBOURHOOD SERVICES DEPARTMENTAL
PLAN 2005-2006

1. PURPOSE OF REPORT

- 1.1 To agree the update on performance of the Neighbourhood Services Departmental plan for 2005 / 2006, covering the period from the 1st April 2005 to 30TH September 2005.

2. BACKGROUND

- 2.1 The Council's corporate aims have been developed to align with those of the community plan and the Hartlepool Partnership. The Neighbourhood Services Departmental Plan shows how the department will complement and work towards these corporate aims.
- 2.2 This Departmental Plan Update sets out the department's aims and objectives and includes performance to the end of September against a range of key national and local indicators.
- 2.3 The plan also details service development initiatives that are planned for the year. These are the product of a developing culture that emphasises the importance of outcomes and a focus on customers in planning service delivery. A summary of the progress achieved in the first 2 quarters of 2005 / 2006 has been recorded against these service improvements.
- 2.4 A copy of the plan is attached at **Appendix A** and **B**.

3. RECOMMENDATIONS

- 3.1 It is recommended that the update to the Plan be approved.

Neighbourhood Services Department

Departmental Plan - Quarterly Update Report

September 2005

Portfolio Adult Services & Public Health

SDI Ref.	Development Initiative 2005/6	Sub references	By When? / milestones	Progress to end of	September 2005
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EH1/05.2

Provide a safe, clean and green environment. Retain the Seaside Award




Mar-06

Reporting Officer: Ralph Harrison








Awaiting details of the summer inspection, water quality results and amendments to the scheme.










Neighbourhood Services Department**Plan: Departmental Plan Indicator Report****Update to end of: September 2005****Performance Indicator**

	Reported Annually	3	12.5%
	Public Protection & Housing	3	
	Below Target	4	16.7%
	Public Protection & Housing	4	
	On or Above Target	17	70.8%
	Public Protection & Housing	17	
Total No. of Performance Indicators		24	








Public Protection & Housing

Indicator No:	Indicator Description:	current target:	Previous Qtr outturn	Outturn (Trend)	Comments on Performance
Consumer Services					
BV166a 	Environmental health checklist of best practice Sylvia Pinkney	100	20	40 %	Work ongoing
BV166b 	Trading standards checklist of best practice Sylvia Pinkney	100	20	40 %	Work ongoing
PH03 (amended) 	Percentage of consumer services complaints responded to within 2 working days Sylvia Pinkney	100	100	100 %	
PH04 (i) 	Food % High Risk Premises (cat A&B) inspected Sylvia Pinkney	100	36	49 %	
PH04 (ii) 	% Low risk premises (cat C-E) inspected Sylvia Pinkney	100	40	49 %	
PH07 	% Food standards premises due to be inspected that were inspected Sylvia Pinkney	100	33	53 %	
PH08 	Health & Safety <input type="checkbox"/> % premises due to be inspected that were inspected <input type="checkbox"/> Sylvia Pinkney	100	29	43 %	




Public Protection & Housing

Indicator No:	Indicator Description:	current target:	Previous Qtr outturn	Outturn (Trend)	Comments on Performance
PH29 (i) 	% of Licensing Act Premises applications completed within 2 months Sylvia Pinkney	100	100	100 %	
PH29 (ii) 	% of Licensing Act Personal applications completed within 3 months Sylvia Pinkney	100	100	100 %	
PH40 	% food inspections carried out within 28 days of due date Sylvia Pinkney	100	37	48 %	Staff shortages have resulted in inspections being overdue and hence not carried out within 28 days of falling due
PH46 	% programmed Trading Standards inspections carried out Mike Walsh	60	20	40 %	This is an estimate as further inspections are still to be programmed on the computer system. This figure is likely to fall as a result
Environmental Standards					
BV217 	Percentage of pollution control improvements to existing installations completed on time Adrian Hurst	90	95	93 %	
PH01 	Percentage of cemeteries service queries/complaints responded to within 24 hrs Sylvia Tempest	100	100	100 %	
PH09 	Percentage of air pollution complaints responded to within 2 days Adrian Hurst	100	100	100 %	

Public Protection & Housing

Indicator No:	Indicator Description:	current target:	Previous Qtr outturn	Outturn (Trend)	Comments on Performance
PH10 	Percentage of noise complaints responded to within 2 days Adrian Hurst	100	85	99 %	
PH11 	Percentage of urgent pollution complaints responded to within 1 working day Adrian Hurst	100	100	100 %	
PH12 	Percentage of urgent noise complaints responded to within 1 working day Adrian Hurst	100	100	100 %	
PH13 	Percentage of Pest complaints responded to within 2 days Adrian Hurst	100	90	86 %	Staff Cover due to sickness and holiday cover
PH14 	Percentage of Planning Applications responded to within 10 days Adrian Hurst	93	82	71 %	Staffing shortages due to maternity leave
PH17 	% of Action on Smoking Awards renewed Emma Tierney	100	0	100 %	141 awards renewed
PH18 	% of Heartbeat Awards renewed Emma Tierney	100	0	0 %	

Public Protection & Housing

Indicator No:	Indicator Description:	current target:	Previous Qtr outturn	Outturn (Trend)	Comments on Performance
PH19 	Healthy Food training provided Emma Tierney	100	4	9 %	9 sessions delivered with 100% satisfaction
PH33 	Crucial crew event - % of schools satisfied with the event Emma Tierney	100	0	0 %	Event takes place in qtr 3
PH34 	Safer Practice Events Emma Tierney	100	1	0 %	2 events planned in qtr 3

ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO

Report To Portfolio Holder
14th November 2005



Report of: Head of Public Protection and Housing

Subject: IMPROVEMENTS TO SPION KOP CEMETERY
ENTRANCE WALL

SUMMARY

1. PURPOSE OF REPORT

- 1.1 To update the Portfolio Holder on the work of the 'Friends of Spion Kop' Voluntary Group and approve changes to the Cemetery entrance wall.

2. SUMMARY OF CONTENTS

- 2.1 The report provides information on the Friends of Spion Kop' Voluntary Group and a request for improvements to the entrance wall of the cemetery.

3. RELEVANCE TO PORTFOLIO MEMBER

- 3.1 Portfolio member has responsibility for the Cemeteries and Crematoria Function.

4. TYPE OF DECISION

- 4.1 Non Key.

5. DECISION MAKING ROUTE

- 5.1 Portfolio Holder only.

6. DECISION(S) REQUIRED

- 6.1 To approve the changes to the Cemetery entrance wall.

Report of: Head of Public Protection and Housing

Subject: IMPROVEMENTS TO SPION KOP CEMETERY
ENTRANCE WALL

1. PURPOSE OF REPORT

- 1.1 The report provides information on the Friends of Spion Kop Voluntary Group and proposes improvements to the entrance wall of the cemetery.

2. BACKGROUND

- 2.1 The 'Friends of Spion Kop Cemetery' group has been created with the purpose of preserving and enhancing the wildlife and historical value of the site.
- 2.2 A strong Working Group of local authority officers, professional ecologists and active supporters of the cemetery are working to develop the site and provide opportunities and activities to engage the whole community and maximise the cemetery's significance.
- 2.3 The portfolio approved the Spion Kop Cemetery Management Plan 2004 – 2009 in July 2004. The plan detailed how the cemetery would be managed in such a manner so as to enhance and preserve the site, which is rich in flora and fauna.

3. 'FRIENDS OF SPION KOP' PROGRESS

- 3.1 To date the 'Friends of Spion Kop' group have achieved a number of actions outlined in the management plan which include:
- To set up a regime of non-intervention / post-flower cutting in the majority of the site
 - To maintain a regime of close cutting and strimming on pathways and immediately around graves
 - Volunteers collecting and removing the cut vegetation
 - Volunteers / local school children collecting and propagating seedlings from the cemetery for transplanting on other areas
 - Improvement to the drainage system
 - Approval to apply for Local Nature Reserve (LNR) Status
 - The site gained LNR status summer 2005 and an official launch took place on Thursday 14th July 2005.

4. IMPROVEMENTS TO CEMETERY ENTRANCE

- 4.1 One of the main proposals included in the management plan was to consider various site improvements and address issues of access and security. Some of the actions detailed in the plan are to repair/renew the boundary walls and improve the site entrance.
- 4.2 The Cemetery site is remote and the high wall surrounding the area makes it private. This could be partly resolved through lowering the new section of the wall at the entrance to improve vision for Police and visitors; this would have the added benefit that people would not feel vulnerable when visiting.
- 4.3 The proposal is to lower the wall at the entrance to the site to half the current height. The group has consulted with the Councils' Landscape Team to gain information on the work involved and an idea of the cost of the scheme. The group has won funding of £30,000 from ENTRUST to pay for the cost of the work (Please note that the crest detail on the railings is a provisional item and will be dependent on tenders coming in on the budget of £30,000).
- 4.4 The benefits of this work would be the improved appearance and therefore public perception of Spion Kop Cemetery. It would also deter antisocial behaviour, which is currently centred behind this wall.

5. CONCLUSION

- 5.1 The proposed work to the Cemetery wall would improve the appearance of the site creating a smart and welcoming entrance. Lowering the wall would also contribute to the reduction of anti social behaviour and a fear of crime as there would be increased visibility of the site both from the road and from inside the site.
- 5.2 The design proposal will be available at the meeting for the portfolio to agree if the scheme can be delivered.

6. RECOMMENDATION

- 6.1 That improvements to the Cemetery entrance wall be approved.

ADULT SERVICES AND PUBLIC HEALTH PORTFOLIO

Report To Portfolio Holder
14th November 2005



Report of: Acting Director of Adult and Community Services

Subject: LEARNING FROM COMPLAINTS
1st APRIL 2005 – 30th SEPTEMBER 2005

SUMMARY

1.0 PURPOSE OF REPORT

- 1.1 The purpose of the report is to provide an overview of the operation of the Department's Complaints and Representations Procedures including lessons learned.

2.0 SUMMARY OF CONTENTS

- 2.1 The report covers the period from 1st April 2005 to 30 September 2005, with a summary of activities within each service area resulting in complaints, concerns and compliments received during the reporting period. The report also reviews the Department's performance in the handling and management of complaints.

3.0 RELEVANCE TO PORTFOLIO MEMBER

- 3.1 Portfolio member oversight of the performance of the Adult Services and Public Health Portfolio.

4.0 TYPE OF DECISION

- 4.1 None

5.0 DECISION MAKING ROUTE

- 5.1 Adult and Services and Public Health Portfolio

6.0 DECISION(S) REQUIRED

- 6.1 To receive the report – no decision required.

Report of: Acting Director of Adult and Community Services

Subject: LEARNING FROM COMPLAINTS
1st APRIL 2005 – 30th SEPTEMBER 2005

1. PURPOSE OF REPORT

1.1 Within the context of Government expectations, and also the Department's quality strategy, the report provides the following information for the period 1 April 2005 to 31 September 2005.

- A summary of complaints, concerns and compliments received within the reporting period.
- Evidence of learning following complaint closure.

2. OBJECTIVES AND PERFORMANCE INDICATORS

2.1 National Social Services Objectives

- C/A8.0 To actively involve users and carers in planning and in tailoring Individual packages of care and to ensure effective mechanisms are in place to handle complaints.
- C/A8.1 To demonstrate that the views of children and families are actively sought and used in the planning, delivery and reviews of services.
- C/A8.2 To demonstrate that the satisfaction of users with services provided is increasing.

2.2 Local Objectives

Strengthening Communities:

- Empower individuals, groups and communities, and increase the involvement of citizens in all decisions that affect their lives.

Health and Care:

- Ensure access to highest quality health, social care and support services, and improve the health, life expectancy and well being of the community.

Lifelong Learning and Skills:

- Help all individuals, groups and organisations realise their full potential, ensure the highest quality opportunities in education, lifelong learning and training, and raise standards of attainment.

Culture and Leisure:

- Ensure a wide range of good quality, affordable and accessible leisure, and cultural opportunities.

3. BACKGROUND

- 3.1 The Government places an expectation on all local authorities to monitor the operation and effectiveness of their complaints procedures, including how complaints are used to improve services and delivery.
- 3.2 The Adult and Community Services Department was established in July 2005 bringing together parts of the former Community Services Department and the Adults units of Social Services. The reporting period thus includes a transitional period and as such seeks to combine two separate systems in relation to both the management and recording of Representations and Complaints.
- 3.3 The Department operates two distinct complaints procedures:
- **The former Social Services Department Complaints Procedure** (The National Health Service and Community Care Act 1990 require Councils to have procedures for dealing with complaints made with respect to the discharge of social service functions). **Appendix 1** to the report details a set of 16 performance standards originally defined by the Social Services Inspectorate, now known as the Commission for Social Care Inspection which provide the practical framework on which the Social Services Complaints Procedures are based
 - **A Corporate Complaints Procedure** (non statutory procedure which is based on good practice guidance as directed by the Local Government Ombudsman) which applies to services including those provided by libraries, leisure, cultural services and adult education)
- 3.4 The requirements, stages and terminology used within each complaints procedure are different. However, an area of commonality is the requirement to consider and capture lessons learned by way of implementing practice changes following complaint closure.
- 3.5 The former Social Services Complaints Procedure provides a framework to enable the provision of regular information bulletins and reports on complaints activity and lessons learned. This ensures links are established between the complaints framework and DMT's role in overseeing Departmental quality and performance. Complaints relating to Libraries, Leisure, Cultural Services and Adult Education are currently not part of this framework.

- 3.6 Managers within Community Services and Adult Education work within the parameters of the Corporate Complaints Procedure. However, a number of informal complaints and representations are being recorded outside of the corporate procedure. There is scope to review the representations systems to ensure a consistent approach is applied to across all service areas.
- 3.7 A review of the former Social Services Complaints Procedure is currently underway. This will take account of legislative changes as a result of the Health and Social Care (Community Health and Standards) Act 2003. It was intended that the new regulations would come into force with effect from the 1st of April 2005. However, the Government has postponed the implementation date until late 2005/6.
- 3.8 Since July 2005 the Quality and Review Team have continued to provide transitional support to the Children's Services Department. This includes logging and recording of Children's complaints. It is envisaged that during the next reporting period full transfer will occur to the Children's Department.

4. ANALYSIS OF COMPLAINTS, CONCERNS AND COMPLIMENTS

4.1.1 Complaints Received

- 4.1.2 The Department managed **20** complaints within the reporting period, 2 of which were ongoing prior to April to September 2005.

<u>Complaints</u>	<u>Period</u>	<u>No.</u>
Adult Care (Statutory Complaints Procedure)	1.4.2005 to 30.9.2005	10
Corporate Procedure (Libraries, Leisure, Cultural Services and Adult Education)	1.4.2005 to 30.9.2005	8
	Sub Total	18
Adult Care complaints ongoing prior to 1.4.2005		2
	Total	20

- 4.1.3 A summary of the individual complaints received by each business unit during the reporting period is detailed at **Appendix 2**.
- 4.1.4 In addition to the **20** Adult and Community Services Complaints, a further **14** Children's complaints were co-ordinated by the Quality and Review Team under the transitional Support Service arrangements. The statistics and associated outcomes are not contained within this report.
- 4.1.5 Within Adult Care Services the majority of complaints were attributed to the Older Persons Service. Two broad areas of dissatisfaction emerge across the complaints, these being the quality of service provided and issues surrounding Care Workers.

- 4.1.6 In respect of the Corporate Complaints received during the reporting period, an equal number were attributed to Mill House Leisure Centre, the Historic Quay and Town Hall Services. These complaints encompass a broad range of areas in which there are no overriding themes.
- 4.1.7 In comparison to the same period last year, both Adult Care and Corporate complaints have increased by **1** respectively.
- 4.1.8 The Department closed **11** complaints and withdraw **1** from the Adult Care statutory complaints framework. **8** remain ongoing at the close of the reporting period (4 Adult Care, 4 Community Services).
- 4.1.9 Of the **11** complaints closed, **10** were resolved at the first stages of both the Corporate and former Social Services Complaints Procedures This demonstrates that the Department is achieving satisfactory resolution of complaints.
- 4.1.10 In reviewing the outcome of each closed complaint the Department upheld **7**, partially upheld **2**, and did not uphold **2**. The overall learning outcomes associated with each complaint are detailed at **Section 5** of the report.
- 4.1.11 It is important to note that one of the Adult Care Service complaints closed within the reporting period consisted of 13 sub elements of complaint. This complaint was complex and subject to a Stage 2 independent external investigation.

4.2 Timescale

- 4.2.1 The Department has a statutory obligation to respond to Adult Care complaints within 28 calendar days of receipt. In respect of corporate complaints the local authority sets a deadline of 15 working days.
- 4.2.2 In reviewing the Department's overall performance against timescales for response, **91%** of complaints were responded to within the specified time scales. **Appendix 3** to the report provides a breakdown of performance by each respective business unit.

4.3 Concerns

- 4.3.1 During the reporting period the Quality and Review Team were notified of **17** concerns.
- 4.3.2 Of the **17** concerns **8** were attributed to Adult Care Services, the majority of which related to dissatisfaction with the quality of care provided by Independent Sector Care Providers. Adult Care concerns have increased by **6** in comparison to the previous reporting period (1 September 2004 to 31 March 2005). **Appendix 4** to the report provides summary information in relation to each concern.

- 4.3.3 In respect of concerns within the former Community Services Department **9** concerns were logged with the Quality and Review Team. It is noted that future recording arrangements may enable adopting a consistent and uniform approach to data capture across the new Adult and Community Services Department.

4.4 Compliments

- 4.4.1 A total of **89** compliments were received during the reporting period. **51** related to Adult Care Services, **26** to Libraries and **12** to sports and recreation services. Quality of care and the provision of an excellent standard of service attracted the most compliments. A summary of the Adult Care compliments are detailed at **Appendix 5**.

5. LESSONS LEARNED FOLLOWING COMPLAINT CLOSURE

- 5.5.1 The Department recognises that an important aspect of complaints management is the capacity to learn lessons, with learning occurring at each separate stage of the Complaints process.
- 5.5.2 Overall, the broader aspects of the Department's learning during the reporting period include:
- The importance of staff carrying out regular equipment inspections to avoid potential injury to service users.
 - Reinforcing with staff the importance of ensuring all case transfer arrangements are documented in writing to all relevant parties.
 - Improving quality assurance systems to account for visits/missed calls to service users by home care staff.
 - Reinforcing with staff the need to verify the status of service users within information management systems.
 - Reinforcing with staff the need to follow Departmental procedures.
 - Service users requiring specialist care services should always be given the opportunity to consider direct payments.
- 5.5.3 A summary of each complaint closed, together with lessons learned, and actions implemented in respect of both the Corporate and Adult Care Statutory Complaints Procedure are provided at **Appendix 6** and **7** to the report.

6. CONCLUSIONS/WAY FORWARD

- 6.1 In comparison to the previous half year (April 2004 to September 2004) complaints have slightly increased.

- 6.2 Business Units must be congratulated on their skilled efforts in resolving **92%** of complaints at the first stage of the both the former Social Services and Corporate Complaints Procedures. This demonstrates that Operational Managers are continuing to proactively address complaints with the aim of constructive resolution as close to the point of service delivery as possible.
- 6.3 Business Units have performed well in meeting the prescribed timescales for response to complainants in **90%** of cases.
- 6.4 Due to an increasing number of Independent Sector Provider complaints/concerns work is currently underway with the Commissioning Section to jointly develop a Best Practice Guide on the handling of Independent Sector Complaints. Also, two complaints training sessions have been carried out with representatives of the Independent Sector during the reporting period.
- 6.5 It has been acknowledged that a number of differing systems exist to capture information regarding complaints, compliments and concerns, there would appear to be scope for further development with Managers in specifying evidence of learning in a clear and concise way.
- 6.6 Work will be required within the new Adult and Community Services Department to harmonise current discrete frameworks operating in relation to Representations and Complaints. To this end a nominated Senior Officer is now responsible to co-ordinate complaints and ensure the Corporate Complaints Procedure is followed. This will enable uniform application of the handling of Corporate Complaints, ensuring that the following responsibilities within Adult and Community Services may be fulfilled:
- Managers to acknowledge corporate complaints within 5 working days.
 - Managers to monitor and record equal opportunities.
 - Managers to respond to corporate complaints within 15 working days.
 - A nominated Senior Officer to review responses to complainants. Complainant responses to include reference to the complainant's right to appeal to Council members.
 - Promotion of access to the corporate complaints procedure through public information/leaflets.
 - Consideration of special needs/diversity issues (people with learning disabilities, and people whose first language is not English).

7. DECISION REQUIRED

- 7.1 That the report be received and the summary of representations and statistical information be noted.

APPENDIX 1

SOCIAL SERVICES STATUTORY COMPLAINTS PROCEDURE

INSPECTORATE (SSI) STANDARDS

1. Local authority social services departments (SSD's) assist individual service users by providing information about the availability of services and eligibility for them.
2. The complaints procedures are organised and publicised so that service users or their representatives are able to complain about the quality or nature of the delivery of services by the social services departments.
3. Social services departments' complaints procedures show adherence to the principles of equal opportunities legislation and the policies adopted by the Local Authority social services committee.
4. The SSD manages and resources its complaints procedures in recognition of their importance in responding to user concerns and in contributing to service improvement.
5. Members of the social services committee and all SSD staff are informed about the working of the complaints procedures and the requirements it places on staff.
6. Clear procedures and guidelines exist for recording and registering complaints.
7. Clear procedures and management arrangements exist for investigating formal complaints.
8. The SSD has set up a review system for complaints that have not been settled at the formal stage and the complainant is not satisfied with the outcome or the way in which it was dealt with.
9. The Local Authority has an effective system for appointing independent people in terms of the Children Act 1989 who have the ability to make their views known and provide an objective element in the SSD's considerations.
10. The complaints procedures can be accessed by anyone who might want to make representations including complaints.
11. Complaints are resolved as close as possible to the point of service delivery where they arise.
12. The SSD resolves complaints within the appropriate timescales.
13. All SSD staff and other authorised people operating the complaints procedure have due regard for confidentiality of information.
14. The outcome of complaints investigations is communicated to those in the SSD with a legitimate need to know.
15. Systems have been developed to monitor the handling of complaints received and evaluate the implications for the development of the system and the delivery of services.
16. An annual report on the quantity of complaints and the adequacy of the procedures is presented to the SS committee.

(Social Services Inspectorate, 1996)

Adult and Community Services - Complaints Received by Business Unit
1 April 2005 to 30 September 2005

ADULT CARE SERVICES – STATUTORY COMPLAINTS						
Ref	Receipt Date	Team	Complaint Summary	No. Elements	Gender	Ethnicity
Support Services Division						
SO0223	23/08/2005	Commissioning	The complainant (Ms GP), the daughter of a service user (Mr CB), resident in a residential home is unhappy with several issues relating to the care provided to him during his stay. Also unhappy with the attitude of a member of staff at the home.	4	Female	White British
Learning Disability/Welfare to Work						
SO0213	19/05/2005	Havelock Social Work Team	The complainant (Mr GTF), a service user, is unhappy with the service provided. (COMPLAINT SUBSEQUENTLY WITHDRAWN FROM FRAMEWORK)	N/A	Male	White British
SO0224	14/09/2005	LD Social Work Team	The complainant (Mr RP), the father of a service user, is unhappy with the involvement of two social workers in the case and the application of the Vulnerable Adults Procedure.	6	Male	White British
Integrated Adult Mental Health Service						
SO0216	10/06/2005	MH Community Resource Team	The complainant, (Mrs VD), the relative of a service user, alleges that her daughter's DLA claim was never sent by the Social Worker and, as a consequence, is unhappy with the service provided.	3	Female	White British
Older People						
SO0207	12/04/2005	Care Management Team 1 North	The complainant (Mrs AB), a service user, alleges that the Care Worker did not arrive to the allocated lunchtime call as part of her care package.	1	Female	White British
SO0219	12/07/2005	Care Management Team 1 North	The complainant (Mrs ST) is unhappy that two different carers from two different teams arrived to meet her care needs.	1	Female	White British
SO0221	21/07/2005	Care Management Team 1 North	The complainant (Mrs MH) is unhappy that she has had a variety of carers since 14 June and would like her original carer who has looked after her for 13 years to be reinstated.	1	Female	White British
SO0225	21/09/2005	Care Management Team 1 North	The complainant (Mr RP), a service user alleges that his care worker fell asleep on a waking night call and, as a consequence, the complainant missed his midnight medication.	1	Male	White British
SO0226	27/09/2005	Occupational Therapy	The complainant (Mrs CS), the daughter of a service user alleges that the OT who visited the service user claimed that it was too early for an assessment and the best time would be	1	Female	Not Recorded

Adult and Community Services - Complaints Received by Business Unit
1 April 2005 to 30 September 2005

			after Christmas.			
Ref	Receipt Date	Team	Complaint Summary	No. Elements	Gender	Ethnicity
Older People Continued						
SO0227	06/06/2005	Long Term Review Team	The Complainant (Ms MC) the daughter of a service user is unhappy with the care provided to her mother in a residential care home (lack of care, attention to medical issues and missing personal belongings).	6	Female	White British
Sub Total (10)						
CORPORATE COMPLAINTS						
Ref	Receipt Date	Team	Complaint Summary	No. Elements	Gender	Ethnicity
Libraries						
CS00046	20/06/2005	Cromwell Street	The complainant (Mrs C) is unhappy that a letter was issued in error from the Mobile Library regarding an overdue book.	1	Female	Not Recorded
Sports and Recreation						
CS00045	14/06/2005	Mill House Leisure Centre	Complainant (AQ) feels that ladies only classes at Mill House Leisure Centre are sexist.	1	Male	Not Recorded
CS00047	15/08/2005	Mill House Leisure Centre	The complainant (YA) alleges that her daughter climbed onto a seat (no back on the seat) within the Spectator Gallery area which resulted in an injury.	1	Female	Not Recorded
Culture, Heritage and Grants						
CS00049	16/09/2005	Historic Quay	The complainant (Mrs LD) expressed disappointment that the Trincomalee was closed during a visit to the Maritime Experience.	1	Female	Not Recorded
CS00050	26/09/2005	Town Hall	The complainant (Mrs AW) is unhappy that the Town Hall bar remained open throughout a performance rather than during the interval.	1	Female	Not Recorded
CS00051	26/09/2005	Maritime Experience	The complainant (JS) alleges a Security Guard (contacted by Hartlepool Borough Council) used offensive language to a pupil	1	Female	Not Recorded

Adult and Community Services - Complaints Received by Business Unit
1 April 2005 to 30 September 2005

			of Dyke House School during a visit to the Maritime Experience.			
Ref	Receipt Date	Team	Complaint Summary	No. Elements	Gender	Ethnicity
Culture, Heritage and Grants continued						
CS00052	30/09/2005	Town Hall	The complainant (Mrs SC) is unhappy that the Town Hall bar remained open throughout a performance rather than during the interval (This complaint is in addition to CS00050)	1	Female	Not Recorded
Parks and Countryside						
CS00048	07/09/2005	Allotments	The complainant (Mr T) was unhappy that he was issued a Notice to Quit after his payment was matched to the wrong invoice.	1	Male	Not Recorded
Adult Education						
None Received						
Sub Total (8)						
Overall, 18 Complaints received 1 April to 30th September 2005						

**ADULT AND COMMUNITY SERVICES
PERFORMANCE TIMESCALES**

CLOSED COMPLAINTS – 1ST APRIL 2005 TO 30TH SEPTEMBER 2005

Service Area	Complaint Reference	Stage	No. of Days taken to Close Complaint	Target (No. days)	Comments (over timescale)
Adult Care – Older People	SO0199	2	126	28	A complex complaint containing 13 sub elements of dissatisfaction. This case was subject to a Stage 2 independent external investigation.
	SO0205	1	23	28	
	SO0207	1	16	28	
	SO0227	1	23	28	
	SO0219	1	14	28	
	SO0221	1	22	28	
Adult Care – Mental Health	SO216	1	27	28	
Corporate Complaints					
Mill House Leisure	CS00045	1	14	15	
	CS00047	1	1	15	
Parks & Countryside	CS00048	1	1	15	
Libraries	CS00046	1	1	15	
Total No. of Complaints Closed	11				

Note:

- Adult Care complaints are subject to a statutory response time scale of 28 calendar days.
- Corporate complaints are subject to a local authority deadline of 15 working days.
- Overall performance against response times within reporting period is 91%

APPENDIX 4

Adult Care Services Concerns
1 April 2005 – 26 September 2005

Business Unit	Concern	Receipt Date	Status	Actions
Support Services (Commissioning)	The daughter of a service user (Mrs S B) was unhappy that a care assistant had opened her mother's private post without this being stipulated in the Care Plan. The Home Care is provided by an Independent provider contracted with HBC.	05/04/05	Active	Independent provider will: <ul style="list-style-type: none"> • Develop a supervision checklist to ensure care workers fully appreciate the importance of recording information. • Use next training session to discuss communication issues • Develop standard paragraphs for future responses • SSD to arrange complaints training for managers to reinforce our requirements • Update their complaints policy and procedure • Ensure a satisfaction survey is sent to complainants and next steps explained
Support Services (Commissioning)	The son of a service user (Mr W D) is unhappy with the care provided to his mother in a residential home. Issues include attitude and care provided by staff and that medical attention was not sought early enough by the home.	18/5/05	Active	Awaiting Information
Support Services (Commissioning)	A service user (Mr J B P) believes the conduct of a care assistant has been outside her role of providing care to him through a contracted Independent Home Care Agency.	23/6/05	Closed	The independent provider has disciplined a member of staff in line with their procedures.
Support Services (Commissioning)	Concerns raised from ex employee of a residential home (Anon) regarding staffing and equipment levels.	26/7/05	Closed	Issues dealt with as part of a monitoring visit with provider.

APPENDIX 4

Adult Care Services Concerns Continued				
Business Unit	Concern	Receipt Date	Status	Actions
Older Persons	The daughter of a service user (Mrs O-B) feels that there was poor quality of care and lack of communication whilst her mother was in hospital. Issues relate to both care and lack of communication provided by SSD and North Tees and Hartlepool NHS Trust.	11/5/05	Closed	Even in relation to CH Care cases we may still have a role to ensure Health Services explain circumstances more clearly.
Older Persons	The niece of service user (Ms N K) is unhappy with various care management decisions and communications with neighbour regarding her aunt's care.	2/08/05	Closed	Care Managers have been advised that if they cannot contact next of kin during the day it is best to take the mobile home and contact them that evening to maintain good communication lines.
Older Persons	Friend of service user (Mrs M B) is concerned that she is being pressurised to accept residential care. She feels this is causing her undue stress.	03/08/05	Closed	Awaiting Information.
Total (7)				

3.1
APPENDIX 5

Adult Care Services - Nature of Compliments 1st April 2005 to 30 September 2005							
Team	Gesture of Thanks	Newspaper Acknowledgement	Visits	Professional Thanks	Quality of Care/Support	Standard of Service	Total per Team
Care Management Team Central	1		1		3	3	8
Care Management Team North	1	1	1		5	2	10
Care Management Team South	2				4	5	11
Disability & Sensory Loss Team	2				2	2	6
Homecare Team (Central)				1			1
Intermediate Care Team, Swinburne		1			2	1	4
Learning Disability Care Management Team				1			1
Long Term Care Management Team	2				1		3
Multi-link Team	1					1	2
Occupation Therapy						1	1
Rapid Response Team		1					1
The Firs					1		1
Homecare and Rapid Response*					1		1
Rapid Response, Mobile Rehabilitation Home Care (South)*					1		1
Grand Total	9	3	2	2	20	15	51

* Denotes that compliment is given to more than one team.

Adult and Community Services Department
Learning From Complaints
Complaints Closed During 1st April 2005 to 30th September 2005

Ref	Team	Complaint Summary	Response Date	Outcome	Lessons Learned	Actions Proposed or Changes Implemented as a consequence of Learning Lessons
Stage 1 Adult Care Complaints Closed						
Older People						
SO0205	Care Management Team 1 North	The complainant (Mr MR), the son of a service user, telephoned to complain that the carer had failed to call on two specific dates and said that this had also happened on previous occasions.	21/04/2005	Upheld	Staffing arrangements need to be re-explored to maximise resource. Staff to be more aware of the accountability of their role in delivering personal care.	Guidance sought from Human Resources Division regarding contractual arrangements. Staff informed via team meeting about professional accountability and prospect of non payment if they do not attend future calls. Record keeping improved - layout to master timesheet amended to ensure staff are fully aware of their calls. Staff member apologised in person to service user
SO0207	Care Management Team 1 North	The complainant (Mrs AB), a service user, alleges that the Care Worker did not arrive to the allocated lunchtime call as part of her care package.	28/04/2005	Upheld	Change in working practice required, to manage rapid response focus.	Registered Managers and Supervisors will check calls on all weekly timesheets ensuring a more efficient service. Also, they will develop identified smaller working groups ensuring each service user has 3 or 4 named workers.
SO0219	Care Management Team 1 North	The complainant (Mrs ST) is unhappy that two different carers from two different teams arrived to meet her care needs.	26/07/2005	Upheld	Care Managers to ensure transfer arrangements are confirmed in writing to the service user and their family.	The Team Manager has reinforced to staff the importance of ensuring that all parties are informed of any changes when transferring care packages from in house homecare to the independent provider.

Adult and Community Services Department
Learning From Complaints
Complaints Closed During 1st April 2005 to 30th September 2005

Ref	Team	Complaint Summary	Response Date	Outcome	Lessons Learned	Actions Proposed or Changes Implemented as a consequence of Learning Lessons
Stage 1 Adult Care Complaints Closed						
Older People continued						
SO0221	Care Management Team 1 North	The complainant (Mrs MH) is unhappy that she has had a variety of carers since 14 June and would like her original carer who has looked after her for 13 years to be reinstated.	12/08/2005	Not Upheld	If there is a need to change carers of long standing cases, transitional calls will be made to introduce the new carer. However this will not apply to rapid response cases due to the nature of this work.	None Recorded
SO0227	Long Term Review Team	The Complainant (Ms MC) the daughter of a service user is unhappy with the care provided to her mother in a residential care home (QM).	29/6/2005	Upheld	The learning from this complaint was linked directly to the Residential Home following completion of the department's investigation into the complaint.	<p>July 2005 - corrective action plan compiled jointly by the Commissioning Team and the Residential Home. Improvement actions focused on the following areas:</p> <ul style="list-style-type: none"> • Recruitment & Selection • Induction training • Staff Roles/Responsibilities • Training • Supervision • Medication • care Plans • Communication <p>3.8.2005 – Monitoring visit by the Commissioning Team to the Residential Home.</p>

Adult and Community Services Department
Learning From Complaints
Complaints Closed During 1st April 2005 to 30th September 2005

Ref	Team	Complaint Summary	Response Date	Outcome	Lessons Learned	Actions Proposed or Changes Implemented as a consequence of Learning Lessons
Stage 1 Adult Care Complaints Closed						
Integrated Adult Mental Health Service						
SO0216	Mental Health Community Resource Team	The complainant, (Mrs VD) the relative of a service user, alleges that her daughter's DLA claim was never sent by the Social Worker, and as a consequence, is unhappy with the service provided.	07/07/2005	Partially Upheld (Stage 1)	<p>The complex nature of people with a dual diagnosis can be dealt with more appropriately in an integrated service rather than within two separate services.</p> <p>When dealing with service users, clerical staff should check information systems to verify their status and care-coordinator as it is note always evident by who seems to be most involved.</p> <p>It is advisable wherever possible for the service user or carer to be responsible for posting applications regarding benefit. This will ensure that care co-ordinators are not held responsible for applications that for whatever reason are received or mislaid.</p>	<p>Hartlepool is developing a dual diagnosis service proposal and implementation plan (Sept 2005).</p> <p>Issue discussed, and process re-identified with clerical staff during staff meeting. Recorded within minutes of meeting.</p>
Corporate Complaints Closed						
Parks & Countryside						
CS00048	Allotments	The complainant (Mr T) was unhappy that he was issued with a Notice to Quit his allotment after his payment was matched to the wrong invoice.	07/09/2005	Upheld	Staff to ensure financial management systems are checked in order to provide accurate payment details.	<p>The payment has now been matched to the correct invoice and the Notice to Quit was withdrawn.</p> <p>Apology provided in writing.</p>

Adult and Community Services Department
Learning From Complaints
Complaints Closed During 1st April 2005 to 30th September 2005

Ref	Team	Complaint Summary	Response Date	Outcome	Lessons Learned	Actions Proposed or Changes Implemented as a consequence of Learning Lessons
Corporate Complaints Closed						
Sports and Recreation						
CS00045	Mill House	Complainant (AQ) feels that ladies only classes at Mill House Leisure Centre are sexist.	30/06/2005	Not Upheld	None Recorded	None Recorded
CS00047	Mill House	The complainant (YA) outlined that she had visited the Mill House Leisure Centre with her daughter on 15.8.05. The complainant alleges that her daughter climbed onto a seat which has no back on it within the Spectator Gallery area which resulted in an injury.	16/08/2005	Upheld	To ensure regular equipment inspections are carried out to prevent possible injury to service users.	Spectator Gallery – The broken seats have been moved to one area of the Gallery and that area has been isolated from use. Apology provided in writing. Reinforced with staff the need to carry out regular equipment inspections.
Libraries						
CS00046	Cromwell Street	The complainant (Mr C) is unhappy that a letter was sent to him in error from the Mobile Library regarding an overdue book.	21/06/2005	Upheld	Office move to the Carnegie Building should alleviate further system errors.	System error - apology provided in writing.

Note: 10 Stage 1 closures during the reporting period.

Adult and Community Services Department
Learning From Complaints
Stage 2 Complaints Closed During 1st April 2005 to 30th September 2005

Ref	Team	Complaint Summary	Stage 2 Response Date	Stage 2 Outcome	Stage 2 Lessons Learned
Stage 2 Adult Care Complaints Closed					
Older People					
SO0199	Care Management Team 3 South	<p>The complainant (Mr IF), a carer, is unhappy about the provision and review of his mother's care including the failure of care workers to carry out defined detailed tasks.</p> <p>(13 elements of complaint identified)</p>	17/06/2005	<p>3 elements upheld 5 elements partially upheld 5 elements not upheld</p>	<p>When there is a request for a much more specific service than the one usually provided by a Local Authority, then earlier consideration should be given to the use of a Direct Payment. This would provide the service user and carer with the opportunity to purchase the exact service they require to meet their needs.</p> <p>Where there are some concerns about apparent differences between the requirements of a service user and those of a carer, then the work should be allocated to two different social workers to provide the appropriate level of support to both parties.</p> <p>That Independent Providers must retain records for a period of not less than 3 years. Records are returned to the local authority on termination of contract.</p> <p>That Independent Providers must report concerns about health, hygiene and storage of food to Care Managers.</p> <p>Provider public information literature must be explicit in terms of contract responsibilities.</p>