

DUNDEE CITY COUNCIL

REPORT TO: SOCIAL WORK AND HEALTH COMMITTEE - 23RD MARCH 2009

REPORT ON: CUSTOMER CARE OFFICER ANNUAL REPORT 2008

REPORT BY: DIRECTOR OF SOCIAL WORK

REPORT NO: 122 - 2009

1.0 PURPOSE OF THE REPORT

1.1 This is the third annual report to be prepared by the Customer Care Officer (Appendix 1). The report seeks to inform members about the work of the Customer Care Service and the workings of the Complaints Procedure.

2.0 RECOMMENDATIONS

It is recommended that the Committee:

- 2.1 approve the content of this report and;
- 2.2 instruct the Director of Social Work to undertake a planning process which fulfils the requirements of the:
- Social Work Department User Involvement Policy;
 - Cabinet Office Customer Excellence Standard and;
 - principles of Citizen Leadership.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 The Social Work Department has substantial customer contact. This contact can be at an intensive level when meeting and supporting people in need, often under very difficult circumstances. In order to maintain a professional approach in our dealings with the public a policy decision was made to introduce Customer Care Standards for Dundee City Council Social Work Department.

These standards were developed through an extensive consultation process both internal and external, which included focus groups of service users. The Social Work Committee approved the Social Work Customer Care Standards in August 2004 (2004-578). Progress continued to be made in implementing the standards with the launch of a Customer Care Charter in 2007.

The Customer Care philosophy of "listen, learn and improve" has been adopted throughout all social work services and the Customer Care Service is involved in a range of activities which ensure that the Social Work Department applies this philosophy in practice.

These activities are detailed in the Customer Care Officer's Annual Report. This report is part of our performance management framework and it outlines the main actions taken in the areas of gathering customer feedback and the implementation of the Customer Care Standards. Much of this information is gathered from a range of consultations which are designed using good practice guidelines.

4.1.2 **Customer Care Standards Enquiry**

This was approached by way of a telephone survey of people who had contacted the Department. Participants were selected at random following contact with one of our main offices.

The Customer Care Standards informed the selection of the areas of enquiry. A satisfaction scale was used to allow respondents to indicate their level of satisfaction with regard to the following:

4.1.3 **Findings**

- **Speed of answering the phone** - 88% were very or fairly satisfied with the speed of answering the phone.
- **Understanding of needs** - 91.1% were very or fairly satisfied that staff understood what was wanted or needed.
- **Speed of reaching someone** - 78.8% were very or fairly satisfied with the speed of reaching someone who could help.
- **Overall helpfulness of staff** - 88.9% were very or fairly satisfied with the overall helpfulness of the staff
- **Outcome of contact with social work department** - 79% were very or fairly satisfied with the outcome of their contact.

Full details and comparisons are contained in the report.

4.1.4 **Survey of the Views of Carers of Service Users Regarding Services Received at Residential Units for Older People**

This is a summary of key results from four consultations with 27 carers and relatives for the purpose of informing the Care Commission inspection process. The Care Commission literature made it clear to service providers that they would not be able to obtain good higher grades unless this process was undertaken

- 89% of participants thought the quality of life offered to residents was excellent or very good. 11% said good.
- 89% of participants thought that the quality of staff was excellent or very good.
- 78% put the quality of environment in the excellent to good range 22% felt the environment was adequate (older building).
- 78% thought that the quality of management and leadership was excellent or good.

These positive findings compared favourably with the subsequent inspection reports that have been published.

4.1.5 **An action point arising from the Customer Care Standards enquiry will be examining the feasibility of designing a short training course in partnership with staff development for staff who work at departmental reception points. This could be provided as part of induction training for new staff or as part of continuous professional development for experienced staff.**

It is likely that consultations for the purpose of self evaluations prior to inspections will continue but we should be aiming to expand this process by building it into or day to day work as a method of driving improvements and meeting the requirement of the Cabinet Office

The report sets out examples of work which are currently being progressed including

- longer term improving and evaluating customer experiences
- information gathering and
- staff training provision.

This service will continue to have as a main focus, implementation of the Customer Excellence Standard, the Departmental User Involvement Policy and the principles of Citizen Leadership.

4.2 COMPLAINTS

4.2.1 Dundee City Council Social Work Department complaints procedure enables service users to have their complaints considered at both an informal or formal level. Both routes will ensure that a complaint made by the member of the public will be listened to, addressed and action taken to resolve any difficulties. Research has shown that complainants prefer to have complaints resolved quickly and as close to the point of delivery as possible. The informal routes to complaint resolution allows for this to happen.

4.2.2 This report provides information regarding complaints investigated during the calendar year January - December 2007 and January - December 2008. A part year summary (January to September 2007) has been reported previously for information.

4.2.3 The main objectives of the complaints procedure have been met and the Social Work Department has discharged its statutory responsibilities effectively. The main purpose of the complaints procedure is to ensure that service users are able to raise concerns regarding their contact with the Social Work Department and be assured that these are taken seriously.

4.2.4 The following performance issues have been noted.

- The number of complaints has reduced during 2007 and increased during 2008.
- The nature and complexity of complaints now being received has resulted in very few complaints being able to be finalised within the current timeframes.
- The number of complaints is very small, when considered against the annual volume of customer contact, which is often undertaken under difficult circumstances (1850 staff involved with over 8000 service users).

4.2.5 Over time there has been deterioration against response times for concluding complaints. A significant impact on these timescales has been the fact that the complaints received are much more complex often involving multiple witnesses. While it is important that people have their complaints responded to timeously, it is also vital that sufficient time is available to allow complaints to be investigated thoroughly.

4.2.6 Currently there is a national review of social work complaints processes and when the findings are reported we will review our operational guidance accordingly

4.3 COMPLIMENTS

4.3.1 Additional information regarding compliments received by the Department is also included in the report. Although the number of compliments recorded is only a proportion of the total received, it can be seen they far outnumber the complaints recorded. The recording of compliments is seen as an important step as it allows the Director of Social Work an opportunity to acknowledge the work of the member of staff or the team involved. Some comments from customers are included in the report. A further action point will be to

continue to improve the centralised recording of compliments to better reflect the number and nature received.

5.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Sustainability, Strategic Environmental Assessment, Anti-Poverty, Equality Impact Assessment and Risk Management.

There are no major issues identified.

6.0 CONSULTATION

6.1 The Chief Executive, Depute Chief Executive (Support Services), Depute Chief Executive (Finance), Head of Finance and Assistant Chief Executive (Community Planning) were consulted in preparation of this report.

7.0 BACKGROUND PAPERS

7.1 None.

Alan G Baird
Director of Social Work

**DUNDEE CITY COUNCIL
SOCIAL WORK DEPARTMENT**

**STRATEGY PERFORMANCE AND SUPPORT
SERVICE**

**CUSTOMER CARE SERVICE ANNUAL REPORT
2008**

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1. Introduction

This is the third annual report to be prepared by the Customer Care Officer. The report seeks to inform members about the work of the Customer Care Service and the workings of the Complaints Procedure.

This report is part of our performance management framework and it outlines the main actions taken in the areas of gathering customer feedback and the implementation of the Customer Care Standards. Information in this report is gathered from a range of consultations and enquiries involving service users, carers and staff.

The report follows the main headings from the Dundee City Council Social Work Department, Performance Improvement Model.

2. Performance Overview

There has been considerable involvement with all operational services who have been involved in the Care Commission Grading process. For the most part we have been able to respond at a level agreed with management groups. This has varied from undertaking full consultations with services users and carers to assisting home care managers develop a survey and an analysis system of satisfaction rates for home care service users. The service has been also been involved in a range of other information gathering and development activities which will make a contribution to improving services.

From the Service Plan 2007-11 the Customer Care Service is expected to progress the following.

- **Ensure full implementation and evaluation of customer care standards and percentage of customers satisfied when contacting the Department.**

In order to do this a telephone survey of 90 people who have contacted the Department has now been completed. The results are outlined later in the report.

- **Design and deliver one new customer care initiative per service per year for the life of the plan. Current initiatives include :**

- Customer Care Services being involved in seeking the views of residents and carers in a range of Care Commission inspected services as part of helping services prepare self evaluation questionnaires;
- ongoing information seeking work being undertaken with users of learning disability services and;
- responding to a recommendation in the 2007 SWIA performance report a strategy has been agreed for improving the involvement of Foster Carers in planning services.

- **Determine feasibility of pursuing Charter Mark Status.**

As a department we previously intimated our intention to pursue Charter Mark Status. In 2008 we audited ourselves against the Cabinet Office Standard for Customer Excellence (which replaced Charter Mark). In this exercise we also considered the requirements of the Departmental User Involvement Policy and the Principles and Standards for Citizen Leadership as defined by the Changing Lives User and Carer Forum.

Subsequently the service developed a Strategic Framework for Customer Excellence and intends to use focus groups to determine the actions we need to take us towards where we want to be in achieving customer excellence. This framework was subject of a recent committee report. This project will be undertaken along with the Section Leader, Community Care and a project plan will be developed during February 2009.

- **Percentage of complaints responded to within agreed timescales.**

The service is responsible for monitoring and reporting on the workings of the complaints system on behalf the Department. We also offer an advisory role on the complaints procedure. The Customer Care Officer has produced training materials and undertaken training sessions with teams on complaints investigation. Some detail on the acknowledgment of complaints is included below and full details of complaints monitoring is outlined in Chapter 5 Delivery of Key processes.

The complaints procedure sets a target of 5 calendar days for acknowledgement of a complaint. This was achieved for 100% of complaints during 2007. This is an increase in performance over 2006 when 78% of complaints were acknowledged within 5 calendar days.

3. Key Outcomes

Getting it Right for Social Work Customers

"Our approach to customer care is to aim to get things right first time. We will continually look at ways that will improve our service by listening to customers, by monitoring our performance and by adopting examples of best practice from other organisations.

We will base our understanding of customers' needs and expectations on effective feedback and consultation. We will achieve this through customer involvement in the monitoring and review of these standards, customer surveys and by using customer feedback mechanisms" (Dundee City Council Social Work Department Customer Care Policy Statement, 2004).

Although this part of the service may not impact directly on service user outcomes, we feel that the service user and carer contact we have had over the year has made a contribution to outcomes. This has been achieved by seeking views and making recommendations for improvement. These recommendations usually come about as a result of direct engagement with service users or carers. It is anticipated that over the course of the next year this impact can be improved through additional training on customer care and complaints. We now collate lists of actions that have taken place as a

result of complaints but this need to be taken a step further by way of gathering evidence of service improvement and outcomes.

The service has also been commissioned by managers to undertake an independent approach to asking service users their opinions about the quality of the service being delivered.

Over the last year we have undertaken:

- four service user consultations within older peoples residential services;
- four carer consultations for older peoples residential services;
- a relative consultation within learning disability residential services;
- a relative consultation within older peoples day services;
- a service user consultation within older people's day services;
- information surveys within learning disability services;
- a consultation process with homecare services on developing a survey of service users;
- three carer/relatives consultations within homecare services;
- training on customer care services and complaints;
- involvement with the foster carers consultation group in accordance with a SWIA recommendation and;
- a telephone survey of compliance against our Customer Care Standards.

4. Impact on People who Use Our Services

The two examples given below are areas where we have been involved in information gathering on behalf of managers. As part of a continuous improvement or 'Building on Success' model the service has been asked back to independently verify that recommendations for improvements have been implemented.

Out and About

The original survey was commissioned by the manager of the Out and About Service for people with a learning disability. The manager wanted to find out about service users' perceptions of the new service and base. The purpose of the survey was to allow service users to give their views of the new service and base.

Further, it offered a first opportunity to assess whether the learning and leisure activities offered at the new service and base were having an impact on the content and outcomes of individual plans.

The survey found that once involved with the new service respondents' first impressions were positive with the majority agreeing that they were glad they came and for most that it had turned out to be what they thought it would be like.

The recommendations made following this survey were allied to some of the suggestions made in the 'Changing Lives Programme - Personalisation of Services 2007 ' paper

The recommendations suggested that:

- *'ongoing consultation with service users will ensure that they have opportunities to help design services which are suited to their own individual needs; and*
- *regular follow up surveys addressing the same areas of enquiry would allow for further monitoring of this developing service.'*

In response to these recommendations the Out and About team have designed a standard feedback form which will be issued regularly to service users. This will be used to facilitate ongoing monitoring of service user satisfaction. The information which is generated will be considered and will influence the future direction of the service. The Customer Care Service is currently involved in a follow up survey.

ASPIRe (A Shared Planning and Information Record) for Children with Additional and Complex Needs.

The Customer Care Service undertook two telephone surveys in autumn of 2008. The first of these aimed to find out professionals' views on the use of the ASPIRe document and on the benefits for themselves and for the families they work with.

The second aimed to find out if parents/carers had enough of the right kind of information to prepare them for involvement with the ASPIRe initiative and their views on the benefits and drawbacks of being involved.

The findings suggested that parents/carers and professionals appear to be committed to ASPIRe and that families are benefiting from their involvement. However, some comments revealed a degree of uncertainty about the function of ASPIRe and the professionals' role.

The recommendations suggested that further input for lead people following training would help to clarify roles and maintain awareness of the ASPIRe process. In responding to the recommendations the ASPIRe team have completed a performance statement detailing their proposed actions. These include a yearly survey of professionals' views and the offer of three monthly meetings and individual time for lead people

The above case examples demonstrate the impact on people who use our services when the outcomes from surveys are considered and acted upon with resultant improvements and developments in the quality of services offered.

Over the last year a range of consultations and surveys have been undertaken. The majority have been qualitative in nature allowing an insight into the experience of service users and their relatives or carers. It is felt that these are well received and people make the most of the opportunity to have their say

In response to being asked independently about whether participants in a carers focus group had had their say they responded with:

- *I felt the meeting was very relaxed and that everyone took part and was given the opportunity to speak. Everyone had something to contribute and points were very positive.*
- *Definitely, was given the opportunity to give points of view and feedback. She allowed time for people to answer.*
- *She went round everyone at each question so that all could have the opportunity to have their say. There was a box under each question for comments and these are anonymous and everyone added to these.*
- *I did although I didn't have much to say, but did comment on what was relevant and was encourage to do so.*
- *She took her time and waited for comments, we were all able to come in with our opinions and these were noted*
- *Everyone was encouraged to have their say, some said a lot and some very little. (This carer felt it was an enjoyable and informative evening.)*

The overall results of the surveys/consultations have generally revealed a high level of satisfaction with social work services.

5. Impact on Staff

The service has a positive impact on managers and staff when undertaking information gathering work to establish what users and cares think about different aspects of service delivery. This confirms for staff that they are providing a good service but it also highlights areas where improvements can be made. Often these improvements are small in nature such as providing better information for service users but it can have a positive impact on people who use our services.

A Day Services Manager said:

'The report has clearly and accessibly illustrated what we did well and what we might want to review or improve in connection with implementing a new service and providing an informed and smooth transition for the prospective service users and their carers. Your staff were very professional in their approach and very sensitive to the needs of the service users and staff. They kept everyone updated and wherever possible fitted in with our planned schedules'.

We feel that we offer positive contributions to staff by way of advice on the handling of complaints and by offering training to individuals and teams. The service now actively collects compliments on behalf of the Director of Social Work and where appropriate brings to his attention information which suggests a member of staff or a team should receive a commendation.

6. Impact on the Community

The Social Work Department Customer Charter attempts to 'establish awareness' of what the department does. It has been designed to help service users form their expectations of the services they receive through their knowledge of social work services and values.

The Charter underlines the Department's commitment to customers through principles of accessibility, respect, effective communication, involvement and partnership. It is a further expression of the Department's customer care philosophy of 'Listen, Learn and Improve.'

The Customer Charter gives service users:-

- Core information common to all service areas.
- Key information about aims of each service.
- Key information about the standards of service they can expect.

It is expected that a copy of the Charter is issued to every service user when services are agreed.

The Customer Care Service attempts to monitor the level of compliments and accolades received by members of the public. This is acknowledged to be a good indicator of community satisfaction, particularly when received across a range of services.

7. Delivery of Key Processes

Complaints Monitoring

Dundee City Council Social Work Department complaints procedure enables service users to have their complaints considered at both an informal or formal level. Both routes will ensure that a complaint made by the member of the public will be listened to, addressed and action taken to resolve any difficulties. Research has shown that complainants prefer to have complaints resolved quickly and as close to the point of delivery as possible. The informal routes to complaint resolution allows for this to happen.

For those complainants wishing to approach complaints in a more formal manner, the procedure is in line with guidance set out by the Scottish Government. Complainants, who are not satisfied with the response made after an initial investigation, are offered an opportunity to discuss their complaint, in person, with the Director of Social Work.

In November 2003, the function of monitoring the use of the complaints procedure and ensuring its effective application became the responsibility of the Customer Care Officer. Part of this officer's remit is to collate information from complaints received for the purpose of quality assurance and continuous improvement.

The information taken from complaints, both formal and informal is now recorded on a database which was installed in 2004. The Customer Care Officer is structurally independent from operational

functions and is based in the Department's Strategy, Performance and Support Service and is managed by the Senior Officer, Business and Quality.

This section of the Customer Care Officer's Annual Report provides information regarding complaints investigated during the calendar year January - December 2007 for comparison with January - December 2006 and January - December 2008 for comparison with January - December 2007.

Complaints Received and Public Information

- From 1 January to 31 December 2006 a total of 37 complaints were received.
- From 1 January to 31 December 2007 a total of 27 complaints were received.
- From 1 January to 31 December 2008 a total of 38 complaints were received.

There are a number of ways a complaint can be made and the Social Work Department's complaints procedures must be easily accessed by those people who use, or come in contact with, social work services. The Social Work Department's complaints leaflet also advises complainants of their right to complain directly to the Care Commission regarding registered services. There is also information on the role of the Public Services Ombudsman and the contact details of the Customer Care Officer. This means that letters are still the preferred method of making complaints.

Complainants made use of the complaints form, which is available at all Social Work offices, and also on the Council's website. Concerns were also raised by letter, office visit, telephone and email.

Complaints Acknowledgement

The complaints procedure sets a target of 5 calendar days for acknowledgement of a complaint. This was achieved for 100% of complaints during 2007 and 84% of complaints in 2008. This is an increase in performance over 2006 when 78% of complaints were acknowledged within 5 calendar days.

First Level Complaints

Informal complaints constitute an important part of a responsive system. The principle of local resolution is central to the procedure and complaints should be resolved as quickly and as close to point of service delivery as possible.

Informal/first level complaints during the calendar year 2007 constitute 70% of the 27 complaints received and for 2008, 87% of the 38 complaints received. The complainant should receive a letter informing them of the outcome of the complaint within the 14 days of the Department receiving the complaint.

The letter should advise the complainant that if they are not satisfied with the outcome they can enter a more formal stage of the complaints procedure. It should also ask them to confirm that they are satisfied with the outcome of the complaint, and state that if no response is received within 28 days it will be assumed that they are satisfied. In 2008 73% of first level complaints were not able to be

resolved within the 14 days. In 2006 this figure was 84% and in 2007 this figure was 74% under these circumstances an extended timescale must be agreed with the complainant giving a reason for the delay.

Second Level Complaints

Second level complaints received during the calendar year 2007 were 30% and 13% for 2008. A complaint at this stage of the complaints procedure is acknowledged within 5 calendar days and a response in writing dealing with the substance of the complaint should be issued within 28 days of the Department receiving the complaint.

The letter should ask the complainant to confirm whether or not they are satisfied with the outcomes. It should also state that if they wish the matter to be further reviewed they should respond within a further 28 days. It is recorded that (15% in 2006) 25% in 2007 and 20% in 2008 of complaints were completed within the timescale and similarly to first level complaints extensions have become routine practice.

It is clear that the current timescales in the complaints procedure have been increasingly difficult to meet. The nature of complaints seems to have become much more complex and the investigation of a complaint often involves an investigating officer in numerous interviews with many witnesses. We have undertaken a small internal research project of complaints investigators which seems to bear out this view.

Table 1 Number of Complaints Received by Service and Level

SECTION	Level 1			Level 2		
	2006	2007	2008	2006	2007	2008
Children	8	9	16	4	6	4
Adults	5	1	3	3	2	0
Criminal Justice	1	8	9	7	0	0
Other	7	1	5	2	0	1
<u>TOTAL</u>	21	19	33	16	8	5

It is positive to note the decrease in the more serious level 2 complaints since 2006.

Category of Service

The incidence of complaints ranges across a number of service areas within the Social Work Department. The greatest volume of statutory interventions delivered by the Social Work Department is located within Children's Services and the majority of complaints received concerned this operational section. This has been a consistent trend over time.

Since 2005 Criminal Justice Services have undertaken work to ensure that their service users are aware of their 'right to be heard'. It is likely that the increase in complaints received by this Service is

as a direct result of increased publicity on the right to be heard. This service is also often required to take enforcement action under statutory powers; however there has been a significant reduction in the more serious Level 2 complaints.

Table 2 Number of Complaints Received by Service

SECTION	2004	2005	2006	2007	2008
Children	26	14	12	15	20
Adults	8	9	8	3	3
Criminal Justice	3	11	8	8	9
Other	2	5	9	1	6
<u>TOTAL</u>	39	39	37	27	38

Issues Raised through Complaints

A single complaint can highlight a number of issues, which require investigation. From the 27 complaints received during the year 2007, the main issues, which attracted complaints, were related to disputed assessments/decisions. It is encouraging, however, that complaints relating to breach of confidentiality and service provision are generally showing a downward trend since 2004.

Table 3 Issues Raised through Complaints

CATEGORY	2004	2005	2006	2007	2008
Disputed Assessment/Decision	5	13	8	14	17
Breach of Confidentiality	1	1	6	1	0
Service Provision	18	15	16	5	11
Staff Conduct	15	9	7	7	10
<u>Other</u>	0	1	0	0	0
<u>TOTAL</u>	39	39	37	27	38

Outcome of Complaints

The complainant receives a written account of the outcome of the investigation. There are a number of possible outcomes, which may arise from a complaint. It may be upheld in whole or in part, not substantiated, or not upheld.

Following investigation of all the issues raised:

- 2007 - 11% were upheld, 30% were part upheld in part, 22% were not upheld, a further 19% were not substantiated, 11% were withdrawn and 7% are still in progress.
- 2008 - 16% were upheld, 18% were part upheld in part, 42% were not upheld, a further 5% were not substantiated and 19% are still in progress.

Table 4 Outcome of Complaints 2007 and 2008

2007						
<i>Category</i>	Upheld	Part upheld	Not upheld	Not substantiated	Withdrawn	In progress
Staff Conduct	0	1	0	0	0	0
Service Provision	2	4	4	2	2	1
Disputed Decision	0	2	2	0	0	1
Breach of Confidentiality	1	1	0	3	1	0
<u>TOTAL</u>	3	8	6	5	3	2

2008						
<i>Category</i>	Upheld	Part upheld	Not upheld	Not substantiated	Withdrawn	In progress
Service Provision	3	1	4	0	0	4
Disputed Decision	3	3	7	1	0	1
Breach of Confidentiality	0	0	0	0	0	1
<u>TOTAL</u>	6	7	17	2	0	6

When the investigation is complete the complainant is invited to indicate whether they are satisfied or dissatisfied with the investigation and the outcome. Comments returned show that 100% in 2008, 81% in 2007 and 86% in 2006 of complainants were satisfied with the outcome or the proposed action to be taken. Where the complainant is dissatisfied they are asked to indicate if they wish their complaint to be considered by the Director of Social Work.

Action Taken in Response to Complaints

Complaints should be treated seriously and be acted upon promptly. This is an important principle within an effective complaints system and a range of actions were recorded as a result of complaint information received during the calendar years 2007 and 2008.

Where a complaint is upheld or part upheld an apology is made on behalf of the Director of Social Work and an action plan is developed to redress the issue and ensure continuous improvement to services. During 2007/2008 these actions included:

- Inconsistencies in how Health & Safety regulations were being applied - actions taken to ensure these regulations are applied consistently by all work supervisors in the future.
- Criteria relating to stair lift recommendations will be replaced by more explicit criteria.
- Enquiries with reception staff on how communication might improve.
- A group of staff reminded of the need to be respectful during telephone and direct conversations with clients and to be mindful of their immediate circumstances.
- A review of maintenance, inspections and emergency repair services for some vehicles is to be undertaken
- It is recommended that an easy read, step by step financial guide is developed to help inform people of the various potential interim funding arrangements, which are available, dependent on an individual's circumstances.
- Complainant wished issues mentioned to be brought to the attention of the Service Manager so that they can hopefully be avoided in the future - this was agreed to.
- A review into a unit's practice around support arrangements when a resident is being admitted to hospital will take place with immediate effect.
- Interim guidance will be drafted to clearly set out both the expected practice and expected standards when supporting a resident to hospital, covering both planned and emergency admissions. A formal Policy addressing this area will be developed across all Community Care residential services.

Conclusion

The main objectives of the complaints procedure have been met and the Social Work Department has discharged its statutory responsibilities effectively. The main purpose of the complaints procedure is to ensure that service users are able to raise concerns regarding their contact with the Social Work Department and be assured that these are taken seriously.

The following performance issues have been noted.

- The number of complaints reduced in 2007 and has increased in 2008. The overall trend in the number of complaints received remains fairly constant.
- The nature of complaints now being received has resulted in very few complaints being able to be finalised within the current prescribed timeframes.
- The level of first level (informal) complaints reduced in 2007 and increased in 2008 (21 in 2006, 19 in 2007 and 33 in 2008).
- The level of second level complaints reduced by 50% in 2007 and by another 38% in 2008.
- The number of complaints is very small, when considered against the annual volume of customer contact often undertaken under difficult circumstances (1850 staff involved with over 8000 service users).

Over time there has been deterioration against response times for concluding complaints. A significant impact on these timescales has been as a result of the increase in the complexity of complaints, often involving multiple witnesses. While it is important that people have their complaints responded to promptly, it is also vital that sufficient time is available to allow complaints to be investigated thoroughly.

The information from complaints and from the complainants themselves is invaluable. It is an important source of information which is used to help further develop the quality and our range of services. This information is continually being added to from other sources of customer information.

Finally it is encouraging to note that despite the complaints system being subject to increasing public awareness through the Customer Charter and the 'Have Your Say ' website, the overall number of complaints is being maintained at a low level.

Compliments

As well as complaints, the Director of Social Work and his staff also receive letters of appreciation and compliments from other providers, service users and their carers.

The monitoring database has now been modified to also capture information on letters of appreciation and other written compliments. Some information is provided in the table below but we are aware that this is only a proportion of the total received by individuals and teams. The Customer Care Service will issue reminders requesting that all compliments are copied for recording.

Collecting information on compliments received by services provides the Director of Social Work with the opportunity to acknowledge their work directly with the team or individual who have given good service. This is also a way of encouraging good practice. A selection of anonymised compliments are included below.

- *'She could not have helped my son any more than she did; she certainly went the extra mile.'*
- *'With your assistance he was able to stay in his home longer than otherwise possible.'*
- *'You staff are second to none, their good nature and continual help made things very comfortable.'*
- *'If ever I have to go into a home I do hope it will be as nice as this.'*
- *'Their training, professionalism and personal caring manner always shone through.'*
- *'It was very comforting to know that mum was being well looked after 24/7 and took away the previous personal strain.'*
- *'I wish to express my appreciation of the work carried out by the lads and lass under the direction of their supervisors. They were extremely polite and well behaved and carried out the work cheerfully and with good humour.'*
- *'They helped me and my dad through a rough patch we were going through. They helped with communication and helped us be civilised with each other.'*

Table 5 Compliments

SECTION	2006	2007	2008
Older People/ Residential / Day care	31	47	37
Access/First contact	3	0	0
Welfare Rights	11	1	25
Intensive Care at Home/Rapid Response Team	4	7	28
Crisis Team	3	0	1
Children's Services	1	6	0
Criminal Justice	5	2	8
Occupational Therapy	0	27	7
Adult care/ Physical Disabilities	0	9	1
Customer care	0	0	3
Other	7	5	9
TOTAL	65	104	119

This is not a complete total as there will be a number of compliments received by outlying offices which have not been recorded centrally.

Customer Care Standards Enquiry

This was approached by way of a telephone survey of people who had contacted the Department. Ninety participants were selected at random following contact with one of our main offices at Claverhouse, Friarfield House and the Access/First Contact Teams.

The Customer Care Standards informed the selection of the areas of enquiry. A satisfaction scale was used to allow respondents to indicate their level of satisfaction with regard to the following:

- How quickly the phone was answered.
- How well staff understood what was wanted or needed.
- How quickly callers were put in touch with someone who could help.
- The overall level of helpfulness of the staff.
- The outcome of the callers' contact with the social work department.

Findings

- **Speed of answering the phone** - 88% were very or fairly satisfied with the speed of answering the phone.
- **Understanding of needs** - 91.1% were very or fairly satisfied that staff understood what was wanted or needed.
- **Speed of reaching someone** - 78.8% were very or fairly satisfied with the speed of reaching someone who could help.
- **Overall helpfulness of staff** - 88.9% were very or fairly satisfied with the overall helpfulness of the staff

- **Outcome of contact with social work department** - 80% were very or fairly satisfied with the outcome of their contact.

The following figures give an indication of the differences between the findings of the 2006 survey and the present survey.

Question	Satisfaction rate results from 2006 Access team only	Satisfaction rate results from 2008 All three locations
Speed of phone being answered	96.7%	95.6%
Understanding of needs	91.1%	88.9%
Speed of reaching someone who could help	84.4%	78.8%
Overall helpfulness of staff	92.2%	88.9%
Outcome of contact with social work department	90%	80%

This survey does not strictly compare like with like it and although the results are positive it does indicate room for improvement. The results will be passed to the appropriate operational staff for making improvements. As we are a learning organisation it is planned to develop a short training course in partnership with the Staff Development Service on the approach to delivering the Customer Care Standards for front line staff who are involved in taking calls and meeting the public.

8. Policy and service development

As detailed earlier in the report there are a number of key initiatives that have, as one of their main aims, to improve customer services. These are detailed below.

User Involvement Policy

The User Involvement Policy enables us to:

- embrace a personal approach that puts people at the heart of service planning, development, delivery and evaluation;
- meet the needs of diverse groups of people and;
- co-ordinate consultation and involvement activities across the department.

'In order to assist in the process of continuous improvement we must continue to consult with and involve people. Only by listening to people can we continue to accurately plan for, and deliver, effective quality services to meet needs and deliver better outcomes.'

The Customer Care Service has helped to ensure that the department's involvement and consultation process is inclusive by making efforts to reach those whose views are seldom heard.

Over the year the Customer Care Service interviewed service users in residential homes for the elderly, and adults with learning disabilities in the community and in their own tenancies. Staff and carers have provided necessary support to ensure that these service users have been able to participate or have their views represented.

Customer Service Excellence Standards

Customer Service Excellence has been developed by the government to offer public services a practical tool for driving customer-focused change within their organisation.

Customer Service Excellence Standards test, in great depth, those areas that research has indicated are a priority for customers, with particular focus on delivery, timeliness, information professionalism and staff attitude.

There is also emphasis placed on developing customer insight, understanding the user's experience and robust measurement of service. The Strategy Performance and Support Services section has completed a draft framework which details the actions required by members of staff in order to prepare for assessment against the following criteria:

- Customer Insight;
- The Culture of the Organisation;
- Information and Access;
- Delivery and;
- Timeliness and Quality of Service.

The above initiatives are longer term plans that will have a significant impact in promoting culture change and learning within the organisation, as a means of improving services through consultation and involvement.

9. Management and support of staff

Pre inspection Consultation

In 2008 the Care Commission changed some of its procedures in relation to the process of inspections. It introduced a grading scheme and required more involvement from people who use care services and their carers, in assessing the quality of care. In other words services would have to evidence that service users and carers had been involved in the preparation of the pre inspection self evaluation.

The Customer Care Service was involved in supporting services by holding interviews and discussions with service users and carers.

These were based on the four quality themes;

- Quality of life;
- Quality of environment or quality of information;
- Staffing and;
- Management and Leadership.

Tables of results and a short report were prepared for each of managers who commissioned the survey. The managers in turn could use the information to help complete their submission to the Care Commission prior to the inspection. We found that most participants agreed that services were of high quality. An example of the results from four carers focus groups (27 people) are given below:

- 89% of participants thought the quality of life offered to residents was excellent or very good. 11% said good.
- 89% of participants thought that the quality of staff was excellent or very good.
- 78% put the quality of environment in the excellent to good range 22% felt the environment was adequate (older building).
- 78% thought that the quality of management and leadership was excellent or very good.

Customer Care staff have recently visited adults with moderate and profound disabilities in their supported tenancies. The aim was to try to ascertain if the living environment and the support given resulted in a level of happiness or contentment. Some of the adults were able to respond to basic questions. For others who were more severely disabled the customer care staff relied on their observations and information from staff to build a picture of an individuals' situation. A report on the findings is currently being prepared for managers.

Training Material

Over 2008 the Customer Care Officer has designed and implemented a range of training material on the complaints procedure and how to deal effectively in handling complaints. This material can be use at team meetings and briefings to familiarise staff with what is expected of them and to reduce the anxiety associated with complaints. This material has been delivered to some teams and it was felt to be helpful.

10. Leadership and direction

Over the year a range of consultations/surveys have been undertaken, the majority have been qualitative in nature allowing an insight into the experience of service users. This involvement can be undertaking the whole project, by being involved in part of work, or by giving advice. It is felt that this input helps leaders and managers by providing an independent view about what people think of a service. This information can then be used in the longer term planning process or immediately to make changes at the point of service delivery.

In response to an observation by SWIA in their 2007 performance report the Strategy and Performance Service developed a Consultation Toolkit for operational staff who are proposing to develop their own surveys.

This toolkit provides a range of advice and information which breaks down the process into manageable steps from initial design to writing up the report and recommendations. This, it is felt, will improve our information gathering and subsequent clarity of actions on the findings.

11. Future Plans

Over the next year we will be involved in large projects such as the drive towards achieving the Customer Excellence Standard, implementing the User Involvement Policy and introducing the principles of Citizen Leadership.

We will have more of a focus on following through the recommendations from complaints to ensure that have been effectively carried out and the required improvements made.

We will continue to support operational colleagues in information gathering, analysis and in making suggestions for improvements. It is anticipated that we will explore how efficiently the Customer Charter is being distributed to service users and there will be a review of some public information.

Depending on the national position it may be necessary to undertake a review of the Complaints Procedure.