

Public Document Pack



Helen Barrington
Director of Legal and
Democratic Services
County Hall
Matlock
Derbyshire
DE4 3AG

Extension 38324
Direct Dial 01629 538324
Ask for Alisha Parker

PUBLIC

To: Members of Improvement and Scrutiny Committee - People

Tuesday, 2 February 2021

Dear Councillor,

Please attend a meeting of the **Improvement and Scrutiny Committee - People** to be held at **2.00 pm** on **Wednesday, 10 February 2021** in Teams Live Event, the agenda for which is set out below.

Yours faithfully,

A handwritten signature in black ink that reads 'Helen E. Barrington'.

Helen Barrington
Director of Legal and Democratic Services

A G E N D A

PART I - NON-EXEMPT ITEMS

1. Apologies for absence
To receive apologies for absence (if any)
2. Declarations of Interest
To receive declarations of interest (if any)
3. Minutes (Pages 1 - 8)
To confirm the non-exempt minutes of the meeting of the Improvement and

Scrutiny Committee – People held on 04 November 2020.

4. Public Questions (30 minute maximum in total) (Pages 9 - 10)

(Questions may be submitted to be answered by the Scrutiny Committee, or Council officers who are attending the meeting as witnesses, on any item that is within the scope of the Committee. Please see the procedure for the submission of questions at the end of this agenda)

5. Discussion with Cabinet Member for Adult Care - Councillor Jean Wharmby

6. Engagement re. Developing Care and Accommodation in Derbyshire - verbal report from Julie Vollar

7. Scrutiny Working Group Progress Report - Next Steps in Relation to Direct Care Homes for Older People (Pages 11 - 18)

8. Derbyshire Healthwatch Care Home Report (Pages 19 - 46)

9. Children Services Complaints Report (Pages 47 - 80)

PUBLIC

MINUTES of a meeting of **the IMPROVEMENT AND SCRUTINY COMMITTEE – PEOPLE** held on 04 November 2020

PRESENT

Councillor G Musson (in the Chair)

Councillors J Coyle, R Flatley, J Frudd, R George, R Iliffe, D Taylor and J Twigg.

Also in attendance – Councillor A Dale, H Henderson-Spoors and J McGarry.

Apologies for absence were received on behalf of Councillors C Dale and R George.

24/20 **MINUTES RESOLVED** that the minutes of the meeting of the Committee held on 02 September 2020 be confirmed as a correct record.

25/20 **PUBLIC QUESTIONS** There were no public questions.

26/20 **DISCUSSION WITH THE CABINET MEMBER FOR YOUNG PEOPLE - IMPACT OF COVID-19 ON DERBYSHIRE SCHOOLS AND CHILDRENS SERVICES** Councillor Alex Dale gave an update to the Committee and outlined the impact of Covid-19 on Derbyshire schools and Children's Services.

Schools had responded well to the Covid-19 pandemic. Councillor Dale paid tribute to all of the school staff across the County for the work that had been done since March 2020. Derbyshire County Council felt it was important to keep the schools open but to provide innovative ways of delivering education.

Schools had demonstrated good practice in keeping in touch with pupils at home during the March lockdown and for any pupils now having to self-isolate. In the months leading up to the summer holidays schools had been encouraged to focus on preparing for blended learning and this had paid off as they had been able to effectively deliver blended learning as and when required.

New systems had been put in place to protect pupils, teachers and parents. Schools had been discouraging bus use to reduce the numbers to allow for successful social distancing measures. As well as this, additional buses were being commissioned and staggered start times had been introduced.

There were occasions where 'bubbles', year groups or entire schools were having to close due to self-isolation rules. It had been difficult to deliver curriculum during these periods and that was one of the bigger concerns of teachers.

Children's Social Care Teams had adapted quickly to the Covid-19 pandemic. Councillor Dale paid tribute to all of the staff for the speed at which they had introduced fundamental changes to their working practices. There was more remote contact but, where required, in person meetings continued with full PPE or window visits. The staffing levels remained strong with the potential impact of staff shortages being of greatest concern within children's homes.

Social care referrals declined during the first lockdown by approximately a third but have since returned to previous levels. However, health service referrals remained below their pre-pandemic proportions. There was concern that latent demand might build up within the system and that the service might be overwhelmed. The situation was being carefully monitored.

Members were given the opportunity to make comments or ask questions which were duly noted or answered.

The Chairman, on behalf of the committee, thanked Cllr Dale for his comprehensive and informative report.

27/20 EXPERIENCES OF VIRTUAL APPOINTMENTS DURING COVID-19 – HEALTHWATCH DERBYSHIRE

Helen Henderson-Spoors from Healthwatch Derbyshire presented the report. During the COVID-19 pandemic, there had been a significant rise in the use of digital services in place of face-to-face services, such as telephone appointments, video consultations, text messaging and others.

This project was conducted to help provide an understanding of where virtual appointments may not have met the needs of patients and to shine a light on the reasons as to why people may not have engaged with appointments virtually. The report also included where appointments did meet the needs of patients and the key areas in which virtual appointments met people's healthcare needs.

From August to September 2020, 118 telephone interviews were conducted with residents from both Derbyshire and Derby city who had experienced virtual appointments, as well as those who hadn't accessed this type of appointment. People were asked about their access to and confidence with technology, their experiences of booking a virtual appointment and if the method of appointment suited their needs.

This report would be shared with stakeholders across Derbyshire including Joined Up Care Derbyshire, the NHS Derby and Derbyshire Clinical

Commissioning Group, Derbyshire County Council, NHS services and voluntary sector colleagues, to highlight what worked well during the pandemic and what could be improved.

The information collated would be used to help inform the decision-making process on how best to operate services in the future. Once a response to the report had been received it would be available to view on the Healthwatch Derbyshire website.

Whilst the majority of participants had accessed a virtual appointment, the thoughts and experiences as to why people may not have been willing or were unable to access an appointment in this format identified two key areas: Virtual appointments not being suitable due to a desire for in-person human interaction. This was evident in certain responses from people with a learning disability, mental health condition, or aged 75+. Participants unable to access a virtual appointment sought care elsewhere or did not receive the healthcare they may have required.

Virtual health appointments relied on patients having access to technology. Depending on the method of appointment this ranged from needing a telephone to requiring a device with a camera and access to the internet of sufficient speed to be able to live-stream video. Participants that did have access to technology also needed to be confident on how to operate it for their appointment to take place

What did not work well:

- Access to technology;
- Confidence in ability to operate technology;
- Privacy and data protection.

Many participants experienced issues in the process leading up to the virtual appointment taking place. Communication breakdown and a lack of patient input as to when appointments took place were key themes that caused issues for patients accessing virtual appointments.

Participants that had a positive experience of booking their virtual appointment often found it met their needs and was a more effective process than they had experienced when accessing healthcare services before the pandemic.

What did work well:

- The time between booking an appointment and the appointment taking place;
- Information before and after virtual appointments;
- Pro-active communication and response to individual patient needs;
- Online booking systems.

The method of virtual appointment was not always deemed as being appropriate for meeting the healthcare needs of participants. Assessing certain physical conditions and relaying diagnosis or advice to patients virtually were issues, whilst reservations around security and privacy were also highlighted.

Whilst virtual appointments may not have met the needs of all participants there were many positives experienced that were preferable to patients accessing healthcare services in-person. These positives had been outlined in the report.

Participants also shared their thoughts on appointments that they felt should always take place in-person for which a virtual appointment would not be a suitable alternative. As well as what they felt could have improved the experience of a virtual healthcare appointment. Whilst many suggestions correlated with issues already highlighted in the report additional areas for consideration were raised.

28/20 THE SCRUTINY REVIEW The Scrutiny Review commenced in 2019 at the request of Cabinet and Chairs of Scrutiny and a workshop was held for the Chairs and Vice Chairs of the four Improvement and Scrutiny Committees. A lack of officer capacity prevented the review from being progressed further at that time, and, to resolve this, a Programme Director was appointed in March 2020 to progress a range of projects, including the scrutiny review.

It had been determined that the Centre for Public Scrutiny (CfPS) were to be commissioned to undertake the review, bringing independence, a substantial experience of scrutiny from across the country and a ready-made scrutiny review methodology. As part of the review process the CfPS undertook two member surveys: one designed for completion by members of Cabinet and members of Improvement and Scrutiny Committees and the other designed for all remaining members. CfPS also carried out a series of one to one meetings and discussion groups with key officers and Elected Members across the authority.

A Scrutiny Review Steering Group was established to lead the review. The Steering Group comprised of the Improvement and Scrutiny Chairs and the Cabinet Member for Corporate Services. It was supported by the Executive Director, Commissioning, Communities and Policy and the Programme Director.

Cabinet considered the Scrutiny Review findings and proposed actions at their meeting on the 8th October 2020 and approved the Scrutiny Review Report, including recommendations and the draft action plan, for consideration at a scrutiny member workshop and by the four Improvement and Scrutiny Committees and Governance, Ethics and Standards Committee. Cabinet

noted that this review commenced a programme of continuous review and development of scrutiny at Derbyshire County Council.

The Scrutiny workshop took place on the 12th October 2020. Four Member Break Out Groups, supported by CMT and Democratic and Scrutiny Services Officers considered the Scrutiny Review findings, Action Plan and the following three questions:

- What were the key findings of the review that you believe are the top priorities?
- What were the opportunities and risks to effective implementation of the action plan?
- What does success look like in 12 months' time?

The final Scrutiny Review report, action plan and the consultation feedback would be considered by Cabinet on 19th November for approval and recommendation to Council on 2nd December 2020.

Fifteen recommendations were identified by the Centre for Public Scrutiny (CfPS), as set out in their report: Derbyshire County Council Scrutiny Improvement Review, July 2020, and a further three actions were identified by senior officers and the Scrutiny Steering Group.

The Scrutiny Steering Group had prepared a draft Action Plan in response to the recommendations. The CfPS recommendations appeared as sections 1-15 and the additional recommendations could be found in section 16 of the Action Plan.

RESOLVED that the Committee (1) note the Scrutiny Review Report and commend it to Cabinet prior to consideration at full council; and (2) note the proposed programme of continuous review and development of scrutiny at Derbyshire County Council.

29/20 **ASSISTIVE TECHNOLOGY** Julie Vollar, Service Director Commissioning & Performance gave a presentation to the Committee on the assistive technology being used within Adult Care.

There were many different products currently in use but more innovative products had been designed to improve the way care was being delivered across the County. New technologies were being developed to move the authority from being analogue based to digital.

New artificial intelligence such as GPS trackers were a great example of new technology being used to assist residents. The authorities aim was on the outcomes produced not the technology itself. The ultimate goal was to get the technology correct to be able to support independence.

The authority wished to join forces with the district and borough authorities to merge the knowledge and technology together to create one place for residents to be able to get the information they may need. These discussions were underway.

There were a number of pilot programmes happening across the county to be able to support those who needed it with the help of new technology. The Canary Care Monitoring System was an example of this, this technology was being used to support those living with dementia to live alone after being discharged from hospital.

30/20 OVERSIGHT OF NEXT STEPS IN RELATION TO DIRECT CARE HOMES FOR OLDER PEOPLE - PROGRESS REPORT

On 4th June 2020 Cabinet received a report on the outcome of the consultation on the proposed closure of seven, and the refurbishment of three, Direct Care homes for older people.

The working group was mindful that property condition surveys conducted in 2019 reported that some of the Council's Homes for Older People were in poor condition and highlighted that 12 homes required rewiring. This included the 7 homes previously proposed for closure, the 3 homes proposed for refurbishment plus 2 homes (Ada Belfield, Belper and Hazelwood, Cotmanhay) where decisions had already been made to close once local alternative had been established. Therefore, Members considered it a priority to ascertain the effectiveness and durability of the mitigation measures in place to address any increased risk associated with the need for properties to be rewired.

Members met with the Direct Care Group Manager on 25 August 2020 and were advised that a comprehensive risk evaluation had been undertaken to establish whether the homes were safe and what mitigating actions were required. The key elements of the risk evaluation had been outlined within the report.

Members welcomed the detailed briefing about the mitigation measures. However, they wished to explore further issues relating to the emergency lighting systems in some of the homes, following the statement that "improvements to emergency lighting cannot be undertaken as this requires the homes to be rewired". Therefore, a further working group meeting was held on 9 September with the Electrical Operations Manager and the Head of Projects (Design and Build) from Property Services, to consider in more depth the implications of buildings needing to be rewired. A fundamental question that Members sought an answer to was, Are the homes equipped with emergency lighting systems that would facilitate the safe evacuation of residents in the event of an emergency?

After having the opportunity to vigorously question officers from Adult Care and Property Services, Members of the working group agreed that they felt assured that the mitigation measures in place were sufficiently robust and durable to address the increased risk associated with the properties that had been identified as needing rewiring, in the near future. It was also agreed that the working group would continue to pursue the other key lines of enquiry regarding its role in overseeing the next steps in relation to direct care homes for older people. A briefing that took place on 25 August 2020 from the Direct Care Group Manager about the proposed approach for identifying suitable and local provision, and a briefing on 2 September 2020 from the Service Director about the methodology to assess current and future demand for residential care and the preparation of a Market Position Statement had been received. The working group was now awaiting an update on the timeframe for this work and how it was progressing.

RESOLVED that the Committee (1) agreed that an interim report was submitted to Cabinet confirming that the Improvement and Scrutiny Committee – People, was assured that the mitigation measures in place were sufficiently robust and durable to address the increased risk associated with the properties that had been identified as needing rewiring, in the near future; and (2) note that the scrutiny working group would continue to pursue the other key lines of enquiry regarding its role in overseeing the next steps in relation to direct care homes for older people.

This page is intentionally left blank

Procedure for Public Questions at Improvement and Scrutiny Committee meetings

Members of the public who are on the Derbyshire County Council register of electors, or are Derbyshire County Council tax payers or non-domestic tax payers, may ask questions of the Improvement and Scrutiny Committees, or witnesses who are attending the meeting of the Committee. The maximum period of time for questions by the public at a Committee meeting shall be 30 minutes in total.

Order of Questions

Questions will be asked in the order they were received in accordance with the Notice of Questions requirements, except that the Chairman may group together similar questions.

Notice of Questions

A question may only be asked if notice has been given by delivering it in writing or by email to the Director of Legal Services no later than 12noon three working days before the Committee meeting (i.e. 12 noon on a Wednesday when the Committee meets on the following Monday). The notice must give the name and address of the questioner and the name of the person to whom the question is to be put.

Questions may be emailed to democratic.services@derbyshire.gov.uk

Number of Questions

At any one meeting no person may submit more than one question, and no more than one such question may be asked on behalf of one organisation about a single topic.

Scope of Questions

The Director of Legal Services may reject a question if it:

- Exceeds 200 words in length;
- is not about a matter for which the Committee has a responsibility, or does not affect Derbyshire;
- is defamatory, frivolous or offensive;
- is substantially the same as a question which has been put at a meeting of the Committee in the past six months; or
- requires the disclosure of confidential or exempt information.

Submitting Questions at the Meeting

Questions received by the deadline (see **Notice of Question** section above) will be shared with the respondent with the request for a written response to be provided by 5pm on the last working day before the meeting (i.e. 5pm on Friday before the meeting on Monday). A schedule of questions and responses will be produced and made available 30 minutes prior to the meeting (from Democratic Services Officers in the meeting room). It will not be necessary for the questions and responses to be read out at the meeting, however, the Chairman will refer to the questions and responses and invite each questioner to put forward a supplementary question.

Supplementary Question

Anyone who has put a question to the meeting may also put one supplementary question without notice to the person who has replied to his/her original question. A supplementary question must arise directly out of the original question or the reply. The Chairman may reject a supplementary question on any of the grounds detailed in the **Scope of Questions** section above.

Written Answers

The time allocated for questions by the public at each meeting will be 30 minutes. This period may be extended at the discretion of the Chairman. Any questions not answered at the end of the time allocated for questions by the public will be answered in writing. Any question that cannot be dealt with during public question time because of the non-attendance of the person to whom it was to be put, will be dealt with by a written answer.

Derbyshire County Council

Improvement and Scrutiny Committee - People

10 February 2021

**Next Steps in Relation to Direct Care Homes for
Older People**

Progress Report

1. Purpose of the Report

To inform the Committee of the working group's deliberations with regards to direct care homes for older people and to seek approval to submit an interim report to Cabinet.

2. Background Information

Following the Cabinet meeting on 4th June 2020, the People Improvement and Scrutiny Committee was invited to deliberate on the next steps in relation to seven of Derbyshire County Council's direct care homes. The potential closure of these homes, together with the proposed refurbishment of three, had been the subject of a consultation conducted earlier in the year. After considering the consultation outcomes, Cabinet agreed that "none of the homes proposed for closure will close unless a local care home or alternative provision is available to replace it".

The Cabinet report invited the Scrutiny Committee to adopt an overseeing role to ensure transparency of decision making and it was suggested that the focus should be on the need for, and type of local provision required.

The homes considered for potential closure were:

- Ladycross House (Sandiacre)
- Beechcroft (West Hallam)
- East Clune (Clowne)
- Holmlea (Tibshelf)
- The Spinney (Brimington)
- Goyt Valley House (New Mills)
- Gernon Manor (Bakewell)

The People Improvement and Scrutiny Committee at a meeting on 2 September 2020 agreed their approach and extended the scope of this area of work to include the following key lines of enquiry:

1. How will the robustness and durability of ongoing mitigation measures be assessed?
2. How will demand for current and future provision for older people be assessed?
3. How will the market be assessed?
4. What factors will be considered when determining what is local provision?
5. How will factors that determine what is suitable alternative provision be identified and assessed?
6. How will stakeholders be engaged?

The Committee submitted an interim report to Cabinet on 19 November 2020. The report stated that the Committee was assured that the mitigation measures in place were sufficiently robust and durable to address the increased risk associated with the properties identified as needing rewiring in the near future. The report indicated that work would continue to pursue the remaining key lines of enquiry (described above).

On 10 December 2020 the Executive Director for Adult Social Care and Health submitted a report to Cabinet providing an update on actions relating to direct care homes for older people and the following prospective timetable for future actions:

- December 2020 – January 2021: citizen engagement and with care providers undertaken (including information from the virtual investment event 14 December 2020)
- February 2021: completion of an interim Market Position Statement to respond to the impact of COVID-19, which will be reported to Cabinet in March 2021
- Summer 2021 (estimated post pandemic): commencement of a full review of the care market to develop a refreshed Market Position Statement, review of the Health and Wellbeing Strategy and Joint Strategic Needs Analysis.
- Summer 2021: completion of feasibility work on the seven homes which require rewiring
- Autumn 2021: consideration of a longer-term strategic plan taking account of the revised Market Position Statement, Health and Wellbeing Strategy and Joint Strategic Needs Analysis.

When the Committee agreed the lines of enquiry it was anticipated that a revised strategy and investment plan (informed by a revised Market Position Statement and the strategic needs analysis) would be available

at the end of 2020 to inform the Committee's deliberations. Furthermore, due to the revised timetable (above) the Committee will not be able to deliver against the key lines of enquiry as anticipated. Therefore, it is proposed that an interim report be submitted to Cabinet.

3. Information and Analysis

The Committee was invited to comment on the methodology that might be used to determine what is "local" and "suitable" alternative provision, in the event of each of the above-mentioned care homes closing. To date the Committee has not been presented with any proposals for the future of the seven homes or asked to comment on any decisions. The comments made in this report relate to the proposed methodology and are based on information provided at a snapshot in time. The outcomes of the December 2020 engagement activities and the revised market position statement were not available at the time of the Scrutiny Members' deliberations.

To assist the Scrutiny Working Group, Officers from Adult Care provided descriptions of different types of alternative provision and suggested definitions for the terms "local", "suitable" and "reasonable". The definitions provided were as follows:

- **Residential care** – a place where personal care and accommodation are provided over a 24/7 period. Residents continue to access community health services as required but do not need to have access to support by a qualified nurse 24/7. Services are provided for short or long periods, and this includes respite care and rehabilitation (in "Community Support Beds"). Residential care homes are required to be registered with the Care Quality Commission. Both the care that people receive, and the premises are regulated by CQC.
- **Nursing Care** – care homes with nursing are the same as residential care homes except in addition, qualified nursing care is available 24/7 to ensure that the full needs of the person using the service are met.
- **Extra Care** - a supported living environment for people over 50 years old where each resident live in their own apartment and have the opportunity to use communal facilities for social interaction and to benefit from an onsite 24/7 call system with staff on site who can respond to emergency assistance calls. These settings can be used by people who are able to manage independently and usually there are a range of people from those with no support needs to those with significant personal care needs who would have their support met from a domiciliary care agency visiting them in their apartment.

- **Local** – It is suggested that for the purposes of relocating people as a result of any residential care home closure any alternative accommodation within a 10-mile radius from their existing care home would be considered as local.
- **Suitable** – In the context of any proposed care home closure it is likely that for existing residents the most suitable alternative would be another residential care home. However, the care and support needs for each individual resident would be reassessed at the point of any decision to close a care home and for some individuals that reassessment may identify a need for increased support requirements that could mean they need to move to a nursing care setting. It is also possible, but uncommon, for that reassessment to identify that a person's needs could be met in an extra care setting as an alternative.
- **Reasonable** – It is suggested that a reasonable alternative would be that which is the most appropriate setting for the individual, based on an assessment of need and which could offer a combination of “suitable” and “local” as defined above. We would expect that in the context of an alternative residential care home this would be any establishment within the whole market, not necessarily just a Council operated alternative.

For each of the seven homes Scrutiny Members were provided with a map of the surrounding area with alternative accommodation identified within a 10-mile radius drawn on to indicate what falls within the definition of “local”. Members were advised that for current residential care home residents, ‘suitable’ alternative provision would most likely be another residential care home. Information was provided about how many residential care home vacancies were currently available within that local radius and how many residents were currently within the directly provided service. The concept of “reasonable” was addressed by indicating which alternative options met the good or above CQC registration requirements. The vacancy data provided related to a snapshot in time and was for illustrative purposes, therefore it has not been reproduced in this report. However up to date vacancy data is available on the Council's website.

The information provided to the Scrutiny Members included an explanation of other factors that might influence individual decision making in relation to what is local, suitable and reasonable. It was made clear that during any closure and relocation process the following factors would be considered when determining the options for each resident:

- **The outcome of the individual assessment of current needs**, this assessment would be undertaken by a social worker in partnership with the person, their family carers, friend or advocate and the staff that

support them in their current setting. This assessment will determine the most suitable type of alternative accommodation and take into account other factors that may impact on individual decision making about what is local such as the location of suitable resources such as specialist Dementia accommodation if that were required, the location of family or friends, the person's current connections with their local community and or any connections with previous communities and the availability of public transport.

- **The availability of alternative accommodation.** Different parts of Derbyshire based on their demographic and geographic location may have greater or lesser 'suitable' capacity within the proposed 10 mile radius defined as 'local' and this will also need to be considered in identifying what is a 'reasonable' alternative for each individual.
- **Individual choice of the resident regarding what is suitable.** Whilst Adult Care would expect that alternative care homes should be rated as 'good' or above by CQC, for some people a care home that is rated as 'requires improvement' by CQC may be chosen as a suitable alternative based on other factors such as locality and accessibility.

4. Scrutiny Working Groups Comments

- Given that there is the potential for both demand for residential care and the supply of appropriate provision to fluctuate considerably during the ongoing uncertainties created by the pandemic, the timing of the decision about the future of the seven care homes and the long-term accommodation strategy, needs to be carefully considered.
- When the Committee conducts pre-decision scrutiny deliberations in relation to the future of the seven care homes, Members will require up-to-date information about demand for, and the supply of, residential care. It is understood that a process is planned to gather this information in due course.
- When considering the proposed methodology, Members placed great importance on the individual assessment of current needs when determining what is "local" for each resident. There was unanimous agreement that whilst distance is an important factor, it is not sufficient to determine "local" in terms of a 10-mile radius from a person's existing residence. Therefore, Members seek assurance that factors outlined in the explanation of individual assessment of current need (such as accessibility to transport routes, location of family and friends and a

person's connectedness to the area) will be given sufficient consideration when identifying options for each individual.

- The maps provided were a helpful visual aid to see the number and location of provision in each area. However, it was felt that it was an oversimplification to ask Members to form a view about the approach for future provision by merely counting up the number of vacancies in an area and comparing that to the number of residents in each of the DCC home under consideration. Members had questions about ongoing affordability for existing and future residents, the sustainability of the market given the current economic pressures brought about by the pandemic, and whether the care provided at the alternative locations will be appropriate if existing residents were to move to them.
- Based on the information provided at the time (and with the exception of Goyt Valley House) it appeared that there were vacancies within a 10-mile radius of each of the care homes referred to in the report. It also appeared that the number of the vacancies exceed the number of residents in each home under consideration. However, Members were mindful that the figures related to a "snapshot" in time at an unprecedented moment in history, when occupancy rates are at an all-time low and the market is under considerable financial pressure.
- Members were informed that the Council does not operate a waiting list for care homes. They were advised that when someone is assessed as requiring long term residential care they are provided with information about all of the care homes in the area they are wishing to live and encouraged to read CQC reports as well as visit establishments (subject to current restrictions around COVID-19) and then they are enabled to request a place in any home that has available vacancies. Whilst some private sector care homes may operate waiting lists for people who are considering entering residential care under normal circumstances those assessed as needing to move into a residential care setting need to do so at that point in time and are not able to safely remain at home whilst they await a vacancy to arise in a specific establishment.
- It was noted that at the time the working group met there were 90 full time equivalent vacancies across all the Council run care homes. Members asked what impact these vacancies would have on the running of the care homes and what the departmental view was regarding the sustainability of staffing levels in the short, medium and long term. Officers advised that front line care staffing is a long-standing challenge both in Derbyshire and nationally. In order to continue to run these services effectively the Council requires the use of on agency staff to fill gaps in staffing. The aspiration is not to do this, and the department

continuously runs recruitment campaigns, encourages apprenticeship uptake and is actively involved with partner agencies in the Joined Up Careers Derbyshire initiative to try to fill vacancies.

- When exploring affordability for service users Members were advised that the Council funded weekly fee rates for all the homes identified, as potentially providing alternative provision, are currently set at a standard £563.64 per bed. It was noted that the standard fee rates are reviewed annually and are generally uplifted in line with inflation and or any other cost increase issues, such as minimum wage increase. The working group learnt that many establishments provide beds at the Council funded rate but some establishments charge individuals 'top up' payments on top of this and these can range from under £50 per week to over £100 per week. Members noted that in the majority of areas (notably urban areas) there was a significant number of vacancies in establishments rated as "good" that did not require a top up fee. However, the data provided at the time showed that, there were two areas where this was not the case. In New Mills there were no vacancies in establishments rated as "good" that did not require a top up fee and only four vacancies in Bakewell.

- The Committee were provided with current DCC unit cost information. It was clarified that the figure provided was based on the standard 90% occupancy rate. Members are mindful that the unit cost information does not take into account the current situation in terms of low occupancy rates and costs associated with COVID-19 mitigation measures.

5. Considerations

In preparing this report the relevance of the following factors have been considered: Financial, Human resources, Legal, Social Value, Human Rights, Equality of opportunity, Health, Environmental, Transport, Property, Crime and disorder.

6. Recommendations

- (1) It is recommended that the Committee agree that an interim report is submitted to Cabinet stating that:
 - a. Due to the revised timetable (referred to above) the Committee will not be able to deliver against all of the key lines of enquiry in the timeframe anticipated.
 - b. The Committee has considered the proposed methodology to determine what is "local" and "suitable" alternative provision.

- c. When determining what is “local”, as well as considering the distance, a high priority should be placed on a person’s connectedness to an area, location of family and friends and accessibility to transport routes.
- d. When determining what is “suitable”, ongoing affordability for individual service users of CQC rated “good” or above provision, is of paramount importance.
- e. The Committee recognises that in this current pandemic climate occupancy levels have been significantly reduced and the operating costs are temporarily well above the norm. The situation is unlikely to change in any significant way in the immediate term, but measures are being put in place, both nationally and locally, to improve the situation in the more medium term. The Committee understands the need to delay the development of the Market Position Statement and think it sensible to delay decisions on long term strategies until such a time that future service needs, and the state of the market are more predictable.
- f. When the Committee conducts pre-decision scrutiny deliberations in relation to the future of the seven care homes, Members will require demand and the supply data for residential care that can be viewed with a high degree of certainty.

Cllr Gary Musson

Chairman of the Improvement and Scrutiny Committee - People



Care Home Report: Sharing good practice and suggestions

Authors: Helen Walters, Chloe Cannon and Sharon Mellors
November 2020

Contents

1. Executive summary	2
2. Conclusions & recommendations	3
3. Mental wellbeing.....	4
3.2 Examples of good practice.....	6
3.3 Suggestions for improvement	8
4. Physical wellbeing	9
4.1 What we were told	9
4.2 Examples of good practice.....	10
4.3 Suggestions for improvement	11
5. Contact between residents and their family and friends	11
5.1 What we were told	12
5.2 Examples of good practice.....	14
5.3 Suggestions for improvement	14
6. Communication with care home	17
6.2 Examples of good practice.....	18
6.3 Suggestions for improvement	19
7. Other.....	20
8. Thank you	21
9. Disclaimer	21
10. About us.....	21
11. Appendix.....	22

1. Executive summary

Covid-19 has had an adverse impact on everyone, with the care home sector being particularly affected. Care homes have the unenviable task of balancing infection control with resident wellbeing.

This project was initiated as a result of comments received by Healthwatch Derbyshire (HWD) from relatives concerned that the lockdown and subsequent measures introduced around visiting was having a detrimental effect upon the mental and physical wellbeing of their loved ones.

HWD decided to gather information to try to understand how the Covid-19 pandemic has affected the wellbeing of care home residents and their relatives and to examine what measures have been introduced to combat these issues. The pandemic has been a particularly difficult time for residents, their friends and family and care home staff. At the same time, HWD was aware of some amazing examples of care and innovation by care homes. The aim of the project was to allow HWD to identify and share these good practice initiatives and helpful ideas across the care home community in Derbyshire.

Current restrictions would have made it difficult for HWD to gather the experiences of care home residents themselves so the project was designed to gather the views from the perspective of family friends and loved ones of care home residents.

This project was designed and run by a group of HWD volunteers with the guidance of HWD staff members. The volunteers helped to develop, test and later share a survey that could be completed online or by way of an interview. They then later helped to analyse the responses received.

The project was supported by Healthwatch Derby and their volunteering programme in order to ensure we gathered Countywide understanding.

Methods of engagement

Between 26th October and 16th November 2020, an online survey was shared with residents of Derbyshire. The survey asked about how the mental and physical wellbeing of care home residents has been affected during the pandemic and about any steps the homes had taken to address these challenges. The survey also asked about contact between relatives and their loved ones and communication between the relatives and the care homes themselves. Respondents were encouraged to share ideas and best practice.

The survey was shared by HWD with various voluntary organisations, as well as with our own voluntary network. Healthwatch Derby supported our engagement by sharing the survey with their contacts to ensure we captured the feedback of those in the county and the city.

We received 90 responses. Those responses received shared the experiences of spouses, children, extended family and friends of care home residents thus offering a diverse perspective.

Additional internet-based research was conducted by examining the websites and public Facebook pages of local care homes to highlight good practice currently taking place, and share this with both commissioners and providers of services. It is hoped that increased awareness of good practice will lead to greater implementation across the health and social care system.

The findings from this research can be found in Appendix A.

What will we do with this information?

This report will be shared with The Strategic Care Home Group which provides guidance and support for the COVID Care Homes Cell on matters such as infection control, agreeing on local interventions needed and to ensure good quality, safe and effective care home sector in Derbyshire that meets the needs of the local population.

Copies will also be provided to the Directors of Public Health for Derbyshire and Derby City, and to the Association of Directors of Public Health nationally.

The report will also be shared with Healthwatch England and used to inform national policy.

2. Conclusions & recommendations

Key findings

Feedback received identified five key areas; these are detailed in the following sections of the report:

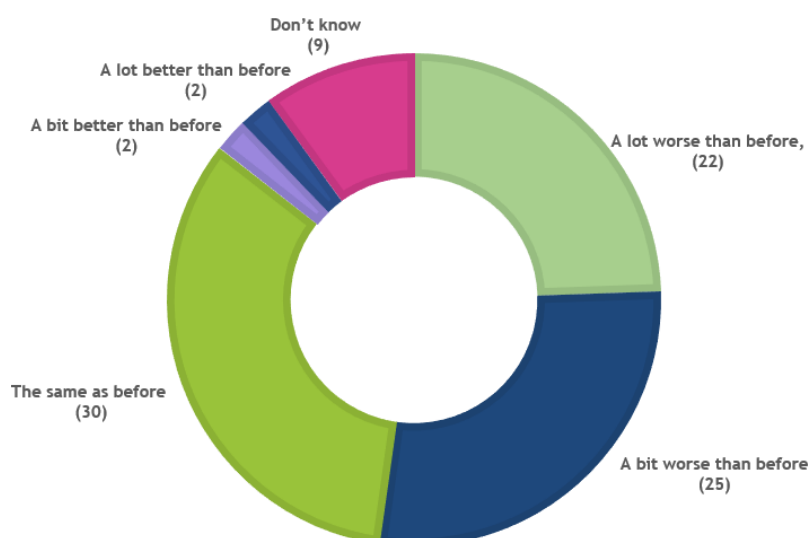
1. **Care home visiting** - to be maintained, by all means possible, to ensure the physical and mental wellbeing of both residents and their loved ones.
2. **Contact between residents and their family and friends** - is essential to maintain personal relationships. Guidance, policies and procedures should be in place to support care homes to ensure this is provided in a personalised way, providing reasonable adjustments where appropriate.
3. **Communication between care homes and their residents family and friends** - is vital in ensuring families are kept informed about current regulations and updated about the welfare of their loved ones. Some care homes have been successful by introducing a wide range of methods to keep families updated whereas others may need help and support to do this. Guidance, policies and procedures should be in place to support care homes to ensure this is provided in a personalised and standardised way.
4. **The wellbeing of care home residents** - is the cornerstone of good quality care. We have shared many examples of how this has been achieved. However, there will be further examples that we are not aware of.
5. **Recognition of the dedication of the care home staff** - care home staff have worked tirelessly, and made many sacrifices, to ensure the safety and happiness of their residents during the pandemic and should be highly commended for this.

What should happen now?

1. Look at how the good practice examples outlined in the report can be shared across the system.
2. To consider the suggestions for improvements made within the report and make a minimum of ten pledges to help improve the experience of residents and their relatives and friends under the current conditions.

3. Mental wellbeing

We asked participants to tell us how their friend or relative's mental wellbeing had been affected since the Covid-19 pandemic, along with areas of good practice and any suggestions for improvement.



3.1 What we were told

Forty-seven (47) respondents perceived their loved ones' mental wellbeing had got worse during the Covid-19 pandemic.

Twenty-three (23) of these believed this was due to them not being able to have face-to-face visits so were missing contact with their family and friends.

Sample of comments:

- *"My Dad is very down because he hasn't been able to see his family. At times he has been confined to his room because Covid was in the home. His mental wellbeing is being affected. He has no stimulation or company. He thinks the family have just put him in there and left him."*
- *"My Mum is 96 and before Covid she was happy and active with full mental capacity. She was extremely upset when visiting stopped recently and said that all she wanted was to see me. Her mental health has suffered and she is slightly confused and doesn't understand why she can't see me. She says there is no point in living and she is just waiting to die and wishes it would hurry up."*

Many recognised that this was often due to the restrictions and regulations imposed, and was out of control of the care home staff.

Sample of comments:

- *"It has not really been anything to do with the care home itself it has been more the fact that we cannot visit as we used to do due to the pandemic regulations."*

Nine respondents commented that their friend or relative's memory had declined or their dementia had progressed more rapidly during the Covid-19 pandemic.

Sample of comments:

- *"I think the lack of visits and stimulus due to Covid has affected my relative greatly. To the point that they no longer know who I am and is reported that they now cry and are upset for most of the day."*
- *"My mum's dementia has deteriorated during the lockdown and she can't remember why we can't visit as we did, this is upsetting for her."*

However, one respondent noted that their memory decline may have been due to natural deterioration.

Sample of comments:

- *"I don't know if the pandemic has been a cause for the deterioration or whether it is their general deterioration with dementia and Alzheimer's disease."*

Other respondents commented that their loved ones were displaying low mood, a lack of motivation and unhappiness.

Sample of comments:

- *"She says there is no point in living and she is just waiting to die and wishes it would hurry up. This is very, very distressing for me, the thought that she is feeling so unhappy and deteriorating fast mentally."*

Friends and relatives' mental health

Not being able to visit loved ones has also had a significant impact on the friends and relatives of residents in care homes. In some cases, friends and relatives have never spent much time apart from their loved one, making the restrictions difficult to cope with.

Sample of comments:

- *"My mental wellbeing has also worsened since I have not been able to see her. I feel powerless."*
- *"Unfortunately due to Covid restrictions, we have not been able to go inside the home and have never seen mum's bedroom etc which is very hard to deal with."*
- *"It is breaking my heart not seeing her. It will be terrible if I cannot visit at Christmas - we have never been apart then."*

Improvements in wellbeing

Four respondents perceived that their loved one's mental wellbeing had improved since the pandemic. They described that being able to socialise with other residents in the home and the care received by the staff was an important factor in maintaining mental wellbeing whilst restrictions on visiting are in place.

Sample of comments:

- *"We have heard that my auntie is doing ok. She is very sociable and has lots of friends in the home. I am sure this will be doing her good."*

Two respondents' loved ones had moved to a care home during the pandemic and felt that the home setting had improved their wellbeing.

Sample of comments:

- *"Mum has dementia and moved to the home before Covid hit ... she is less anxious, settled, has company and is well-loved by the staff."*
- *"My grandma was living alone before going into hospital in following a fall and subsequently being discharged into CHC EOL [Continuing Health Care End of Life] nursing care. In reality, she has seemed happier and more secure now living in a setting that can provide 24-hour support and company so she has improved."*

Thirty respondents reported no perceived change to their loved one's mental wellbeing. Some comments spoke about their relatives with dementia or other memory issues where they were unaware and thus unaffected by the restrictions.

Sample of comments:

- *"My family member suffers from dementia so it's difficult to assess their mental wellbeing but I would say that it is unchanged."*
- *"My mother has dementia so really has no understanding of lockdown or restrictions in place and why."*

3.2 Examples of good practice

Respondents were asked to identify areas of good practice that had been introduced by the care home to improve the mental wellbeing of residents.

Activities

Many respondents referred to various activities having been put in place to stimulate and motivate residents, as well as provide the chance for interaction and social contact with other residents.

Sample of comments:

- *"My mum's home is trying its best to keep peoples spirits up. They put on a full programme of activities and the staff could not work any harder."*
- *"The home interact with the residents. They have a programme of daily events to stimulate the residents."*

Personalised approach

Some survey respondents highlighted that staff have taken extra time and care to ensure residents feel cared for and to try and reduce loneliness and social isolation. They shared examples of staff taking a more personal approach to improving wellbeing which was appreciated by friends and relatives.

Sample of comments:

- *"I know that the home designated a carer for a number of residents to provide more 'one-to-one' for a period of time each day."*

- *“The home is very good and carers go into her room on a frequent basis as mum prefers to stay in her room.”*
- *“She told me that the staff in the care home had been very kind giving her hugs and making her feel special which was a great relief to me.”*

Efforts to allow communication with family

To improve mental wellbeing, staff have often recognised the importance of having contact with family members and friends and have tried to maintain contact despite the restrictions. This will be explored further in Section 5 of this report.

Sample of comments:

- *“The nursing home has done everything within the guidelines to allow us to visit mum on a regular basis. The staff are very caring and dedicated and we feel very reassured that she is being well looked after.”*
- *“We can WhatsApp at any time, we have completed memory boards and sent in photos and letters to keep our love one up to date on what we doing, which has helped with their mental health.”*
- *“Three members of staff moved into the home during the lockdown. They were brilliant and made every effort to keep in touch with family members via phone, FaceTime and email. Can’t fault their dedication.”*

Other areas of good practice have included

- *“He has access to his long term drama group via a zoom session each week which he loves.”*
- *“A mental health counsellor has visited.”*
- *“They have daily relaxation sessions.”*
- *“They had made an effort with her appearance and had her hair done.”*

Finally, five respondents commented that they did not know what the home was doing to improve mental wellbeing, or there was a perception that the home was doing nothing or not doing enough.

Sample of comments:

- *“As a family, we are totally unaware of what the home has implemented to raise his spirits.”*
- *“How are the residents being stimulated and encouraged? There’s no feedback.”*
- *“None introduced as I am aware of.”*

Further examples of good practice within care homes can also be found in Appendix A annexed to this report.

3.3 Suggestions for improvement

Respondents were asked if they had any suggestions for improvement.

Face-to-face visits

Many felt that the mental wellbeing of their loved one's would be improved by better methods of contact and, in particular, the introduction of face-to-face visits.

Sample of comments:

- *"The home is excellent and puts on lots of entertainment and films etc., but it does not fill the gap of human love from your family."*
- *"I think it would be very beneficial if homes were given the resources to allow perhaps two nominated relatives to be tested on a regular basis to allow them to be able to go into the homes to see their relatives and be able to hold their hands and hug them etc. We are grateful that we can see our relative but I feel it would improve our relative's overall wellbeing if we could have physical contact again."*
- *"The situation at present is intolerable. There must be a way that relatives can visit their loved ones in the home ... they need the loving care and company of their loved ones, at the end of their lives. It is imperative that a solution is found as quickly as possible and I think the suggestion of making relatives key workers would work well. Please help."*

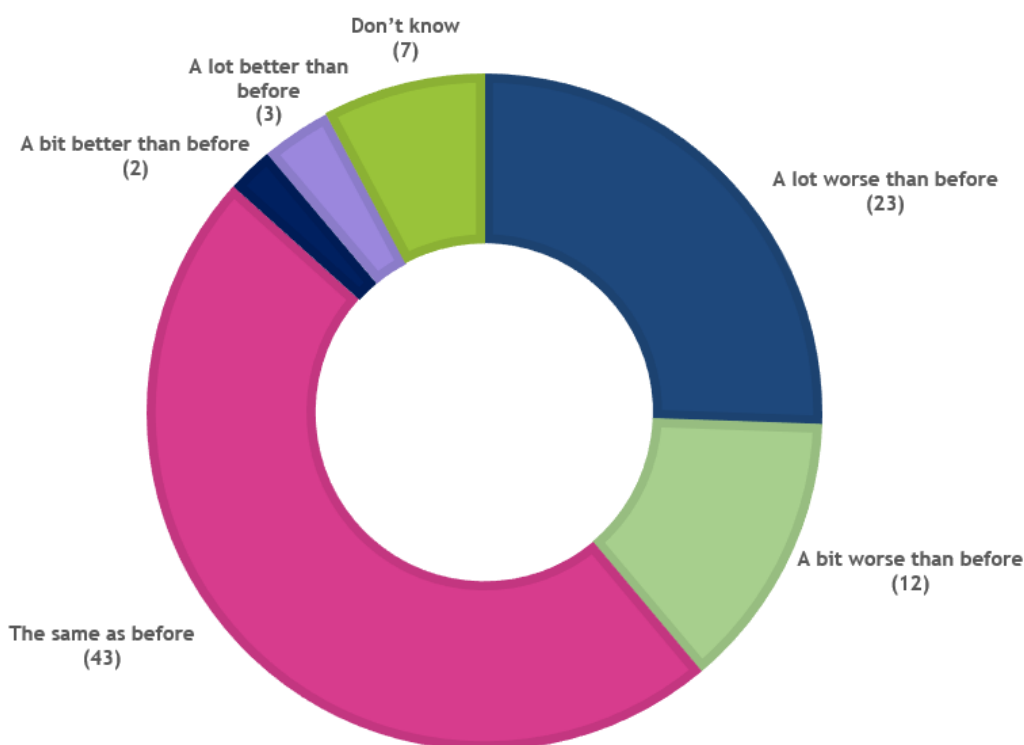
Contact between care home residents and their family and friends is discussed in greater detail within Section 5 of the report.

Other suggestions for improvement included:

- Help to meet residents' religious and spiritual needs where they are unable to go to their place of worship or attend a service or ceremony.
- Ensuring that birthdays, anniversaries and other special occasions are celebrated and that relatives and friends are enabled to join in these celebrations in as many ways as possible.
- "Recording of family members' voices and favourite familiar songs might be a nice idea in this case."

4. Physical wellbeing

We asked participants to describe how their relative's/friend's physical wellbeing had been affected since the Covid-19 pandemic:



4.1 What we were told

Thirty-five (35) Respondents perceived that their loved ones' physical wellbeing had got "a bit worse" or a "lot worse" during the pandemic.

Thirteen (13) respondents commented on a reduction in their loved one's mobility. They felt the reasons for the reduction in mobility was due to residents having less opportunity to participate in physical activity, a loss of motivation and the absence of professional interventions.

Sample of comments:

- *"My mum's physical health has been affected as she can no longer go outdoors and enjoy a little walk. She always enjoyed being outside. I feel she misses being outside and enjoying nature etc."*
- *"Prior to his admission to the care home [in October 2020], he was able to walk unaided. He was presented at the window in a wheelchair and was only able to stand with assistance. The deterioration was pronounced in such a short space of time."*
- *"Physio stopped, the home was asked by the physio to continue the physio exercises with Dad. It is unlikely that happened. Before Covid he had a family member visit and they could do the exercises with him."*

Others commented on their relatives having developed chest infections, an increase in falls, weight loss and having developed bed sores or ulcers.

Sample of comments:

- *“Weight loss and severe deterioration physically.”*
- *“Her mobility has come to an end and has to be hoisted and is regularly turned due to sores on her bottom.”*

However, it was recognised that this was sometimes due to a general decline in health over time.

Sample of comments:

- *“I think the decline is due to illness progression.”*
- *“A little bit worse but not due to Covid.”*

Improvement in physical health

Five respondents felt that their loved ones' physical health had improved during the pandemic and attributed this to excellent care from staff.

Sample of comments:

- *“My grandma was living alone before going into hospital and then discharged into nursing care. In reality, her physical wellbeing has improved now she is living in a setting that can provide 24-hour support. She is no longer considered eligible for EOL pathway at 99!”*
- *“The staff have worked hard and Mum has regained her appetite and put weight on.”*

4.2 Examples of good practice

Respondents were asked to identify areas of good practice that had been introduced by the care home to improve the physical wellbeing of residents.

Opportunity for exercise

Nine respondents described how the care home had introduced more opportunities for physical exercise.

Sample of comments:

- *“More gentle exercise routines seemed to have been implemented but I don't know how often this takes place.”*
- *“Care home staff work hard to take residents out for walks and do in-house discos etc.”*
- *“Dad is still able to walk in the garden and there are activities each day if he chooses to join in.”*
- *“Indoor treadmills installed”.*

Other good practice initiatives included

- *“He has recently been able to have a Parkinson’s nurse to assess and review medication and also she involved the physio within her team.”*
- *“Daily temperature checks.”*

Finally, five respondents commented that they did not know what the home was doing to improve physical wellbeing.

Sample of comments:

- *“Communication from the care home of what is being done is poor.”*

Further examples of good practice within Care homes can also be found in Appendix A annexed to this report.

4.3 Suggestions for improvement

Allowing family members to visit

Some respondents called for a change in the regulations allowing for face-to-face visits. Family and friends play a significant role in the care of their loved ones in care homes. They often provide personal care including help with feeding, assistance with treatments and provide an opportunity for exercise.

Sample of comments:

- *“He had a family member visiting pretty much every day and they would do his exercises with him on each visit.”*
- *“Mum’s mobility has declined as we can’t take her out for a walk. An improvement would be mum being able to go out with me for a walk.”*

5. Contact between residents and their family and friends

Throughout the Covid-19 pandemic, healthcare services have continued to operate in care homes. However, during the first lockdown, non-essential visits were paused and care homes needed to find other ways for their residents to keep in touch with their families and friends.

It is recognised that the situation has been particularly challenging for care homes in balancing infection control with trying to maintain contact between residents and their loved ones. Issues such as being short-staffed due to sickness or staff self-isolating have often compounded these pressures. This challenge has been recognised by many respondents who understand the difficulties faced due to the restrictions.

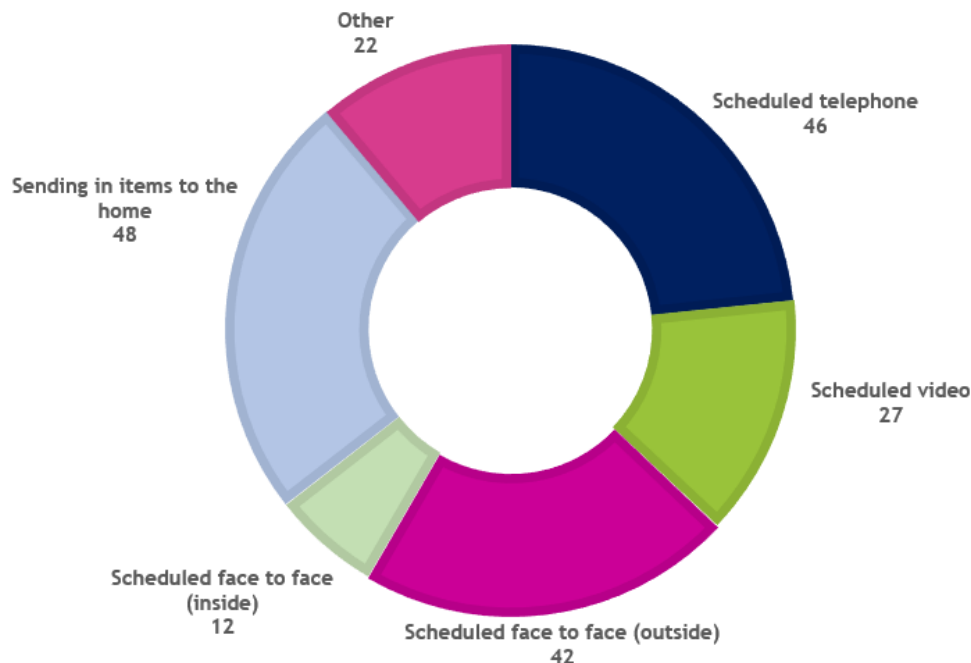
Sample of comments:

- *“I found the home very accommodating in view of the restrictions. They have done everything they could to help a difficult situation.”*
- *“I wish I could give her a hug but I understand why not.”*

Respondents were asked to comment on the methods of contact they used to stay in touch with their loved ones, offer good practice examples and remark upon how contact could have been improved.

5.1 What we were told

More traditional methods of communication, such as telephone calls and face-to-face visits were cited as the most effective way for residents and relatives to keep in touch during the Covid-19 pandemic. However, one size does not fit all. Communication methods need to be tailored to individual needs for them to work to maximum effect.



Telephone contact

Respondents shared that telephone calls worked well. This appeared to have particularly been the case where the care home resident had access to their own telephone, were able to use this independently and were able to keep this charged and with credit. This allowed relatives and friends the freedom to contact their loved ones as and when they wanted.

Sample of comments:

- “We have given mum her own phone. We can call her whenever we want which is great. Staff need reminding to make sure it is charged. This is not a criticism as I know how busy they are.”
- “Phone calls worked well if the family member was able to answer the phone and it was kept charged, topped up etc.”

Others found this method of contact to be unsuitable for their relatives due to difficulties holding a telephone or was inappropriate due to hearing loss/speech difficulties. It was recognised that extra support was required from staff members and that additional pressure on their time often impacted on the frequency of quality of the contact.

Sample of comments:

- "... has only had one call. This was more successful but was too short and has not been repeated. We suspect that this is because having Parkinson's, he is unable to hold a phone himself. He would need a staff member to do this for him or he would need a hands-free phone. We suspect staff are too busy to accommodate this."
- "His voice is croaky and difficult to hear on a phone."

Face-to-face contact

Face-to-face contact was viewed by many to be the preferred method of contact and some homes were very accommodating to ensure this form of communication could take place effectively. Others commented that the weather had a big impact on whether outside visits were seen as an effective method of communication or not.

Sample of comments:

- *"Visits in the gazebo in the garden were brilliant."*
- *"During the summer I was able to see her once a week for half an hour outside in a Gazebo, which she found uncomfortable, but on the whole enjoyed."*
- *"The home had tried very hard and made a summer house suitable for visits, but it was cold for mum. Meeting outside was lovely when warm, but not now."*
- *"Visiting outside was ok in the summer but not good when wet and cold. I was hoping a room could have been set aside for indoor visits."*

It should be noted that not every person that responded to the survey was comfortable visiting their relatives inside the care home.

Sample of comments:

- *"I did not feel so comfortable visiting inside (because I didn't want to take any bugs in from outside, not the other way round)."*
- *"Not done an inside visit yet as nervous about doing this at the moment."*

Five of the seven respondents who had window visits described these as having not worked for their relative. Barriers such as hearing loss, visual impairment or residents residing on an upper-level floor, rendered such visits ineffective and inappropriate.

Sample of comments:

- *"The window visits did not work for us as the window opened from the bottom but not very much, there were grass and gravel to negotiate with my wheelchair and my dad can't hear very well and so got distressed."*
- *"Window visits poor because mum finds it hard to hear, also not good for me having to stand out in the rain and cold. This made Mum sad."*

Video calls

The provision of video calling using Skype, Microsoft Teams and Zoom etc. seemed to have been used on varying levels across the county. Twelve respondents who had video contact with their loved one noted that this was generally an effective method of communication but did not always run smoothly and had areas for improvement. Video contact relied on support from staff members who were not always trained to use the technology, or just did not have access to appropriate technology to facilitate. Others commented that the calls had felt rushed.

Sample of comments:

- *“The video session was a good substitute but sometimes a little confusing for those with little internet experience.”*
- *“The video contact could have been made easier if more staff were trained to facilitate this and more IT equipment had been made available.”*
- *“Video links worked well but could but could be rushed at times.”*

Sending in items to the home

Respondents told us that being able to send in regular familiar gifts such as letters, cards, photographs, flowers and other gifts, worked well.

Sample of comments:

- *“Mum liked getting letters.”*

5.2 Examples of good practice

Face-to-face contact

Face to face contact was seen by many respondents as the favoured contact method and, when done well, it was the most likely to have received positive comments.

- *“The last visit was in a specially prepared inside room and that was really well done.”*
- *“The appointment style visits were good in the fact you regulate the amount of people within the building at any one time.”*
- *“Staff write in a daily diary which is shared with us during our weekly gazebo visits.”*

Video calls

- *“We had one family Skype call when it was my Auntie’s birthday and watched her with the cake we sent in and sang “happy birthday.”*

5.3 Suggestions for improvement

Person-centred approach

Respondents suggested that the home should look at the needs and circumstances of each resident individually and contact should be personalised to them and their loved ones.

Sample of comments:

- *“The home should take a proactive approach, find a secure method of sending photos and updates and encourage two-way communication We have never been offered the option of a video call or letter writing. It seems the staff just don't have the time to facilitate this, particularly when the resident has profound hearing and sight loss.”*
- *“There should have been an assessment of what contact was needed to keep them in contact.”*

- *“It would be good to be included without being a burden (or feeling we will be a burden). The home does not have a Facebook page or newsletters but if they did it would mean we could check on Auntie without having to ask other people. It would be good if the home could say it is ok for the wider family to be kept in touch and call. Large families suffer more especially when as close as ours.”*
- *“Arrangements not geared up for big families. We feel her children come first with visits and Skype calls.”*

Face-to-face visits

Thirty-four respondents suggested that improvements could be made by the introduction of visits that allow for more face-to-face contact with family and loved ones and some said they would be willing to comply with any regulations put in place to make these Covid friendly.

Such visits were seen as being the only option for those nursed in bed or with disabilities which made other methods of contact unsuitable. This method of communication was seen to be the one that would have the greatest positive impact on residents and families wellbeing.

Sample of comments:

- *“Relatives need to be allowed to visit their relatives inside. This is more important now as winter approaches as it can be very difficult to have a meaningful visit when you are stood outside in the cold and rain.”*
- *“I would love to be able to go and see her in her room. I am happy to put on full PPE and follow all rules. I would like to be regarded as a Key Worker and look after my mum again.”*
- *“The situation at present is intolerable. There must be a way that relatives can visit their loved ones in the home. These people are like prisoners and they have done nothing wrong. They need the loving care and company of their loved ones, at the end of their lives. It is imperative that a solution is found as quickly as possible and I think the suggestion of making relatives key workers would work well. Please help.”*
- *“We should have been allowed to visit in our Bubble not just the same person in the family. That was not good for the rest of the family’s mental health.”*

Respondents also commented that a lack of visitors to homes could have safeguarding implications.

Sample of comments:

- *“... concerned about a lack of monitoring from external services.”*

At the time of writing, a pilot to provide Covid-19 tests to designated family and friends of those in care homes has been launched. It is hoped that the measures implemented within the pilot will be rolled out to facilitate indoor visits and physical contact between residents and their loved ones.

Video calls/technology

Better use of technology was a key theme, with many suggesting there should be more opportunities for video calling, supported by staff where needed. Some respondents

commented that video contact could have been made easier if staff were trained to facilitate this or it was facilitated by an expert.

Media platforms such as Facebook and WhatsApp were suggested as a way to help residents communicate with their family and friends.

Sample of comments:

- *“Make use of technology to have video calls.”*
- *“Personal tablets to facilitate Facetime in residents' room. Encouraging and supporting residents to contact friends and relatives themselves.”*
- *“Introduce Zoom sessions which are aided by an external expert and not a nursing staff member.”*
- *“The video contact could have been made easier if more staff were trained to facilitate this.”*
- *“If they have more assistance we could communicate through messenger services like Facebook messenger and more.”*
- *“On several occasions, the manager has talked about setting up WhatsApp calls with the home's tablet but this has never materialized.”*

Special occasions

One person commented that more could have been done to promote contact during their relative's birthday.

Sample of comment:

- *“We took flowers and gifts up for Grandma's 99th and they didn't make any contact with us or help Grandma to speak to us on the day.”*

Location, scheduling and duration of contact

The following were suggested as ways of improving the organisation of contact.

Sample of comments:

- *“They could have a dedicated quiet room for calls.”*
- *“I found a pre-booked slot worked well.”*
- *“The 30-minute appointment to be together in the summer house was excellent but almost too short, especially for relations I met at the home who had come from London and Devon.”*
- *“There should be allocated days and time slots that staff adhere to as my elderly in-laws sit by the I-pad at home waiting for his call, and are frequently let down and disappointed.”*

Privacy

Although visits are required to be supervised to ensure social distancing is observed, friends and relatives told us they often found this hindered their experience.

Sample of comments:

- *“Found the visits intrusive due to staff sitting in.”*

- *“Staff supervised the outside visits which I felt were unnecessary and felt they stopped our privacy. Told it was to stop physical contact but wish we had been trusted to do what was best.”*
- *“When occasional Skype contact has been arranged, staff have stayed hovering whilst mum and I chatted which was disconcerting.”*

However, one respondent felt that when staff had let their relative have an unsupervised video call to maintain privacy, this led to communication difficulties being left unresolved.

Sample of comments:

- *“FaceTime has been 50% effective, but line often cuts out, staff don't supervise for privacy, so can't resolve IT issues.”*

No improvements required

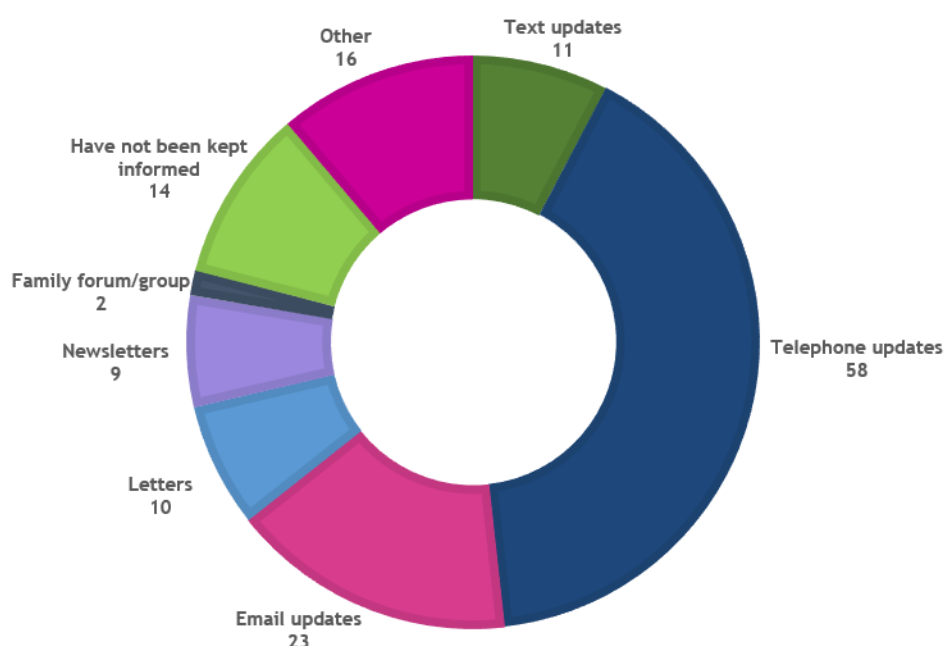
We received six comments from people praising the good practice of care homes in maintaining contact between them and their loved ones and suggesting that no further improvements were required or could be achieved.

Sample of comments:

- *“Not sure there is any way they can improve communications.”*
- *“I cannot think of any at the moment under the present restrictions.”*
- *“I found the home very accommodating in view of the restrictions. They have done everything they could to help a difficult situation.”*

6. Communication with care home

Respondents were asked how the care home contacted them to keep them informed about their relative/friend and any changes made due to the pandemic.



6.1 What we were told

Respondents generally commented positively when the care home kept them regularly informed of their relative's condition.

Telephone calls offered the most popular method of communicating with relatives with 58 respondents having used this method. Calls were particularly noted as working well by 11 respondents.

Sample of comments:

- *"Telephone calls by the staff have been very helpful."*
- *"The phone calls were the best way of communicating."*

Not being informed

Fourteen (14) respondents stated that they had not been informed about the status and wellbeing of their relative/friend or changes made due to the pandemic.

Some respondents stated that communication had only taken place when they had contacted the home themselves. Other respondents also described how they had needed to 'chase' the home for an update.

Sample of comments:

- "No communication. Only to say visits needed to stop in March."
- "It would be helpful if there was a routine way of the home contacting relatives and updating them on any new procedures required and on any changes in the health of the loved one."
- "Any communication would have been welcomed. Even telephone contact from staff to update on progress or to let us know what was required would have been very helpful but was very difficult to achieve. Staff seemed too busy and did not seem to realise what it felt like to be not involved in providing care when we had been very involved previously."
- "My cousin's wife has only received two calls in the four weeks he has been in the home. One was to arrange the window visit and the other because she called the home and asked how he was. She has no idea how he is, how he is coping, does he have friends, what he does all day?"

6.2 Examples of good practice

Respondents commented on the communication methods that they had found particularly useful:

Sample of comments:

- "Newsletters were good to show what they had been doing, it's good to see pictures."
- "Facebook photos/video clips of mum doing activities."
- "My mother-in-law is in a residential home. They have fantastic daily updates on Facebook."
- "Their email response to my emails voicing any concerns has been rapid and thorough."

6.3 Suggestions for improvement

Introduction of other methods of contact

Respondents suggested the introduction of alternative methods that the care home could introduce to keep them informed. The use of Facebook or newsletters were a key suggestion along with, resident/family forums.

One respondent had already been a member of a resident/family forum which had previously provided a platform for the discussion of any issues. This had been stopped during the first lockdown. Others commented that they would like one to be established or resurrected.

Sample of comments:

- “The home does not have a Facebook page or newsletters but if they did it would mean we could check on Auntie without having to ask other people.”
- “Photos/brief video recording sent from the phone of a daily activity.”
- “More use of social media. A Facebook page would enable us to feel more involved in my mum's life.”
- “WhatsApp would be a useful tool as a family.”
- “Relatives’ forums to talk about how visits can happen indoors.”

Regular personalised communication

The most popular way to receive updates from the care home was by telephone. However, there were several comments about the sporadic nature and consistency of these calls.

Nine respondents expressed a wish for more frequent communication and updates from the home. Other respondents expressed frustration when the frequency of communication from the care home did not meet with their expectations.

Others told us that they would have liked to be kept up-to-date about the health of their loved one and that any changes to their care were communicated.

One respondent suggested that when her relative moved to the care home during the pandemic, it would have been useful for the home to have developed a plan of how best they were going to update her.

Sample of comments:

- “I would have liked more regular updates, if only to say, all is ok.”
- “Some form of weekly update from the home would really help. More regular Facebook posts.”
- “There were odd examples of staff making the effort to ring us to update us with information, these made all the difference but were few and far between.”
- “The family hardly ever receive updates on his wellbeing and feel let down by the care provided.”
- “If a person is poorly, or has some change, then a routine phone call would be nice, to let us know.”

Communication from a designated care worker

Some respondents suggested that they could receive regular updates from a nominated member of staff who knew their relatives well.

Sample of comments:

- *“If the care home designated a specific staff member for us to contact and gave us a direct number to reach them.”*
- *“There should be continuity with a worker perhaps key worker. Staff don’t always know what’s been going on or provide updates.”*
- *“Weekly update from a designated care worker.”*

Some respondents recognised the challenges faced by care home staff to maintain their caring duties but expressed their frustration with a lack of communication.

One respondent suggested additional staff to support communication and offer telephone support, whilst another suggested volunteers to be recruited to support communication with relatives.

Sample of comments:

- *“When you ring the home the phone often rings out. I know it can be busy but this is so frequent.”*
- *“Could staff have more help to help with contact i.e. from volunteers?”*

Extended families

Members of extended families told us that they were often not receiving updates. Two respondents commented that the care home had asked for one point of contact. One respondent spoke about being unsure whether extended family members could contact the care home to seek updates about their relatives and suggested an improvement would be for this to be made clearer.

Sample of comments:

- *“Tell larger families what can and cannot be done about having contact. What is ok for us to do without being a burden.”*
- *“The home does not have a Facebook page or newsletters but if they did it would mean we could check on Auntie without having to ask other people.”*

7. Other

Despite the challenges faced by care home staff and by families/friends, many comments highlight the hard work and dedication of care home staff.

Sample of comments:

- *“Thank you to staff for trying to show love and care to my mum during the lockdown.”*
- *“Many staff have stayed overnight, and not gone home to avoid carrying infection to the residents. We thank them and their families so much for this.”*
- *“The big debt we owe to all carers needs to be acknowledged.”*
- *“People are working hard during this time and under difficult circumstances. I appreciate she is receiving the care she needs.”*

- *“The staff did very well in difficult and unusual circumstances.”*
- *“It has been difficult for everyone, and everyone has been doing the best they can under very difficult circumstances.”*
- *“I found the home very accommodating in view of the restrictions. They have done everything they could to help a difficult situation.”*

8. Thank you

HWD would like to thank all participants who gave their time to complete the survey and to share their views.

We would like to thank Healthwatch Derby for their support and assistance with this project. We would also like to thank the many groups and services who supported and cooperated with this engagement activity as well as sharing the survey with their contacts.

We would like to thank Dr Fiona Marshall, Research Fellow - NIHR ARC and Dr Kathryn Hinsliff-Smith PhD, MA, PGCE, BA (Hons), Associate Professor Research/Reader, De Montfort for all their assistance and contribution with the planning and research for this project.

Finally, we would like to extend our huge thanks to the volunteers at both HWD and Healthwatch Derby for their hard work and dedication in helping with the research, design and running of this project.

9. Disclaimer

The comments outlined in this report should be taken in the context that they are not representative of all relatives and friends with loved ones in care homes but nevertheless offer useful insight.

It is important to note that the engagement was carried out within a specific and time-limited period and, therefore, provides a snapshot of the experience of relatives collected then. This being said, these are the genuine thoughts, feelings and issues participants have conveyed to HWD. The data should be used in conjunction with, and to complement, other sources of data that are available.

10. About us

HWD is an independent voice for the people of Derbyshire. We are here to listen to the experiences of Derbyshire residents and give them a stronger say in influencing how local health and social care services are provided.

We listen to what people have to say about their experiences of using health and social care services and feed this information through to those responsible for providing the services. We also ensure services are held to account for how they use this feedback to influence the way services are designed and run.

HWD was set up in April 2013 as a result of the Health and Social Care Act 2012 and is part of a network of local Healthwatch organisations covering every local authority across England. The Healthwatch network is supported in its work by Healthwatch England who builds a national picture of the issues that matter most to health and social care users and

will ensure that this evidence is used to influence those who plan and run services at a national level.

11. Appendix

Appendix A: Research identifying examples of good practice within care homes

Introduction

During early November 2020, volunteers of Healthwatch Derby and Healthwatch Derbyshire (HWD) and HWD staff members, undertook internet-based research to identify examples of good practice taking place in care homes in Derbyshire and countrywide.

The research included examining the websites and public Facebook pages of local care homes to highlight good practice currently taking place and share this with both commissioners and providers of services. It is hoped that increased awareness of good practice will lead to greater implementation across the health and social care system.

We looked at approximately 108 care homes across the county. However, not every Derbyshire care home has been researched and not every home has a web presence (such as a website or a public Facebook page) which could be reviewed. As such, this seeks only to offer an overview of the available information with every effort having been made to provide an accurate reflection of those sites reviewed.

We examined recommendations for best practice within care homes as suggested by Social Care Institute for Excellence (SCIE) and within the report - *Meeting the Needs of People living in Care Homes during the Covid-19 Pandemic* - UK perspective (as referenced below). We have offered examples of such practice as identified by our research.

Good practice: Recommendations for mental and physical wellbeing

Making food and meals special both as an activity and to support those not eating well (SCIE)

Examples identified in care homes in Derbyshire:

- One care home group held Mad Hatter's tea parties at all of their care homes. These included food marked "eat me" and 'potions' labelled "drink me". Residents decorated the homes with homemade decorations many made from decks of playing cards
- One home held a "Bake Off" competition and residents made sandwiches on World Sandwich day
- Many homes held summer BBQ events often with provided entertainment. One held a summer beach event where residents drank cocktails and had a visit from an ice-cream van. They also had a sandpit and paddling pool
- Staff and residents at one home reminisced about their school days. They ate sausages and mash with cornflake tart for dessert as well as playing games, doing a science experiment (lava lamps) and having milk and biscuits for a snack. They also celebrated international beer day on 7 August. Residents enjoyed a shandy and steak pie and chips. They also played cards, dominoes and sang together
- Residents at one home researched had been growing their own produce and using these as ingredients within their meals.

Examples from across the country:

- One care home reported that one of their residents was not eating well in isolation. At lunchtime, staff took her outside and served her meal, and made a pre-planned Zoom call to her daughter so they could have their lunch 'together'. It gave her a sense of eating with her family and as a result, she ate better. This more social lunchtime experience was repeated as frequently as possible, particularly with this woman and her daughter (SCIE, 2020).

Keeping people connected with the community, highlighting that communities and local authorities have an important role to play in supporting care homes (SCIE)

Examples from care homes in Derbyshire:

- Residents in two homes had painted stones which formed part of a larger community based painted rock project promoting community cohesion and kindness
- To combat social isolation, the staff at one home encouraged members of the public to become a pen pal with a care home resident. They had 400 requests from the public and residents wanting to participate
- One home was noted to have close links with their local Royal British Legion who had been bringing gifts to the home during the pandemic. These included cakes, toiletries and homemade cushions
- After seeing an article on the news, care home staff decided to ask residents a question, "If you could pass on one pearl of wisdom to the younger generation, what would it be?" The residents' responses were shared on Facebook
- In one area, a local chaplain would usually undertake services at the homes with some residents attending local church services. During the pandemic, every effort has been made to meet those residents' spiritual needs. Services have been replaced by reflections/prayer sheets which are distributed within the care homes. The chaplain has also shared their contact details and is available to those who want to pray or speak privately
- A local primary school sent in Easter cards and letters to the staff and residents at their local home
- One local home received a donation of tablets for contact purposes after an appeal was made by local businesses and individuals
- A Scout leader had taken a local care home donation of plants and messages from the scout group. The home had also received a donation of free takeaway pizzas from their local branch of Domino's Pizza
- One school in Amber Valley designed and produced face visors for staff working at five care homes across Derbyshire.

Being active or occupied, to engage in meaningful occupation to prevent boredom and give purpose (Research Gate, 2020)

Examples from care homes in Derbyshire:

- Many homes celebrated events such as Remembrance Day, Halloween, VE Day and lesser known-events such as National Food Day. At one home, World Animal Day was celebrated with a rabbit visiting for the residents to pet
- One home had a resident musician, who regularly played with the activities coordinator who is an ex-cruise ship singer, put on shows for residents
- Napkin folding had been done as an activity at one establishment, aimed at building coordination skills, hand control and hand strength as well as keeping the brain active
- One home had been incubating duck eggs and watching them hatch and grow

- Our research showed care home residents had played Hungry Hippos on a large scale using balls and scoops fashioned from brooms
- At one home, residents usually attended the local well dressing festival. After this was cancelled, they held their own well dressing festival
- One nursing home had held yoga sessions and had an Elvis impersonator and other vocalists visiting and performing
- Staff at a local care home created a Positivi-Tree. Staff and residents wrote down what they were looking forward to when lockdown was over and hung it on the tree. This aimed to boost the mood among residents.

Examples from across the country:

- Care homes in Durham and Darlington were encouraged to use soft toys and weighted dolls. These provided opportunities for touch, cuddling and squeezing. Residents were also encouraged to use weighted blankets and photo-cushions with pictures of family members to hug (Redcar and Cleveland, 2020).

Activities connecting residents in care homes with families/friends (SCIE)

Examples from care homes in Derbyshire:

- One care home group would usually have multi- home events and activities. Due to being cancelled, the residents at one home sent cards and messages to residents at another to maintain their friendships
- *“The one thing we have started is we’ve got a big minibus, so we’ve got a few people who drive it and they are ringing relatives up and we’re doing like a drive-by wave or we’ll stop and they can talk through the window with them and things like that. Just to get the residents out of the home but they’re only on a bus”* (Marshall, F; Gordon, A; Gladman, J; Bishop, S, unpublished).

Good practice for Christmas/special occasions/significant life events

Examples from care homes in Derbyshire:

- One home is putting on a pantomime for residents
- There was lots of evidence on Facebook pages where birthdays had been celebrated, candles blown out on a cake and photographs shared. One home advertised seeking 100 cards for a resident celebrating her 100th birthday. This resulted in a huge community response and more than 100 cards being received. This has since been repeated by the group for other resident’s birthdays
- At one local care home, residents/staff are doing a pantomime which will be live-streamed and be able to be accessed by relatives and loved ones.

Suggestion of good practice to be introduced in care homes (HWD volunteer):

- Facilitate video/zoom calls with family and friends to share a meal/drink/present opening/christening together.

Good practice: Contact between residents and relatives (SCIE)

Examples from care homes in Derbyshire:

➤ Secure visiting pods/areas

- Two homes researched were shown to have a purpose-built visiting area within the home using a glass screen to separate the residents from relatives so visiting can occur in a Covid-safe way. The use of Bluetooth headphones was being provided by one home to ease communication.

➤ **Outdoor/garden visits**

- At one care home, a resident had his 102nd birthday during the pandemic. He was surprised by his old neighbours visiting him outside the home to wish him a happy birthday. His visitors clapped, in a socially distanced way, on the pavement outside the care home
- Many homes in Derbyshire have held visitation where the visitor can see their loved ones in the garden or external areas of the care home.

➤ **Virtual visits using video calling technology**

- One care home resident attended his grandson's wedding via Zoom. He was able to dress up and toast the happy couple.

➤ **Use of Facebook as a communication tool**

Albeit, not specifically mentioned by SCIE, HWD identified examples of how Facebook had been used as a useful communication tool:

- One home held a celebration day whereby residents received awards. Residents displayed messages which were shared on Facebook. Relatives and friends were able to comment on the Facebook post. These comments could then have also been shared with the residents by the home
- One care home was offering bookable appointments upon their Facebook page.
- Residents at one care home produced a tik-tok video for relatives and friends which was shared on Facebook. This resulted in lots of positive comments in reply
- The Facebook page of a local care home showed residents displaying the gifts they had received from family members. They also posted a video on Facebook with residents signing "We'll meet again" as a message to their family and friends.

➤ **Other methods of contact**

- One home was shown to encourage family members to send in pictures, videos and messages.

Examples from across the country:

- Care homes in Durham and Darlington encouraged family members to send video/audio recordings to them digitally. Care homes were also encouraged to purchase talking-photo albums that recorded family messages alongside each photograph (Research Gate 2020)
- A large national care home group trained staff to help with technology platforms (FaceTime, Skype, and their RelsApp) to ensure contact could be maintained with families. This approach also increased residents' sense of belonging. It was really important that the staff got to know the technology well because it was frustrating when good connectivity could not be made (Research Gate 2020)

- Care homes in Lothian asked family or friends to write a short message on a postcard, letter or picture. The messages were shared between residents more than once and provided comfort on several occasions. If a resident was feeling low or distressed, staff would direct a resident to a meaningful postcard or letter
- These messages could be sent by post, emailed for staff to print, or scanned if the original copies were precious (Research Gate 2020).

Good Practice: Contact between care homes and relatives

Examples from care homes in Derbyshire:

The use of Facebook has been identified as a useful communication tool that updates the residents' family about the activities taking place within the care home and share news and guidance. The use of Facebook has shown to be effective in involving the resident's wider extended family.

This page is intentionally left blank

Children's Services Department
Compliments, Complaints and Representations Annual Report
1 April 2019 to 31 March 2020

Contents

Introduction	3
Compliments	4
Representations	6
Statutory Complaints	10
Acknowledgements of Complaints	11
Statutory Complaints – Stage 1	12
Statutory Complaints & Representations – Stage 2	23
Statutory Complaints & Representations – Stage 3	25
Corporate Complaints	26
Local Government and Social Care Ombudsman	31
Complaints about Services Commissioned by the Local Authority	32
Learning and Improvement within Children’s Services Complaints	33

Introduction

Monitoring customer feedback provides us with valuable insight into where we can improve our service provision and/or delivery. The department has developed a culture of listening and learning in order to drive improvement in services.

This report provides information about statutory and corporate compliments, complaints and representations received during the 12 months from 1 April 2019 to 31 March 2020.

A complaint may be defined as an expression of dissatisfaction or disquiet in relation to an individual child or young person, which requires a response. Representations may not always be complaints; they might also be positive remarks or ideas that require a response from the local authority.

Complaints relating to children's social care are dealt with under the statutory complaints procedures set out in *The Children Act 1989 Representations Procedure (England) Regulations 2006* and the accompanying statutory guidance: *Getting the Best from Complaints*. Corporate complaints are in relation to wider children's services provided by the department that are not covered by the statutory framework.

Complaints and representations for children's services are logged and progressed by the complaints manager within the children's services quality assurance team. Young people who complain on their own behalf should be offered the service of an advocate to support them for the duration of their complaint.

Direct comparisons to the children's services complaints report for 2018/19 should not be made due to differing methodologies and reporting periods. Where figures are provided in this report for 2018/19 these are accurate.

Compliments

In the period between April 2019 and March 2020, the complaints team received 139 compliments in relation to children's services. This is a slight decrease on the 143 recorded during the previous year. Of these, 41 were corporate compliments and 98 were statutory; in comparison with 70 corporate and 73 statutory compliments recorded in 2018-2019.

While the complaints team receives a range of compliments about children's services, we are aware that some parts of the service collect and report back separately and so the figures reported here may not capture the full range of compliments to the department as a whole. The department will make improvements in recording compliments across children's services in the next year. A sample of positive feedback is provided below:

Our Social Worker (T) has been there every step of the way going above and beyond to make sure we are OK, even when as we look back the times we were going through were really simple bumps in the road, T always had time to reassure me that we would get through it and offered valuable advice throughout.

Thank you for the very good service from three of your business support staff and I want to highlight that they are always very helpful and go the extra mile and that this is highly appreciated.

Thank you and your team for all their support over the last eighteen years. We couldn't have achieved what we did without your expertise and guidance.

I would like to take this opportunity to thank the SEND team for the wonderful education he has received. From day one we have felt supported and this has helped us immensely as a family.

Representations

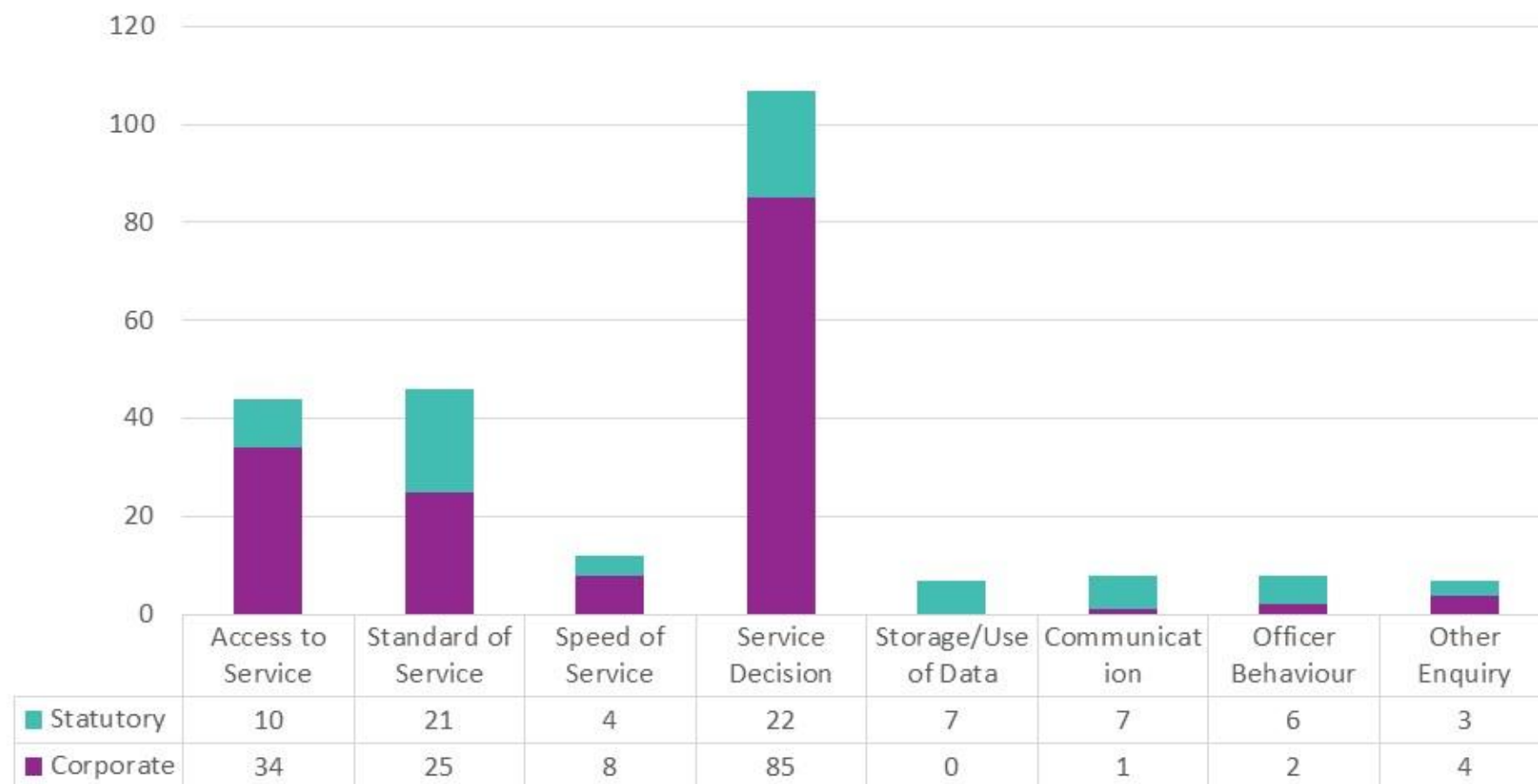
The complaints team tracks representations made to elected members, and collaborates with the relevant administrative support teams in ensuring that responses are provided via the Cabinet Member for Young People, the Leader of the Council, and other elected members when required.

In some cases a complaint may already have been received or may be subsequent to the contact via the elected member. Oversight is given to these responses, and the complaints manager liaises between the relevant council officers and the members' secretary and others in order to record and monitor the progress of the responses.

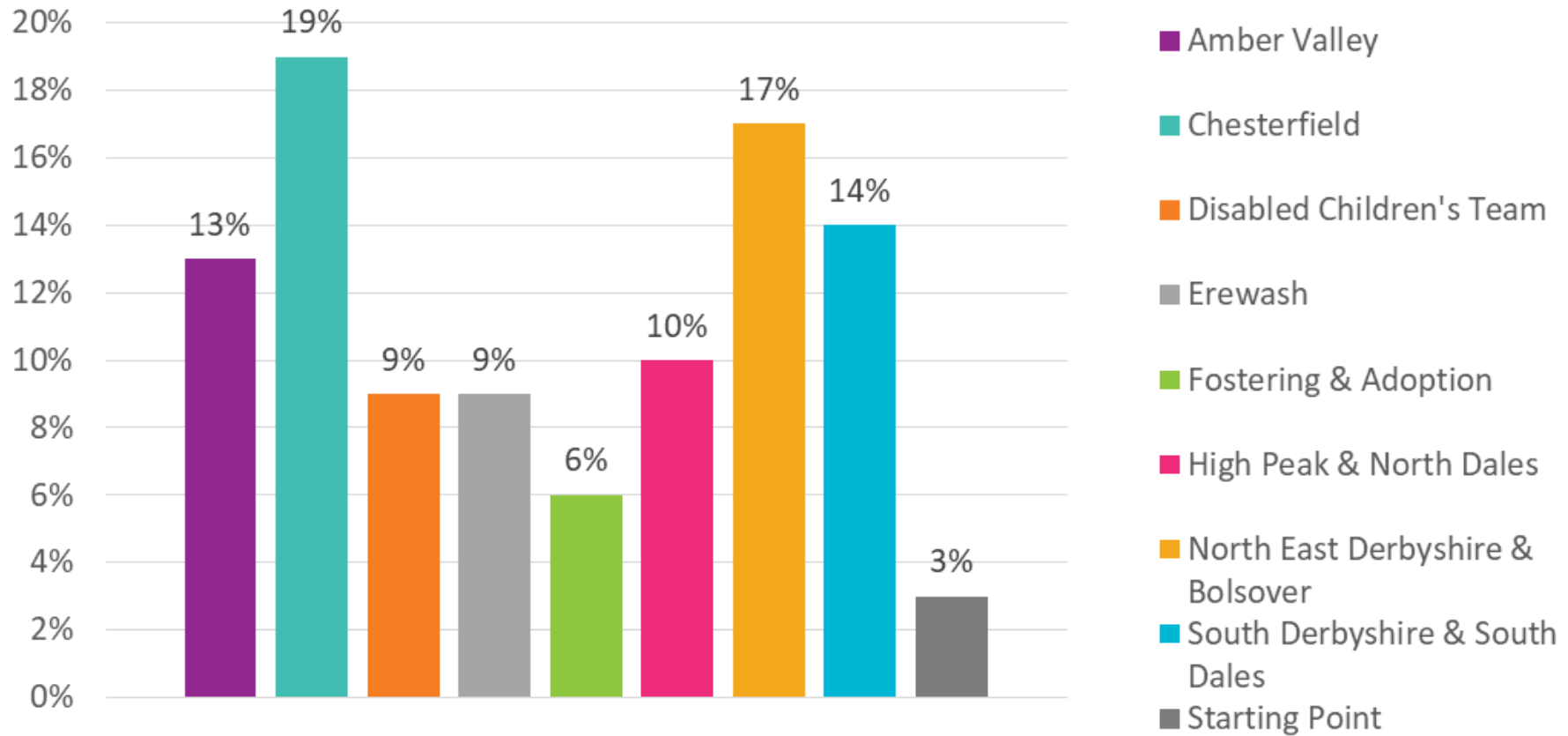
From April 2019 to March 2020, 239 representations were received, 159 of these were corporate, and 80 were statutory. This is a 4% increase from the 229 representations received in 2018/19. Of the 80 statutory representations, only 9 were responded to within agreed timescales, meaning that 71 took longer than 10 days to receive a response, which represents 89% of representations receiving late replies during 2019-2020. This is a substantial decrease in effective response times compared to the previous year, where 52% of representations were responded to within timescale.

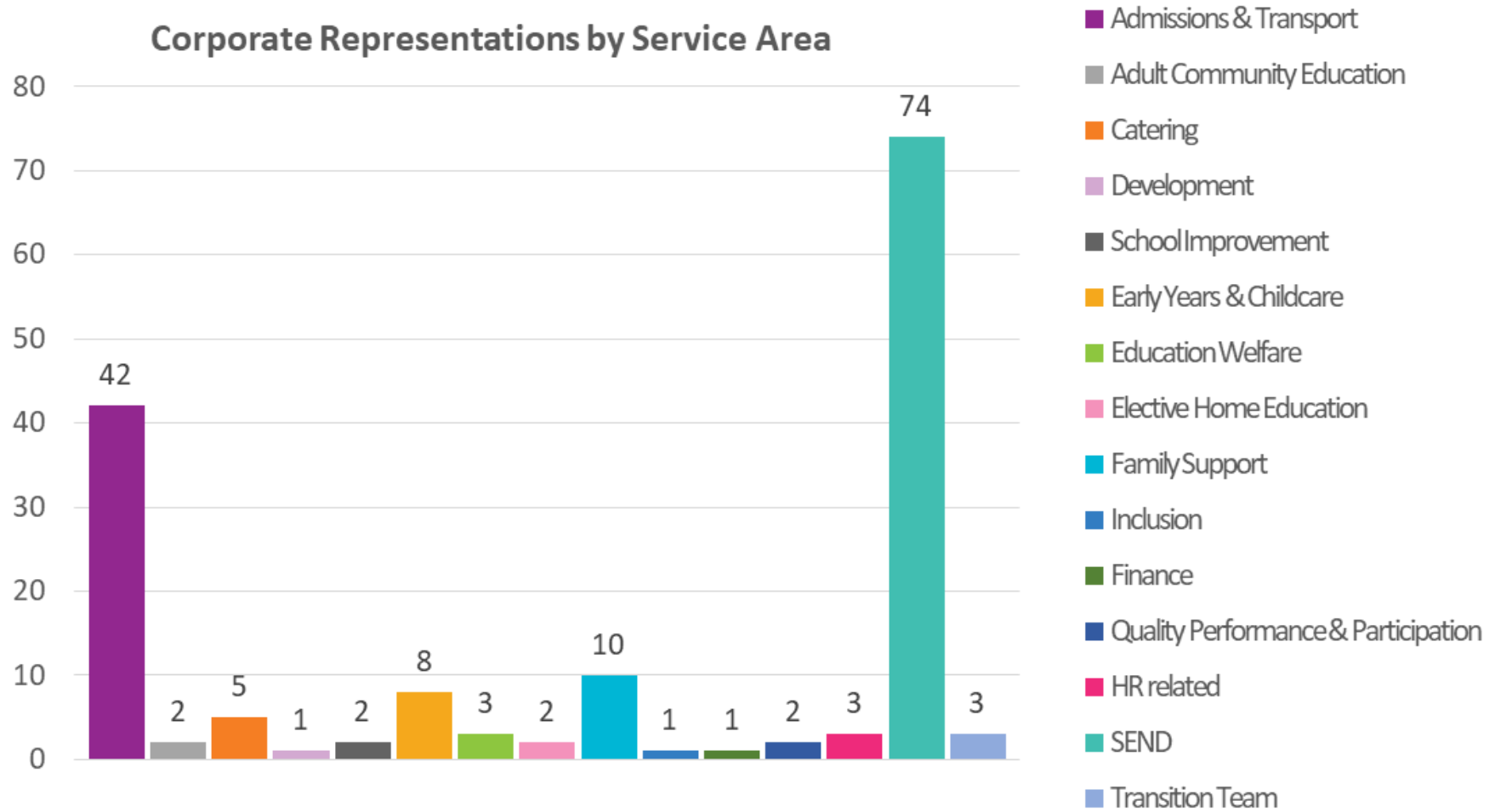
In line with the previous year, all representations received were acknowledged within timescales. The majority of representations are received by elected members' secretaries or via senior managers' offices, where they are acknowledged on receipt.

Representations by Theme - 2019 - 20



Statutory Representations by Locality





Statutory Complaints


The statutory framework sets out a three stage resolution process:

- Stage 1 – Local resolution
Complaints at stage 1 should be completed within 10 working days unless the circumstances are deemed complex in which case this can be extended by a further 10 working days
- Stage 2 – Investigation
Where the issue is unable to be resolved locally the complainant has the right to request consideration at stage 2. Consideration of complaints at stage 2 is normally achieved through an investigation conducted by an investigating officer and an independent person. Stage 2 commences either when the complainant requests it or where the complainant and the local authority have agreed that stage 1 is not appropriate. The investigation should be completed and the response sent to the young person within 25 working days though this can be extended to a maximum of 65 working days where it is not possible to complete the investigation within 25 working days.
- Stage 3 – Review panels
Where the complainant remains dissatisfied following an investigation at stage 2 they can request consideration of the complaint at an independent review panel. The review panel should be held within 30 working days, considers the adequacy of the stage 2 investigation and makes recommendations to try and achieve resolution. Alternatively, an early referral can take place to the Local Government and Social Care Ombudsman (LGSCO).


Acknowledgements of Complaints

Of the 233 statutory complaints received, 166 were acknowledged within timescales (71%). This represented a significant decrease on the previous year, when 93% of statutory complaints were acknowledged within timescale. Performance improved throughout the year, as the process was changed to complaints being acknowledged centrally rather than locally. For the majority of quarter 3 and all of quarter 4, performance against this target was around 100%.

71%
of statutory
complaints were
acknowledged
to within **20**
working days
of receipt

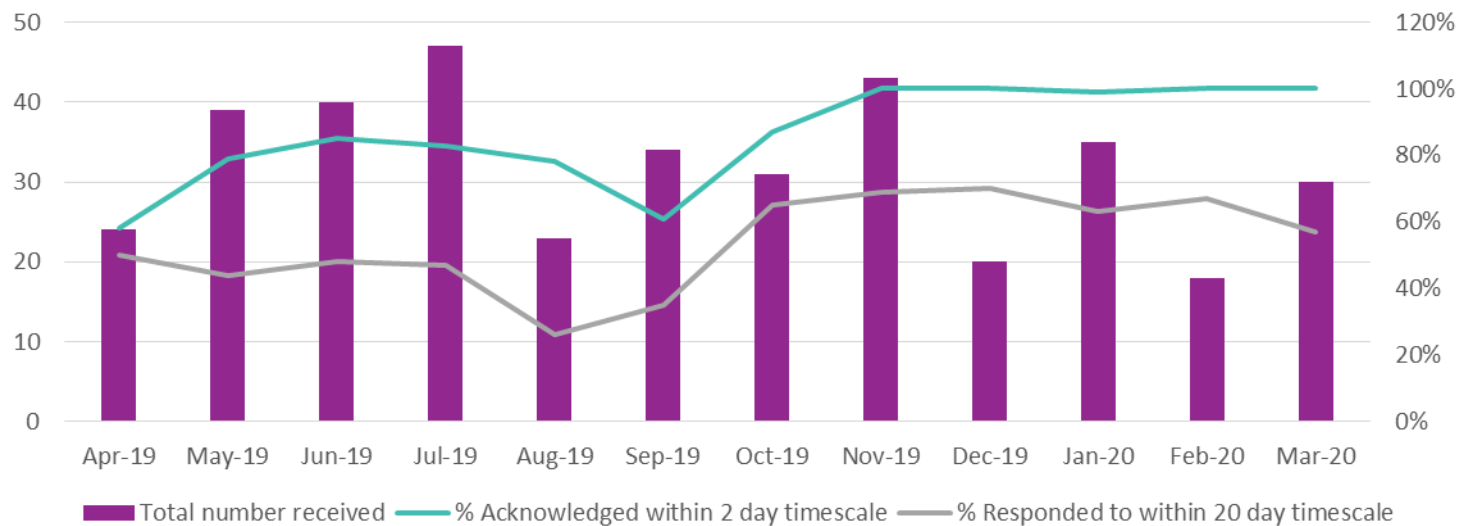


This is a
reduction
from 93%
in 2018/
2019



Performance against the target to respond to complaints within 20 days also struggled throughout quarters 1 and 2 with significant improvement noted in quarters 3 and 4. There was a significant dip in performance in August and September 2019. This was a period of time where no complaints manager was in post. There was also a slight drop in performance in March 2020 as a result of the COVID-19 pandemic which can be explained by the prioritisation of local authority resource to support front-line services and vulnerable children and families.

Stage 1 Complaints - April 2019-March 2020

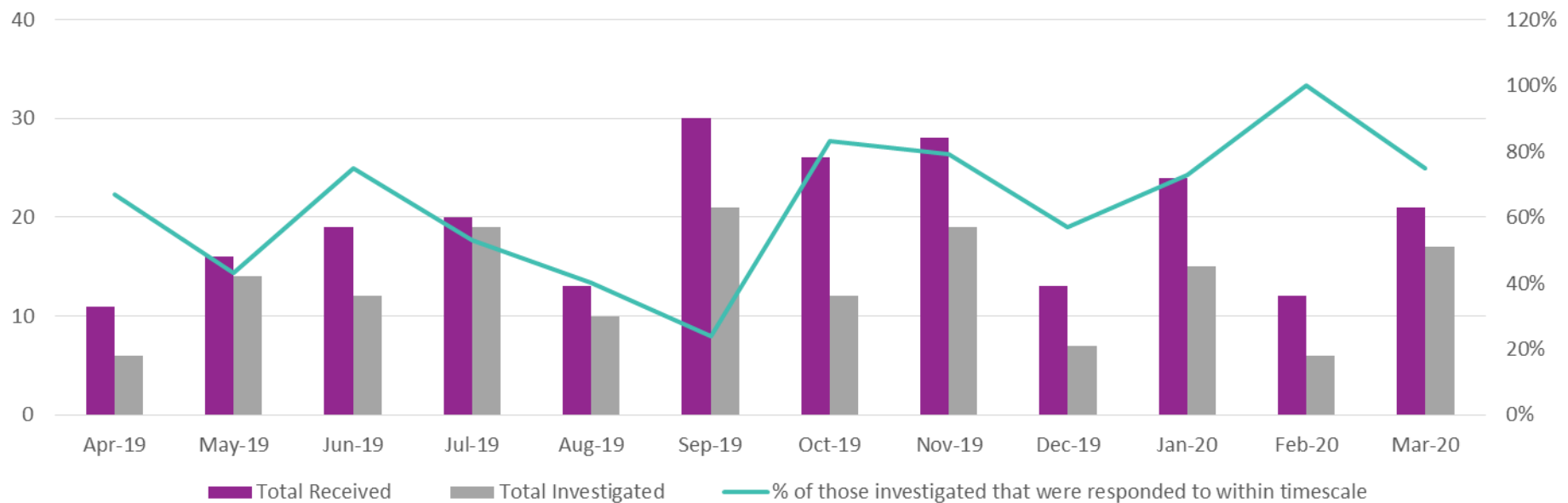


Statutory Complaints – Stage 1

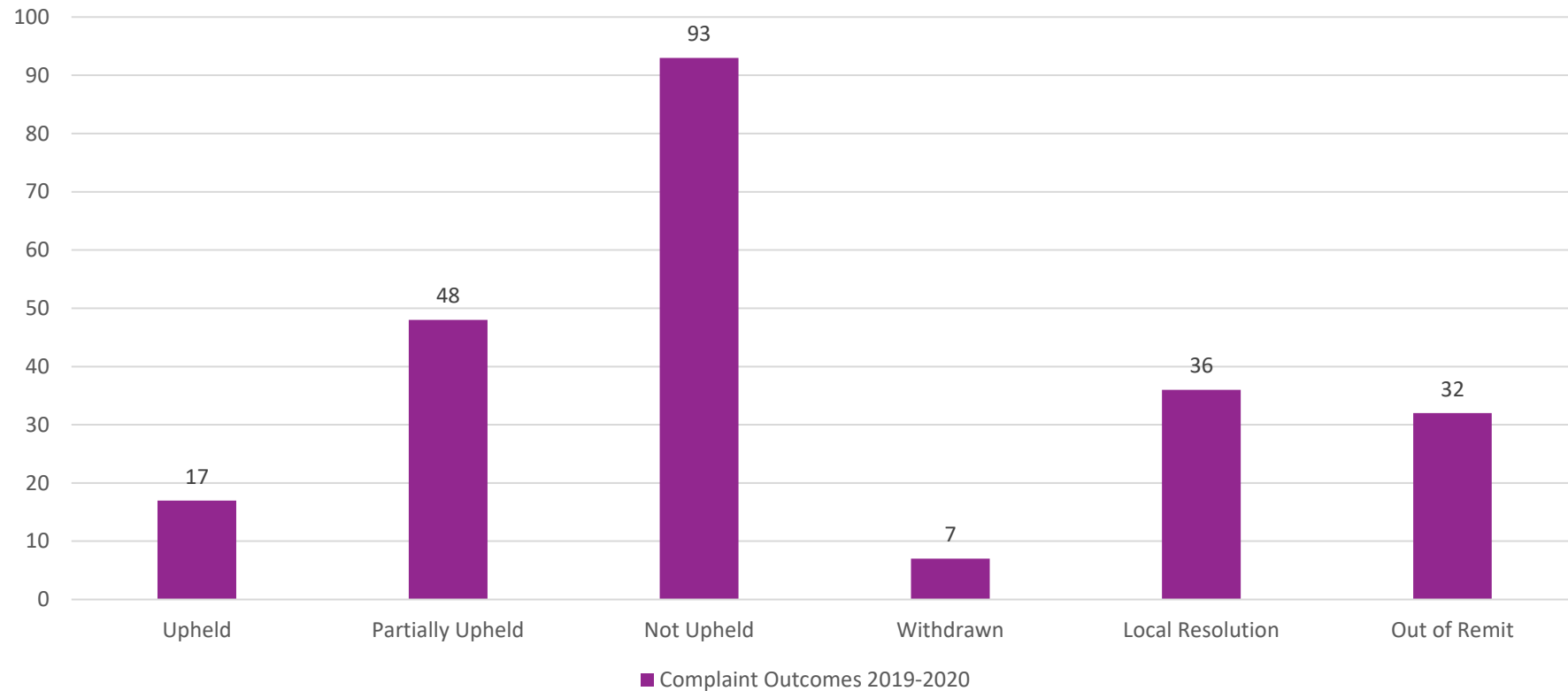
233 statutory stage 1 complaints were received between April 2019 and March 2020. This represents a 25% increase in comparison with the 186 statutory stage 1 complaints received in 2018/19. Of the 233 statutory complaints received, 158 (68%) proceeded to complete the formal complaint process. The highest number of statutory complaints were received in September, October and November.

Of the 158 statutory stage 1 complaints that were responded to formally, 96 were responded to within 20 working days, 61% of the total. The majority of complaints were found to be complex, with only 27 (17%) therefore being responded to within the shorter timescale of 10 days from receipt of the complaint. This is an improvement on response times from the previous year, with 59% of statutory complaints being responded to overall within timescale in 2018/19.

Statutory Stage 1 Complaints Received by Month 2019 - 20

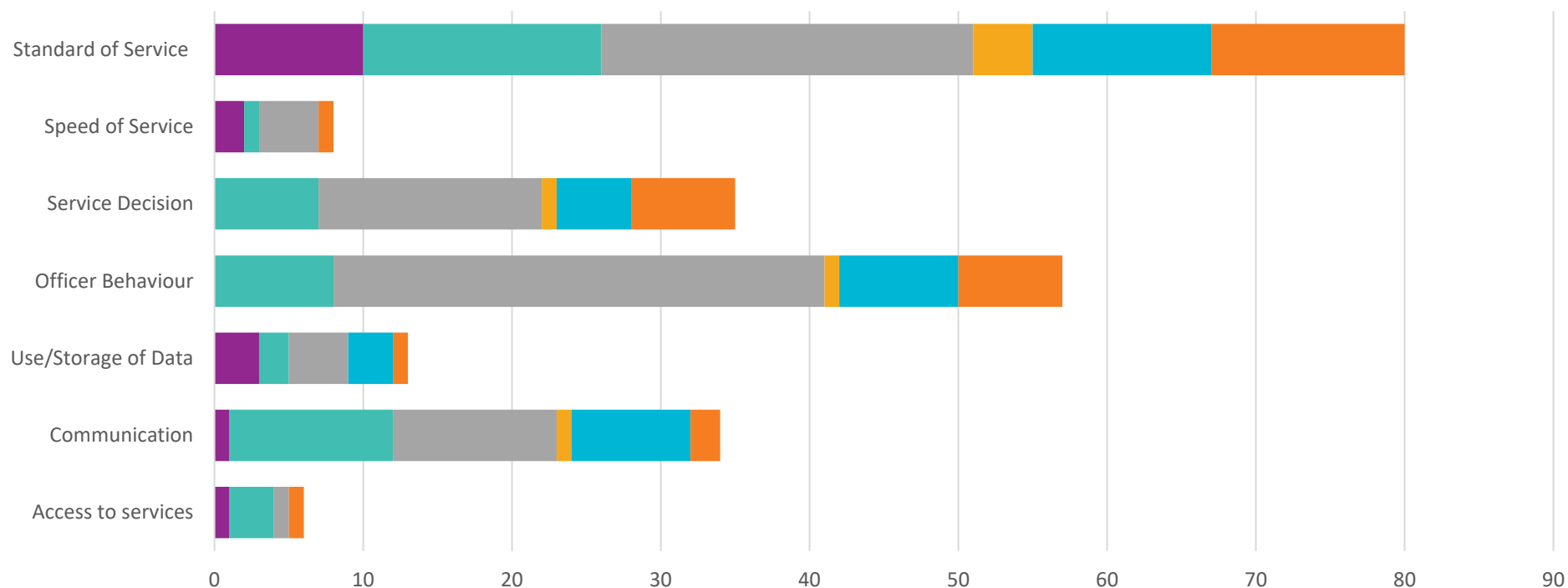


Statutory Complaint Outcomes 2019 - 20



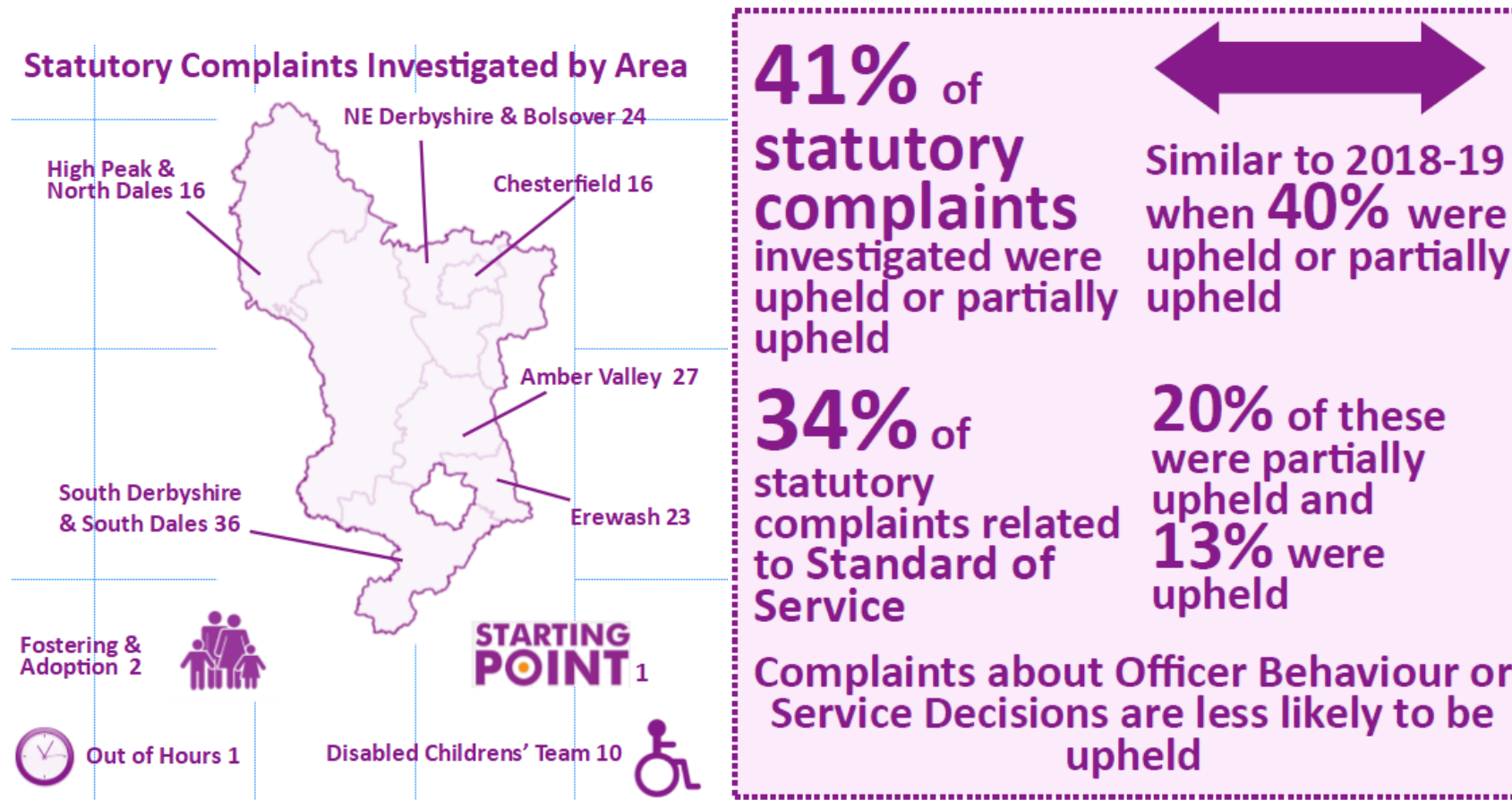
Of the 233 statutory stage 1 complaints received in 2019/20: 17 were upheld; 48 partially upheld; 93 not upheld; 7 withdrawn; and 36 completed by local resolution without formal process. 32 complaints received were classed as outside the remit of the complaints process for example where the person making the complaint did not have the right to do so, by means of parental responsibility, significant interest or consent or where the complaints were historic, or where the subject of the complaint was not receiving a service from children's services and therefore was not eligible to be considered under the formal complaints process.

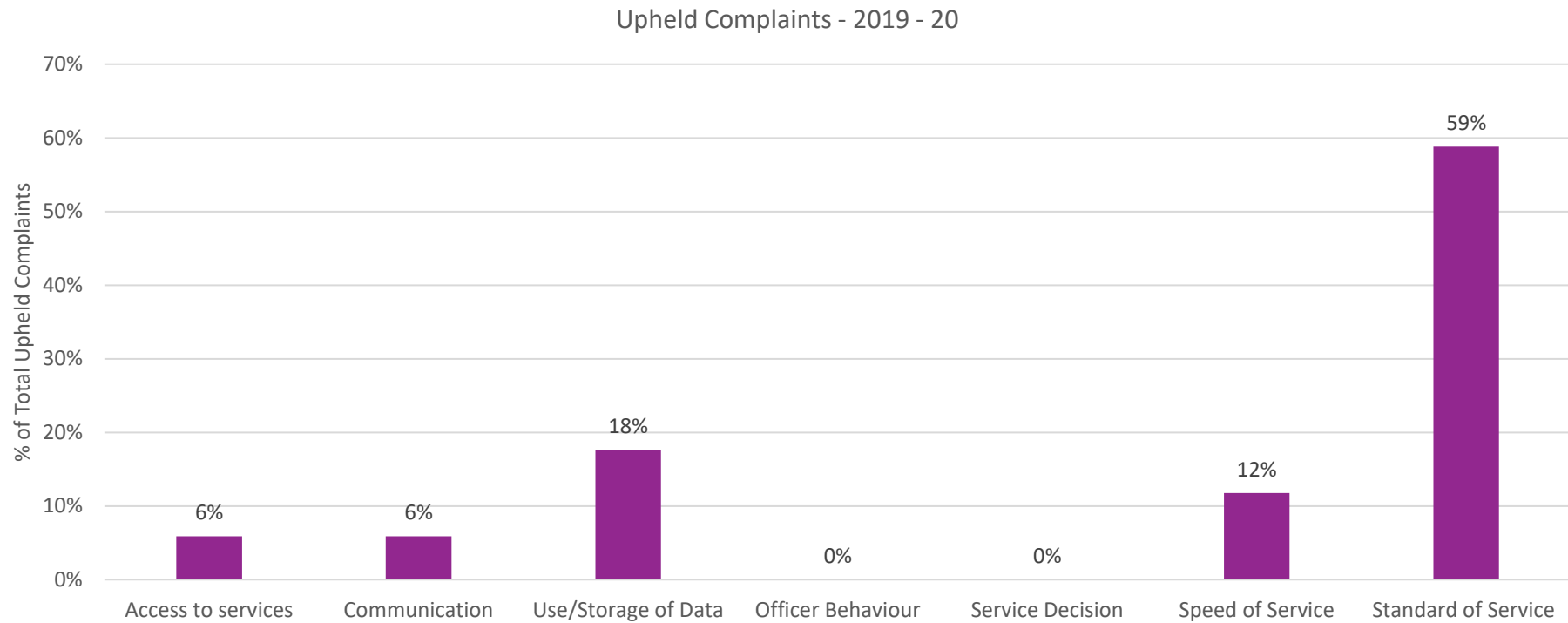
Statutory Stage 1 Complaints by Theme and Outcome 2019 -20



	Access to services	Communication	Use/Storage of Data	Officer Behaviour	Service Decision	Speed of Service	Standard of Service
Upheld	1	1	3			2	10
Partially Upheld	3	11	2	8	7	1	16
Not Upheld	1	11	4	33	15	4	25
Withdrawn		1		1	1		4
Resolved		8	3	8	5		12
Out of remit	1	2	1	7	7	1	13

During the previous year, 2018/19, the highest proportion of statutory complaints also related to standard of service, with 91 received in this category. Of these: 12 were upheld; 19 partially upheld; 37 were not upheld and 23 were refused/withdrawn or out of remit. Officer behaviour also represented the second highest number of statutory complaints received in 2018/19, with 7 of these complaints being upheld, 14 partially upheld, 17 not upheld and 6 withdrawn or out of remit.

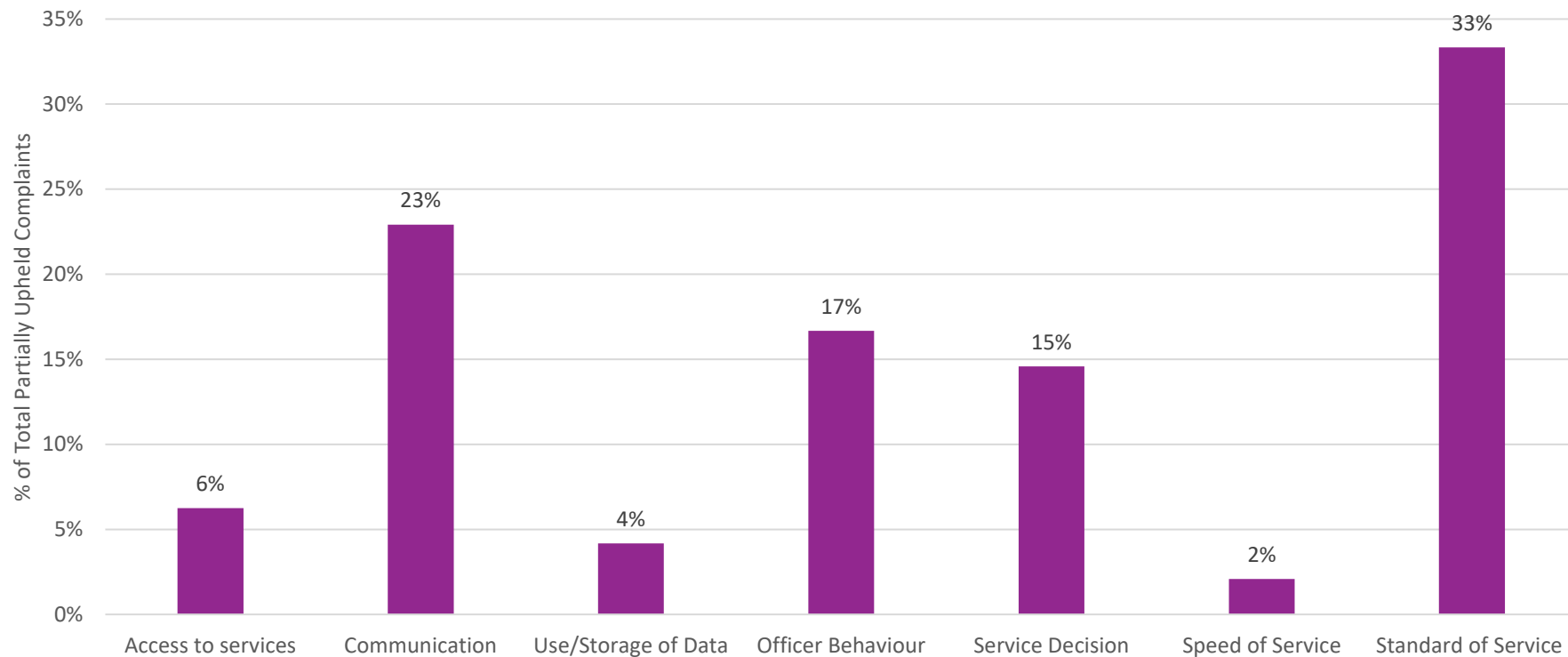




17 complaints were upheld out of the 158 investigated (11%). In the previous year, 2018/19 there were 21 statutory complaints upheld, representing 13% of the total investigated. The largest number of upheld complaints in 2019/20 relate to standard of service (10), representing 59% of all complaints upheld.

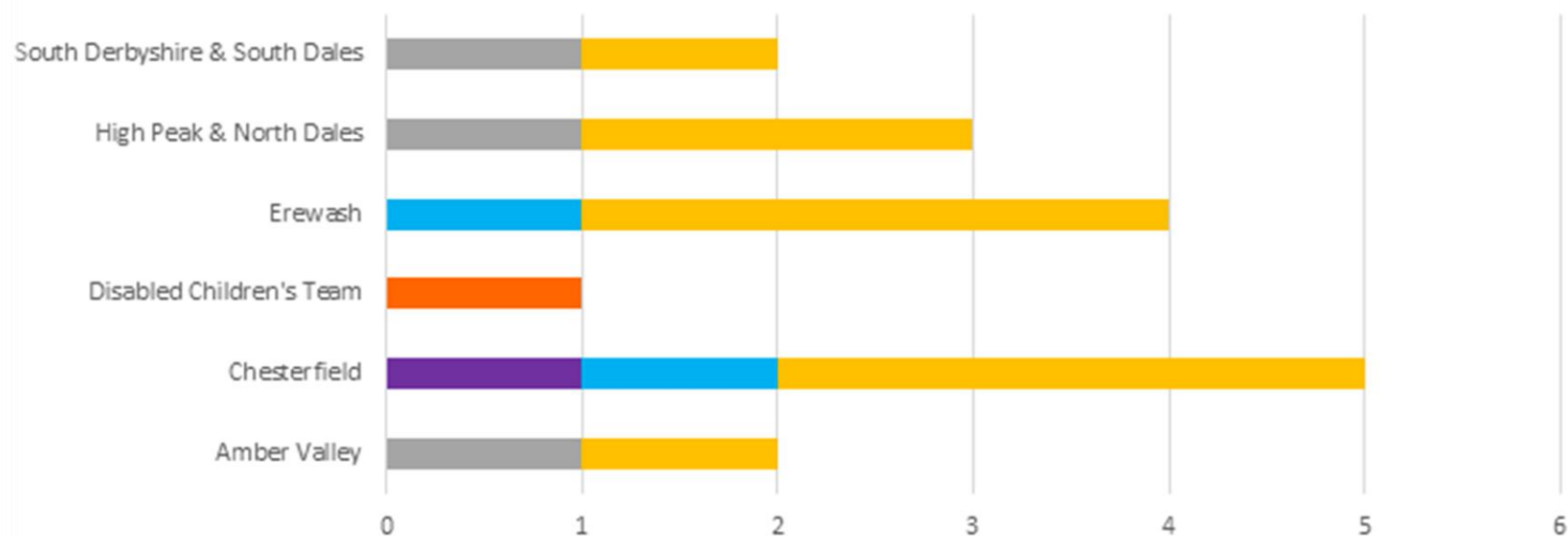
**Complaints about
standard of
service are most
likely to be upheld**

Partially Upheld Complaints - 2019 - 20



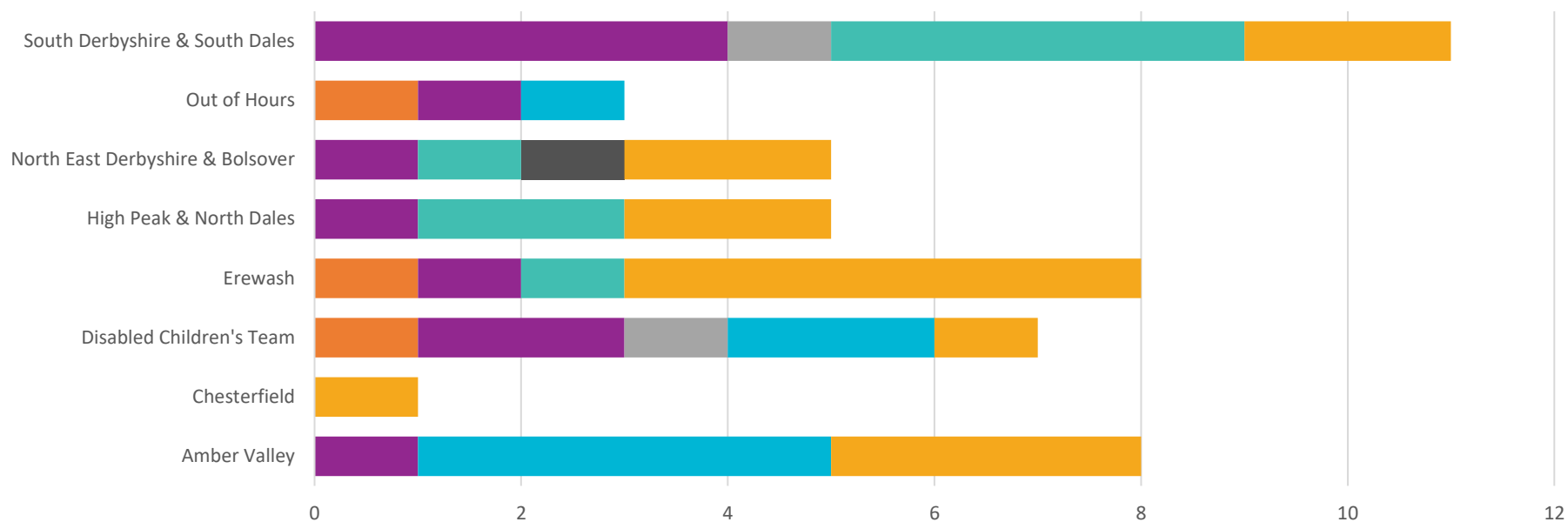
48 complaints were partially upheld, representing 21% of the total received, and 30% of the total investigated. In the previous year, there were 42 complaints partially upheld, representing 26% of the total investigated. The largest number of partially upheld complaints in 2019/20 related to standard of service (16), representing 33% of all partially upheld complaints.

Upheld Complaints by Locality - 2019/20



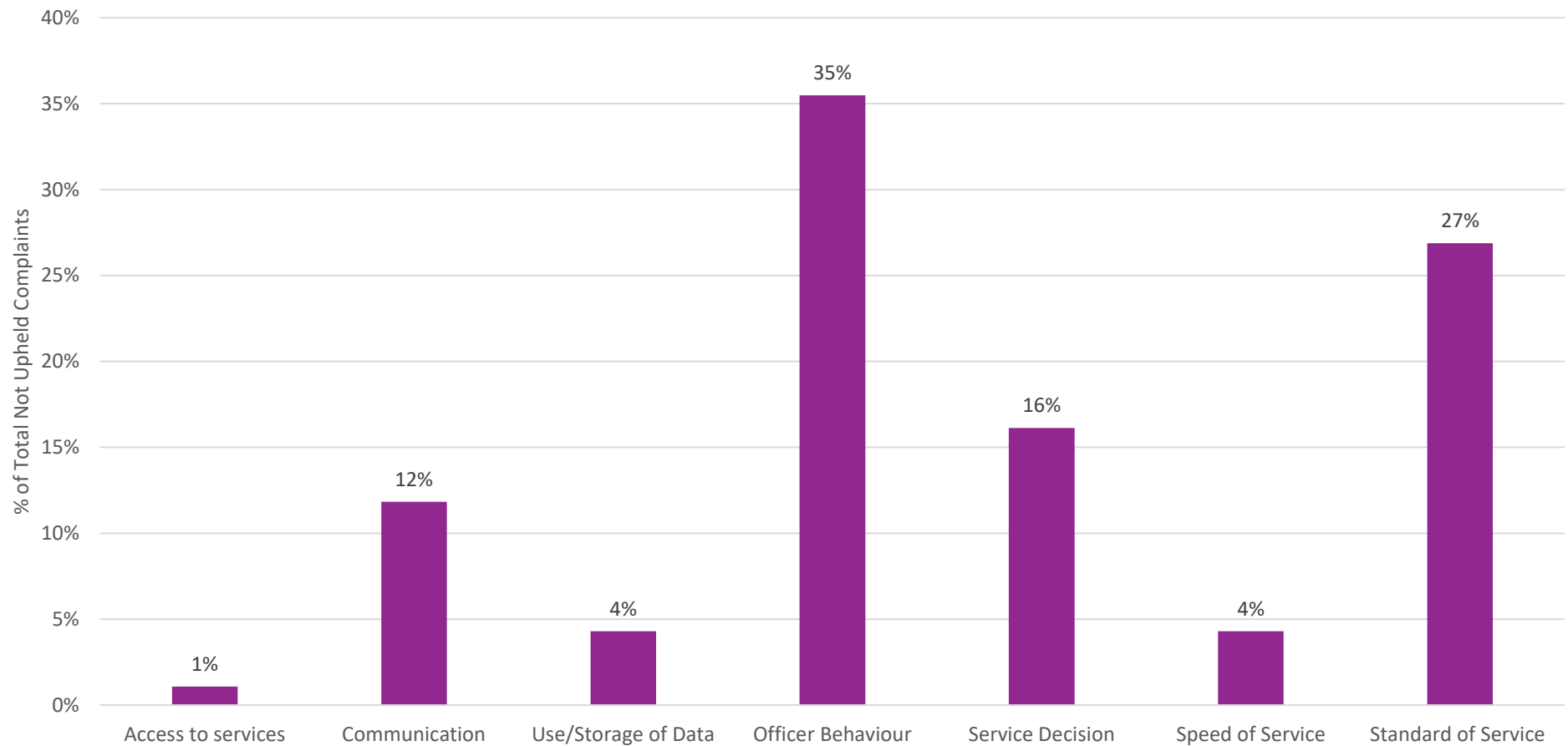
	Amber Valley	Chesterfield	Disabled Children's Team	Erewash	High Peak & North Dales	South Derbyshire & South Dales
Access to services			1			
Communication		1				
Use/Storage of Data	1				1	1
Service Decision		1		1		
Standard of Service	1	3		3	2	1

Partially Upheld Complaints by Locality - 2019/20



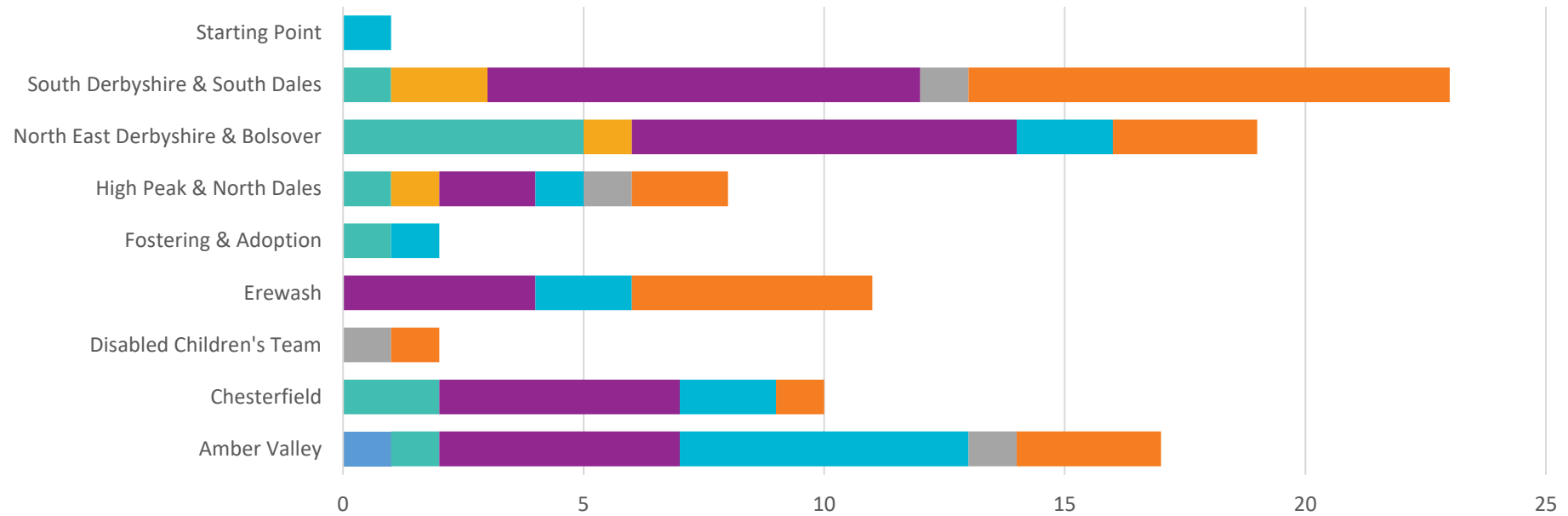
	Amber Valley	Chesterfield	Disabled Children's Team	Erewash	High Peak & North Dales	North East Derbyshire & Bolsover	Out of Hours	South Derbyshire & South Dales
Access to services			1	1			1	
Communication	1		2	1	1	1	1	4
Use/Storage of Data			1					1
Officer Behaviour				1	2	1		4
Service Decision	4		2				1	
Speed of Service						1		
Standard of Service	3	1	1	5	2	2		2

Not Upheld Complaints - 2019 - 20



Of the 158 complaints investigated, 93 were not upheld, meaning that 59% of all complaints investigated were not upheld. In the previous year there were 61 complaints not upheld, representing 39% of those investigated. Of the complaints not upheld in 2019/20, 36% related to officer behaviour.

Not Upheld Complaints by Locality - 2019 - 20



	Amber Valley	Chesterfield	Disabled Children's Team	Erewash	Fostering & Adoption	High Peak & North Dales	North East Derbyshire & Bolsover	South Derbyshire & South Dales	Starting Point
Access to services	1								
Communication	1	2			1	1	5	1	
Use/Storage of Data						1	1	2	
Officer Behaviour	5	5		4		2	8	9	
Service Decision	6	2		2	1	1	2		1
Speed of Service	1		1			1		1	
Standard of Service	3	1	1	5		2	3	10	

Out of remit

Of the 233 complaints received, 32 (14%) fell outside the remit of children's services statutory complaints procedures.

These included complaints from people without parental responsibility for the children receiving a service or being identified as having significant interest, some complaints were redirected to adult social care, others were considered historic complaints and some were complaints for other local authorities, district councils or services. All received responses where appropriate or were signposted to the correct point of contact for their complaint.

Withdrawn

7 complainants rescinded their complaint before it went to formal investigation.

Resolution

36 complaints were resolved by mediation or by local action/resolution without proceeding to the formal complaints process. This was by means of additional visits, phone calls or other area actions which satisfied the complainant and their concerns. This represents 15% of all statutory stage 1 complaints received being resolved informally.

Statutory Complaints & Representations – Stage 2

All requests to go to stage 2 are triaged by the complaints manager and authorised by the head of quality, performance and participation. 37 requests for escalation to stage 2 of the statutory complaints process were received between April 2019 and March 2020. This represents a small increase from the 34 requests for escalation received in 2018/19.

Although 37 requests were made, the total number of statutory stage 2 investigations in 2019/20 was 18. This represents a 20% increase compared to the 15 which proceeded to investigation in 2018/19. The reasons why some stage 2 requests did not proceed to investigation are detailed in the table below.

The majority of stage 2 complaints were responded to outside the extended 65 working day timeframe in 2019/20, but in all cases, complainants were contacted and agreement was sought to extend the target dates for the responses to be with them. The reason for the extended timeframe relates to the increase in stage 2 activity, investigating officer capacity and in some cases, the complexity and volume of the information required to undertake a robust investigation. Of 18 stage 2 complaints investigated, 7 (39%) were responded to before the 65 day initial target date.

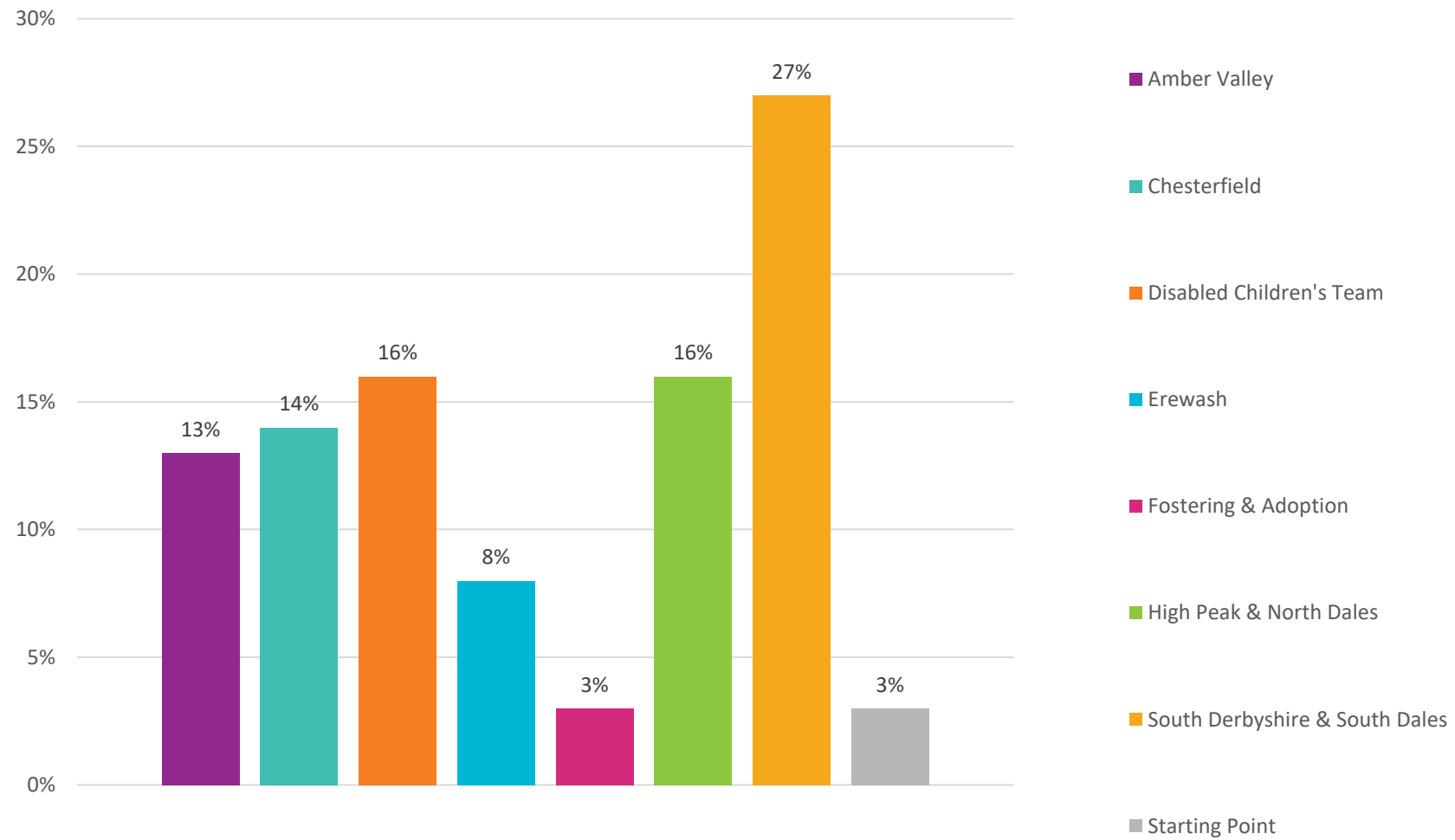
18 of the 37 requests for statutory complaints to go to **Stage 2** of the process were investigated

A 20% increase compared to 2018-19

Received	On Hold	Refused	Withdrawn	Resolved by Mediation	Total Investigated	Upheld	Partially Upheld	Not Upheld	Open at time of report
37*	7	5	3	8	18	1	9	1	7

* 4 further cases were also being investigated that rolled over from the previous year hence outcomes totalling 41

Stage 2 Complaints Received by Locality



Statutory Complaints & Representations – Stage 3

4 complaints were heard by a stage 3 panel during 2019/20. There had been no requests for a stage 3 panel review of a complaint in the previous year. The local authority uses independent panel members and panel chairs contracted through a provider of independent social workers.

All 4 review panels were convened at a time agreeable to the complainant. The review panel does not reinvestigate the complaints, nor does it consider any substantively new complaints that have not been first considered at stage 2. Of the four panel reviews held, the panel had no concerns with the findings of the stage 2 investigations into each case or the adequacy of the investigation itself. However, in one case there was a recommendation for follow-up information to be provided to the complainant following a complaint being upheld. The local authority received challenge that the desired outcome of the complainant (for learning to be implemented in practice), had been addressed, but had not been effectively been communicated back to the complainant. This action, if completed earlier, could have prevented a stage 3 panel being required. The local authority was found to have addressed the concerns and clearly evidenced that the learning from the complaint had been actioned and taken seriously, including working to amend policy and procedures and further audit activity taking place. This was not however communicated effectively with the complainant. The recommendation from the panel was that actions following other upheld complaints should be communicated back to complainants on completion.

The panel for another of the cases concluded that the length of time to draw the complaint to conclusion was excessive and the panel proposed the local authority make financial remedy in response.

There were 4
stage 3
panels

Corporate Complaints

The corporate complaints procedure changed mid-way through the year resulting in changes in terminology throughout the process; for the purposes of this report, the current terminology will be used. Under the current policy, attempts should be made to respond to complaints in a timely manner and will usually involve the complaint being:

- Dealt with at the time by the officer receiving the complaint with no need for additional response
- Passed to the appropriate line manager or service manager for consideration and response

Where the complaint is not resolved at the time or within 3 working days of receipt an acknowledgment will be sent including the expected date for the response. A full response should be made at the earliest possible time and in general this should not exceed the standard target of 28 calendar days. To ensure all of the relevant facts are available and enable a full investigation to be carried out the target date can be extended. If the complainant is unhappy with the initial response this may be passed to a senior manager for consideration and final response.

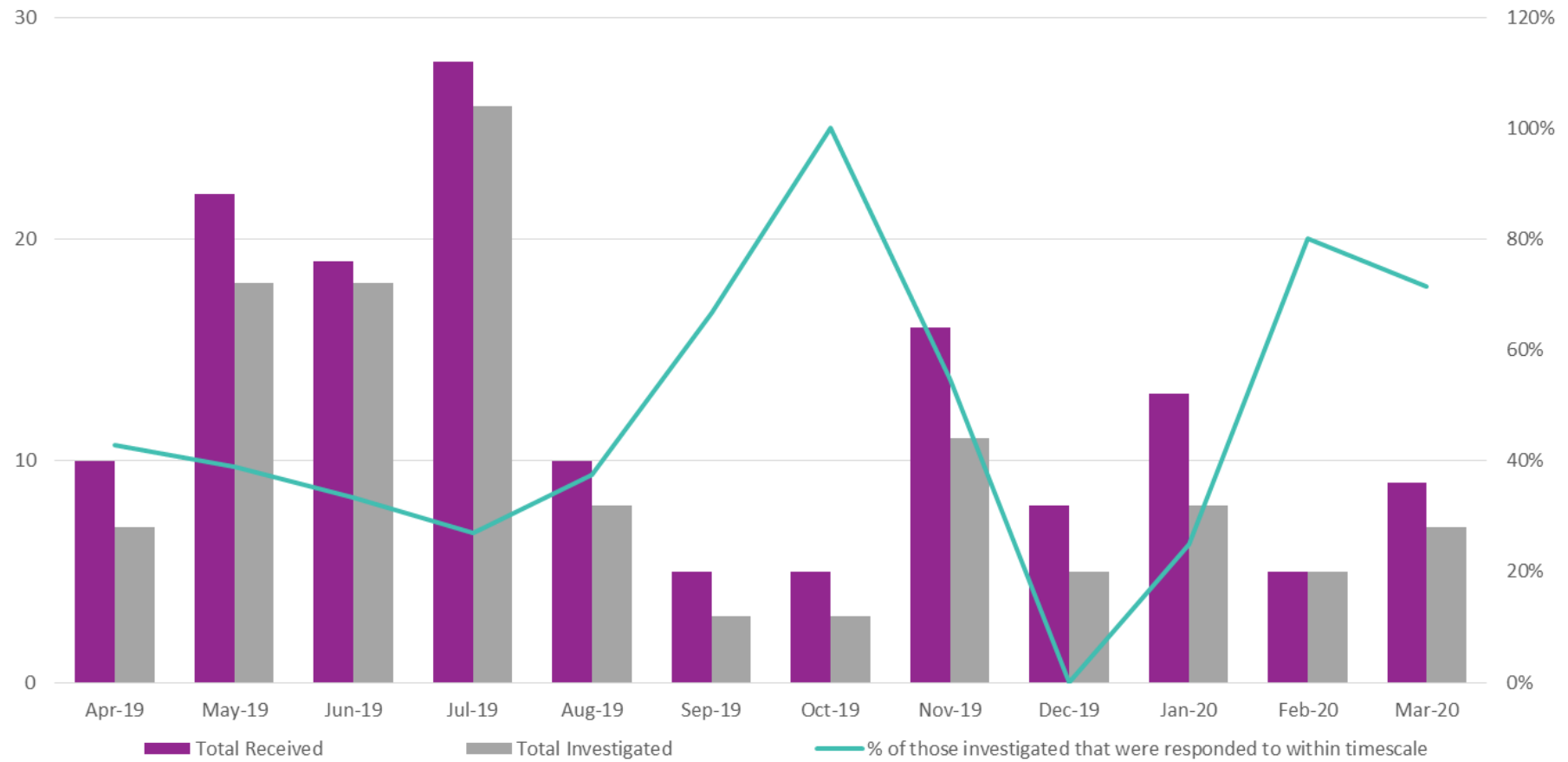
Derbyshire County Council continues to recognise that whilst it may not uphold some complaints received, it can and should acknowledge the feelings of service users. Wherever possible the local authority encourages complainants to meet with service staff to resolve issues locally. Where necessary the local authority provides advocacy services to those children and young people who would like to make their complaint themselves. Operational teams are also supported by the children's services quality assurance team to resolve disputes and provide objective management oversight of complaints being considered through the relevant complaints procedure.

150 corporate complaints were received in 2019/20 compared to 167 the previous year; a 10% reduction. A total of 119 were formally investigated and response provided under the corporate complaints procedure. 21 final responses were provided to complainants. This compared to 23 corporate complaints which were answered at stage 2 of the previous corporate complaints process in 2018/19.

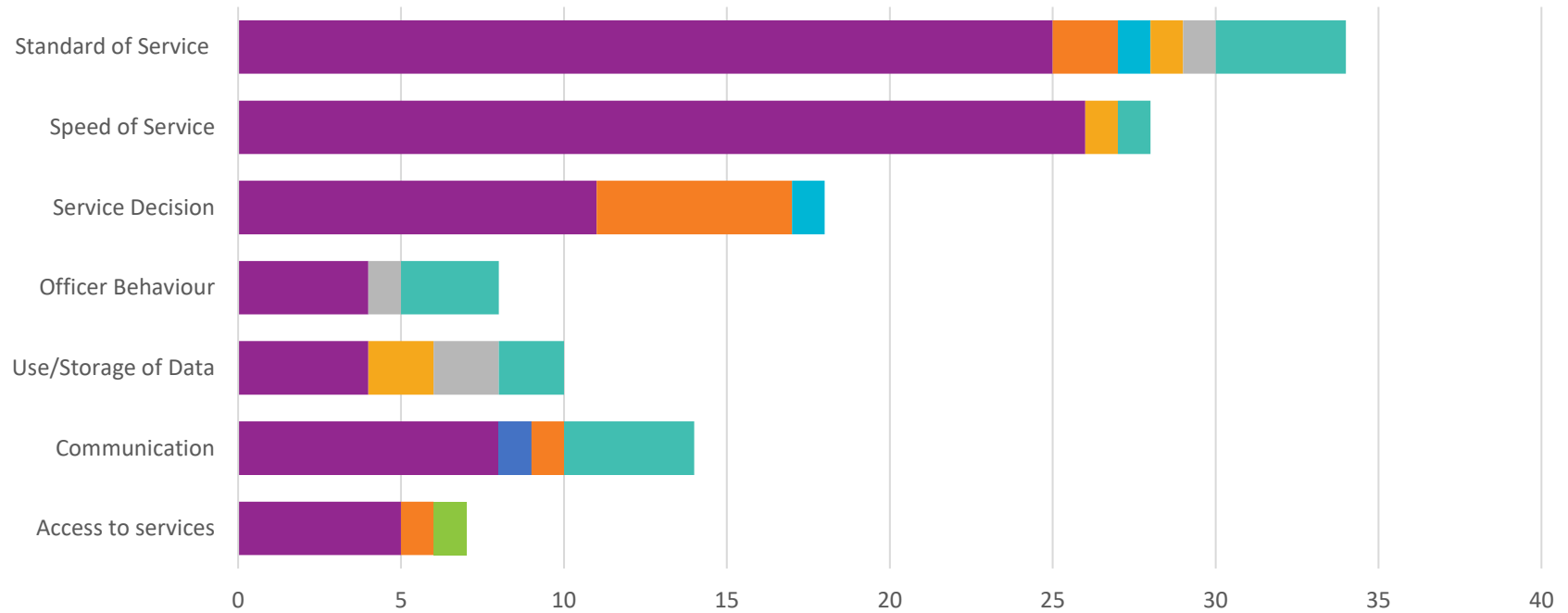
21 Final Responses were provided for Corporate Complaints due to changes in the corporate complaints policy

This compares to **23** corporate stage 2 complaints answered in 2018-2019

Corporate Complaints Received by Month 2019 - 20

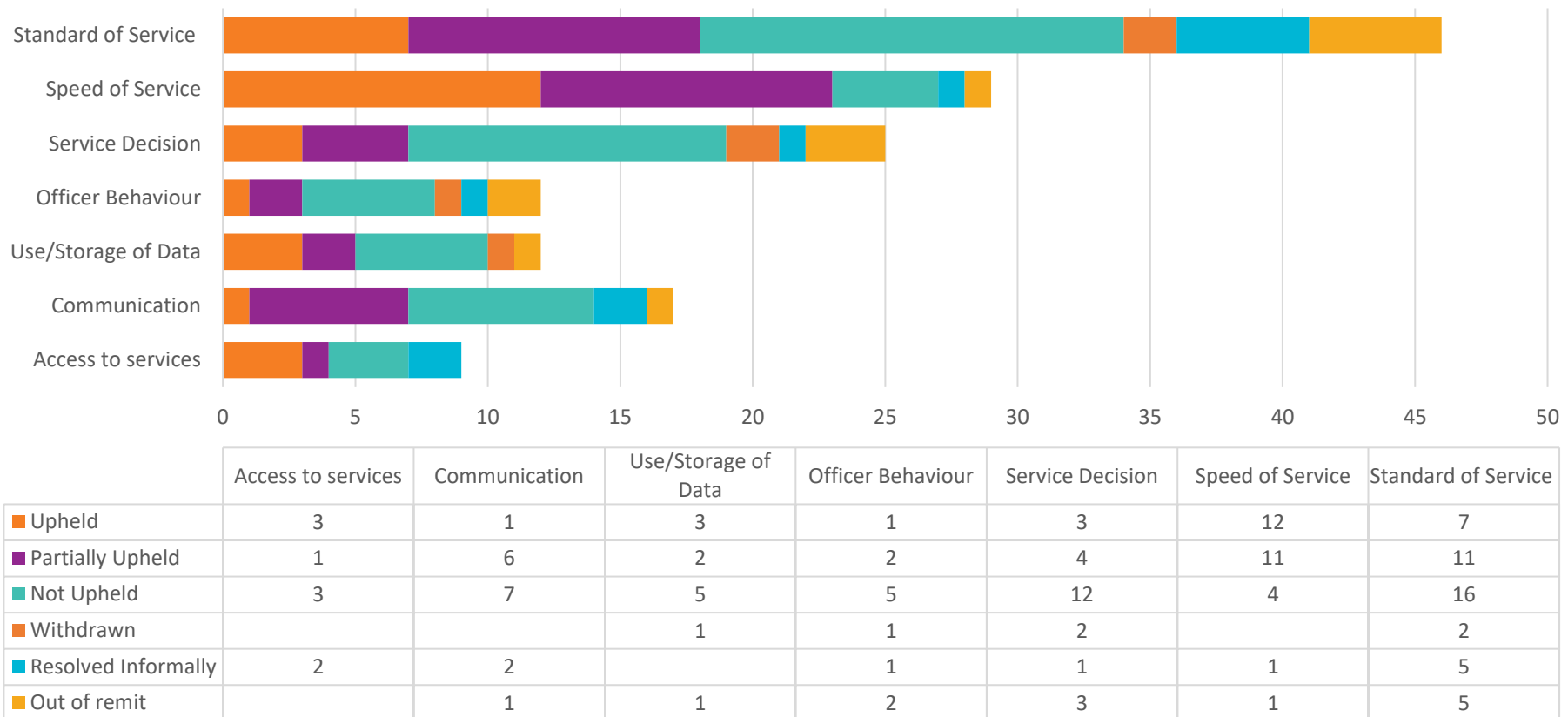


Corporate Complaints Investigated (by area and theme) 2019 - 20



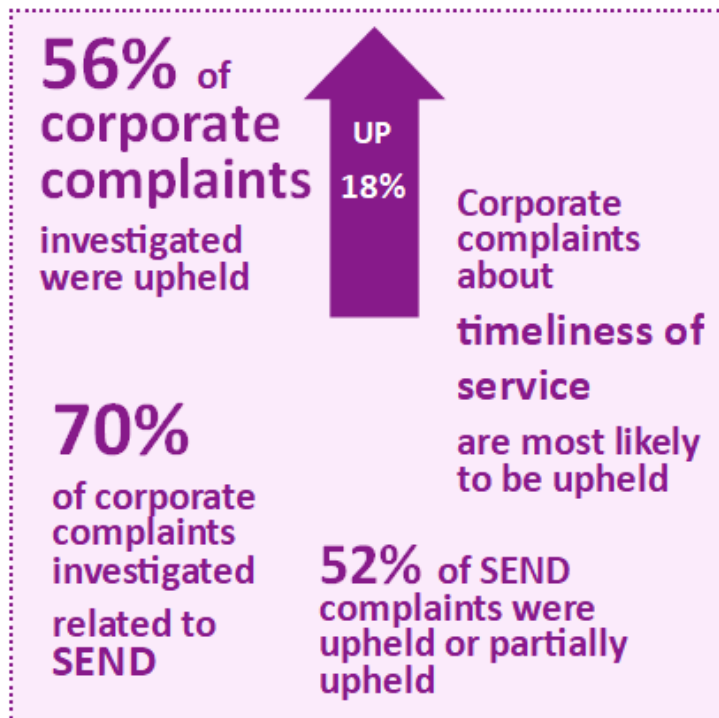
	Access to services	Communication	Use/Storage of Data	Officer Behaviour	Service Decision	Speed of Service	Standard of Service
SEND	5	8	4	4	11	26	25
LADO		1					
School Admissions & Transport	1	1			6		2
Education Welfare	1						
Information & ICT					1		1
Early Years & Childcare			2			1	1
Commissioning & Partnerships			2	1			1
Family Support		4	2	3		1	4

Corporate Complaints by Theme and Outcome 2019 - 20



The highest number of corporate complaints related to standard of service, as was the case in the previous year. Many of the complaints related to standard of service were related to education, health and care plans (EHCP) in the special educational needs

and disabilities (SEND) service. 83 corporate complaints (70% of the total) related to the SEND service with 43 (52%) of these being upheld. There has been work done within the SEND team during the last half of this year to address delivery, communication, speed of service, and early response to complaints which has led to a significant reduction in both the number of complaints and the response time by the service. The timeliness of service delivery has improved to be well above the national and regional average for every month since February 2020, meaning a reduction in complaints of this nature. Further work is planned to provide earlier parental engagement and so address high numbers of SEND tribunals which will affect the number of complaints made about service decisions.



Local Government and Social Care Ombudsman

Complainants who approach the LGSCO are asked to raise their complaint with the local authority before it will be considered by the Ombudsman. If the complainant is not satisfied with the response following the local authority's investigation into the matter, the Ombudsman will scrutinise the process used for handling the complaint and provide a response on their findings. The LGSCO suspended its complaints function on 26 March 2020 due to COVID-19 restrictions and resumed investigations on 29 June 2020. This has affected the data available this year, and more complete records will be available in the next year, when all cases carried over will be concluded.

There were 67 LGSCO enquiries from complainants between April 2019 and March 2020 compared with 58 the previous year. Of these, 34 were premature referrals which required the local authority's complaints process to be completed before the Ombudsman would consider the case. 16 of the complaints received were refused by the Ombudsman as out of their remit. The reason for refusal included tribunal and court decisions, and out of timescale complaints.

Of the 67 enquiries received from 01 April 2019 to 31 March 2020, 12 complaints were upheld before closure on 26 March 2020. 2 of these complaints required no further action as they had already been remedied. Where cases were upheld, this related to timeliness and access to services.

In the previous year, a total of 58 complaints were received by the LGSCO. Of these, 7 were upheld.



Complaints about Services Commissioned by the Local Authority

All services commissioned by the local authority are required to have their own complaints procedure within the terms of their contract with Derbyshire County Council. Ofsted regulate many of these services and set out how they manage complaints regarding these services on their website. All services provided under Ofsted regulation must have an internal complaints procedure, however, where complainants remain dissatisfied with the response provided by the commissioned service, they may use the Authority's complaints procedures. In 2019/20, there were no complaints registered about commissioned services.

When Derbyshire County Council investigates complaints about commissioned services it will routinely inform Ofsted of its investigation and outcomes where the case is reviewed or resolved.

Learning and Improvement within Children's Services Complaints

The department is committed to learning from complaints and wants to ensure that the complaints procedure is clear, easy to use and drives service improvement. Responding to compliments and complaints appropriately is also key within an organisation with a listening and learning culture. Wherever possible, local resolution will be sought in order to address the issues raised and reduce escalation through statutory and corporate processes. The points below highlight some of the learning that has been taken from complaints, and what steps we are taking to improve the quality of our services:

- We have used area briefings to highlight the importance of:
 - High quality, timely communication including receiving and returning telephone calls, emails and other forms of contact effectively
 - Ensuring our work is child-focussed and that we produce high quality plans, assessments and reports that reflect the needs and aspirations of the child or young person.
 - Ensuring that the voice of the child is heard
 - Meeting timescales in relation to complaints and, where we are not able to do so, the importance of providing an explanation and agreeing a revised date with complainants
- We have developed our complaint tracking and monitoring system which has resulted in a sustained improved performance for our response times in the second half of the year. We will continue to drive further improvement in this area during 2020/21, working collaboratively with other council departments. .

- We will continue to undertake our area briefings to support the dissemination of learning from complaints, in particular the outcomes of stage 2 investigations in order to facilitate service improvement
- We will review our internal complaints policy and our publicity materials on the complaints procedure and advocacy, in order to make the process as accessible as possible for children, young people and families.
- We will ensure our complaints tracking system monitors when actions from upheld complaints are communicated back to complainants