

Annual Complaints Report Adult Social Care Wandsworth 2023-24

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1. Introduction

- 1.1 The production of a complaints report is a statutory requirement for Adult Social Care to provide an overview of the complaints received and handled through the Local Authority's statutory complaints procedure. This report is designed to meet this requirement of Adult Social Care and is a public document.
- 1.2 Complaints are counted in the year in which they were responded to or closed: 2023-24 complaint figures include complaints that will have been initiated in the previous year (2022-23) but then closed in this reporting year.
- 1.3 The Local Authority has a duty to ensure that any individual (or appropriate person acting on their behalf with their consent or Power of Attorney) who wishes to make a complaint about the actions, decisions or apparent failings of a local authority's social care provision has access to the Adults statutory complaints procedure.
- 1.4 The Complaints Team sits within the remit of the Resident Engagement Service. There is a statutory requirement to have a complaints manager in post. The Complaints Team is led by the Corporate and Statutory Complaints Service Manager who reports to the Head of Resident Engagement. The Complaints Team comprises of two operational managers: an Adult and Children's Complaints Manager and a Corporate and Ombudsman Complaints Manager, and four complaint officers.
- 1.5 The Complaints Team provides an important corporate function within Richmond and Wandsworth Councils Chief Executive's directorate. Its role is to support the service partnership to ensure that both Councils have effective and efficient complaints procedures, harmonised across the two councils in line with best practice and statutory requirements. The Complaints Team also train and support Council officers to respond effectively to complaints and ensure learning from complaints feeds directly into service improvement.

2. Executive Summary

- 2.1 This year, learning has focused on strengthening communication, improving Social Worker handover processes, improving communication about charging and Direct Payments, improving the quality of assessments and transitions, and providing refresher training on complaints handling.
- 2.2 63 complaints were responded to this year which is 6% lower than the 66 complaints in 2022/23. The department completed 63 complaints which is 6% less than the 66 complaints completed last year. Alongside the 63 formal complaints, in liaison with Adult Social Care teams, the Complaints Team swiftly resolved 52 low level concerns that had the potential to become formal complaints without this intervention.

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- 2.3 The Complaints Team also handled 97 enquires/representations which were mainly matters that fall outside of the formal complaints procedure. These are listed in Table 2.
- 2.4 Most complaints were for Learning Disabilities although this only accounted for 10 of the 63 complaints; complaints were evenly distributed across most teams so there are no areas of concern.
- 2.5 Quality of care in relation to external care providers was the most raised principal issue of complaint, followed by finance and then lack of support. Analysis is provided in Section 8.
- 2.6 48% or 30 complaints were partially upheld, 30% or 19 complaints were upheld, and 22% or 14 complaints were not upheld. Where complaints are partially upheld, this means that some mistakes were made but not all the issues complained about were wrong.
- 2.7 16 formal complaints raised issues about external care providers such as care homes, domiciliary care providers and supported living which is only slightly lower than the 17 complaints last year. However, the Quality Assurance and Contract Monitoring Team successfully managed 257 service concerns which had the potential to escalate to formal complaints.
- 2.8 For the 43% of complaints that responded to within the 25-day ambitious internal timescale, the average time for completing the complaint from start to finish was 34 days which is an improvement on the average of 36 days last year.
- 2.9 Data on equalities and the type of support provided to residents who draw on services is detailed in section 11 of the report.
- 2.10 Adult Social Care only received 1 corporate complaint this year. It was investigated at stage 1 and did not progress to stage 2. This compares to 5 stage 1 complaints and 1 stage 2 complaint last year.
- 2.11 In 2023-24, a total of 7 LGSCO enquiries were made. Whilst this is higher than the 4 Ombudsman enquiries in 2022/23, only 3 of these resulted in full investigations following assessment. In 2022/23, 3 of the 4 enquiries progressed to full investigation; it is positive that whilst contact has increased the number of full investigations has remained the same.
- 2.12 Adult Social Care regularly receives compliments from residents who draw on services or their family members and professionals from partner organisations. Section 14 provides examples of these compliments which evidence the good quality services that are being provided.
- 2.13 Section 15 sets out the Complaints Team's key achievements this year and priorities going forward into 2023/24.

3. Legislation

- 3.1 There is a legal requirement for the Local Authority to have in place a complaints procedure, in accordance with The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 for the management of social care complaints.
- 3.2 The Regulations cover Adults social care and Health services and/or any of its commissioned services and/or independent services.

4. Overview of the Statutory Adults Complaints Procedure

- 4.1 The complaints procedure is a single stage process for both Health and Social Care services. The Local Authority has a total of six months to resolve a complaint from start to finish. Within this single stage, a complainant may receive a further investigation if not satisfied with the initial response or be offered the opportunity to meet to discuss their complaint.
- 4.2 Internal performance indicators aim to provide the complainant with a first response within 25 working days. Any further response must be completed by the six-month statutory timescale. The complaint can be progressed to the Local Government and Social Care Ombudsman (LGSCO) following the final response from the Local Authority or at any time.
- 4.3 Complaints should be recorded and monitored by the complaints team. All complainants are offered the opportunity to discuss their complaint with a complaints officer and are assessed for risk by the complaints team in liaison with the relevant social care team. Complaints that are deemed very high risk will be referred to the appropriate investigation route such as invoking safeguarding procedures.
- 4.4 A complaint is defined as “an expression of dissatisfaction or disquiet about the actions, decisions or apparent failings of a local authority’s adult social services provision that requires a response”.
- 4.5 Complaints can be made by a resident or carer receiving a direct service from Adult Social Care or by a person on their behalf such as an advocate or family member where the person has provided their written consent, and they are deemed to be acting in the person’s best interests.
- 4.6 Where a service is provided by a contractor on behalf of the Council, a complaint can either be made directly to the provider service or to the complaints team at Wandsworth Council. Whilst the complaints team will encourage a provider to firstly attempt resolution through its own procedures, if this is not possible, the Quality Assurance and Standards team will investigate.

- 4.7 Residents who self-fund their care for services that are regulated by the Care Quality Commission do not fall under this procedure but can still make complaints about the adult social care teams if they have been involved in assessing their level of care need and helping to arrange placements.
- 4.8 Complaints will be considered if they are made within 12 months of an incident although the Council can apply their discretion to waive this time limit.

5. Approach to learning from complaints/quality assurance

- 5.1 Learning from the experience of people drawing on services helps identify where services, policies and procedures can be improved, keep senior management informed of issues that are important to people, improve communication and strengthen relationships.
- 5.2 The Complaints Manager holds quarterly meetings with the Adult Social Care Professional Standards team led by the Principal Social Worker. These meetings are an opportunity to triangulate learning from complaints with practice improvement being undertaken by the Professional Standards Team.
- 5.3 Examples of key learning this year is set out below:
 - **Enhanced First Contact Services:** The customer journey has been improved by strengthening the quality and consistency of information and advice provided by our First Contact team, particularly around financial assessments, and transparency on estimated waiting times for assessment.
 - **Continuous improvement of case recording:** Ongoing training has emphasised the importance of high-quality case recording, meeting our high standard, to ensure that language and terminology is suitable for the person receiving services. (Community Advice and Support Team)
 - **Robust Information Governance:** Staff have been reminded of the requirement to obtain consent from residents, before sharing information with other professionals or involving their family members in care planning, as well as refreshing their knowledge of the Subject Access Request process. (Mental Health)
 - **Communication excellence:** A continuous focus on communication with residents, including the need to set realistic expectations about timeframes, clarify the scope of a Social Worker's responsibilities, and present complex information succinctly for better comprehension by residents drawing on services. (Locality services)
 - **Seamless Transition for Young Adults:** strengthening practitioner expertise in Housing processes and the need for transparent communication about case statuses, has ensured that young adults are consistently well-informed throughout their transition. This has included engaging earlier to allow sufficient time to assess needs and plan services. (Transitions service).
 - **Quality Assurance in Care Services:** Collaborating more closely with care providers has improved the quality of externally provided care, by ensuring providers signpost to complaint procedures, meticulously record care visits,

escalate issues promptly to the Council, and improve invoicing processes to minimise charging errors. (Quality Assurance and Contract Monitoring Team).

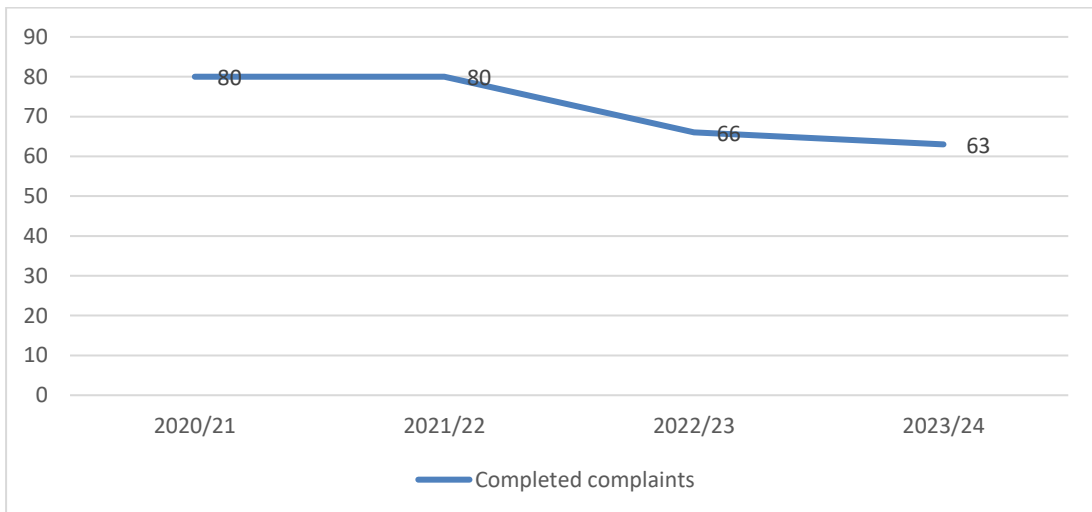
- **Partnership Enhancement:** fostering stronger collaborative relationships with partner organisations has provided clarity for residents about which agency is responsible for certain care tasks. Where helpful, this is documented in writing for residents drawing on services, reflecting a dedication to transparency and coordinated efforts (Learning Disabilities).
- **Transition to housing placements:** To prevent delays in transition to new housing placements, teams have been reminded of the importance of adhering to established processes, ensuring communication remains clear and consistent throughout, diligently exploring all potential options from the start and offering support with benefit applications (Mental Health).

6. Statutory complaint numbers

6.1 The department completed 63 complaints which is 6% less than the 66 complaints¹ completed last year. Alongside the 63 formal complaints, in liaison with Adult Social Care teams, the Complaints Team swiftly resolved 52 low level complaints that had the potential to become formal complaints without this intervention.

6.2 **Table 1 and chart 1** details the complaints received over the last 4-year period. There has been a gradual decrease in the number of formal complaints.

Chart 1: Statutory complaint numbers by year 2020/21 – 2023/24



¹ Five of the complaints completed in the first quarter of this year were carried over from last year (2022-23). In total 65 new complaints were received this year. Eight of these remain open at the end of the financial year and will be carried forward and completed in the first quarter of next year (2024-25). The 65 new complaints received is consistent with the number received last year (65).

Table 1: Wandsworth Adult Social Care complaints by year

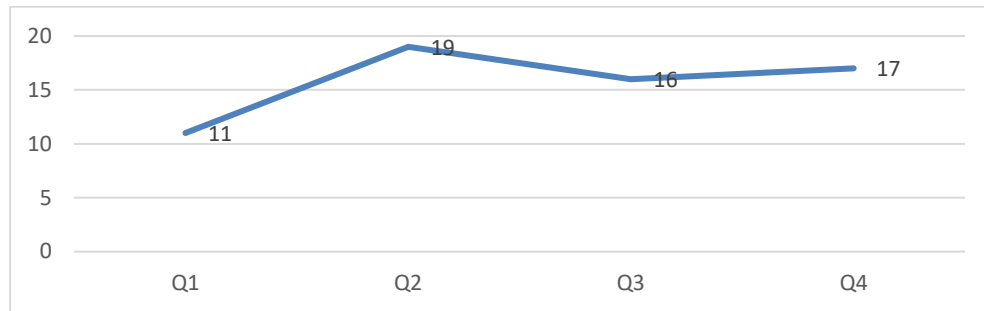
2020/21 Comple ted	2020/21 Receiv ed	2021/22 Comple ted	2021/22 Receiv ed	2022/23 Comple ted	2022/2 3 receiv ed	2023/24 Comple ted	2023/24 Receiv ed
80	79	80	79	66	65	63	66

- 6.3 Wandsworth is a large borough with a population of 327,500 and the volume of complaints should be set in context by looking at the overall level of contact and interaction Adult Social Care has with residents. During 2023/24, 66 complaints were received and 63 were closed but that is a low number given that the department handled approximately 36,740 contacts (telephone and email) and provided long-term social care support to 3,932 people during the year. Also, whilst the Finance Assessment team led on 4 formal complaints, this year the Team were responsible for carrying out 1,852 financial assessments².
- 6.4 The Quality Assurance and Contract Management team received 257 service concerns for processing about adult social care external providers. This compares to 321 last year.
- 6.5 Wandsworth Adult Social Care and Public Health Directorate responded to 335³ Member enquiries this year in addition to the formal complaints. Member enquiries, either through local MPs or Councillors are a way for residents and members to raise questions or concerns with the Council about local services or the community and in particular for this Department, for the welfare of neighbours. The Complaints Team works closely with Adult Social Care to identify Member Enquires that raise issues that require a response through established complaint procedures.
- 6.6 **Chart 2** details the complaints received for each quarterly period. Complaint numbers were lowest in quarter 1.

² Last year the department handled approximately 44,846 contacts, supported 3,827 people and undertook 3,450 financial assessments.

³ The 336 Member Enquiries is 13% higher than the 299 Member Enquiries responded to in 2022/23 and 14% higher than the 294 responded to in 2021/22.

Chart 2: Number of Adult Social Care Complaints completed by quarterly period 2023/24



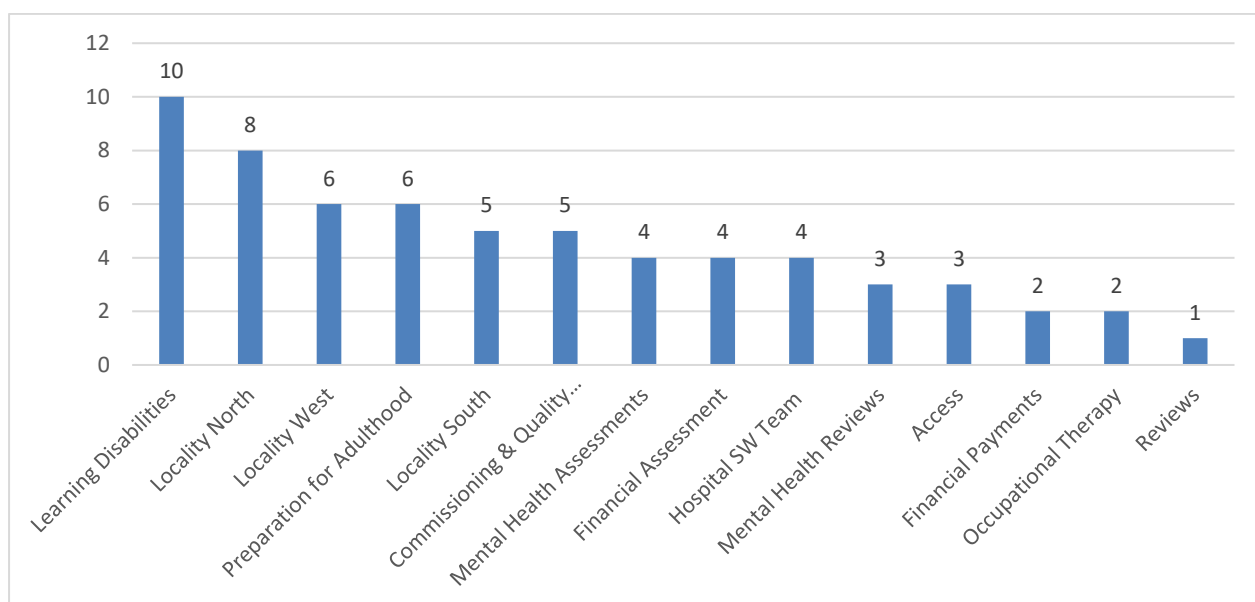
- 6.7 Adult Social Care welcomes complaints and all types of feedback. It is noted that overall formal complaint numbers continue to decline. Adult Social Care teams strive to resolve lower-level issues quickly at first point of contact and this good practice will reduce the number of formal complaints.
- 6.8 **Section 14** of this report provides examples of compliments which evidence the excellent social care practice taking place across Wandsworth Adult Social Care.
- 6.9 In addition to the 63 formal complaints, during the year the Statutory Complaints Team dealt with an additional 97 enquiries over a wide range of low-level complaints or issues/concerns that did not fit within the remit the statutory complaints procedure. Combined with formal complaints the Complaints Team handled 160 issues for Wandsworth Adult Social Care. The Complaints Team also supported Adult Social Care to implement the Unreasonable Complainant Behaviour Policy in a small number of cases where a complainant’s behaviour or the manner in how they approached the Council in relation to their complaint, resulted in their contact being restricted. Although the complainants themselves have been individually recorded, this does not accurately represent the significant volume of contact from these complainants warranting the use of the Unreasonable Complainant Behaviour Policy.
- 6.10 Low level complaints are issues that have been resolved informally and quickly to prevent escalation to the formal complaints process. Issues or concerns are other matters that residents have sent directly to the Complaints Team for triaging, signposting, or redirecting to another team or process, for example, housing complaints or safeguarding issues. These numbers are included in table 2 below to demonstrate the breadth of the work undertaken by the Complaints Team.

Table 2: Representations, issues or concerns handled by the Complaints Team in 2024-24

Type of case	Number
Formal statutory complaints.	63
Low level complaints sent to Adult teams for quick resolution.	52
Statutory complaint requests rejected (redirected) or no consent.	3
Non-statutory complaints/issues directed to other Council services or directorates.	7
Non-statutory complaints directed to the Council's Housing Department.	9
Issues directed to external partners/agencies.	4
Data Protection/FOI requests/Right to Rectification, redirected to Information Governance Processes.	3
Safeguarding concerns directed to Adult Safeguarding procedures.	4
Insufficient information to progress.	1
Issues directed to the Council's legal/insurance services.	3
Restrictions under the Unreasonable Complainant Behaviour Policy	4
Complainant Disengaged	7
TOTAL	160

7. Statutory complaints by team

Chart 3: Number of Adult Social Care Complaints by lead teams 2023-24



7.1 **Chart 3 and Table 3** illustrate the number of complaints received by the teams with these service areas during the reporting year.

Table 3: Number of Adult Social Care Complaints received by teams and Quarter 2023-24

Team	Q1	Q2	Q3	Q4	Total
Learning Disability team	3	1	2	4	10
Wandsworth West Locality	2	0	4	0	6
Wandsworth North Locality	1	3	1	3	8
Preparation for Adulthood	0	0	3	3	6
Wandsworth South Locality	1	3	0	1	5
Commissioning and Quality Assurance	1	2	1	1	5
Mental Health Social Care team	0	1	1	2	4
Financial Assessments	0	1	1	2	4
Hospital social work team	0	1	2	1	4
Mental Health Review, Accommodation & Projects team	0	2	1	0	3
Access Service	0	3	0	0	3
Financial Payments	0	2	0	0	2
Occupational Therapy	2	0	0	0	2
Reviews	1	0	0	0	1
Total	11	19	16	17	63

- 7.2 Most complaints were for Learning Disabilities (10 of 63). There are no concerning trends with regards to the split of complaints across teams and service areas. Complaints have raised issues that we would expect such as the quality of commissioned care services, financial charging issues, delays in processes, communication and the quality of information, and services have learnt when things have gone wrong. Teams across Adult Social Care regularly receive comments and feedback from service users and/or carers and generally these issues tend to be resolved directly by the staff.
- 7.3 The most notable change is that last year complaints for the two Mental Health Teams were the highest due to increase in demand for mental health services following the Covid-19 Pandemic. These have dropped from 16 last year to 7 this year (combined).
- 7.4 In total 16 complaints raised issues about external care providers. The Quality Assurance and Contracts Team led on 5 of these complaints (31%). The remaining 11 complaints were led by social care teams, in liaison with the Quality Assurance and Contracts Team, as the primary issues in the complaints were about social care support.

Case Study: Improving charging

Background: A resident drawing on services lodged a complaint regarding an inaccurate invoice for their care charges. The Council had initiated legal proceedings to recover the debt as the issue had not been resolved over a protracted period of time, despite the person stating that they would pay their charges upon receipt of a correct invoice. When the matter was raised as a formal complaint it was escalated to a manager within the Financial Assessment Team who conducted a thorough investigation to resolve the matter promptly. The investigator found that this error should have been identified and rectified well before considering any legal action for non-payment. An apology was issued for the oversight, and credit notes were raised to nullify the incorrect full-cost invoices.

Learning: As financial errors can lead to dispute and potential trust issues between people drawing on services and the council, the debt recovery process was reviewed to prevent the same mistake from happening again. Following the review, further billing training was conducted to ensure all Debt Recovery Officers are fully aware of the necessary checks before escalating a case for debt recovery action and any potential legal proceedings.

8. Complaints by issues and outcome

8.1 Adult social care complaints can be complex and raise multiple issues, sometimes across more than one team or service area. Each complaint has been classified by a single principal issue, which is the overarching theme or trigger of the complaint. Also, to provide a broader analysis, data has been provided for every issue raised across all formal complaints completed this year.

8.2 **Chart 4** sets out complaints by principal issue this year and **Chart 5** sets out complaints by principal issue in 2022-23. Both charts demonstrate that, whilst numbers have fluctuated slightly, there is little difference in the main issues raised in complaints which are about issues such as the quality of commissioned care, finance (as adult social care is chargeable), perceptions of the amount of support that should be received, delays in processes and communication.

Chart 4: Number of Adult Social Care Complaints received by Principal issue 2023-24

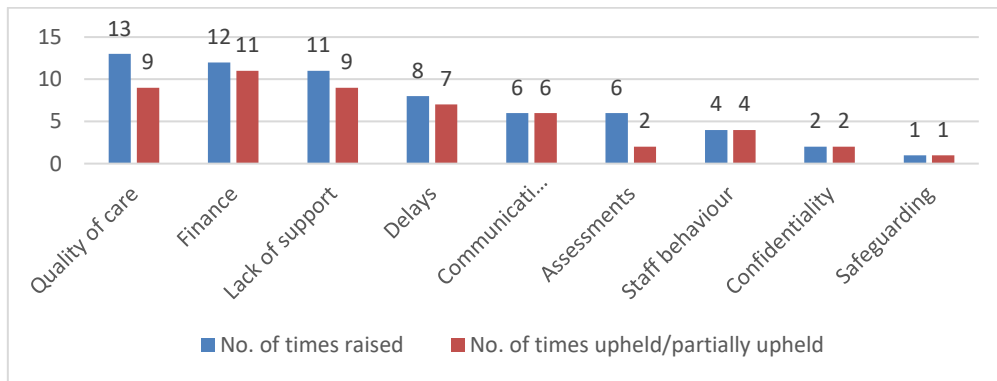
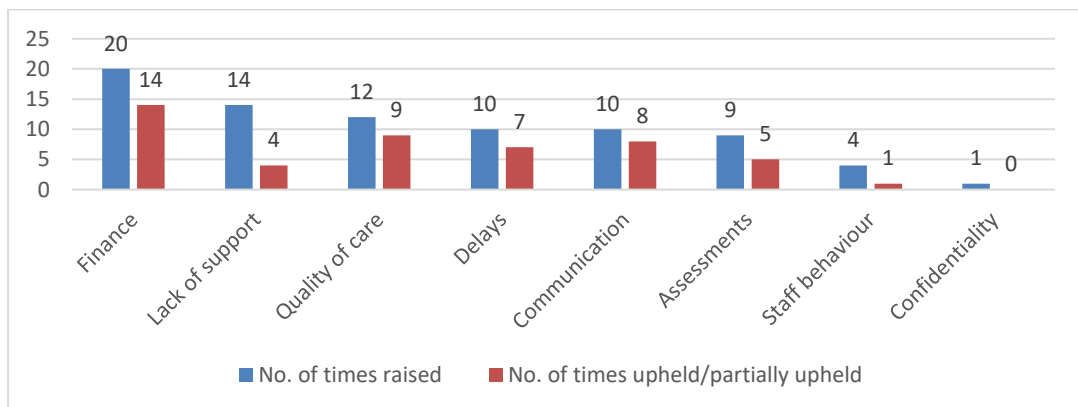


Chart 5: Number of Adult Social Care Complaints received by Principal issue 2022-23



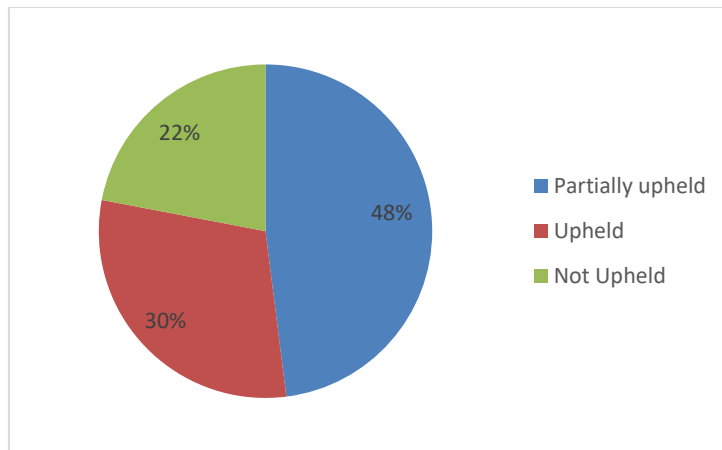
8.3 A summary of the themes raised in the 63 complaints is below:

- Financial Disputes:** Several complaints involve disagreements over care charges. Some residents drawing on services believed that services would be free and were unhappy when they were assessed as paying the full charge.

There are also disputes over outstanding debts to the Council for service charges and dissatisfaction with the actions of finance officers.

- **Assessment and Support:** Complaints have expressed dissatisfaction with the accuracy and timeliness of assessments. There were some disagreements with Social Workers’ identification of social care needs at assessment and unhappiness at not meeting eligibility criteria for support from the Council.
- **Quality of Care:** Complaints often mention issues with the standard of care provided by domiciliary care agencies and supported living placements.
- **Delays:** Several complaints raised issues about delays such as delays in service provision following assessments, delays in providing social care assessments and delays in decision making such as when moving from children’s to adult services, which can cause uncertainty and stress.
- **Communication Issues:** Complaints often mention delays in service following assessments and difficulties in communicating. There are also concerns about poor communication from Social Workers, lack of clarity and support regarding care plans, and breaches of confidentiality by sharing information with relatives without consent.

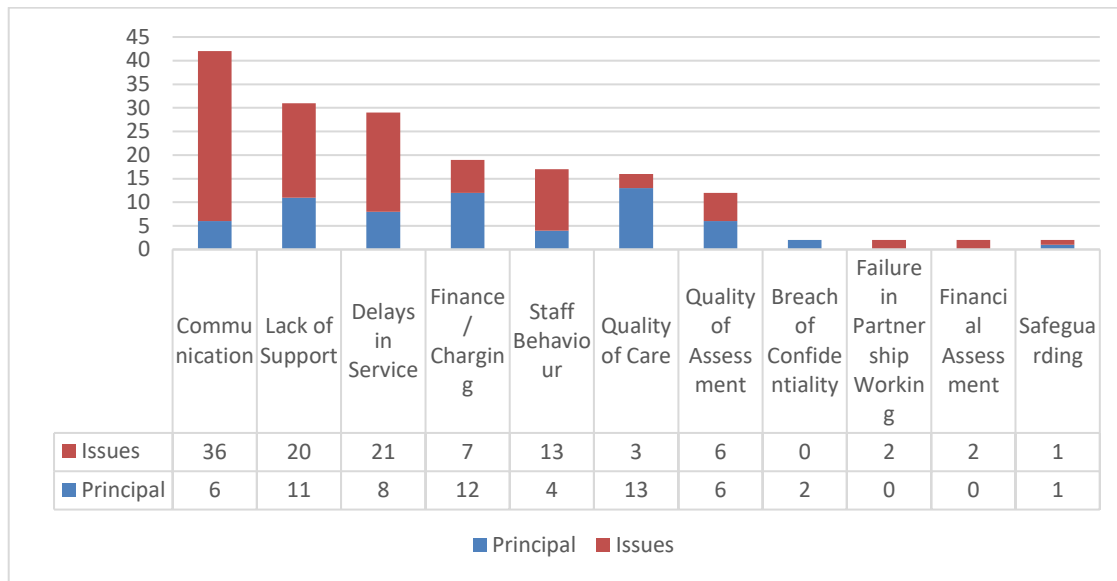
Chart 6: Number of complaints by all outcomes 2023/24



8.4 This year, 48% or 30 complaints were partially upheld, 30% or 19 complaints were upheld, and 22% or 14 complaints were not upheld. This is illustrated in **Chart 6**. Where complaints are partially upheld, this means that some mistakes were made but not all the issues complained about were wrong.

8.5 Whilst **Chart 4** has set out the primary issues for each stage 1 complaint, Chart 7 below sets out each issue raised within the 63 stage 1 complaints. Across the 63 stage 1 complaints a total of 174 issues were raised, demonstrating the complexity of adult statutory complaints. This can present a challenge in determining the key motivation for making the complaint, as often issues like communication and delays are a thread through an entire complaint, yet the complainant’s desired outcome is to have an assessment amended or a professional decision changed.

Chart 7: Number of Adult Social Care Complaints received by issues 2023-24



Case Study: Managing expectations

Background: The teams at the ‘front door’ serve as the first point of contact for individuals seeking social care information, advice and support, screen initial referrals and undertake initial assessments, providing support and guidance to people who may have social care needs. A complaint was received regarding extended wait times for initial assessments. The person had contacted the First Contact Team to discuss day care options for their father and were advised they would receive a call back immediately. Additionally, when contact was eventually made to discuss options, no information was provided about the necessity of completing a financial assessment.

The complaint highlighted a gap in managing expectations about waiting times for assessment and financial assessment discussions. The investigation explained that high demand for services meant that there was a wait for practitioners to be allocated to complete assessments, which was not effectively communicated to the person during their initial inquiry about day care options. The First Contact team are constantly reviewing the customer journey across social care services, and the feedback from this complaint has helped to inform these reviews.

Learning: The First Contact Team have taken on board the importance of providing accurate wait time information when a person first makes contact and offering financial assessment guidance during initial assessments. The team has also enhanced their knowledge of community resources to present a broader array of options to residents and their families. This approach has ensured that as well as addressing immediate concerns, the team are also contributing to the continuous improvement of the social care service experience.

9. External Care Provider Complaints

- 9.1 The Quality Assurance and Contract Monitoring Team, that sits within the Commissioning Service, investigates complaints about care providers for Adult Social Care. This includes residential and domiciliary care services. Complaints regarding a commissioned provider service, received directly by the Complaints Team, will be logged and processed in accordance with the Statutory Complaints Procedure and referred to the Quality Assurance and Contract Monitoring Team to investigate and monitor as required. Some complaints that raise issues about external providers are led by other teams if there are other aspects to the complaint, such as financial issues or care planning. In these complaints, social care teams liaise with the Contract Monitoring Teams to ensure that issues relating to quality of care are addressed.
- 9.2 If the care provider service has not had the opportunity to investigate the complaint through its own process, the Complaints Team may ask the complainant if they agree to firstly attempt local resolution with the care provider. If the complainant does not feel local resolution is possible, or they have attempted to resolve their complaint with the provider, the Council will investigate.
- 9.3 This does not include complaints by 'self-funders' who are able to complain directly to the care provider and/or the Local Government and Social Care Ombudsman (LGSCO). Whilst complaints received by self-funders will be signposted to the relevant provider and/or LGSCO, information received by self-funders about the quality of provider services will be passed to the Quality Assurance and Contract Monitoring team to inform the wider quality monitoring of services.
- 9.4 For this reporting year, 16 formal complaints were completed that were fully or partially about external care providers which is slightly less than the 17 complaints last year. 5 of these formal complaints were led by the Quality Assurance and Contract Monitoring Team as the complaints were primarily about the quality of commissioned care provision. The remaining 14 complaints were led by social care teams, sometimes in partnership with the Contract Monitoring Team, as the main focus of the complaints were interactions with Adult Social Care teams, with provider issues being raised as secondary concerns.
- 9.5 10 complaints were about domiciliary care providers, 3 were about supported living, 2 were about Extra Care Housing and 1 was about a care home.
- 9.6 These low numbers of complaints should be set in the context of the number of service concerns that have been dealt with by the Quality Assurance and Contract Monitoring Team. This year, 257 service concerns were raised about external care providers which required processing by the Quality Assurance and Contract Monitoring Team.
- 9.7 Service concerns are a quick and effective way of dealing with issues as an informal complaint and prevent issues escalating. The Quality Assurance and Contract Monitoring Team aim to provide an outcome on these concerns within seven working

days. Residents who draw on services are always provided with information about the formal complaints process, but the benefits of the service concerns process are that it provides a rapid response for the resident and intelligence to the Quality Assurance and Contract Monitoring team about the performance of external providers.

Case Study: Quality of Care

Background: A complaint was lodged concerning the quality of care provided by a domiciliary provider. The grievance encompassed issues such as missed care visits, lateness, substandard care quality, and inadequate communication from the provider. The council's Quality Assurance and Contract Monitoring Service, tasked with overseeing the care standards of externally commissioned care providers, conducted an investigation in collaboration with the care provider. The investigation substantiated the complaint and confirmed that, following this complaint, telephone monitoring and spot checks were executed by both the Care Coordinator and the Field Care Supervisor. Positive feedback was subsequently received from the service users regarding the improved quality of care delivered. Furthermore, the Council is monitoring its care providers more robustly by convening regular meetings to discuss concerns, and to ensure clear resolution of complaints with agreed-upon improvement actions.

Learning: Subsequent to the identification of issues, the provider has affirmed their commitment to continual service enhancement and has implemented measures (e.g., supervision, alteration of care worker, training, monitoring of service delivered, etc.). The provider acknowledged that they are a learning organisation and intends to use this case as a to extract lessons on best practices and potential improvements for superior outcomes. Lessons learned were disseminated during staff meetings. This reflective process has proven beneficial for the workforce, enabling them to assimilate knowledge from various scenarios and incidents. Specific focus has been placed on:

- Ensuring the incorporation of all calls into the electronic system, which the care coordinator will review prior to dispatching carers. As an additional safeguard, all carers are instructed to verify their rota, and in the event of a missing schedule, to communicate with the office.
- Care workers have engaged in refresher training covering key areas such as Duty of Care, Dignity in Care, and Safeguarding Adults.

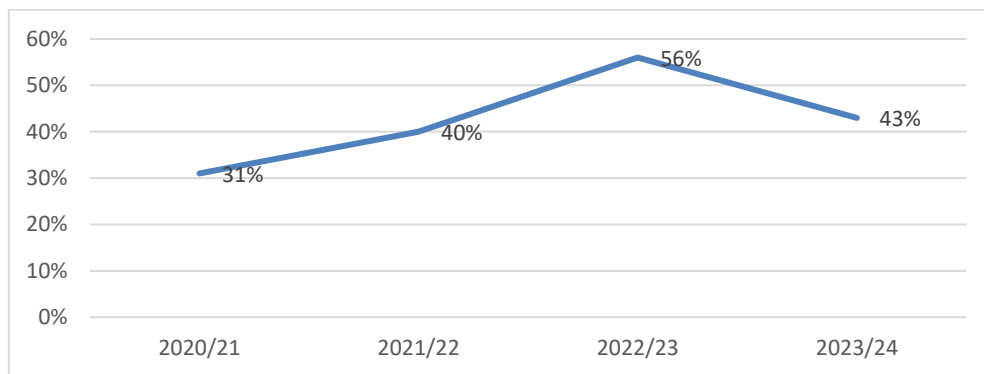
10. Response times

10.1 Adult Social Care teams work towards a local target of 25 working days to respond in writing to formal complaints. As the complaint regulations allow flexibility, within the six-month statutory timeframe, this local target can be changed with the

agreement of the complainant who is always kept fully informed. Therefore, whilst we measure against 25 working days to manage our internal performance, no complaints breached the statutory six-month timescale⁴. Also, where complaints have been extended past 25 days, complainants have been consulted throughout and have not raised concerns about delays.

10.2 For this reporting period, Wandsworth received 66 complaints but completed 63 complaints. Timescales were measured for the 63 complaints closed during this year within the 25-day local target.

Chart 8: Percentage of complaints responded to within 25 working days 2020/21 – 2023/24



10.3 Of those, 27 complaints (or 43%) were closed within 25 working days and 36 (57%) exceeded this timeframe. **Chart 8** details response times for the last four years which shows that less complaints this year were completed within 25 days.

10.4 For the 43% of complaints that exceeded the 25-day internal timescale, the average time for completing the complaint from start to finish was 34 days which is an improvement on the average of 36 days last year. Positively, no complaints exceeded the six-months statutory timeframe this year⁵.

10.5 Where complaints take longer than 25 days, extensions are agreed with the consent of the complainant and complainants are kept informed at all stages. As Adult Social Care complaints can be complex, sometimes it is necessary to use additional time to provide a comprehensive investigation. No complaints were received about the length of time taken to complete an adult statutory complaint.

⁴ Six months is calculated as 182.5 days although this includes non-working days.

⁵ Six months has been calculated as 182.5 days although this includes non-working days.

11. Equalities data and categories of support

11.1 This year 37 complaints (59%) were from or on behalf of residents of working age; between the ages of 18 and 64. A further 26 complainants (41%) were from complaints from, or on behalf of older adults (or over 65).

11.2 This year 28 complaints concerned females, and 37 complaints concerned males. The reported numbers exceed the number of complaints as some complaints relate to multiple residents.

11.3 For the 37 complaints from or on behalf of residents of working age:

- 23% were in receipt of support for physical support which includes personal care and mobility and/or personal care.
- 36% were in receipt of support for learning Disabilities.
- 15% were in receipt of support from the Mental Health Teams.
- 8% (three people) were in receipt of care for mental health and social support.
- 8% (three people) were in receipt of support for learning disabilities, physical support, personal care, memory and cognition and speech communication.
- 5% (two people) were in receipt of support for social support.
- 5% (two people) were in receipt of non-specified support.

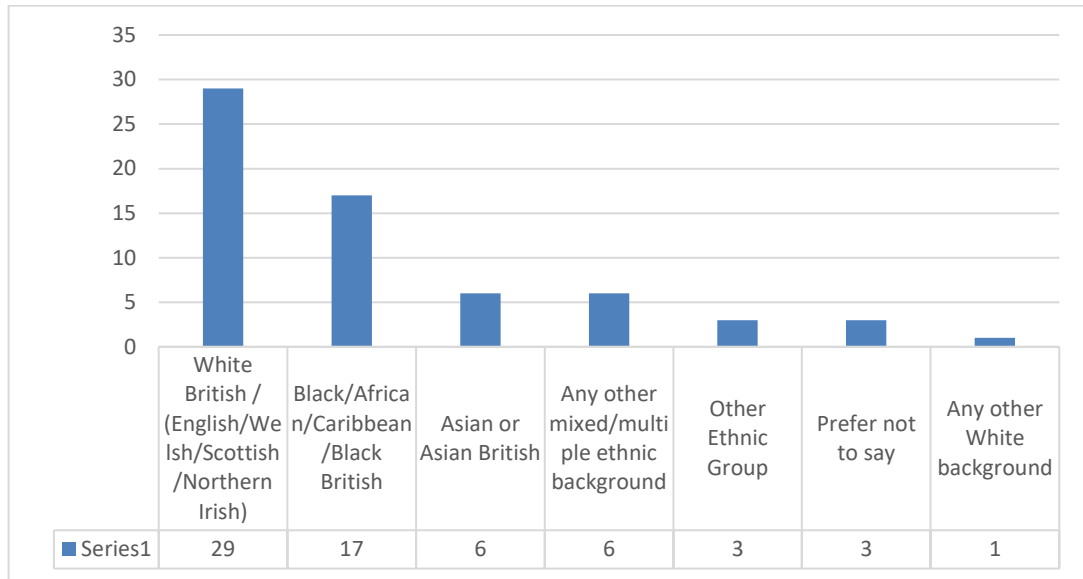
11.4 For the 26 complaints from residents in the older people's category (65 plus), where known:

- 58% were receiving physical support, for example, personal care and mobility, which is unsurprising given the demographics
- 12% (or 3 people) were receiving support for memory and cognition.
- 8% (or 2 people) were receiving support for mental health.
- 8% (or 2 person) were receiving physical and social support.

- 4% (or 1 person) was receiving sensory support.
- 4% (or 1 person) was receiving mental health and physical support.
- 4% (or 1 person) was receiving support for dual impairment and memory and cognition.

11.5 Where known, **Chart 9** provides ethnicity data for residents drawing on services who made complaints or had complaints made on their behalf. The majority of service users were from a White background (29 or 45%). In Wandsworth, 51% of Adult Social Care services users are from a White background. Black, Asian and Minority Ethnic Groups represent 49% of service users.

Chart 9: Ethnicity Data 2023-24



12. Corporate Complaints

- 12.1 This report provides a brief overview of Corporate Complaints closed by Adult Social Care. Detailed reporting on Corporate Complaints is within Wandsworth Council’s Corporate Complaints Report 2023-24.
- 12.2 Adult Social Care only received 1 corporate complaint this year. It was investigated at stage 1 and did not progress to stage 2. This compares to 5 stage 1 complaints and 1 stage 2 complaint last year.
- 12.3 Corporate complaints for Wandsworth Council are analysed in more detail within the Wandsworth Annual Corporate Complaints Report 2023-24.

13. Ombudsman Cases

- 13.1 This report provides a brief overview of Local Government and Social Care Ombudsman (LGSCO) closed by Adult Services. Detailed reporting on Corporate and Ombudsman Complaints is within Wandsworth Council’s Corporate Complaints Report 2022-23.
- 13.2 A complainant reserves the right to refer their complaint to the Local Government and Social Care Ombudsman (LGSCO) at any time. However, in most cases, the LGSCO will seek to ensure that the Local Authority has been provided with the opportunity to respond to the complaint in accordance with the Council’s statutory complaints process.

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13.3 In 2023-24, a total of 7 LGSCO enquiries were made. Whilst this is higher than the 4 Ombudsman enquiries in 2022/23, only 3 of these resulted in full investigations following assessment. In 2022/23, 3 of the 4 enquiries progressed to full investigation; it is positive that whilst contact has increased the number of full investigations has remained the same. Details of the LGSOC **table 4** below.

13.4 Outcomes and status of the cases are in Table 4 below:

Table 4: Ombudsman cases by team and outcome

Quarter	Service Area	Subject	Outcome
1	North Locality service	Alleged safeguarding failures	Assessment stage: Not enough evidence of fault to justify an investigation.
1	Joint Reviews service/ Housing Services	Concerns regarding lack of support to progress a transfer of a placement to another borough.	Assessment stage: An investigation would not provide a worthwhile outcome.
2	Payments Team/Quality Assurance and Contract Monitoring	Mistakes in invoicing by a care provider which led to an overpayment for services not provided	Investigation: Fault which caused significant inconvenience. Financial remedy provided and agreement to work with the care provider to find solutions.
2	Mental Health/Housing Services/Supported Travel	Alleged failure to provide support to access services	Investigation: There is no fault, but the Council has agreed to consider whether its Adult Social Care and Housing Team can work together to help with moving home.
2	Mental Health	Alleged mistreatment and ignoring emails.	Withdrawn by complainant
2	Preparation for Adulthood	Delays in decision making about carers payments	Premature and diverted to the complaints process.
3	Joint Reviews/Quality Assurance and Contract Management	Complaint about the standard of care and communication	Investigation: The care provider, acting on behalf of the Council made failings in the quality of care. The Council provided an apology, remedy and

			agreement to address the final issues with the care provider.
3	Learning Disabilities	Council is preventing a former Personal Assistant from contacting a resident drawing on services	Assessment stage: Not enough evidence of fault to justify an investigation.

14. Compliments

14.1 Positive feedback regarding staff or service delivery is another way in which the department can learn how well services are being delivered. Compliments remind us of the excellent practice within services and reinforce that the promises made to learn from complaints are sincere. Staff are reminded to report compliments they receive so we can record as much positive feedback as possible to evidence the commitment to good social care practice. This year 97 compliments were recorded.

14.2 Examples of compliments received from both service users and partner organisations are outlined below:

- *“We have had several visits with [name] concerning my husband who is registered blind and hard of hearing. We could not have wished for anyone better to welcome into our home. Their display of interest and ability to deal with any issues raised were second to none. After in depth conversation they dealt with the points raised and organised several items to assist my husband for which we are extremely grateful”.* **Sensory Impairment Team**
- *“I must say your team have always been great with their services but in these past weeks with bed pressures and the amount of care packages that needed to be confirmed, they have been exceptionally great. I’m very proud of your team. They are easy to work with and approach, straight forward, very helpful and dedicated to duty. Anytime I’m not sure about what I’m doing and I phone in, everyone is always happy to offer me the necessary help”.* **Hospital Discharge Team**
- *“I wanted to feedback the conversation I had with [name]. She told me how ‘amazing’ you and the KITE team have been and how wonderful the carers have been. She said she has received excellent service from everyone involved in her care and particularly mentioned yourself and the KITE team. She said she was never aware that she was entitled to this kind of support initially and has been bowled over by how amazing and helpful everyone is”.* **KITE (Keep Independent Through Enablement)**

- *“Thank you so much for your speedy reply, your service is impressively efficient and been so kind and understanding - really the best staff in the best Brightest borough”.* **Occupational Therapy**
- *“I felt helpless until I spoke to [name] and she took the time to hear to listen to me and said this isn’t right and we are going to change this! And she did just that!”* **Mental Health**
- *“I particularly appreciated the way you interacted with my mum in relation to her complex communication needs. You were so warm and kind in your approach and your patience enabled her to feel part of the process. She felt comfortable in your presence and therefore wanted to engage and contribute. We both felt listened to and valued. You were also very clear with timescales and met those which was helpful. When it came to reading your assessment report I recognised my mum! Her character and personality shone through and you picked up on more subtle details nuances too”.* **Reviews**
- *“I wanted to thank you so much for your help in getting things moving for [name]. It really has made all the difference. [name] was so reassuring when she rang me that Friday afternoon. [name] then visited and was the perfect mix of thorough professional and a real person”.* **West Locality Team**
- *“I would like to thank everyone for helping me and keeping me safe at all times thank you all for caring and the support I got from all of you, I'm sure I couldn't of done this on my own. Thank you [name] and everyone - one amazing team thanks”.* **North Locality Team**

15. Going forward: key achievements and priorities for 2024/25

15.1 The Complaints Team have made significant strides in improving our complaints handling process this year by:

- **Creation of a public-facing Adult Social Care complaints policy:** This new policy provides more transparency about how decisions are made by the Complaints Team and how statutory regulations interact with other policies and procedures.
- **Strengthened quarterly reporting:** To foster a positive culture of learning from complaints, we have enhanced reporting to all Directorate’s Senior Management Teams.
- **Targeted collaborative work with the Housing Directorate:** In response to an increase in housing-related complaints, we have implemented a procedure to identify high-risk issues and themes. We have also strengthened partnership working between housing and social care teams for more cohesive complaints handling.
- **Collaboration with the SEND teams in Achieving for Children:** Fortnightly meetings now take place to discuss current open complaints and provide support and

guidance for the most complex cases. This has also significantly improved the number of complaints sent on time.

- **Work to strengthen complaints practice and culture:** In consideration of the LGSCO and Housing Ombudsman Service (HOS) aligned Complaints Handling Code, we have begun work to enhance complaints practice. This included amending timescales for Corporate Complaints under the HOS jurisdiction to commence on 1st April 2024, updating staff guidance on effective complaints handling, and updating information on the Council's complaints webpage.
- **Continued comprehensive complaints training for staff:** This has included regular online training including a webinar on complaints handling, face-to-face complaints training at an Adult Social Worker Forum and securing information about the complaint processes on staff induction for all new starters.

7.2 In 2024-25 our priorities will be:

- **Policy Development:** The establishment of a publicly accessible Statutory Children's Social Care complaints policy. This initiative aims to enhance transparency regarding the decision-making processes of the Complaints Team and the interplay between statutory regulations and other policies.
- The launch of a new Corporate Complaints Policy from 1 April 2025 which is fully aligned with the Ombudsman Joint Complaints Handling Code.
- **Complaints Practice Enhancement:** To maintain our adherence to the Ombudsman Joint Complaints Handling Code, we will reinforce our robust complaints practice through:
 - Continuous Staff Training: Implementing an ongoing training programme on the requirements of the Code.
 - Performance Management Integration: Collaborating with Human Resources to incorporate complaints handling objectives into staff appraisal documents and job descriptions.
 - Equality and Accessibility: Partnering with the equality lead to refine our approach to recording and monitoring reasonable adjustments for individuals lodging complaints.
 - Contractor Oversight: Enhancing procedures to ensure that contractors and third-party service providers on behalf of the Council manage complaints effectively.
 - Reporting Enhancements: We will introduce biannual complaints reports to Executive Directors and Lead Members, supplementing the existing annual complaints reporting structure.