

Annual Complaints Report
Adult Social Care
Wandsworth
2021-22

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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 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 have access to the Adults statutory complaints procedure.
- 1.3 Wandsworth Council's Adult Social Care complaints are managed within the remit of the Resident Engagement Service. The Statutory Complaints Team currently comprises a Complaints Manager, which is a statutory requirement, supported by two complaints officers. The Statutory Complaints Team sit within the same management structure as the Corporate Complaints and Ombudsman Team.
- 1.4 A key part of an effective complaints system is to highlight areas of learning from complaints to inform ongoing improvement of services. As a directorate, Adult Social Care perform strongly when learning and improving services from complaints. The Complaints Team have developed strong links with the Professional Standards Team and are now regularly delivering training on good complaints handling to Adult Social Care Teams. This year common learning themes have tended to focus on improving all types of communication, ensuring information about charging/financial contributions is clear, strengthening processes to ensure that direct payments accurately reflect any changes in a person's support needs and improving the accuracy of recording on case notes and social care assessments.

2. Legislation

- 2.1 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.
- 2.2 The Regulations cover Adults social care and Health services and/or any of its commissioned services and/or independent services.

3. Overview of the Statutory Adults Complaints Procedure

- 3.1 The complaints procedure is a single stage process for both Health and Social Care services. The Local Authority has a total of six months (or 65 working days) 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.

- 3.2 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 (LGSO) following the final response from the Local Authority or at any time.
- 3.3 Complaints should be recorded and monitored by the complaints team. All complaints should be offered the opportunity to discuss their complaint with a complaints officer and 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.
- 3.4 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”.
- 3.5 Complaints can be made by the service user receiving a direct service from Adult Social Care or by a person on their behalf such as an advocate or family member where the service user has provided their written consent and they are deemed to be acting in the person’s best interests.
- 3.6 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.
- 3.7 Service users who fund their own care for services that are regulated by the Care Quality Commission do not fall under this procedure, but people self-funding their care 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.
- 3.8 Complaints will be considered if they are made within 12 months of the incident although the Council can apply their discretion to waive this time limit in some instances.
- 3.9 Complaints are counted in the year in which they were responded to or closed. Therefore 2021-22 complaint figures include complaints that will have been initiated in the previous year but then closed in the reporting year.

4. Approach to learning from complaints/quality assurance

- 4.1 Learning from the experience of people using services can 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. This year learning has focused on:

- Continuously reflecting on ways to improve communication when it has fallen short of expectations
 - Ensuring that clear and accurate information is provided about charging/financial contributions
 - Improving processes between the social care teams and direct payment team to ensure any changes to support are promptly reflected in payments
 - With oversight from the Professional Standards team, a priority focus will be the improvement of the accuracy of recording on case notes and in assessments.
- 4.2 Learning is detailed in late sections (**sections 6 and 8**), so that it can be understood in context of issues and outcomes in complaints.
- 4.3 This year we have enhanced our reporting and provide detailed quarterly reports which set out learning and themes to the senior management team.
- 4.4 In addition to this we have developed strong links with the Professional Standards teams and in partnership, have delivered training on good complaints handling for operational teams. The aim of the training is to improve the quality and timeliness of complaint investigations, discuss the importance of learning from complaints and strengthen the support between the Complaints Team and operational teams.
- 4.5 This year the complaints team supported a six-month graduate placement who spent their time researching learning from complaints and providing a series of recommendations to enable the complaints team to strengthen practice and link with professional standards teams to ensure learning from complaints feeds directly into service improvement. This is detailed further in **Section 15 Going Forward**.

5. Statutory complaint numbers

- 5.1 The department completed 80 complaints¹ (which included eight external provider related complaints; six of which were led by the Quality Assurance and Contract Monitoring Team) which is the same as last year when 80 were completed.
- 5.2 **Table 1 and chart 1** details the complaints received over the last 5-year period. There has been a slight gradual decrease in the number of complaints, however numbers stabilised over the last two years.

¹ Ten of the complaints completed in the first quarter of this year were carried over from last year (2020-21). In total 79 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 (2022-23). The 79 new complaints received is exactly the same number as the 79 received last year.

Chart 1: Statutory complaint numbers by year 2018/19 – 2021/22

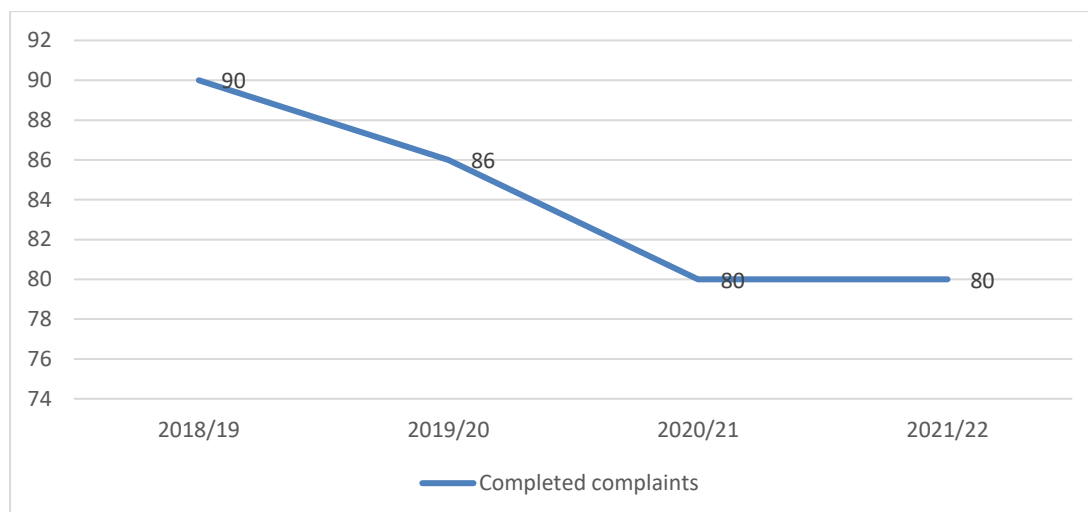


Table 1: Wandsworth Adult Social Care complaints by year

Wandsworth	2018/19	2019/20	2020/21	2020/21	2021/22	2021/22
			Closed	Received	Closed	Received
	90	86	80	79	80	79

5.3 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 its residents and service users. During 2021/22, 79 complaints were received and 80 were closed but that is a low proportion given that the department handled approximately 49,300 contacts and supported 3,743 people during the year. Also, whilst finance was raised 20 times as the principal reason for complaining this year, the Financial Assessment Team was responsible for processing in excess of 2,689 financial assessments each year².

5.4 Additionally, the Quality Assurance and Contract Management team received 342 service concerns about adult social care external providers. 323 of these quickly were investigated and resolved by contract officers, which is likely to have reduced the number of formal complaints.

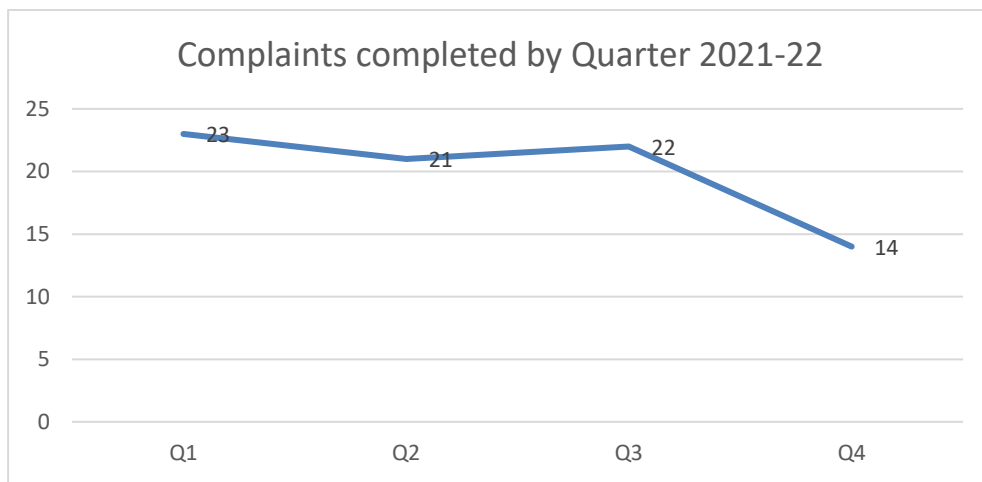
5.5 It is also notable that Wandsworth Adult Social Care and Public Health responded to 294 Member enquiries this year in addition to the formal complaints. Member enquiries, either through local MPs or Councillors are a way for residents and members to raise questions with the Council about issues related to local services or the community and in particular for this Department, for the welfare of neighbours,

² The numbers of contacts and referrals has increased. Last year the department handled approximately 41,570 contacts, but numbers have increased as contacts now include all email and telephone calls. The department also supported 3,860 people during the year.

some of which resolve issues that might otherwise have become formal complaints. It is important that these figures are considered alongside the number of complaints as services are expected to investigate and provide responses, within shorter timescales than those prescribed in complaint processes.

5.6 **Chart 2** details the complaints received for each quarterly period. Complaint numbers remained steady for the first three quarters but dropped in quarter 4.

Chart 2: Number of Adult Social Care Complaints completed by quarterly period 2021/22



5.7 Adult Social Care welcome all types of complaints and feedback as a department that welcomes complaints is a sign of a listening organisation. Given the size of the borough complaint numbers could be higher but all adult social care teams work hard to provide good customer service at the point of contact and resolve issues before they become formal complaints.

5.8 There has been a lot of bereavement and loss in the last two years due the Covid-19 Pandemic which has impacted on families and workers dealing with these cases. Together with the high volume of cases, services struggle to recruit social workers and external providers struggle to recruit care workers. Despite this teams work hard to put things right quickly, for example, the Wandsworth East and West locality teams trouble shoot when issues are first raised and always signpost service users to the Complaints Team if a person requests to make a formal complaint. **Section 13** of this report provides examples of compliments which evidence the excellent social care practice taking place across Wandsworth Adult Social Care.

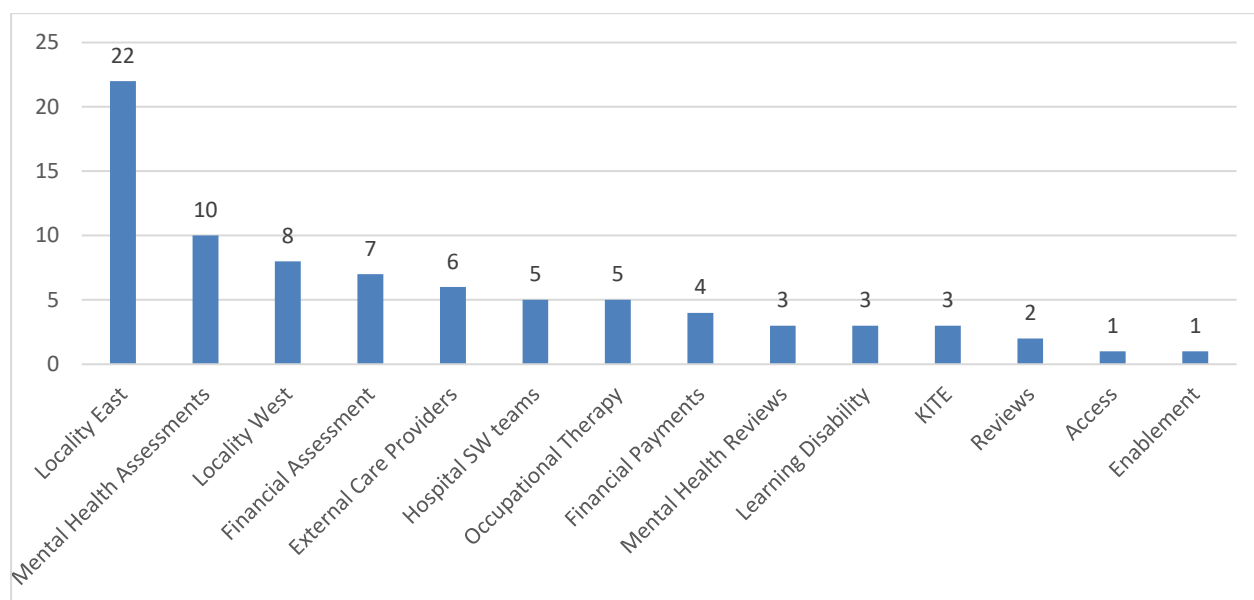
5.9 There are wider policy developments which may impact on complaint numbers in forthcoming years. The Government is reforming adult social care charging policies to change the upper cap limit (UCL) on adult social care costs. Currently people with chargeable assets under £23,250 are eligible for some funded social care support. From October 2023 this limit will increase to £100,000. On top of the already increasing numbers of referrals and assessments, many of which could have been accelerated by a decline in health and wellbeing because of the Covid-19 Pandemic,

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services will also be challenged to cope with the increase in the number of people eligible for social care support because of these reforms.

6. Statutory complaints by team

Chart 3: Number of Adult Social Care Complaints by lead teams 2021-22



6.1 **Chart 3 and table 2** illustrate the number of complaints received by the teams with these service areas during the reporting year.

Table 2: Number of Adult Social Care Complaints received by teams and Quarter 2020-21

Team	Q1	Q2	Q3	Q4	Total
Locality East	4	5	8	5	21
Mental Health Assessments	4	3	2	1	10
Financial Assessments	1	1	5	0	8
Locality West	3	1	2	2	8
External Providers (Quality Assurance & Contract Monitoring)	3	1	1	1	6
Hospital teams	0	1	2	2	5
Occupational Therapy	2	1	1	1	5
Financial Payments	1	2	1	0	4
Mental Health Reviews	1	1	0	1	3
Learning Disabilities	0	2	0	1	3
Kite	3	0	0	0	3
Reviews	0	2	0	0	2
Access	0	1	0	0	1

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Enablement	1	0	0	0	1
Total					80

- 6.2 The East Locality Team responded to 22 complaints (or 28%) which was the highest number of complaints this year. This Locality supports the largest number of vulnerable residents of all our services, covering some areas of significant deprivation and it has seen a very high increase in referrals for assessment and safeguarding concerns over the last year, post-Covid. Our activity data shows us that this service deals with a high number of residents with very complex needs. We would expect to see more complaints for this service than others for these reasons. In 2020/21 most complaints were also for the East Locality Team who completed 17, slightly less than the 21 completed this year. In comparison, the West Locality, which covers a smaller geographical area, completed eight complaints (or 10%).
- 6.3 Mental Health service completed 10 complaints (or 13%) of complaints compared to six last year. Whilst the increase is still low, corporate complaints for Mental health Assessment have also risen (**Section 10**). This is not surprising as there has been a huge increase in demand for mental health assessments following the Covid-19 Pandemic as well as a large increase in the number safeguarding concerns, which has put pressure on the service. Given these factors, the number of formal complaints is low and evidence how the service focuses on resolving concerns at an early stage.
- 6.4 Financial Assessment led on seven complaints (or 9%) and the Financial Payment team led on four complaints (of 5%). Other complaints raising financial issues were led by other teams with input from the finance teams. Service areas are committed to working in partnership to resolve multi-faceted complaints that involve two or more teams, as one combined complaint response makes the process of complaining easier for the service user. Also, the low number of complaints in relation to the number of service users the Financial Assessment team deal with is positive. This is supported by the way the team approach what they do in a difficult environment where they are charging people and recovering debt. The good practice and customer care in this team (and the Payments Team) ensure that most issues are resolved quickly at point of contact which is why the number of formal complaints remain low.
- 6.5 The Quality Assurance and Contracts Team led on six complaints (or 8%) which were about external care providers. One other complaint was about an external provider which were led by the hospital teams as the wider issues were about the quality of social care support; however, the Quality Assurance and Contract Monitoring took forward the issues about the care provider.
- 6.6 The Integrated Discharge and Occupational Therapy (OT) service which cover the Hospital and OT teams overall have received a low number of complaints. Each service responded to five complaints each (or 6% each). Within this service area practice has been developed to recognise that managing a complaint is as much about the person as the issue. The service has clear expectations of what is good

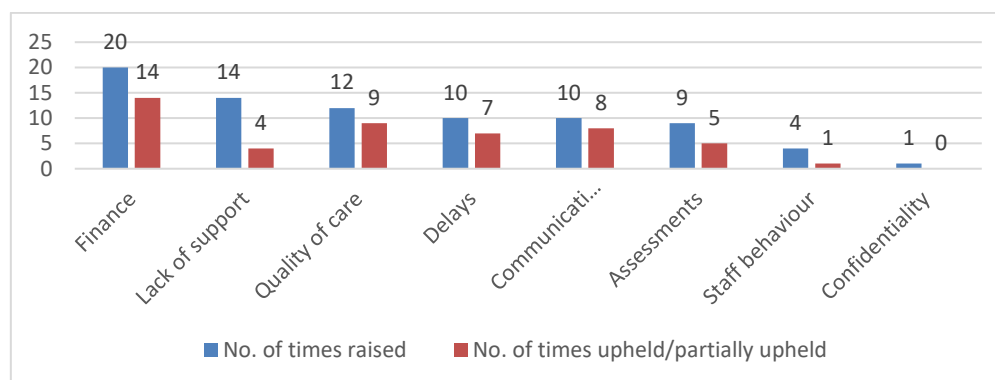
work and issues are responded to quickly. This is despite Occupational Therapy currently having the biggest demand in history, with referrals doubled, and delays in completing assessments on time.

- 6.7 Across other teams, numbers were low. The Hospital Social Work Team and Occupational Therapy teams completed five complaints each. Mental Health Reviews, KITE (reablement) and Learning Disabilities completed three complaints each, Reviews completed two complaints and Access and Enablement completed one complaint each. These low numbers could be accounted for by good practice. For example, within the Integrated Discharge and Occupational Therapy service, practice has been developed to recognise that managing a complaint is as much about the person as the issue. The service has clear expectations of what is good work and issues are responded to quickly.
- 6.8 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. This year three of the formal complaints received were withdrawn as the issues were responded to quickly and the complainant did not want to continue to receive a formal written response. Withdrawn complaints are still included in the numbers because the issues raised may still result in changes to how a service is delivered for the person named in the complaint or result in wider practice change. Also, withdrawn complaints still take time and resource from the complaints team and services to record, analyse, and resolve.

7. Complaints by issues, outcomes, and learnings

- 7.1 Complaint issues allow us to understand how services are being perceived and what can be learnt from complaints to improve service provision. Complaints are regularly reviewed at senior management level with a primary focus on addressing the learning from complaints which are upheld or partially upheld. Most complaints are multi-faceted and therefore raise multiple issues. For example, whilst communication as a principal issue was recorded 10 times, most complaints raise communication issues in some way, but this may not always be the main reason to complain. Also, many complaints comment about delays, but again this may not be the main concern. Therefore, each complaint has been reported by its principal issue³, which is the overarching theme or trigger of the complaint.
- 7.2 Whilst not all complaints have specific learnings as an outcome, all complaints offer apologies when things have gone wrong.

³ Current reporting of one primary issue per complaint will be expanded next year as adult complaints are now fully utilising the new case management system Respond. This case management system will enable us to effectively log and report each single issue raised in a complaint and provide a deeper analysis.

Chart 4: Number of Adult Social Care Complaints received by Principal issue 2021-22

- 7.3 **Finance** was the most raised principal issue and accounted for 20 complaints (or 25%). Last year finance was recorded as being raised 11 times. The increase this year is partly due to more precise summarising of issues this year. However, it is also to be expected that finance will be a key part of adult social care complaints, as it is a means tested service, and a significant number of people supported will be paying a contribution towards their care costs.
- 7.4 Next, **lack of support** was raised 14 times or 18%. This is the same numbers as 2020/21 when it was raised 14 times.
- 7.5 **Quality of care** was raised 12 times (or 15%). Last year, the most similar type of complaint issue was 'poor service' which was raised 13 times.
- 7.6 **Delays** was raised as the principal issue for 10 complaints (or 13%). In 2020/21 delays were only reported on as raised three times, but it is likely that the increase is due to more precise recording of complaint issues this year, which have narrowed down the number of complaint types.
- 7.7 **Communication** was raised as the principal issue in 10 complaints (or 13%). In 2020/21 communication was recorded 18 times. The reduction this year is because some complaints raising communication have been classified under other complaint types if communication was not the key motivation to complain. This is to provide a more precise understanding of the reasons for complaints.
- 7.8 **Quality of assessments** as a principal issue was raised nine times (or 11%) which is the same as 2020/21 when it was also raised nine times.
- 7.9 **Staff behaviour/attitude** was raised as a principal theme in four complaints (or 5%) which is a 50% reduction on the eight complaints in 2020/21.
- 7.10 **Confidentiality** which was raised only once as a principal issue compared to once in 2020/21. These are detailed in **Chart 3** below.

7.11 Principal issues are set out **Chart 4** above. Next year we will be using our new case management system to report, and this will allow us to record multiple issues against each complaint and provide a wider analysis of complaint issues.

7.12 Complaints where **finance** was raised as the principal issue are summarised below:

Financial Assessments

- Some complaints challenged the outcomes of financial assessments which calculate a person's contributions towards their care. As the Charging Policy is based on the Government's Care Act 2014, if a complaint only raises concerns about the outcome of the assessment (i.e., how it was calculated), a re-assessment will be offered through an appeals process. However, complaints also raised other issues, for example, communication and delays in providing information or inaccurate information.
- Sometimes these complaints are tied up with complaints about the quality of externally provided care as often people do not want to pay for care if they feel externally provided services are of a poor quality and require a joint response by Financial Assessments and Quality Assurance and Contract Monitoring.
- Some complaints were about a lack of understanding of care costs or disputing charges, sometimes together with communication issues, delays in financial paperwork, or perceptions that team members have not taken ownership to sorting out issues. One example is a complaint from a service user's Appointee who was unhappy with the lack of information from the Council who were providing a Money Management service.
- A self-funder (whereby adult social care had arranged the care), complained that they were continuing to be charged for services after they had ended them and were having difficulties trying to sort the issues out with the Finance Team.

Learning: Financial assessments

- Social workers now ensure referrals to the Financial Assessment team are timely to avoid delays in financial assessments.
- IT services have resolved problems with phone lines and voicemails for the Financial Assessment team and officers now always ensure that the main number is answered and check voicemails daily.
- Finance officers received coaching on improving customer care and ways to ensure a more supportive approach is taken to help service users resolve financial matters.

Direct Payments

- Sometime people have told us that they do not feel that their Direct Payment is sufficient to buy care they require, and this can be complicated if a person chooses a care provider with a higher rate. Sometimes the Council take the view that the assessed care hours could be provided by a cheaper agency and still meet assessed care needs. In these cases, the finance and social care teams worked with the service user to explore all options and alternatives to ensure appropriate care was sourced.
- A small number of complaints were about Direct Payments being overpaid as a result of support plans being reduced but information from social care teams not reaching the Payments Team promptly to enable amendments to payments.
- Some complaints (often by family representatives) were about a lack of understanding that direct payments can only be used to meet an individual's care and support needs, and that surplus monies must be returned to the council. Family members/representatives have perceived that they have been accused of financial mismanagement.

Learning: Direct Payments

- Offers are made to set service users up with Vibrance, an external provider that can administer direct payments. This enables family members/carers to make decisions and arrange care and support without the financial burden of administrating the money (and avoids conflicts of interests).
- By recognising that sometimes there is a genuine misunderstanding about what Direct Payments can be used for, letters have been reviewed to ensure the terminology is more supportive and no longer refers to a 'misuse of money'.
- Improvements have been made to the support planning process to ensure that changes to support plans, particularly where needs have decreased, are added correctly and quickly onto the finance system, to avoid overpayment. Regular audits take place to ensure improvements are effective.

7.13 74% of complaints (or 14 complaints) where **finance** was raised were either partly upheld or upheld. One complaint was withdrawn.

7.14 Complaints that were not upheld at all mainly related to complaints that specifically queried how decisions had been made relating to charging/contribution policies.

Where complaints were upheld or partly upheld, it was acknowledged that there had been delays or communication issues in different parts of the social care system that had resulted in either financial errors or failure to communicate financial information in a timely way.

7.15 Complaints where **lack of support** as the principal issue are summarised below:

- Some complaints were from relatives/representatives of service users when they perceived that care support was insufficient, or that teams were not doing enough to investigate safeguarding concerns.
- A complaint was received from a person self-funding their care who wanted support to make care arrangements and felt that they did not get clear information on how the enablement service operated after discharge from hospital.
- Some complaints were about lack of support when joint working with other teams (such as housing) were taking place and there were perceptions that social workers or care coordinators were not as proactive as expected.
- Other complaints were about a perceived lack of support whilst waiting for social workers to be allocated and/or carry re-assessments.

7.16 36% of complaints (or 4 complaints) about **lack of support** were either partly upheld or upheld. Outcomes involved providing apologies where communication could have been better; however, no complaints were upheld about the level of support being provided. Two of these complaints were withdrawn and one did not have consent to proceed.

7.17 Complaints about **quality of care** as the principal issue were often about care from external care providers, or in three cases the KITE⁴ service (enablement) which is managed internally. Summaries of the seven external care provider complaints are detailed in **Section 8**. A summary of these complaints is below:

- General quality of care by domiciliary care agencies, for example, the timeliness of carers, missed visit, the standard of care provided, health and safety, poor communication and in some cases, feelings of neglect. The Quality Assurance and Contract Monitoring team have been very proactive at putting in place learning in partnership with providers where things have gone wrong which are detailed in **Section 8** which looks specifically at complaints about external care providers.
- Complaints about KITE were about the quality of care from carers, for example, the quality of care and safe disposal of PPE. One complaint was about an unhappiness with the KITE service ending and gaps in service provision whilst an

⁴ The KITE service is the short-term, free of charge service, for people who have been taken ill suddenly, had an accident or are growing older and struggling to do daily activities at home independently. This service works aims to support people to become fully independent again, but where this is not possible, helps to decide what long-term care and support is required.

external care provider was arranged to provide long-term care, and the quality of care during that period.

- A third complaint was made by a family representative who felt that social care team had not adequately investigated concerns about an external care provider, the team responded by ensuring they were involved and included in a Best Interests⁵ meeting to reassure them that concerns were being taken seriously and followed up through correct procedures.

Learning: Quality of Care

- The KITE service provided additional training on the safe disposal of PPE. Individual carers also received additional person-centred training alongside extra supervision and observation.
- The Hospital Team have improved communication by ensuring that teams understand and can explain the remit of KITE reablement to service users and their families/representatives. This prevents miscommunication ensures that decisions to end reablement support are communicated clearly.

7.18 75% of complaints (or nine complaints) about **quality of care** were either upheld or partly upheld

7.19 Most complaints raise **communication** in some form and often learning and improving communication comes from complaints that fall into other principal issues. Where **communication** is the primary issue raised, we were told that:

- Communication has been delayed or sometimes responses are not received to emails and phone calls. Frustrations were also caused when social workers did not provide contact details
- Sometimes communication is not clear and service users, or their representatives, do not have the right information about a service or clarity on the reasons decisions have been made. Sometimes when quick decisions by social workers are required, family members/representatives have not felt involved, for example, communicating the outcome of safeguarding enquiries.
- Complaints highlighted issues with gaps in records, whereby social workers have not adequately recorded conversations resulting in gaps of information that is required for assessments/re-assessments/

⁵ The Mental Capacity Act 2005 states that a Best Interests Meeting should be held where an adult lacks capacity to make a decision for themselves and may need others to make those decisions on their behalf.

Learning: Communication

- Individuals and teams have committed to reflect and improve where communication has fallen short of expectations. Social workers also now ensure that service users and families/representatives have their full name and contact details.
- All teams have been reminded of the importance of recording conversations accurately within records. Further work with Professional Standard teams has been undertaken to improve the quality of record keeping across all services.
- New IT equipment is checked to ensure it is fully functional, due to a failure on a new laptop that was preventing emails from being sent and was not identified until the complaint was made.

7.20 89% (or eight) of complaints where the overarching reason to complain was **communication** were either partly upheld or upheld issue. One complaint was withdrawn. Services strive to communicate as effectively as possible, but the day-to-day challenges of work pressure and staffing capacity can understandably impact on this. Communication runs through all complaints and therefore it is not surprising that most complaints are upheld. The adult social care departments are receptive to the need to continuously improve all types of communication.

7.21 Complaints where **delays** were the principal reason for complaining raised concerns such as:

- Delays in social care and mental health assessments being completed, for example, delays in writing up assessments and then delays in then putting in place services and on one occasion, the cancellation of respite placements, due to additional pressure caused by the Covid-19 pandemic. An acknowledgment of the problems these delays cause was provided, for example, families not being able to make decisions about placements until assessments are completed.
- Complaints were also about delays in requests for social care reassessments when a person's need has increased, delays in completing housing adaptations following OT assessments, delays in completing agreed actions from care packages, delays in sourcing care placements and delays in invoicing for placements.

7.22 70% (or seven) of complaints primarily about **delays** were either upheld or partly upheld and apologies were provided, particularly when assessments were not undertaken within the 28-day timescale. Unfortunately, delays have been compounded by the increase in people waiting for assessments, and in the adult social care locality teams, the increase in safeguarding enquiries which are prioritised but cause delays in routine social work.

7.23 Complaints that raised **assessments** as the primary issue were about either the quality or outcome of completing the assessment:

- Two complaints were about occupational therapy assessment; one about how a remote assessment was conducted during the Pandemic and another disagreeing with the outcome. With regards to the remote assessment, the OT service quickly arranged a face-to-face reassessment, and the complainant was so pleased with the outcome that they withdrew their complaint before a formal response was provided.
- Other complaints were about the quality of a social care assessment and outcome, for example, a reduction in support hours and perceptions from services users or their representative that the case records that informed the assessment were inaccurate or the social worker had inaccurately represented their level of need. When complaints or 'appeals' are made about the outcome of an assessments, in the first instance a re-assessment is offered to ensure the original assessment fully takes account of all the relevant information and needs.
- Complaints also raised concerns that support needs have been under-assessed (or in one case, over-assessed), have not included all the relevant information, family members/representatives were not adequately included in the assessment and support planning process, and delays in putting services in place.

Learning: Quality of assessments

- Teams take further steps to ensure that family members/carers are involved in the assessments and that assessments are sent in good time to make comments and changes.
- Where assessments relate to sensory needs, the locality teams have strengthened partnership working with the sensory teams to ensure assessments are holistic.

7.24 56% (or five complaints) were either partly upheld or upheld. More often, upheld issues were in relation to issues about communication and delays rather than incorrect assessments.

7.25 Complaints about **staff behaviour/attitude** were low which is positive given the current pressures facing adult social care services. These complaints relate to specific staff members and perceptions from service users that their behaviour has been unprofessional, for example, abrupt or insufficient communication. These complaints also acknowledged that delayed communication due to pressure on services have created perceptions of being ignored.

Learning: Staff behaviour

Improvements have been put in place to ensure that when emails are sent from service users or their families to the social care teams, they are copied to the allocated social worker straight away, to avoid a delayed responses and build direct lines of communication.

7.26 Only one of the four complaints raising **staff behaviour/attitude** were upheld. One was not upheld and two were withdrawn as the service was able to resolve the issues quickly and stop the complaints process as the request of the service user.

Chart 5: Number of complaints by all outcomes 2021/22

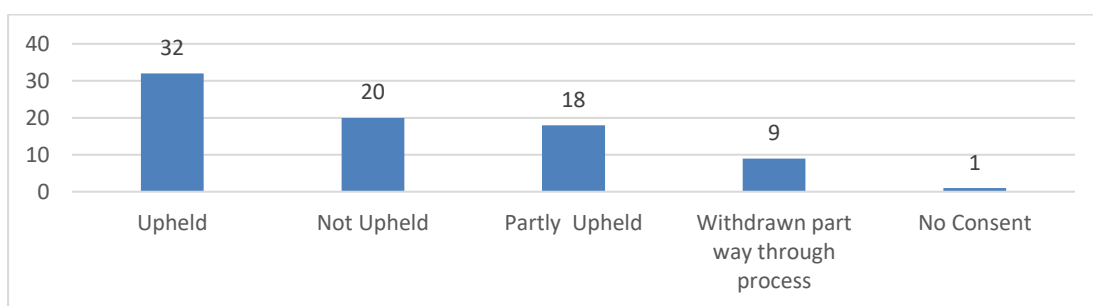


Table 3: Adult Social Care Complaint Outcomes for the 80 completed complaints comparison to last year

Outcome	2020-21		2021-22	
	Number	%	Number	%
Upheld	20	25%	32	40%
Partially upheld	27	34%	18	23%
Not upheld	27	34%	20	25%
Withdrawn	4	5%	9	11%
No Consent	2	3%	1	1%
TOTAL	80	100%	80	100%

7.27 Most complaints were partially upheld. Often complaints that are partially upheld recognise that there is something to learn from the complaint, even if the substantive issue, was not upheld. Overall, 63 (of 80 complaints) had issues that were either fully or partially upheld. This approach reinforces a positive culture of complaints and a recognition that there is something to learn from most complaints.

7.28 Our approach to learning from complaints and Quality Assurance is described in **Section 8**. A full breakdown of learning from complaints is in **Appendix 1**.

8. Provider Complaints

- 8.1 The Quality Assurance and Contract Monitoring Team, that sit within the Commissioning Service, investigate care provider complaints 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.
- 8.2 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.
- 8.3 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 (LGSO). Whilst complaints received by self-funders will be signposted to the relevant provider and/or LGSO, 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.
- 8.4 For this reporting year, eight formal complaints were completed that were fully or partially about external care providers. This is the same number as 2020/21 when eight were completed.
- 8.5 Seven complaints were about domiciliary agencies and one about a residential care home. Six complaints (including the one about the residential home) were led by the Quality Assurance and Contract Monitoring team, one was led by the Wandsworth East locality team and one by the Hospital Social work team.
- 8.6 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 Teams. This year, 342 service concerns were raised about external care providers of which 323 were investigated by the Quality Assurance and Contract Monitoring Team.
- 8.7 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. Service users 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 to the service user and intelligence to the Quality

- Assurance and Contract Monitoring team about the performance of external providers.
- 8.8 Seven of the complaints were about domiciliary providers raising issues about missed visits, the timing of visits, the quality of recording information, communication, medication errors and health and safety issues, for example infection control.
- 8.9 The complaint led by Wandsworth East was mainly about lack of social care support and delays allocating a social worker, but the Contracts Team investigated the issues about missed visits by the home care agency.
- 8.10 The complaint led by the Hospital Team was about an overarching issue about a misunderstanding concerning temporary enablement support and an unhappiness with the new domiciliary care provider. This Quality Assurance and Contract Monitoring Team took forward the issues relating to the provider.
- 8.11 The complaint about a residential care home was about a lack of communication with relatives when a resident become unwell.
- 8.12 Five complaints about domiciliary providers were upheld or partly upheld. One was withdrawn and one was not upheld. The complaint about the residential home was partly upheld.

Learning: quality of care

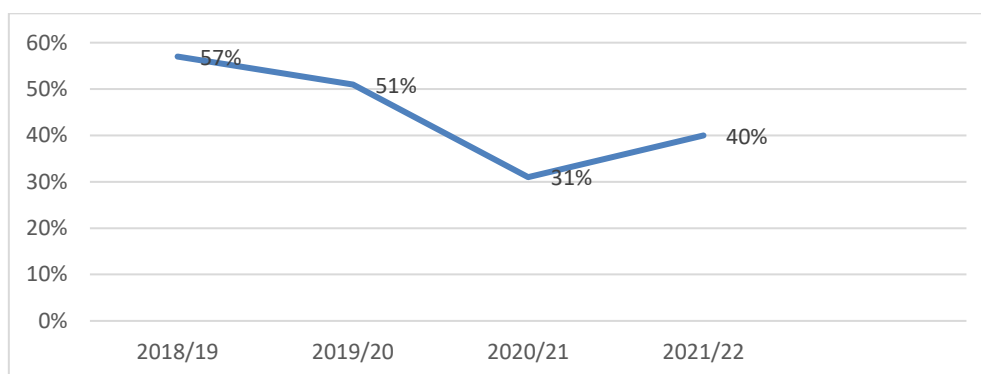
- Where a home care provider was missing visit, the Contracts Team liaised with the CQC who had already inspected the care provision and put in place a performance action plan with the provider.
- Other issues that required longer-term monitoring were investigated further through the service concerns process. One agency was asked to do regular spot checks and send a customer satisfaction questionnaire to service users.
- The residential care home committed to improving communications and nurses were supervised to ensure they are aware of their responsibility to inform relatives when there are health concerns about their family member.

9. Response times

- 9.1 Complaints should be investigated and completed within a statutory timescale of six months. Within this six-months, the statutory complaint regulations allow Councils to respond to complaints flexibly, so that investigations can be tailored to best meet the needs and desired outcome of the person making a complaint.

- 9.2 If the Council cannot resolve the complaint in its entirety within six months, it should consider signposting to the Local Government and Social Care Ombudsman (LGSO). This is to ensure that complaints escalated to the LGSCO are in time⁶.
- 9.3 To ensure that investigations are prompt, social care teams have agreed to work towards a local target of 25 working days to respond in writing to formal complaints. As part of our good practice, investigating managers often telephone the complainant at the start of their investigation which helps to de-escalate concerns and shows that the relationship between the professional and the person raising the complaint is valued. Therefore, some complaints withdrawn after the formal process has started.
- 9.4 As the complaint regulations allow flexibility, this timescale 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 breach the statutory six-month timescale⁷. Also, where complaints have been extended past 25 days, complainants have been consulted throughout and have not raised concerns about delays.
- 9.5 For this reporting period, Wandsworth received 79 complaints but completed 80 complaints. Timescales were measured for the 80 complaints closed during this year within the 25-day local target. This has included withdrawn complaints which have been raised formally but resolved quickly and the formal process stopped at the request of the complainant. These complaints are included in our analysis as the issues and themes form a critical part of the key messages we obtain from complaints.

Chart 6: Percentage of complaints responded to within 25 working days 2018/19 – 2021/22



- 9.6 Of those, 31 complaints (or 39%) were closed within 25 working days and 49 (61%) exceeded this timeframe. **Chart 6** details response times for the last four years which shows that less complaints this year were completed within 25 days. It is positive to see that there has been a gradual increase on the number of complaint

⁶ Requests for independent reviews by the LGSCO should be made within 12 months of the incident happening

⁷ Six months is calculated as 182.5 days although this includes non-working days.

investigations completed within 25 working days, especially given the current staffing pressure and greater demand on services that was discussed earlier in the report.

- 9.7 For the 61% of complaints that exceeded the 25-day internal timescale, the average time for completing the complaint from start to finish was 47 days which is an improvement on the average of 70 days last year. Positively, only one complaint exceeded the six-months statutory timeframe this year⁸.
- 9.8 Where complaints take longer than 25 days, extensions are agreed with the consent of the complainant and complainants are kept informed at all stages. No complaints were received about the length of time taken to complete an adult statutory complaint.

10. Equalities data and categories of support

10.1 Where age is known, this year 35 complainants (44%) were from or on behalf of service users of working age; between the ages of 18 and 64. A further 45 complainants (56%) were from complaints from, or on behalf of, service users in the older adult's category (or over 65).

10.2 Where gender is known, 55 complaints concerned females and 25 complaints concerned males.

10.3 For the 35 complaints from or on behalf of service users of working age:

- 40% were in receipt of support for were in receipt of physical support which includes personal care and mobility
- 34% were in receipt of support from the Mental Health Teams
- 20% were in receipt of physical support for Learning Disabilities.
- One Person was in receipt of care for help with memory and cognition.
- One Person was in receipt of support for both physical support and from Mental Health Teams.

10.4 For the 45 complaints from service users in the older people's category (65 plus), where known:

- 75% were receiving physical support, for example, personal care, which is unsurprising given the demographics
- 7% were receiving support for memory and cognition.
- 4% (or 2 people) were receiving support from Mental Health Teams.
- 4% (or 2 people) were receiving physical support and support for memory and cognition.
- 2% (or 1 person) was receiving support due to a physical disability.
- 2% (or 1 person) was receiving support due to a learning disability.
- 2% (or 1 person) was receiving sensory support.

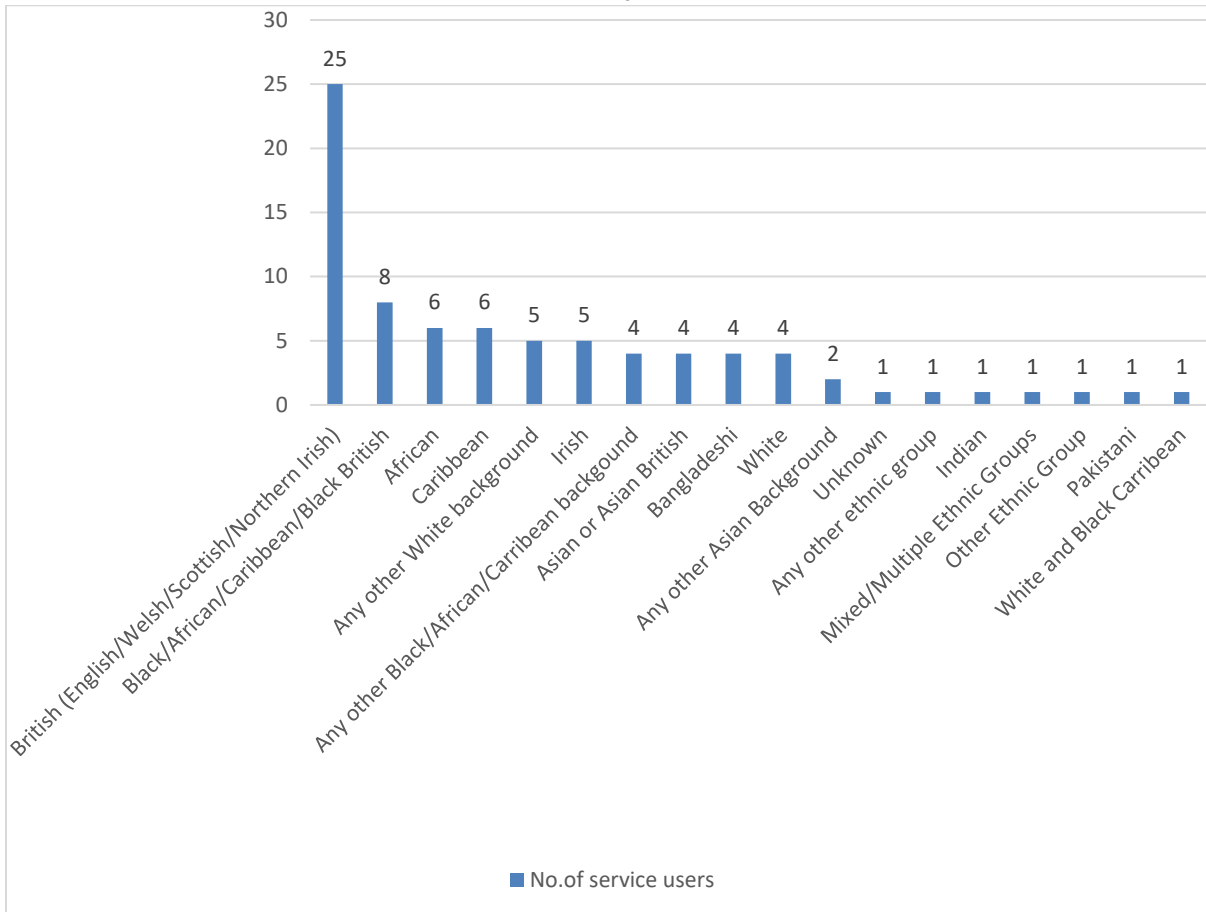
⁸ Six months has been calculated as 182.5 days although this includes non-working days.

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- 2% (or 1 person) was receiving physical support and support for isolation.

10.5 Where known, **Chart 7** provides ethnicity data for the service users who made complaints or had complaints made on their behalf. The majority of service users were from a White background (34 or 43%). In Wandsworth, 55% of Adult Social Care services users are from a White background. Black, Asian and Minority Ethnic Groups represent 50% of service users.

Chart 7: Ethnicity Data 2021-22



11. Corporate Complaints

11.1 This report provides a brief overview of Corporate Complaints closed by Adult Services. Detailed reporting on Corporate Complaints is within Wandsworth Council’s Corporate Complaints Report 2021-22.

11.2 Adult Social Care do not receive many corporate complaints. Sometimes complaints are put through this process if a complaint is from a resident who does not receive statutory social care services but has had interactions with the social care teams and is unhappy with how they have been dealt with.

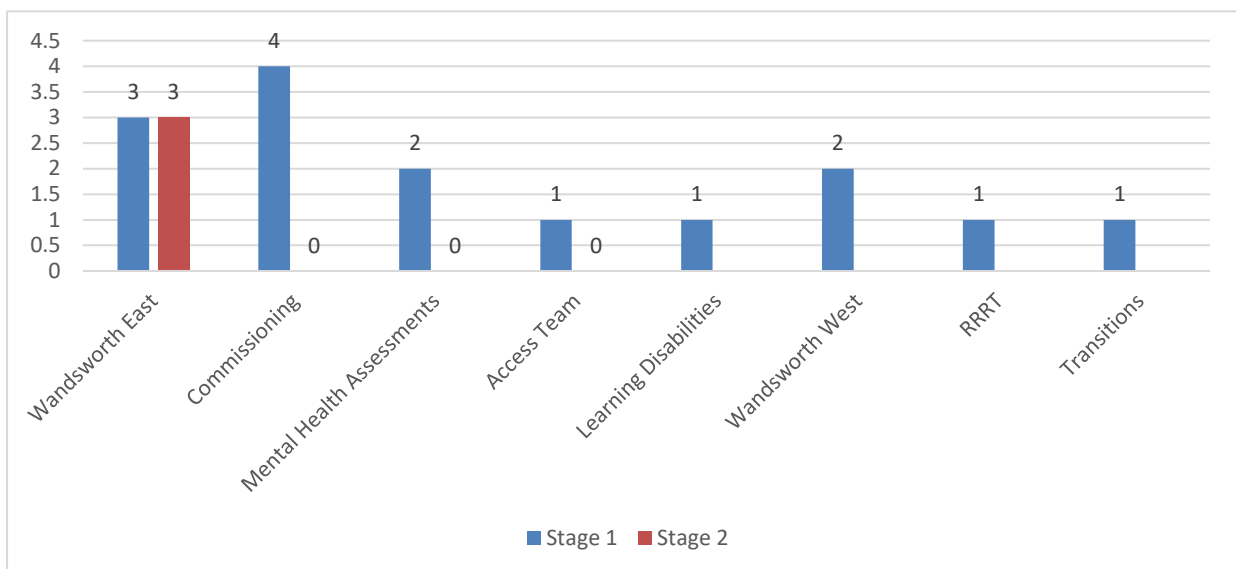
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11.3 Adult Social Care completed 15 stage 1 corporate complaints compared to seven last year. Only three complaints (or 19%) escalated to stage 2 of the corporate process.

11.4 Stage 1 corporate complaints should be completed within 20 working days. seven of the 15 stage 1 complaints (or 46 %) were completed on time. Six were upheld or partly upheld. Nine were not upheld.

11.5 Stage two corporate complaints should be completed within 15 working days. One of the three complaints was completed on time (33%). Three complaints were not upheld; one was partly upheld

Chart 8: Corporate complaints by stage and team 2021-22



12. Ombudsman Cases

12.1 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 Richmond Council’s Corporate Complaints Report 2021-22.

12.2 A complainant reserves the right to refer their complaint to the Local Government and Social Care Ombudsman (LGSO) at any time. However, in most cases, the LGSO 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.

12.3 In 2021-22, a total of 10 Ombudsman enquiries and/or investigations were completed by Adult Social Care. Of these, six were full investigations and fault was found in four cases. With regards to the remaining four the Ombudsman did not investigate because for the reasons set out in **table 4** below. Numbers are consistent with previous years, in 2020-21 ten

12.4 Outcomes and status of the cases are as follows:

Table 4: Ombudsman cases by team and outcome

Quarter 1	Outcome
Reviews Team	Fault in relation to delays in carrying out a social care reassessment.
Quarter 2	
Wandsworth East	Fault for carrying out an assessment without the service user's family member present. The apology given was considered sufficient remedy.
Wandsworth West/Quality Assurance and Contract Monitoring /Financial Assessments	No fault. Complaint about arranging an expensive care package which family members said was not needed.
Quarter 3	
Reviews/Financial Assessment	No Fault. Unhappy with an increase in financial contribution.
Wandsworth East	Unhappy with how complaint was handled and data breach concerns. The LGSCO would not investigate because the complainant had started court proceedings.
Financial Assessment	Self-funder unhappy with annual care arrangement fee by the local authority. The LGSCO would not investigate as the Council had already provided remedy by waiving the charge.
Quarter 4	
Quality Assurance and Contract Monitoring	Fault found that a nursing home took too long to inform the complainant that their parent had died. £300 financial remedy split across the nursing home, NHS and local authority.
Wandsworth East	Fault found in the way the local authority communicated regarding care home fees. £300 financial remedy.
Wandsworth East	A relative of a service user complained that the Council did not adequately investigate safeguarding concerns about their parent's care. The LGSCO discontinued the investigation as it could not challenge a professional decision.

Wandsworth East	A family complained that the Council had not discharged its statutory duty to safeguard their relative. The LGSCO did not investigate as there was no consent from the service user for the complaint to be made on their behalf.
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13. Compliments

13.1 Positive feedback regarding staff or service delivery is another way in which the department can learn how well things are going. 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.

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

“I wanted to take the opportunity to thank you for the support during my crisis. Sometimes when people go the extra mile they are not recognised. We recognise your support and want to thank you from the bottom of my heart”.

“On behalf of my family, I would like to thank you very much indeed for all the professional and hard work that you have done to ensure that my mother’s road to recovery has been as swift and trouble-free as possible. All the carers, physios and OTs were really good and helpful but it was your dedication and kindness that we have most to be grateful for”.

“I am positively over the moon, I’m excited as I know they are carrying out everything possible to make my life manageable and easier and is fully supportive of my needs”.

“I cannot thank you enough for all the help you are giving us. You really are a gift from above for us”.

“I met a resident who was absolutely full of praise for the Council’s Sensory Team. The support she has been given, was in her words ‘superb’”.

“You’ve handled the situation with complete professionalism, you have been prompt in responding to calls and requests, you have kept us up to date on matters and you have engaged with other parties quickly. The experience could have been so much more challenging, but you made sure it was efficient and handled with care and empathy”.

“They have been a steady, empathetic and reliable contact within the overall healthcare system. They have worked hard to keep us updated on the situation, going so far as to call me on a Sunday evening. Their willingness to take responsibility and to follow up on open matters was an enormous relief to both my wife and I. She really made us feel as though we had an ally in the overall system”.

“Thanks, what your nice attitude has done for me is highly appreciate”.

“Thank you to all the team who have made such a difference already”.

“They are an asset to your company. They have been incredibly helpful”.

“Thank you for all the time and effort you are putting into giving her a better quality of life. We are very grateful”.

“She said the cares have been really great and are all very hard working. She also wanted to say that overall the Discharge to Assess services experience has been absolutely wonderful and she is very grateful”.

“You were very informative and proactive for which I thank you. Your help was most reassuring. Your friendly nature made me feel like we were pals”.

“We are sorry that KITE ended and having to say goodbye to you. You have been extremely supportive”.

“We would both like to thank you for the very professional and helpful way that you have conducted and processed the assessments”.

“Carers are often isolated. The initial and subsequent follow up phone calls have provided guidance, advice and support; benefitting me directly, and my mother indirectly. I hope this service continues to expand and reaches all carers, who, like myself, might be appreciative of such an invaluable resource”.

“I would like to give my sincerest thanks and gratitude for looking after a placement care for my aunt, where she is happy and contented”.

“God bless you more for doing your job well”.

“It’s a very good service you give; under-appreciated, I’m sure!”.

“She was very complimentary of how helpful and respectful you were. This is important to her and I thank you”.

“She advised she had received an assessment in the mail and it was a very ‘lovely and beautiful assessment’ that details exactly how she can be supported”.

“The good thing is I have support from very nice people from social services”.

“you showed a lot of care and understanding of my mum’s needs. You kept us involved in decisions you were making and took consideration of suggestions she/we made”.

“They have been fantastic to work with on this case, and completely on top of everything and always available to discuss the case with me. Its really nice to see someone being so person-centred and working hard to find a bespoke care plan”.

“They have been exceptionally professional, more than that they were a professional with knowledge, flexibility and understanding that cannot be underestimated. They are wonderful.

“I want to thank Wandsworth Council for the service and commend the fact that you have employed a deaf person for this job and enabled them to do the work by providing an interpreter. They are definitely the right person for the job! Well done for diversity and inclusivity!”

14. Going Forward

14.1 During, 2021-22 the Complaints Service achieved a fully permanent staffing team. Vulnerabilities were particularly on the statutory part of the service which impacted on operational delivery and the quality of complaints management. Now, for the first time in several years, permanent staffing has been established across the whole service. We are delighted to have received excellent feedback from senior management and Directors about the enhanced quality of support and management of the statutory complaints team.

14.2 The Complaints Team were fortunate to have a graduate placement within the team for six months. They undertook a research project on learning from complaints. This included meeting with other local authorities to understand their approach to learning from complaints and the challenges and wider research using the web. They produced a paper with recommendations that we will be taking forward over the next year. This includes quarterly targeted meetings with service managers to better analyse themes and learning from complaints and identify issues at an earlier stage, and work with the Professional Standards Team to ensure learning from complaints feeds directly into the work they are doing to improve processes and procedures. These meetings have been set up for next year.

We have developed a training package which focuses on good complaints handling and improving complaint investigations which was launched this year in partnership with the Professional Standards team. The training will be held quarterly on an ongoing basis. The focus of the training is to continuously develop complaints investigation knowledge and skills, maintain a close relationship between the complaints and operational teams, and in turn nurture a positive culture of complainant with a focus on learning and improving.

14.3 The new case management system Respond will be fully operational for Adult Social Care complaints from 1st April 2022. The system will provide us with centralised case management which in turn will provide improved reporting that will allow us to analyse a broader range of issues from complaints.