

Annual Complaints Report
Adult Social Care, Wandsworth
2020-21

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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) 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.

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

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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.
- 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.

4. Adult social care complaints received

- 4.1 The department received 79 complaints¹ (which included eight ² external provider related complaints) which is an 8% decrease on the previous year when the department received 86 complaints.
- 4.2 **Table 1** details the complaints received over the last 5-year period. There has been a gradual decrease in the number of complaints. There are factors that could have affected the decrease in the number of complaints. Service users facing additional challenges due to the Covid-19 Pandemic may not have prioritised making a complaint. Additionally, better complaints handling at the point of contact within services may have reduced the number of formal complaints. A key objective for the forthcoming year is to strengthen the presence of the complaints team within the adult’s directorate which will further enhance insight into complaint trends.

¹ In addition to the 79 new complaints received, 11 from the previous year (2019-20) were closed in Quarters 1 and 2 of this year. Learning from these complaints will be included in this report. 10 complaints received this year will be closed in the first quarter of next year. This means that 80 complaints were closed this year.

² The Quality Assurance and Contracts team led on six complaints about external providers. Two of the eight complaints were joint complaints with other teams and provider issues were secondary. These two complaints have been included in the complaint figures for the lead teams in Chart 2 in this report.

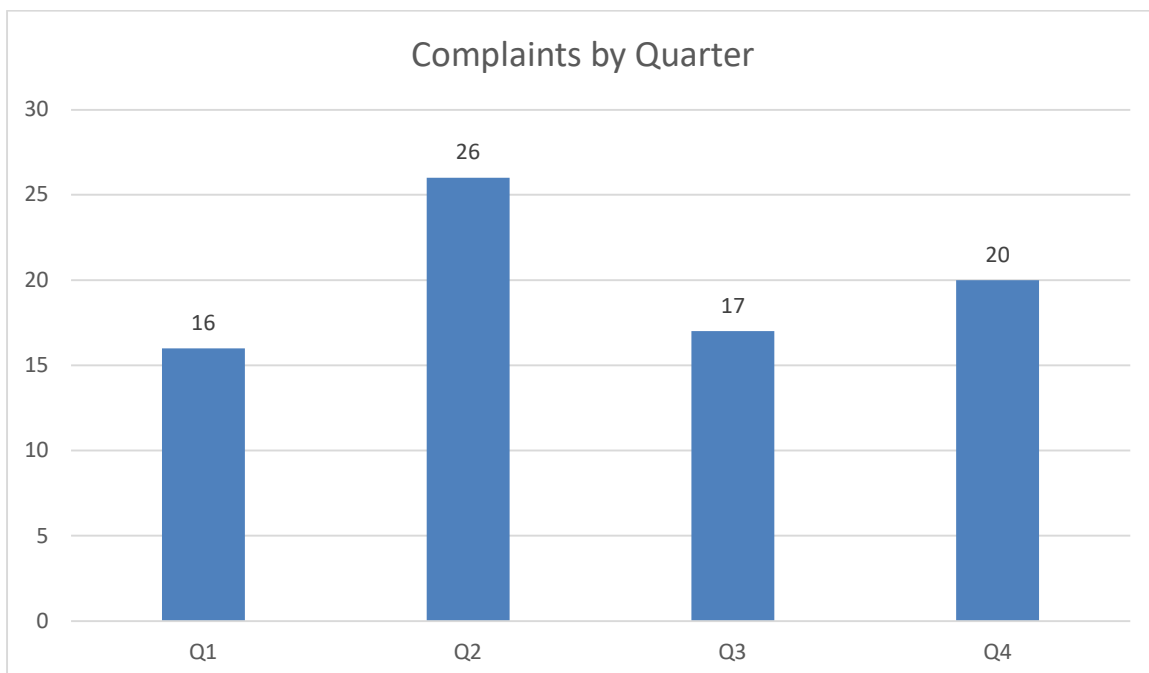
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- 4.3 **Chart 1** details the complaints received for each quarterly period. There were slightly fewer complaints recorded for Quarter 1 and Quarter 3, but the number of complaints for the remaining quarters is relatively consistent.
- 4.4 The volume 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 2020/21, 79 complaints were received and 80 were closed but that is a low proportion given that the department handled approximately 41,570 contacts and supported 3,860 people during the year. Also, while the Financial Assessment Team recorded seven formal complaints in 2020/21 it was responsible for processing in excess of 2,337 financial assessments each year.
- 4.5 Complaints should also be viewed positively as a high number of complaints can be a sign of a transparent organisation which welcomes feedback to enable complaints to provide valuable insight into service performance. Teams work hard to provide quality social care and good outcomes, but mistakes happen. A good complaints process promotes learning and honesty so that when mistakes happen, they are put right to prevent the same mistakes from reoccurring.

Table 1: Wandsworth Adult Social Care complaints by year

Wandsworth	2016/17	2017/18	2018/19	2019/20	2020/21 Received	2020/21 Closed
	99	93	90	86	79	80

Chart 1: Number of Adult Social Care Complaints received by quarterly period 2020/21



5. Complaints by service area and team

- 5.1 **Table 2** details the current structure of teams with service areas for Adult Social Care. **Chart 2** details the number of complaints received by the teams with these service areas during the reporting year.
- 5.2 The East (17 complaints) and West Locality Teams (14 complaints) received the highest number of complaints combined accounting for 39% (or 31 complaints combined). This is expected as locality teams support by far the highest volume of residents across all services who are also service users receiving long-term care.
- 5.3 This was followed by Financial Assessment (seven complaints or 9%), complaints about external care providers investigated by the Quality Assurance and Contract Monitoring Team (six³ complaints or 8%) and the Mental Health Assessment Team (six complaints). For other teams, the numbers of complaints were fairly even. The lowest number of complaints was for the Occupational Therapy team, where only 1 formal complaint was received which was later withdrawn.

Table 2: current structure of Adult Social Care service areas and teams

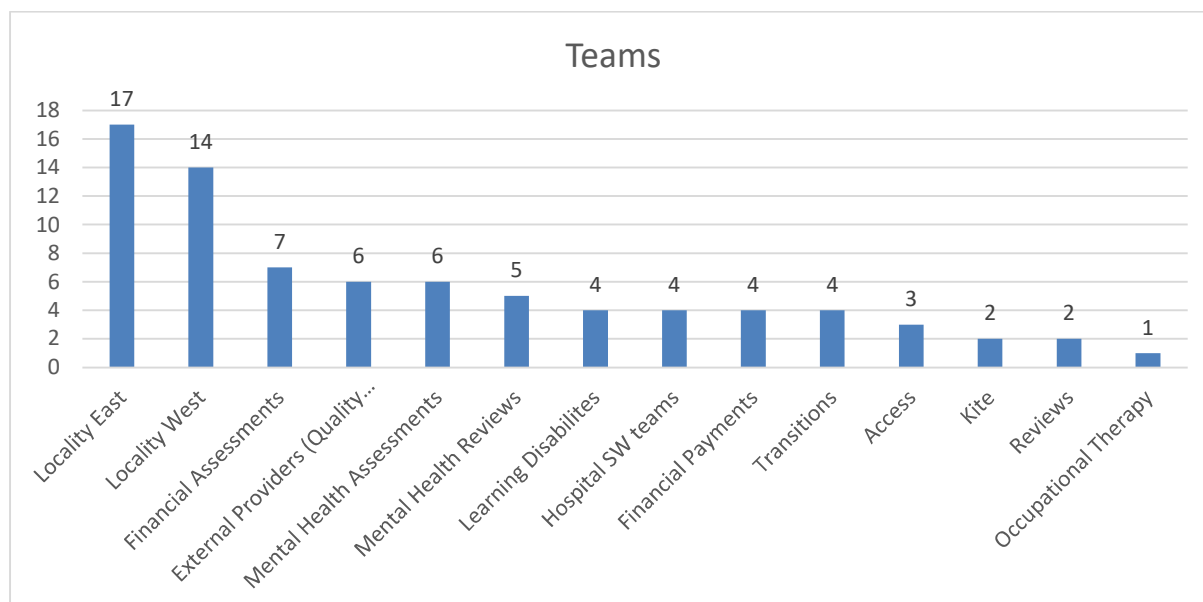
Service Area	Teams
Early Help and Enablement	Hospital social work teams Enablement team Occupational Therapy
Community Services	Wandsworth East Locality team Wandsworth West Locality team
Mental Health & Learning Disabilities	Mental Health Assessment, Casework and Substance Misuse Mental Health AMHP, Reviews, Accommodation and Projects Learning Disabilities Emergency Duty Team
Finance	Financial Assessments Payments
Promoting Independence	Access Reviews Brokerage Transitions ⁴
In House provider services	Kite ⁵
Commissioning – Adult Social Care and external provider management	Commissioning Quality Assurance and Contracts Monitoring
Professional Standards and Safeguarding	Safeguarding and DOLS

³ A further two complaints raised issues about external providers but were led by other service areas, with Quality Assurance and Contracts team contributing to the investigation.

⁴ Complaints about services users in transition from Children's to Adult Services were responded to by the current children's 0-25 disabilities team. Next year the Transitions team will move into adult services.

⁵ Keep Independent Through Enablement (KITE) is a short-term free enablement service for people with poor physical or mental health to support recovery

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Chart 2: Number of Adult Social Care Complaints received⁶ by teams 1 April 2020-31 March 2021**Table 3: Number of Adult Social Care Complaints received by teams and Quarter 2020-21**

Team	Q1	Q2	Q3	Q4	Total
Locality East	6	5	2	4	17
Locality West	3	5	4	2	14
Financial Assessments	2	1	1	3	7
External Providers (Quality Assurance & Contract Monitoring)	0	1	1	4	6
Mental Health Assessments	1	3	0	2	6
Mental Health Reviews	0	3	0	2	5
Learning Disabilities	1	1	3	0	4
Hospital teams	1	2	0	1	4
Financial Payments	2	1	1	0	4
Transitions	0	1	1	2	4
Access	0	2	1	0	3
Kite	0	0	1	1	2
Reviews	0	0	2	0	2
Occupational Therapy	0	1	0	0	1
Total					79

⁶ If recording teams across the 80 closed complaints for this reporting year, the numbers would be adjusted slightly for the following teams; Locality East (15), Locality West (13), External Providers (7), MH assessments (7), MH reviews (4), LD (5), Hospitals (6), Financial Payments (3), Access (4). Numbers for other teams remain the same.

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- 5.4 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. When a complaint has issues that require a response from multiple teams, a lead team is appointed, based on where most of the issues fall. For recording purposes complaints have been recorded against the lead team. However, 8 of the complaints this year were joint investigations. A further breakdown is shown in **Table 4**.

Table 4: Joint Investigations over the quarters

Quarter 1	Lead Team	Secondary Teams
	East Locality	Quality Assurance
Quarter 2	Lead Team	Secondary Teams
	West Locality	Quality Assurance & Contract Monitoring and Financial Assessment
	Financial Assessment	Quality Assurance & Contract Monitoring
	Mental Health Reviews	Reviews
Quarter 3	Lead Team	Secondary Teams
	Quality Assurance & Contract Monitoring	Locality West
	Access	Locality East
	Learning Disabilities	Transitions
Quarter 4	Lead Team	Secondary Team
	Mental Health Reviews	Reviews

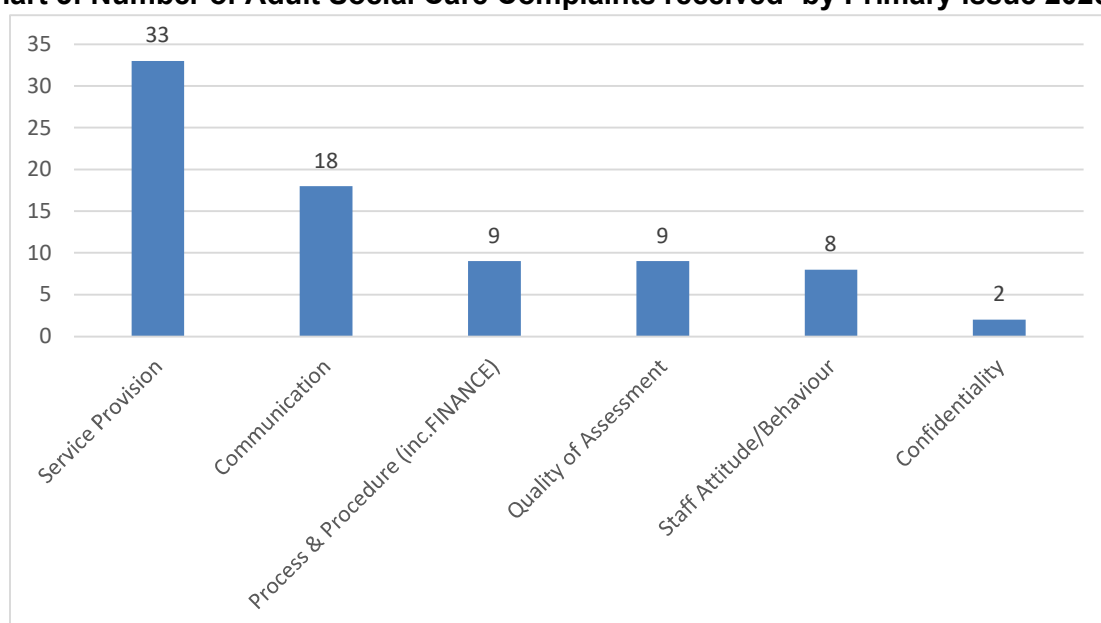
- 5.5 Teams across Adult Social Care regularly receive comments and feedback from service users and/or carers and generally these issues tend to be resolved directly by the staff. This year five of the formal complaints received were withdrawn at the request of the complainant because the relevant service area was able to resolve the issues without the need for a formal written response. These complaints are still recorded so that the issues raised can be included in the analysis of issues and contribute to learning, given that they were initially raised formally and, other than providing a written response, work was put into resolving the complaint.

6. Complaints by Issue

6.1 Complaints analysis is regularly reviewed at senior management level and there is an ongoing focus and commitment on service improvement. Issues have been reported against the 79 complaints received during the year.

6.2 Service provision (33 complaints or 42%) was the main primary issue raised by complainants received in 2020-21. This was followed by communication (18 complaints or 23%), process and procedure (nine or 11%), staff attitude (eight or 10%), quality of assessment (nine or 11%) and confidentiality (two or 3%). These are detailed in **Chart 3** below.

Chart 3: Number of Adult Social Care Complaints received⁷ by Primary issue 2020-21



6.3 As these themes are quite broad, complaints also contain secondary issues to inform a deeper analysis of what we are being told by complainants.

6.4 The secondary issues show that complaints that raised service provision were more concerned with the overall quality of the service and the perception of the level of support received. Issues about service provision is a broad theme about complaints about how care and services are provided once people have been assessed and receiving services. Approximately 24% of the 45 complaints that were upheld or partly upheld⁸, raised issues about service provision.

6.5 Communication raised issues about the quality and timeliness of information, but also about perceptions of compassion from professionals, and how well people felt involved

⁷ If recording issues against the 80 complaints closed this year, the numbers of issues raised would be slightly adjusted to Service Provision (32), communication (19), Process & Procedure (12), Confidentiality (1), Staff Behaviour (7), Quality of Assessments remains the same (9).

⁸ Complaint outcomes are detailed in Section 8 of the report

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in issues affecting them. Approximately, 40% of upheld or partly upheld complaints, raised issues about communication.

6.6 The top two primary issues, service provision and communication, are broken down in **Charts 4 and 5**.

Chart 4: Service provision secondary issues

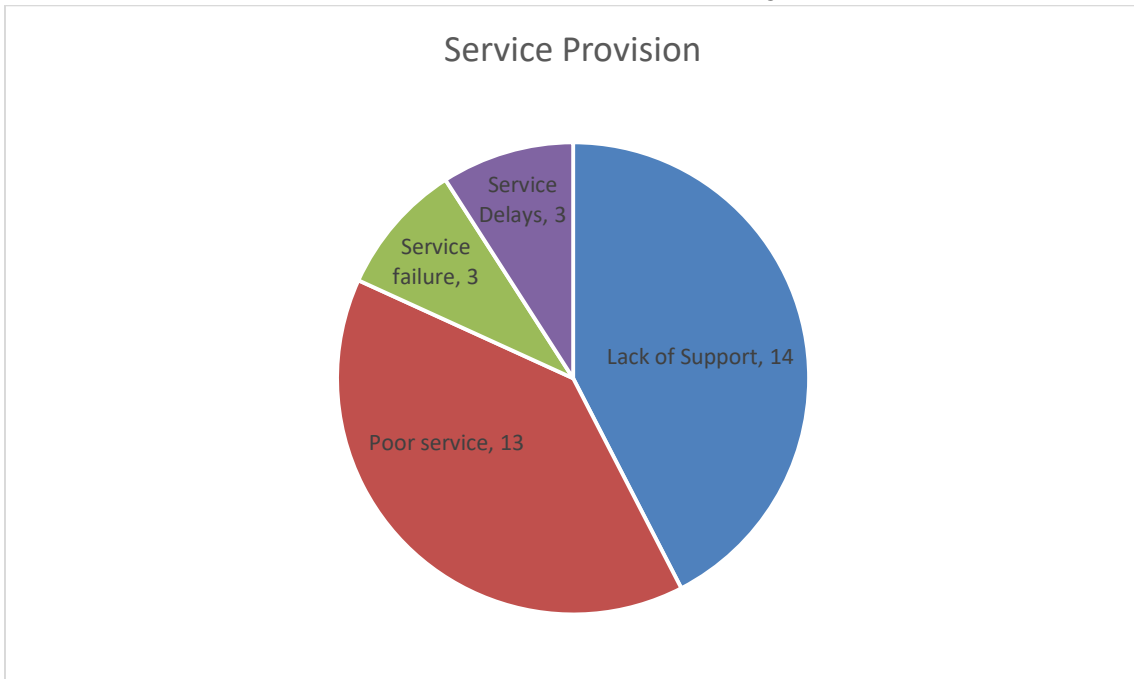
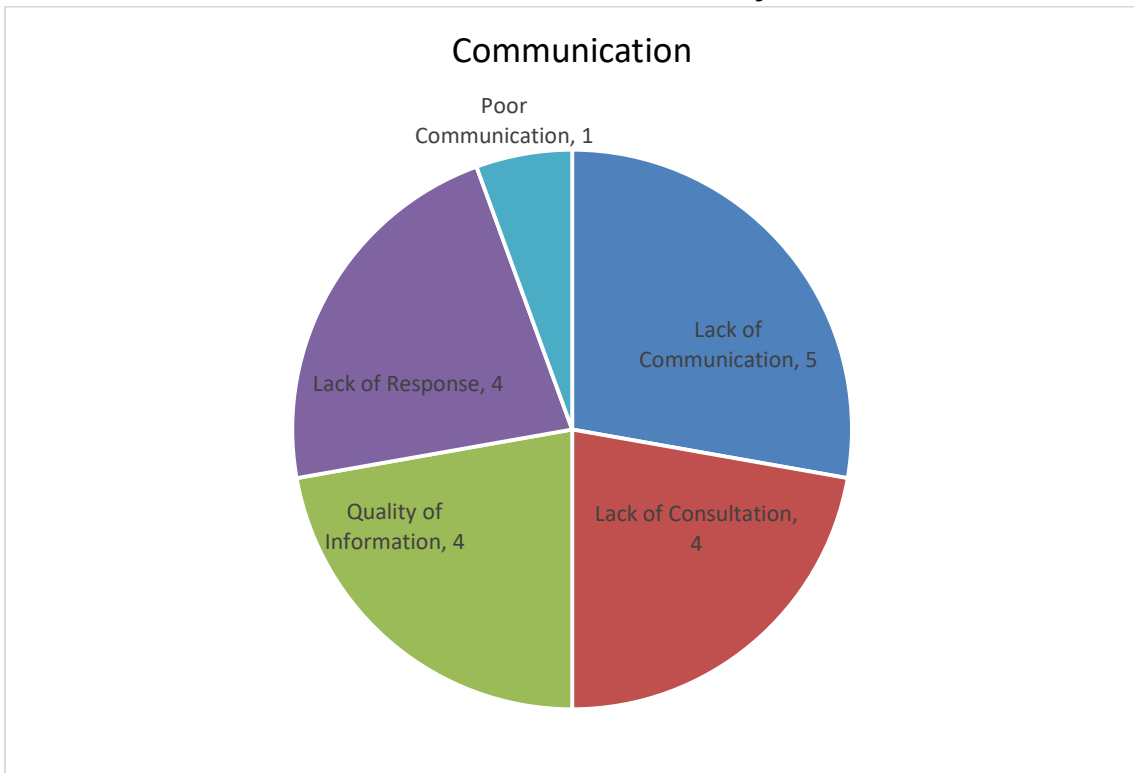


Chart 5: Communication secondary issues



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- 6.7 Process and procedure raised secondary issues such as delays in processes, unhappiness with decisions and the cost of services. With regards to financial issues; the four complaints for the payments team concerning Direct Payments and the costs of care services. Six of the seven complaints for the Financial Assessment Team were mainly about communication rather than the outcome of the actual assessment. Broadly, process and procedures relate to complaints about how professionals are adhering to procedures and following policies. Approximately, 18% of these complaints either upheld or partly upheld issues.
- 6.8 Complaints about the quality of assessments raised issues about the actual process of the assessment, and delays in completing assessments. Approximately, 9% of complaints raising issues about assessments were either upheld or partly upheld.
- 6.9 Complaints about the behaviour/attitude of staff were about perceptions of the general attitude of staff when interacting with people receiving services. Complaints of this nature are to be expected due to individual ways people can interpret behaviour of others, especially in situations where people are feeling vulnerable. Approximately, 8% of complaints raising issues about the attitude of staff were either upheld or partly upheld.
- 6.10 Neither of the two complaints about confidentiality were upheld.
- 6.11 A more detailed breakdown on complaint outcomes is detailed in Section 8. Learning from these complaints is detailed in Section 12.

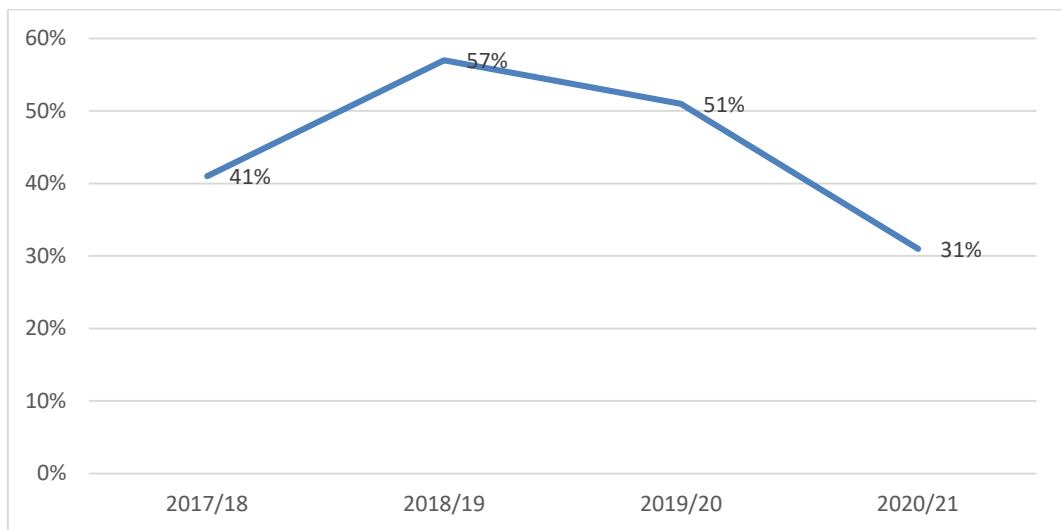
7. Response times

- 7.1 Complaints should be investigated and completed within a statutory timescale of six months. Within this six-months, the Statutory Regulations allow Council's 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.
- 7.2 Complainants are kept fully informed and often agree with investigating managers to allow more time for their investigation, over and above the initial 25 working days. The average length of time to respond across all complaints received this year was 55 days.
- 7.3 The Council has a best practice KPI of 25 working days to respond to an adult social care complaint in writing. If the complainant is not happy with the first response, there is an opportunity to escalate. This could involve another written response, possibly at a more senior level, or a meeting if this is felt to be the most effective way of resolving the complaint.
- 7.4 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 time⁹. Throughout the complaint being investigated, the complainant is kept informed of the progress and any cause for delay.

- 7.5 For this reporting period, Wandsworth received 79 complaints but closed 80 complaints; 11 were received last year but closed this year; 10 received this year will be closed next year. Timescales were measured for the 80 complaints closed during this year which included withdrawn complaints which were completed within 25 days.
- 7.6 Of those, 25 complaints (or 31%) were closed within 25 working days and 55 (69%) 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. Again, this could be attributed to the Covid-19 Pandemic.

Chart 6: Percentage of complaints responded to in writing within 25 working days



- 7.7 For the 55% of complaint that went over the 25-day internal timescale, the average time for completing the complaint from start to finish was 70 days, which is within the statutory timeframe. Additionally, during the height of the Covid-10 Pandemic it was agreed by senior management, and fully communicated to complainants, that complaint investigations would take longer as the emergency response had to be prioritised.
- 7.8 Positively, only two complaints exceed the six-months statutory timeframe¹⁰. Complainants are always kept fully informed and have often agreed with investigating managers to allow more time for their investigation, over and above the 25 working days.
- 7.9 Where complaints take longer than 25 days, extensions are agreed with the consent of the complainant and complainants are kept informed at all stages.

⁹ Requests for independent reviews by the LGSO should be made within 12 months of the incident happening

¹⁰ Six months has been calculated as 182.5 days although this includes non-working days.

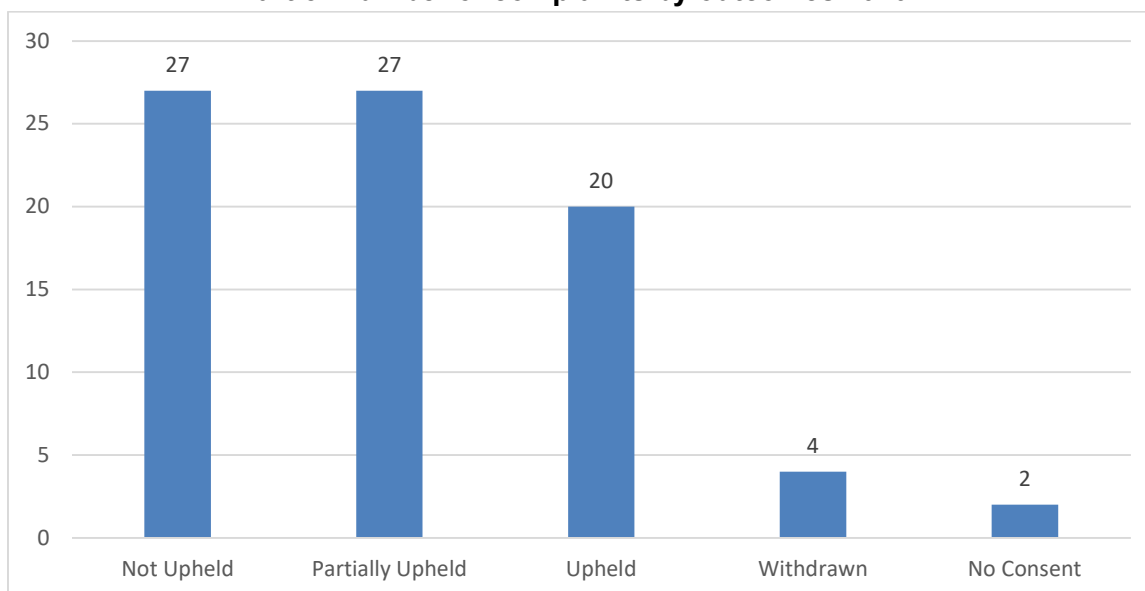
8. Complaint Outcomes

- 8.1 Looking at the 80 complaints that were closed during the year, the same number of complaints (27) were not upheld (34%) as partially upheld (34%), and 25% of complaints were fully upheld. **Table 4** provides more detail and comparisons to the last two years. Whilst the number of complaints not upheld (34%) was slightly lower than the last year (37%), given the reduction in complaints, proportionally there is not much variation in the numbers. What is interesting is that proportionately, more complaints were partially upheld this year (34% this year compared to 20% in the previous year) and approximately the same number were upheld.
- 8.2 This data could also be looked at another way. Combined, 68% of complaints contained issues that were upheld. Adult Social Care complaints are multi-faceted and sometimes span multiple teams so it is expected that some complaints will have a mix of upheld and not upheld issues. This should be viewed positively as it demonstrates an organisation that is transparent and receptive to learning from complaints.
- 8.3 Often complaints that were partially upheld, did not uphold the substantive issues such as decisions and actions, but recognised that communication and interactions with people receiving services, could have been better. Again, this is positive, as it demonstrates that professionals recognise the importance of reflection on all aspects of their practice and value the perceptions of the people they support. Learning from these complaints is discussed in Section 12 of this report.
- 8.4 This year four were withdrawn and two were not taking forward due to lack of consent to make the complaint on behalf of the service user. Withdrawn complaints were either resolved verbally to the complainant's satisfaction or diverted to other processes such as safeguarding. This equates to 8% (or 6 complaints), from which we could not report a finding.
- 8.5 Withdrawn and no consent complaints are still included in the figures so that the themes and issues raised can still be incorporated into our overall analysis and feed into learning. Also, these complaints require professional time to record and resolve.
- 8.6 Service managers use complaint outcomes to improve practice on an individual level with staff and it is also disseminated at team and operational meetings. As the complaints team increase its presence in directorates over the next year, we will support practice development through strengthened quarterly reporting and briefings for operational staff on good complaints handling.

Table 5: Adult Social Care Complaint Outcomes for the 80 completed complaints 2020-21

Outcome	2018/19 %	2019/20		2020-21	
		Number	%	Number	%
Upheld	22.2%	24	28%	20	25%
Partially upheld	25%	17	20%	27	34%
Not upheld	40%	32	37%	27	34%
Withdrawn	4%	1	1%	4	5%
Resolved outside process	8%	1	1%	0	0
Inconclusive/No finding		4	5%	0	0
In progress		7	8%	0	0
No Consent				2	3%
TOTAL	100%	86	100%	80	100%

Chart 5: Number of complaints by outcomes 2020/21



9. Provider Complaints

9.1 The Quality Assurance and Contract Monitoring Team, that sit within the Commissioning Service, investigate provider complaints for Adult Social Care, which includes residential and domiciliary care services. Complaints regarding a commissioned care provider services that are received directly by the Complaints Team, will be logged and processed in accordance with the Statutory Complaints Procedure and referred to the Quality Assurance & Contract Monitoring Team to investigate and monitor as required.

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

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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 (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.
- 9.4 For this reporting year, six external provider complaints were received and investigated directly by the Quality Assurance and Contract Monitoring Team. An additional two¹¹ complaints, led by other Adult Social Care teams, received input from the Quality Assurance and Contract Monitoring Team, as they raised complaints about providers as secondary issues. These eight complaints represent a 58% decrease on the 19 provider complaints reported through the complaints team in 2019-20 and a 67% decrease on the 24 complaints reported through the complaints team during 2018/19. The decrease this year could be attributed to better handling of complaints at point of contact by providers as well as the Covid-19 Pandemic. However, it should also be noted that some provider services such as Day Centres were closed during the Pandemic and this may have also affected numbers.
- 9.5 Complaints can be made directly to a care home or provider agency as well as through the Quality Assurance and Contract Monitoring Team. The decrease could be attributed to the Covid-19 Pandemic and/or because care providers are becoming more effective at resolving complaints locally, coupled with the monitoring of providers by the Council which supports the reduction of repeat complaints through service improvements.
- 9.6 The issues mostly concerned the quality of care received, how well procedures and policies are followed, accurate recording of carers tasks, communication and professional conduct by care workers. Learning from some of these complaints is detailed in Section 12.

10. Equalities data and categories of support

- 10.1 Where age is known, this year 32¹² complainants (41%) were from or on behalf of service users of working age; between the ages of 18 and 64. A further 45

¹¹ These 2 complaints are logged under the team which led the complaints investigation, and are therefore not double counted in the overall number of complaints

¹² The equalities numbers are different to the total number of complaints because some complaints concerned couples and some people raised more than one complaint in the year. Where the same person has multiple complaints, their equalities data has only been counted once and may affect percentages. For a small number of complaints, equalities data could not be established. Additionally, for some complaints only partial equalities data was established; for example, gender might be known but ethnic background may not be known.

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complainants (58%) 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, 42 complaints concerned females and 35 complaints concerned males.

10.3 Three adult complaints concerned former Looked After children. Two of these were in the adults of working age (0-64) category; one person was receiving support from the Learning Disability Team; another was receiving physical support. One complaint was in the older adult category (65 plus) and was in receipt of physical support.

10.4 For the 32 complaints from or on behalf of service users of working age:

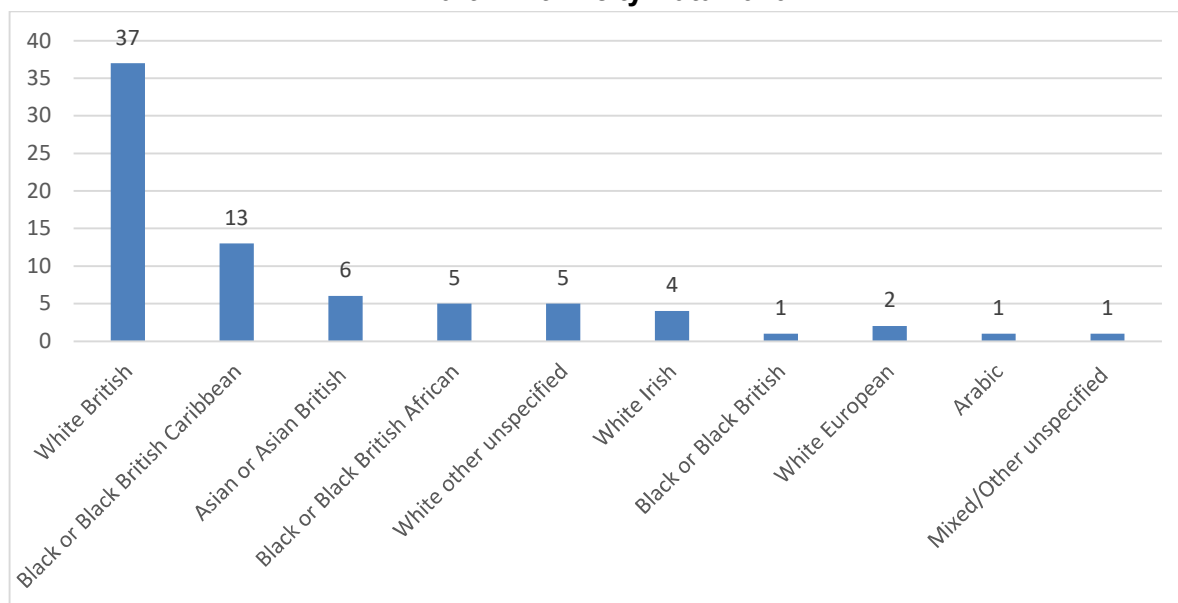
- 41% were in receipt of support from Learning Disability Teams¹³
- 28% were in receipt of support from the Mental Health Teams
- 19% were in receipt of physical support which includes personal care and mobility
- 6% were in receipt of support for sensory disability. One person was also receiving physical support
- 3% (or 1 person) was receiving support for substance misuse
- 3% (or 1 person) was receiving social support for isolation

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

- 78% were receiving physical support, for example, personal care, which is unsurprising given the demographics
- 7% were receiving support for sensory disability as well as physical support
- 9% were receiving support for memory and cognition, sometimes as well as physical and sensory support
- 4% (or 2 people) were receiving only social support for isolation
- 2% (or 1 person) was receiving support from the Learning Disability team

10.6 Where known, **Chart 7** provides ethnicity data for the service users who made complaints or had complaints made on their behalf.

¹³ The number of service users for Learning Disabilities is higher than the number of complaints responded to by Learning Disabilities teams this year because one complaint from a care provider concerned a group of people with learning disabilities living within the same home.

Chart 7: Ethnicity Data 2020-21

11. Corporate Complaints

11.1 The complaints team handled seven Stage 1 complaints directly received by the team and processed in accordance with the Council's Corporate complaints procedure. This is a slight decrease on 13 received and processed in 2019/20.

11.2 Adult Social Care do not receive many corporate complaints. Sometimes complaints are put through this process if a complaint is received from people not in receipt of a statutory service, who may care for a service user but be unhappy about how the actions of social care have affected them personally. Complaints may also be received from people who are unhappy that they do not meet threshold for statutory services.

11.3 This most significant issue raised this year were corporate complaints from carers from Shared Lives¹⁴ complaining about lack of respite. Complaints were also received from relatives of service users who felt social care had not shared information from them. Another complaint was from a support worker who was unhappy with the behaviour of the social worker.

12. Ombudsman Cases

12.1 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

¹⁴ Share Lives is a scheme in which adult carers open up their home and family life to an adult person who needs care and support.

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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.

12.2 In 2020-21, eight new complaints were received¹⁵ from the LGSO in relation to Adult Social Care compared to ten last year. No complaints from last year were carried over. Five of the new complaints received this year were closed and received final decisions in the same year. Of these, four were upheld and one was not investigated by the Ombudsman. Three will be carried over and receive a final decision next year.

12.3 Outcomes and status of the cases are as follows:

Complaint details	Ombudsman decision
Concerns about the quality of care in a provider care home commissioned by the Council and the way the GP handled end of life medication. This complaint contained elements for the Council, BUPA and the CCG.	The LGSO found fault. All three partners were required to apologise directly to the complainant. The CCG committed to sharing learning from their investigation with the GP, the Falls Prevention Team and the Integrated Care Team.
A complaint was made about lack of cooperation and support from social workers.	Final decision will be given next year.
An investigation took place into poor quality care from an external home care agency commissioned by the Council.	Fault was found. The Council agreed to pay £200 for distress for not initially providing services. An additional £300 was paid for not providing care services after the initial provider cancelled its service. £100 was also given for the uncertainty caused by the safeguarding investigation. The complainant received an apology for the missed care appointments. Staff were reminded of the necessity to ensure the outcome of safeguarding enquiries are provided in writing.
Concerns were raised about lack of response from Adult Services regarding complainant's disabilities.	Fault was found. The Council to apologised and provided financial redress for not meeting needs, reassessing needs or producing a care and support plan which takes account of his personal circumstances.

¹⁵ The Corporate Annual Complaints Report 2020-21 for Wandsworth Council provides a full breakdown of all Ombudsman complaints across all Council services.

Complaint details	Ombudsman decision
Lack of service for her vulnerable brother.	Fault was found. The Council apologised to the service user and their family representative. The Council also agreed to draw up an action plan detailing how it will take forward the four areas of learning set out by the LGSO.
Safeguarding issues relating to changes to care provider	Final decision will be given next year.
Complaint about the Council providing a service without the family or advocate present.	Final decision will be given next year
Unhappy about the care and treatment of their late father due to alleged Human Right abuse.	The Ombudsman would not investigate as Human Rights are issues for the Court.

13. Learning from Complaints

13.1 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.

13.2 Poor communication leads to a negative experience and officers in the Directorate work very hard to ensure all service users have a positive experience; in the rare circumstances where this is not the case, staff retraining is quickly implemented and service users regularly communicated with. For example:

- In a joint complaint led by the Financial assessment team with contributions from the Quality Assurance team, staff have been reminded of the importance of sharing information regarding Financial Assessment process, including relevant booklets, as soon as they begin their assessment of service users, and the importance of ensuring placement agreements are sent out immediately when the service users moves to a new placement.
- A commitment was given to develop skills on ensuring that information provided to service users is clear and feedback is timely.
- Staff were reminded that when service users or family members express a wish to complain, they should always be provided with the appropriate information on how to make a complaint.

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- A complaint outcome resulted in a need to highlight the importance of informing service users and their representatives when their case is closed.
- Poor information sharing can lead to data protection issues. From one complaint it was highlighted to staff the importance of clarifying with service users or their representatives, preferences for information sharing so that it is clear to all parties.

13.3 Professional standards, such as the quality of the processes and procedures around social work, and delays in service are also often the subject of complaints. When raised, managers have taken the opportunity to look for ways to improve services which are as follows:

- A commitment was made to always aim to assess service users in a timely manner including the need to review any support plans and clarify whether the current service can continue to meet those needs on an annual basis.
- When reviewing and scrutinising Direct Payments, teams were reminded to always ensure they reflect the services received.
- With regards to safeguarding, professionals were reminded to ensure they investigate all the concerns raised at the time the safeguarding concern is raised and to record all the various concerns which are raised, especially if several concerns are raised at the same time and from different sources.
- An investigating manager committed to reminding team managers and their staff of the vital importance of ensuring that records are accurate to improve processes and practice and prevent the same mistakes happening in future.
- When discharging people from hospital, the Hospital Social Work team were reminded to ensure that Safe and Well checks are thorough and detailed and to aim to always speak to a person who has been discharged from hospital.

13.4 Several complaints during the year were about the quality of care of external provider services commissioned by the Adult Social Care commissioning teams. The Quality Assurance and Contract Monitoring Team manages these providers carefully and has good working relationships with them. Issues are monitored closely and actions to rectify issues are put in place. Examples of learning take forward are:

- An external care provider agreed to improve adherence to procedures and remind care staff of their professional conduct and the necessity of recording information. In a similar complaint, another provider committed to ensuring that cares ensure that all care tasks are documented.
- Carers employed an external care provider were reminded to ensure they keep up with best practices and not to assume a service user is able to complete tasks independently or because they appear physically able to.

14. Compliments

14.1 For 2020/21 the Complaints Team recorded 51 compliments for Adults Services which is 28% more than the 40 recorded last year.

14.2 Positive feedback regarding staff or service delivery is an invaluable source of information for the department on what is working well. As the complaints team strengthen its presence in directorates over the next year, we are hopeful that the number of compliments reported to us will continue to increase. Some of the feedback received is as follows:

“My words can't express enough how much difference this has already made to my mum and also my four children who had been feeling the struggle too. Our way of living and our stress levels have been affected in such a positive way and I can honestly thank you so so so much. I can actually sleep better knowing that someone is there for my mum checking up on her and making sure she is ok.. “

“I wanted to take the opportunity to share with you the fact that I found [name], helpful and patient. She is also attentive and genuinely wanted to find solutions to [name's] predicament. The challenges of social work are such that I can only praise you all for your hard work.”

“My personal thanks go to [name] for the brilliant way he kept my brother and I in touch. For example he made sure we had all the numbers we might need to ring when he went on leave. He also explained the outcome of his meetings with [name] and reflected her thoughts and concerns back to us, whilst always being mindful of confidentiality and her right to determine her care. He followed important things up by email and because my brother and I were fully in the loop.”

“[name] has a special way of listening when I have been stressed or concerned... and then taking the time needed to provide a solution and later following up that it has been completed. [name] is always accessible and suggests improvements to management when needed to make sure they happen.”

“I wanted to give you some positive feedback about [name]. Both my mother and the family have found [name] to be professional and committed to his job. We felt a sense of ease that [name] was sorting things out for my mum and her care package which was very stressful!! On behalf of my mother and the family thank you to the council for stepping in.”

“I was quite nervous at the beginning of the meeting, being very concerned that I would clearly get information and details across that were extremely important. I wanted to thank [name] for conducting the meeting so well and I feel that you were very caring in your approach to the whole situation. It did help me a great deal. I very much appreciate it and I know [name] would have done had he been there. Once again, thank you very much.”

15. Going Forward

15.1 The key priorities for 2021/2022:

- Last year saw challenges with regards to staffing capacity and turnover which affected performance around complaint processes and practice. A change programme was put in place and whilst some of these priorities were delayed, in February 2021 a permanent Statutory and Corporate Complaints Manager was appointed. Additionally, a permanent Statutory Complaints Officer was appointed and will be taking up post in June 2021.
- The Statutory and Corporate Complaints Manager will oversee the following priorities:
 - **Further stabilising staffing in Complaints.**
 - Implementation the **new case management system (CMS)** across all complaint types which will improve workflow, processes and reporting including insight into and learning from complaints. Whilst this was due to go live in January, the implementation has been delayed. The new go-live for Adult Statutory Complaints in June 2021, followed by Children's Statutory complaints, before being rolled-out to Corporate Complaints and FOI.
 - Provide an **enhanced advisory and quality assurance role** to operational teams including training to teams on good complaints handling. This will also involve strengthened management of complaints at the start of the process, with a focus on early resolution and identifying creative ways to resolve complaints. The complaints team will work collaboratively with the Quality Assurance Team within adult services to identify and take forward learning from complaints.
 - Strengthening the team's **presence and interaction with Directorates** strategically and operationally with **enhanced quarterly reporting** to identify complaint numbers, trends, themes and learning.
 - **Working in partnership with the Information Governance Team** to triage complaints that raise Data Protection issues such as the Right to Rectification and data breaches, to ensure that, where appropriate, they are addressed through Information Governance processes.