

Annual Complaints Report Adult Social Care, Richmond 2023-24

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1. Introduction

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

2. Executive Summary

- 2.1 This year, learning from complaints has focused on improving communication to ensure it is timely and accurate, ensuring advocacy is provided when an individual lacks capacity to make informed decisions about their care or welfare and there is no other appropriate person to support and represent them, undertaking refresher training with social care teams on effective complaints handling, and the development of a new policy on access to records of deceased service users.
- 2.2 24 complaints were responded to this year is the same as the 24 complaints last year. Alongside the 24 formal complaints, in liaison with Adult Social Care teams, the Complaints Team swiftly resolved 15 low level concerns that had the potential to become formal complaints without this intervention.
- 2.3 The Complaints Team also handled 34 enquires/representations which were mainly matters that fall outside the formal complaints procedure.

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- 2.4 Principal issues of complaint ranged from perceptions of lack of support, delays, communication, to quality of assessments, but overall formal complaint numbers are low, so no concerning trends have been drawn from complaints this year.
- 2.5 8 complaints were partly upheld, 8 were not upheld and 8 were fully upheld.
- 2.6 2 formal complaints raised issues about external care providers compared to 5 last year. However, the Quality Assurance and Contract Monitoring Team successfully managed 168 service concerns which had the potential to escalate to formal complaints.
- 2.7 46% of complaints were responded to within the local ambitious internal 25-day target, although the complaint regulations allow six months to resolve complaints.
- 2.8 Data on equalities and the type of support provided to residents who draw on services is detailed in section 11 of the report.
- 2.9 Adult Social Care do not receive many corporate complaints as most complaints are investigated through the statutory complaints process. Richmond teams responded to 6 stage 1 corporate complaints compared to 8 last year. 3 of these escalated to stage 2.
- 2.10 Whilst 8 complaints were raised with the Local Government and Social Care Ombudsman (LGSCO) this year only 3 resulted in a full investigation. This is set out in Section 13.
- 2.11 Adult Social Care regularly receives compliments from residents who draw on services or their family members and professionals from partner organisations. Section 14 provides examples of these compliments which evidence the good quality services that are being provided.
- 2.12 Section 15 sets out the Complaints Team's key achievements this year and priorities going forward into 2024/25.

3. Legislation

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

4. Overview of the Statutory Adults Complaints Procedure

- 4.1 The complaints procedure is a single stage process for both Health and Social Care services. The Local Authority has a total of six months to resolve a complaint from start to finish. Within this single stage, a complainant may receive a further investigation if not satisfied with the initial response or be offered the opportunity to meet to discuss their complaint.
- 4.2 Internal performance targets 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.
- 4.3 Complaints are recorded and monitored by the Complaints Team. All complainants are offered the opportunity to discuss their complaint with a complaints officer and are assessed for risk by the complaints team in liaison with the relevant social care team. Complaints that are deemed very high risk will be referred to the appropriate investigation route such as invoking safeguarding procedures.
- 4.4 A complaint is defined as “an expression of dissatisfaction or disquiet about the actions, decisions or apparent failings of a local authority’s adult social services provision that requires a response”.
- 4.5 Complaints can be made by a resident or carer receiving a direct service from Adult Social Care or by a person on their behalf such as an advocate or family member where the person has provided their written consent, and they are deemed to be acting in the person’s best interests.
- 4.6 Where a service is provided by a contractor on behalf of the Council, a complaint can either be made directly to the provider service or to the complaints team at Richmond 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 Contract Monitoring Team will investigate.
- 4.7 Residents who self-fund their care for services that are regulated by the Care Quality Commission do not fall under this procedure but can complain about the adult social care teams if they have been involved in assessing their level of care need and helping to arrange placements.
- 4.8 Complaints will be considered if they are made within 12 months of an incident although the Council can apply their discretion to waive this time limit.
- 4.9 Complaints are counted in the year in which they were responded to or closed: 2023-24 complaint figures include complaints that will have been initiated in the previous year (2022-23) but then closed in this reporting year.

5. Approach to learning from complaints/quality assurance

- 5.1 Learning from the experience of people drawing on services helps identify where services, policies and procedures can be improved, keeps senior management informed of issues that are important to people, improves communication, and strengthens relationships.
- 5.2 The Complaints Manager holds quarterly meetings with the Adult Social Care Professional Standards team led by the Principal Social Worker. These meetings are an opportunity to triangulate learning from complaints with practice improvement being undertaken by the Professional Standards Team. Training and briefings on complaints, including learning from complaints, are delivered to social care teams on a regular basis throughout the year.
- 5.4 Examples of key learning this year is set out below:
- **Responding to delays in allocating/ completing assessments:** Practitioners have been reminded of the importance of exploring whether there are options that might be put in place to support people whilst they are waiting for a Care Act assessment. Additionally, supervisors will be closely monitoring the time it takes to complete assessments to ensure that there are no unnecessary delays (Mental Health).
 - **Strengthening communication in our First Contact and Community Advice and Support teams:** Front door teams have been reminded about the importance of timely and clear communication with residents on the purpose of screening and any subsequent actions and decisions taken so that they are fully informed. The process for monitoring and prioritising incoming emails has also been reviewed to ensure that no priority actions are missed.
 - **Improving information on charging:** Information about when a reablement service is free and when a home care service is chargeable, and the process of financial assessment has been improved so that people being discharged from hospital are clear about when they need to contribute towards the cost of their care. (Richmond Response and Rehabilitation Team)
 - **Supporting unpaid carers:** Learning was shared to make sure that informal carers are supported, by ensuring that social care staff always provide clear information regarding respite options (Richmond and Barnes Locality Team).
 - **Reasonable Adjustments:** Staff have strengthened their knowledge and confidence in recognising and adapting communication styles to suit the needs of neurodiverse people who draw on social care services (Occupational Therapy).
 - **Strengthening financial procedures:** In response to an Ombudsman investigation, the staff guidance on Direct Payments was up-dated to provide stronger direction that when the Council decides to end a direct payment arrangement, it must write to the person concerned to confirm the arrangement has ended and set out the alternative arrangement it has put in place to ensure eligible, unmet social care needs continue to be met. (Payments Team)

6. Statutory complaint numbers

6.1 This year Adult Social Care completed 24¹ complaints which is the same as last year. Alongside the 24 formal complaints, in liaison with Adult Social Care teams, the Complaints Team swiftly resolved 15 low level complaints that had the potential to become formal complaints without this intervention.

Chart 1: Completed complaints by year 2020/21 – 2023/24

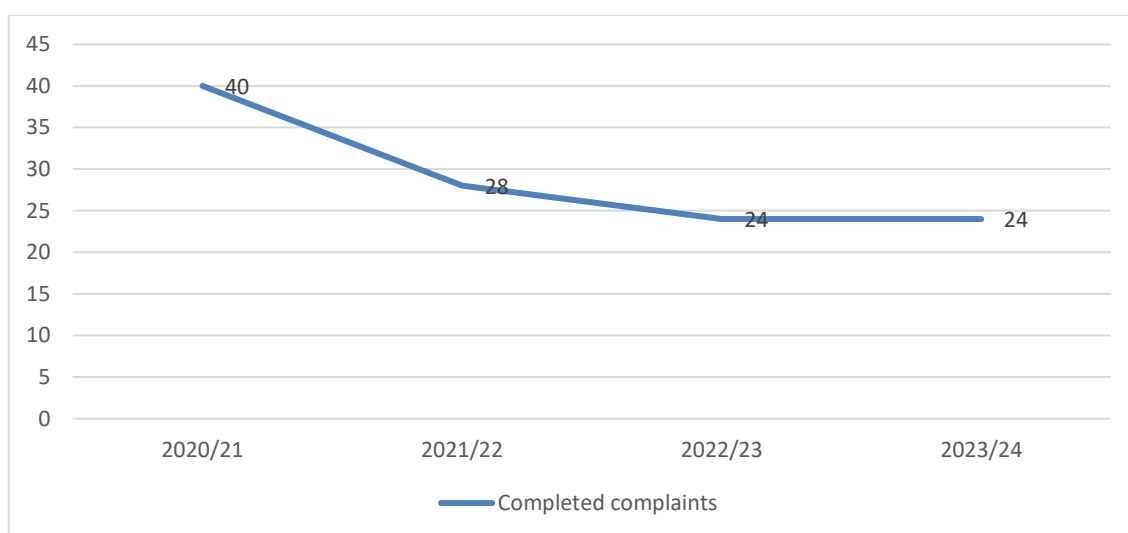


Table 1: Richmond Adult Social Care complaints by year.

| 2020/21 received | 2020/21 completed | 2021/22 received | 2021/22 completed | 2022/23 received | 2022/23 completed | 2023/24 received | 2023/24 completed |
|------------------|-------------------|------------------|-------------------|------------------|-------------------|------------------|-------------------|
| 35 | 40 | 32 | 28 | 22 | 24 | 23 | 24 |

6.2 Richmond is a small borough with a population of 195,200 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 2023-24, 23 complaints were received and 24 closed which is a low number given that the department handled approximately 25,084 contacts (calls and emails) and provided long-term social care support to 2,043 people during the year. Also, whilst the Financial Assessments Team led on 2 complaints in 2023/24, they completed 1,221 financial assessments this year².

6.3 The Quality Assurance and Contract Management team received 168 service concerns about adult social care external providers which is lower than the 212 service concerns last year. These were quickly resolved by contract officers, which is likely to have reduced the number of formal complaints.

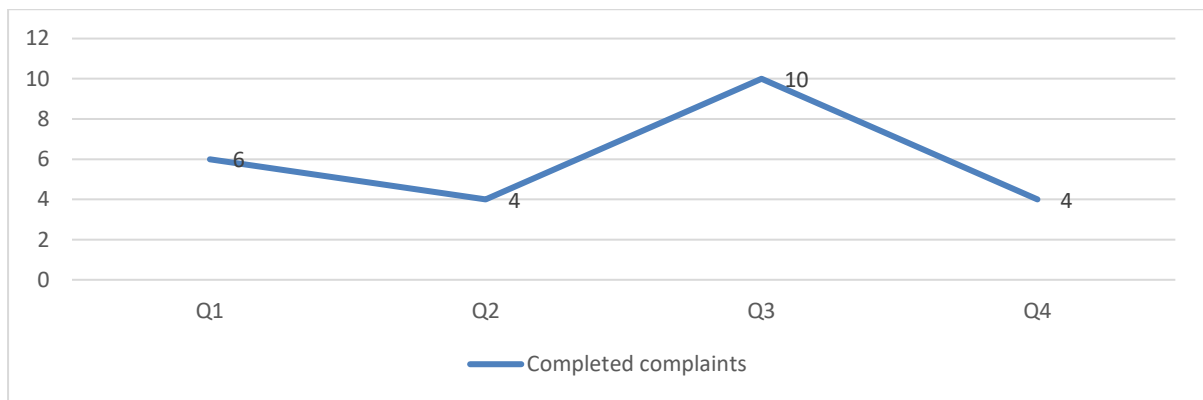
¹ Four of the complaints completed in the first quarter of this year were carried over from the previous year (2022-23). In total 23 new complaints were received during the year. Three of these will be carried over and completed in the first quarter of next year. The 23 new complaints received is consistent with the number of complaints received last year (22).

² Last year the department handled 23,524 contacts, supported 2,030 people during the year and undertook 1,941 financial assessments.

6.4 Richmond Adult Social Care and Public Health Directorate responded to 147³ Member enquiries this year in addition to the formal complaints. Member enquiries, either through local MPs or Councillors are a way for residents and members to raise questions or concerns with the Council about local services or the community and in particular for this Department, for the welfare of neighbours. The Complaints Team works closely with Adult Social Care to identify Member Enquires that raise issues that require a response through established complaint procedures.

6.5 **Chart 2** details the complaints received for each quarterly period. Most complaints were received in quarter 3.

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



6.6 Adult Social Care welcomes complaints and all types of feedback. Whilst the lower numbers of complaints are likely as a result of Richmond having a relatively small population, overall, Adult Social Care teams strive to resolve lower-level issues quickly at first point of contact and this good practice reduces the number of formal complaints.

6.7 In addition to the 24 formal complaints, during the year the Statutory Complaints Team dealt with an additional 32 enquiries/issues over a wide range of low-level complaints or issues/concerns that did not fit within the remit the statutory complaints procedure. Combined with formal complaints, the Complaints Team handled 56 issues for Richmond Adult Social Care. The Complaints Team also supported Adult Social Care to implement the Unreasonable Complainant Behaviour Policy in a small number of cases where a complainant’s behaviour or the manner in how they approached the Council in relation to their complaint, resulted in their contact being restricted. Although the complainants themselves have been individually recorded, this does not accurately represent the significant volume of contact from these the complainants warranting the use of the Unreasonable Complainant Behaviour Policy.

6.8 Low level complaints are issues that have been resolved informally and quickly to prevent escalation to the formal complaints process. Issues or concerns are other

³ The 152 Member Enquiries is 10% less than 168 Member Enquiries in 2022/23 but a 30% increase on the 117 responded to in 2021/22.

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matters that residents have sent directly to the Complaints Team for triaging, signposting, or redirecting to another team or process, for example, housing complaints or safeguarding issues. These numbers are included in **Table 3** below to demonstrate the breadth of the work undertaken by the Complaints Team.

Table 2: Representations, issues or concerns handled by the Complaints Team in 2023-24

| Type of case | Number |
|--|-----------|
| Formal statutory complaints. | 24 |
| Low level complaints sent to Adult teams for quick resolution. | 15 |
| Statutory complaint requests rejected (redirected) or no consent. | 0 |
| Non-statutory complaints/issues directed to other Council services or directorates. | 2 |
| Issues directed to external partners/agencies. | 3 |
| Data Protection/FOI requests/Right to Rectification, redirected to Information Governance Processes. | 1 |
| Safeguarding concerns directed to Adult Safeguarding procedures. | 1 |
| Insufficient informant to progress. | 3 |
| Issues directed to the Council's legal/insurance services. | 1 |
| Disengaged | 2 |
| Restrictions under the Unreasonable Complainant Behaviour Policy | 4 |
| TOTAL | 56 |

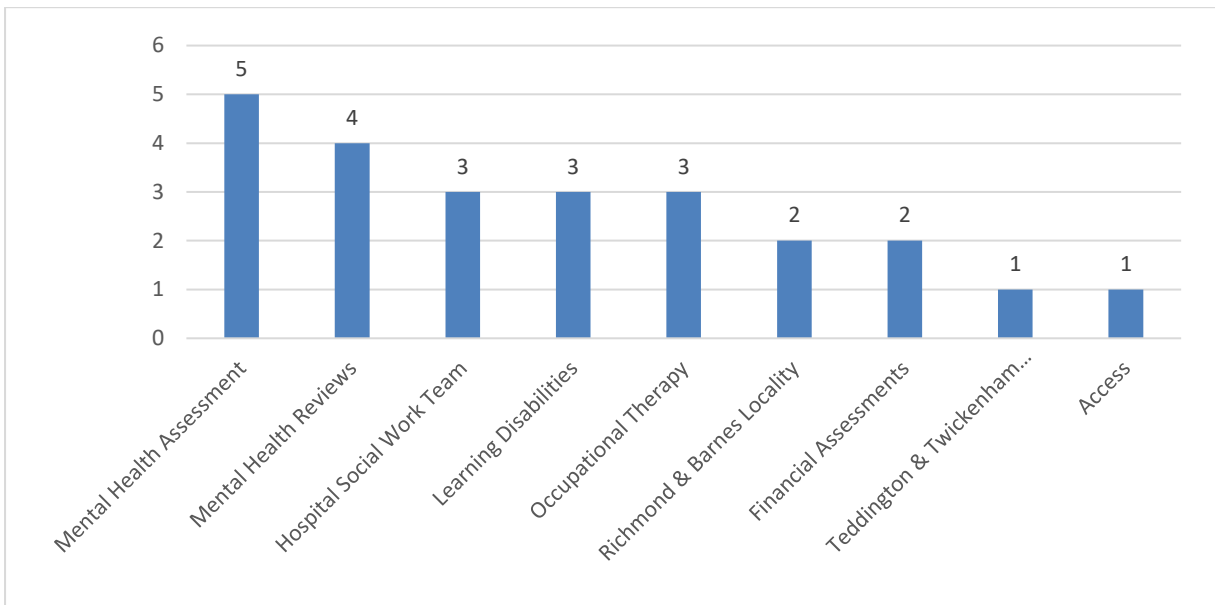
Learning Case Study: Approach to Reasonable Adjustments

Background: A complaint highlighted a delay in the provision of Occupational Therapy equipment recommended in an assessment, coupled with a perceived communication gaps from the Occupational Therapist about these delays. The resident waiting for equipment, who was Autistic, was particularly impacted by the delays in communication. The investigation identified a need for improved communication to ensure clear, tailored advice is provided throughout the assessment process, including the rationale for recommendations and decisions, which was not adequately adjusted to meet this person’s individual requirements, leading to dissatisfaction.

Learning: This case highlighted the importance of making reasonable adjustments in line with the Equalities Act 2010, to deliver person-centred, precise, and comprehensive information about services and recommendations. The investigating manager took steps to ensure all practitioners were aware of these requirements and initiated targeted training to guarantee an effective, personalised approach for all with communication needs. Additionally, a support worker was offered to assist the resident to communicate with their landlord regarding property repairs.

7. Statutory complaints by team

Chart 3: Number of complaints by lead teams 1 April 2023/24



7.1 **Chart 3** details the number of complaints received by the teams during the reporting year. Overall numbers have remained the same and there are no trends to report as the number of formal complaints is low in relation to the number of people receiving Adult Social Care service by Richmond Council.

Table 3: Number of Adult Social Care complaints by quarter 2023-24

| Team | Q1 | Q2 | Q3 | Q4 | Total |
|---|-----------|-----------|-----------|-----------|--------------|
| Mental Health Social Care team | 1 | 0 | 2 | 2 | 5 |
| Mental Health Review, Accommodation & Projects team | 3 | 0 | 1 | 0 | 4 |
| Hospital Social Work Team | 0 | 2 | 1 | 0 | 3 |
| Learning Disability team | 0 | 1 | 2 | 0 | 3 |
| Occupational Therapy | 1 | 1 | 0 | 1 | 3 |
| Richmond & Barnes Locality | 1 | 0 | 1 | 0 | 2 |
| Financial Assessments/Client Affairs | 0 | 0 | 2 | 0 | 2 |
| Teddington & Twickenham Locality | 0 | 0 | 0 | 1 | 1 |
| Access service | 0 | 0 | 1 | 0 | 1 |
| | 6 | 4 | 10 | 4 | 24 |

8. Complaints by issues and outcome

- 8.1 Adult social care complaints can be complex and raise multiple issues, sometimes across more than one team or service area. Each complaint has been classified by a single principal issue, which is the overarching theme or trigger of the complaint. To provide a broader analysis, data has been provided for every issue raised across all formal complaints completed this year.
- 8.2 **Chart 4** sets out complaints by principal issue this year and **Chart 5** sets out complaints by principal issue in 2023-24. The most notable changes for Richmond Adult Social Care are the increase in complaints about staff behaviour (although still very small numbers) and the decrease in complaints which are primarily about financial issues.

Chart 4: Number of Complaints completed by principal issue 2023-24

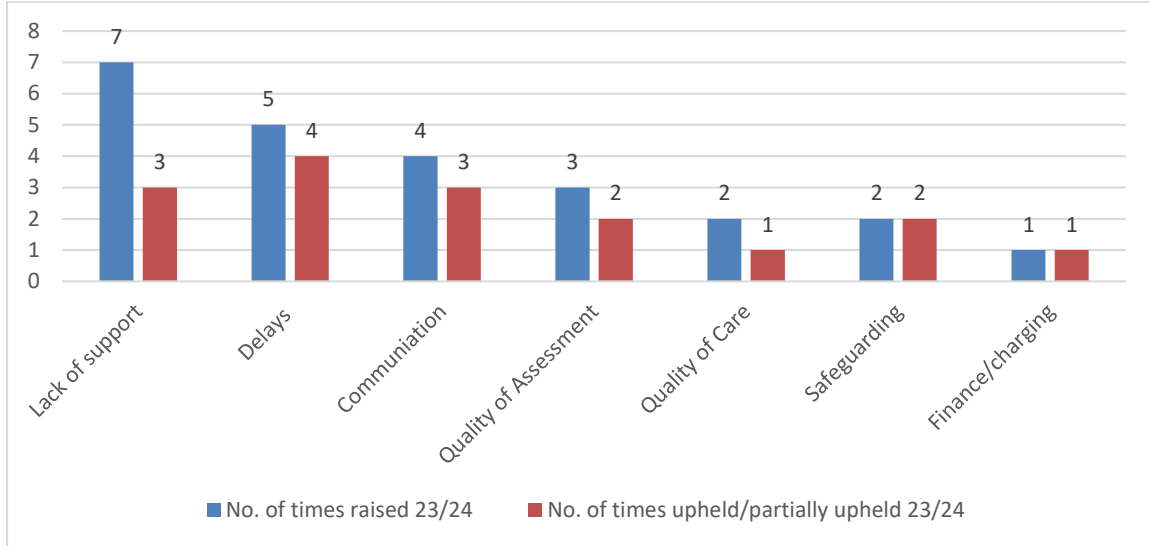
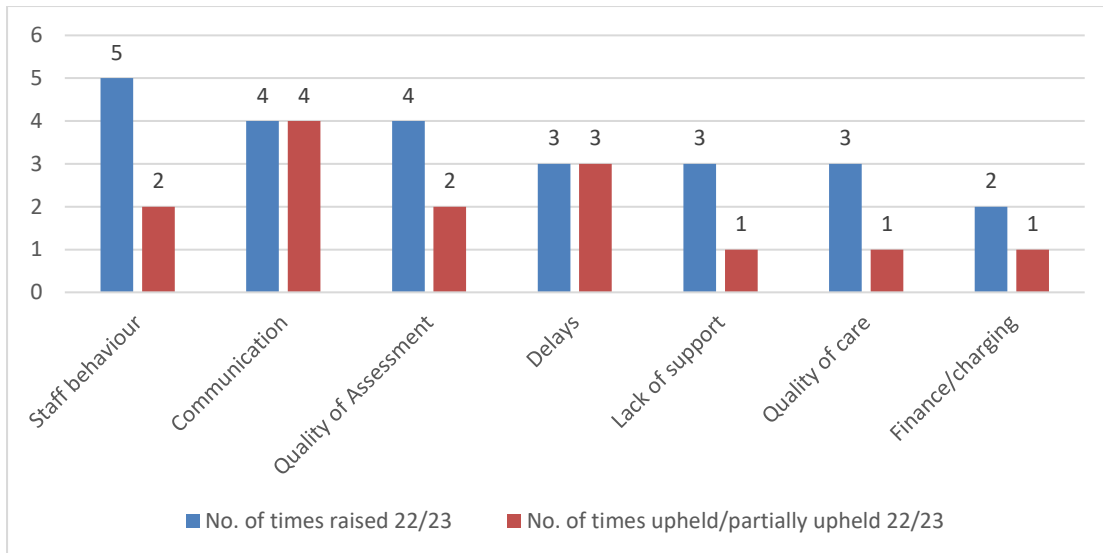


Chart 5: Number of Complaints completed by principal issue 2022-23



8.3 From these themes, the most raised principal issue of complaint was **lack of support**. Generally, these complaints are about not meeting expectations of support a person feels they should have, rather than what should be provided to meet assessed eligible, unmet social care needs. As **Chart 4** above shows, complaints raising this as the main issue were only upheld/partially upheld 3 times.

8.4 Whilst many of the issues raised in complaints cross-over, a top-line summary of the 4 most raised principal issues is below:

Lack of Support:

- Requests or expectations for support not being met.
- Dissatisfaction with s117 aftercare following hospital discharge (a joint health and social care responsibility).
- Concern about a change in key worker and the impact on the person.

Communication:

- Decisions made without sufficient consultation with people or their families.
- Unclear information received regarding financial assessments and care plans.
- Lack of clear communication about policies and procedures on respite.

Quality of Assessment:

- Issues with the referral and management of safeguarding enquiries.
- Dissatisfaction with the outcome of assessment

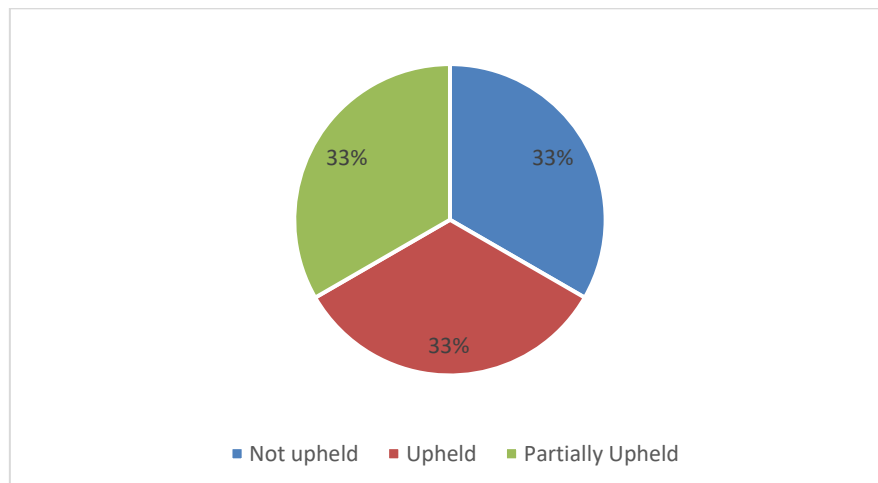
Delays:

- Delay in assessment and equipment provision.
- Delay in receiving mental health support and occupational therapy services.
- Delay in providing feedback and information.

8.5 Other principal issues in complaints have not been analysed in detail due to the low numbers.

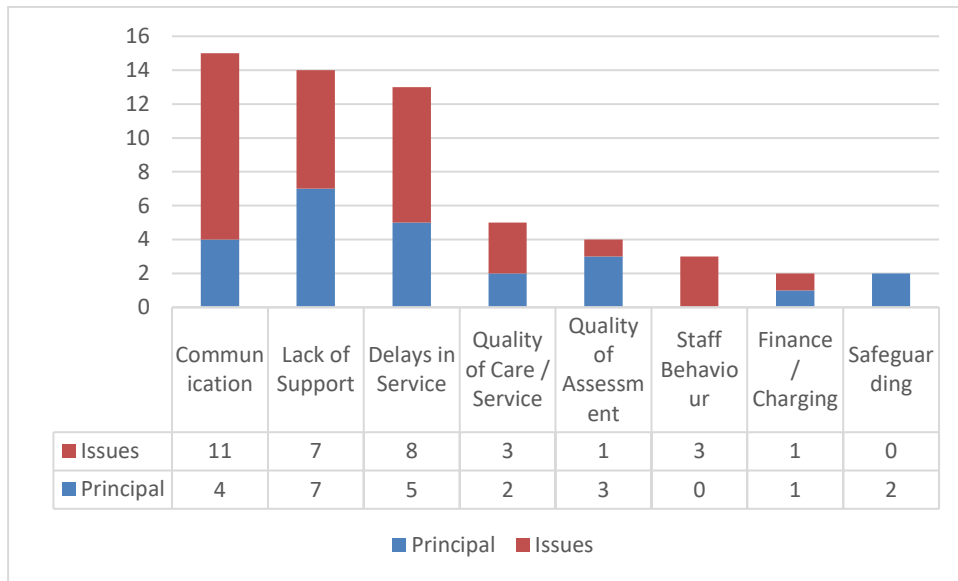
8.6 **Chart 6** below illustrates that most complaints were either partially upheld or upheld (33% respectively). Where complaints are partially upheld, this means that some mistakes were made but not all the issues complained about were wrong.

Chart 6: Number of closed complaints by overall outcomes 2023/24



8.4 Whilst **Chart 4** has set out the primary issues for each stage 1 complaint, **Chart 7** below sets out each issue raised within the 24 stage 1 complaints. Across the 24 stage 1 complaints a total of 58 issues were raised, demonstrating the complexity of adult statutory complaints. This can present a challenge in determining the key motivation for making the complaint, as often issues like communication and delays are a thread through an entire complaint, yet the complainant’s desired outcome is to have an assessment amended or a professional decision changed. For example, **Chart 7** demonstrates that whilst communication was raised 11 times, it was only a principal issue within 4 complaints.

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



Case Study: Adult Social Care Charging Policy

Background: A service user expressed dissatisfaction due to the lack of communication regarding the end of the period of free reablement care. They complained that they were retrospectively informed during a social worker's visit, which led to unexpected charges for care services. The complainant stated that prior knowledge of the charges would have influenced their decision on the number of chargeable care visits they were currently receiving.

The complaint was upheld, emphasising the importance of ensuring service users are fully informed about the social care charging policy. The investigation also highlighted the need for accurate case recording, as there were no records of the retrospective conversation or evidence that the Charging Policy had been discussed or explained to the service user.

Learning: To prevent recurrence, teams were reminded of the critical importance of transparency regarding the end of the free rehabilitation care period. It is now a mandatory practice to provide residents with an information pack on the Charging Policy, including the Financial Assessment form, well before the free care period concludes. This ensures that residents are well-informed and can make educated decisions about their care services. Additionally, support from the Financial Assessment Team to complete a Financial Assessment will always be offered, reinforcing the commitment to transparency and adherence to policy.

9. External Care Provider complaints

- 9.1 The Quality Assurance and Contract Monitoring Team, that sits within the Commissioning Service, investigate complaints about care providers for Adult Social Care. This includes care homes and domiciliary care services. Complaints regarding a commissioned provider service, received directly by the Complaints Team, will be logged and processed in accordance with the Statutory Complaints Procedure and referred to the Quality Assurance and Contract Monitoring Team to investigate and monitor as required. Some complaints that raise issues about external providers are led by other teams if there are other aspects to the complaint, such as financial issues or care planning. In these complaints, social care teams liaise with the Contract Monitoring Teams to ensure that issues relating to quality of care are addressed.
- 9.2 If the care provider has not had the opportunity to investigate the complaint through its own process, the complaints team may ask the complainant if they agree to firstly attempt local resolution with the care provider. If the complainant does not feel local resolution is possible, or they have attempted to resolve their complaint with the provider, the Council will investigate.
- 9.3 This does not include complaints by 'self-funders' who are able to complain directly to the care provider and/or the Local Government and Social Care Ombudsman (LGSCO).

Whilst complaints received by self-funders will be signposted to the relevant provider and/or LGSCO, information received by self-funders about the quality of provider services will be passed to the Quality Assurance and Contracts Monitoring Team to inform the wider quality monitoring of services.

- 9.4 For this reporting year only 2 complaints were completed about care providers compared to 5 last year, and 8 the year before. Of these, 1 was a joint investigation by the Hospital Social Work Team and the Quality Assurance and Contract Monitoring Team about a domiciliary care package following hospital discharge. The remaining complaint was investigated by the Learning Disability Team about a learning disability support provider.
- 9.5 These low numbers 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, 168 service concerns were processed by the Quality Assurance and Contract Monitoring Team which is a reduction on the 212 service concerns last year.
- 9.6 Service concerns are a quick and effective way of dealing with issues as an informal complaint and prevent issues escalating. The Quality Assurance and Contract Monitoring Team aim to provide an outcome on these concerns within seven working days. Residents who draw on services are always provided with information about the formal complaints process, but the benefits of the service concerns process are that it provides a rapid response for the resident and intelligence to the Quality Assurance and Contract Monitoring team about the performance of external providers.

10. Response Times⁴

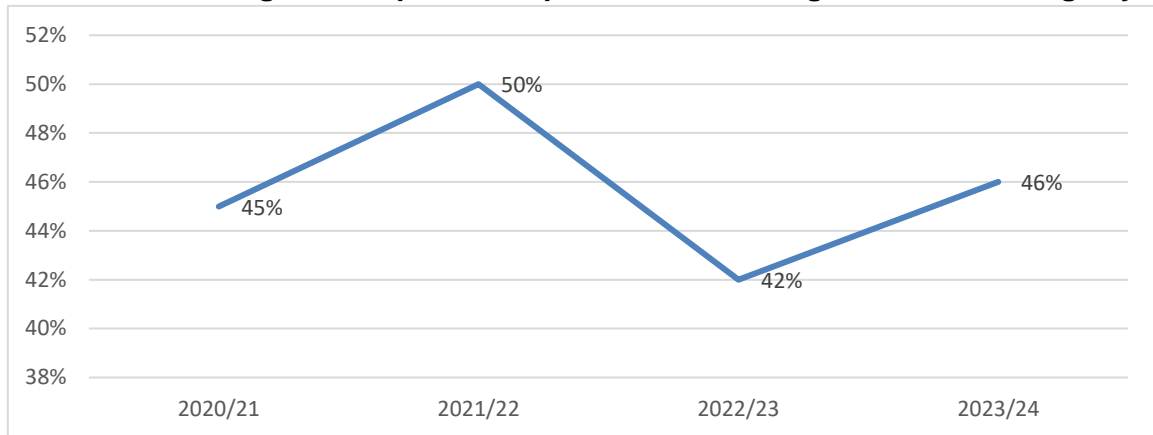
- 10.1 Adult Social Care teams work towards a local target of 25 working days to respond in writing to formal complaints. As the complaint regulations allow flexibility within the six-month statutory timeframe, this local target can be changed with the agreement of the complainant who is always kept fully informed. Whilst we measure against 25 working days to manage our internal performance, no complaints breached the statutory six-month timescale⁵. Also, where complaints have been extended past 25 days, complainants have been consulted throughout and have not raised concerns about delays.
- 10.2 For this reporting period, Richmond received 23 new complaints but completed 24 complaints. Timescales were measured for the 24 complaints closed during this year within the 25-day local target.
- 10.3 Of those, 11 (46%) were closed within 25 working days and 13 complaints (54%) exceeded this timeframe. **Chart 8** details response times for the last four years.
- 10.4 For the 54% complaints that exceed 25 days, the average response time was 27 days, which is less than the average of 34 days last year, and well within the statutory

⁴ The response times are different to those reported in the Annual Corporate Complaints Report 2023-24 as the data annual adults data was verified after completion of the corporate complaints report.

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

timeframe. As Adult Social Care complaints can be complex, spanning several teams, sometimes it is necessary to use additional time to provide a comprehensive investigation.

Chart 8: Percentage of complaints responded to in writing within 25 working days



11. Equalities data and categories of support

11.1 This year 18 complaints were from, or on behalf of, residents of working age; between the ages of 18 and 64. A further 6 complaints concerned complaints made from, or on behalf of older adults (65 and over).

11.2 14 complaints concerned females, and 10 complaints concerned males.

11.3 For the 18 complaints from, or on behalf of, residents of working age (18-64), where known:

- 44% were in receipt of support from mental health services.
- 11% were in receipt of support from learning disability services.
- 17% were in receipt of physical support.
- 6% were in receipt of support from learning disability services and for memory and cognition.
- 6% were in receipt of personal care support.
- 6% were in receipt of support for social isolation / other.
- 11% were in receipt of support for mental health, physical and/ social support.

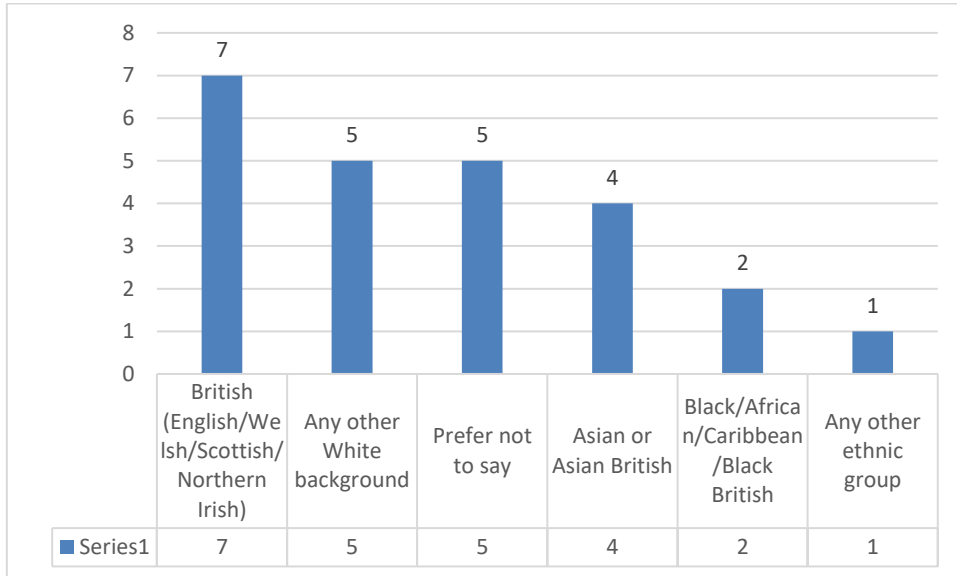
11.4 For the 6 complaints from, or on behalf of, residents in the older adult’s category (65 plus):

- 17% (or one person) was in receipt of physical, personal care, sensory support and support for memory and cognition.
- 17% (or one person) was in receipt of support for mental health.

- 33% (or two people) were in receipt of physical support and personal care support.
- 33% (or two people) were in receipt of non-specified support.

11.5 **Chart 9** provides ethnicity data for residents drawing on services who made complaints (or had complaints made on their behalf). The majority were from a White background (29% or 13 people). In Richmond, 84% of Adult Social Care services users are from a White background. Black, Asian and Minority Ethnic Groups represent 16% of service users.

Chart 9: Richmond Adult Social Care Ethnicity Data 2023-24



12. Corporate complaints

12.1 This report provides a brief overview of Corporate Complaints closed by Adult Social Care. Detailed reporting on Corporate Complaints is within Richmond Council’s Corporate Complaints Report 2023-24.

12.2 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.

12.3 This year Adult Social Care completed 6 stage one corporate complaints compared to 2 last year. 3 of these escalated to stage 2.

12.4 Stage 1 corporate complaints should be completed within 20 working days. 4 of the 6 stage 1 complaints were completed on time. Stage 2 corporate complaints should be completed within 25 working days; 2 of the 3 stage 2 complaints were on time.

12.5 Corporate complaints for Richmond Council are analysed in more detail within the Richmond Annual Corporate Complaints Report 2023-24.

13. Ombudsman Cases

- 13.1 This report provides a brief overview of Local Government and Social Care Ombudsman (LGSCO) closed by Adult Services. Detailed reporting on Corporate and Ombudsman Complaints is within Richmond Council's Corporate Complaints Report 2023-24.
- 13.2 A complainant has the right to refer their complaint to the LGSCO at any time. Generally, the Ombudsman will seek to ensure that the Local Authority has been provided with the opportunity to first respond to the complaint in accordance with the Council's own statutory complaints process.
- 13.3 During 2023/24 a total of 8 Ombudsman enquiries and/or investigations were completed for Adult Social Care compared to 3 completed in 2022-23 and 6 in 2021-22. Only 3 resulted in a full investigation. Information on each enquiry is set out in **Table 4** after the case study.

Learning Case Study: Charging (LGSCO investigation)

Background

A complaint escalated to the LGSCO about the way the Council charged the complainant for their late father's care and support, and the lack of respite care provided to them as the main carer.

The LGSCO found fault for delays in monitoring the direct payment arrangement, poor communication around the decision to end the direct payment, a delay in refunding an overpayment and a delay in dealing with the complainant's appeal about this. The Council agreed to apologise and make a small monetary award was given to acknowledge the uncertainty and frustration this caused and to review its direct payment procedures.

Learning

The Direct Payment Staff procedure was strengthened, amended, and published to provide instructions that when the council decides to end a direct payment arrangement it writes to the person concerned to confirm the arrangement has ended and sets out the alternative arrangements it has put in place to ensure the adult's eligible needs for care and support continue to be met.

This was also raised at a Direct Payment Champions meeting and agreed that Direct Payment Champions would take the communication and discussions arising from the meeting back to the individual teams for updates, sharing and learning. This procedural change was also included in the weekly staff news for Adult Social Care.

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13.4 Of the 8 enquiries for Adult Social Care the outcomes/status were as follows:

Table 4: Ombudsman cases by team and outcome

| Quarter | Service Area | Subject | Outcome |
|---------|-----------------------------------|--|--|
| 1 | Safeguarding and Mental Health | Alleged failure to make enquiries under section 42 of the Care Act 2014 and failure to undertake safeguarding adults' reviews under section 44 of the Act after the complainant has raised safeguarding concerns; and the Council is failing to meet needs for care and support. | Investigation: No evidence of fault causing injustice which requires a remedy |
| 1 | RRRT | Failure to share information with a relative of a service user who was deceased. | Not investigated and closed at Assessment Stage as any investigation would not provide a worthwhile outcome. |
| 2 | Commissioning | Complaint about a care provider's decision to end someone's approval to act as a Shared Lives Carer and to end their contract | Not investigated and closed at Assessment Stage as not the responsibility of the authority - S26(1) Not an admin function of the authority |
| 2 | Richmond and Barnes Locality Team | How the Council charged a person for their care and support in a 12-week emergency care home | Investigation: there was no fault in the way the Council charged for the care contributions or for a care home stay. There was fault around the administration of the Direct Payments for ending the direct payment arrangement. A small monetary award was provided to recognise uncertainty and frustration. |
| 3 | Teddington & Twickenham Locality | Unhappy with the quality of domiciliary care provided | Investigation: There was a fault that caused distress and time and trouble. Service improvements were made, and a small monetary award provided in recognition of the distress. |
| 4 | Mental Health Assessment | Alleged failure to carry out a Care Act Assessment. | Assessment stage: Not enough evidence of fault to justify an investigation |

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| 4 | RRRT | The Council did not arrange suitable accommodation following discharge from hospital and wrongly charged for nursing home fees whilst in hospital. | Assessment stage: Not enough evidence of fault to justify an investigation |
| 4 | Not known | Case received by the Ombudsman and recorded against LBRUT but details not passed on. | LGSCO provided advice to complainant and not investigated. |

14. Compliments

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

14.2 Examples of compliments received are outlined below:

- *"I wanted to write to you to say what a considerable difference [name] has made to my life and how lucky I feel to have found her. Your office very kindly responded when I was at an all time low... [name] literally saved my life.... So I just wanted you to know what a really brilliant job she does and please thank her again so very much on my behalf. I am extremely grateful to Sensory Services and we are very lucky to have you". (Sensory Impairment)*
- *" Thank you for all your help and support over the past few months. You were very clear, calm and helpful, which I appreciated in what was quite a turbulent time. Many thanks again for everything". (Richmond and Barnes Locality Team)*
- *"Thank you for your personal fast reactions, for ensuring my inclusion in all of the essential email threads and the updated plans...I understood how these plans are constantly being adjusted to fit.....Thank you again to all of you in the wider team for the outstanding support you deliver on, in no doubt exceptionally challenging circumstances". (Mental Health)*
- *"I would just like to thank you for everything you've done for our family, you've been bloody amazing. You've been an absolute rock to my mum. Thank you so much for everything, we will always be indebted to you." (Teddington and Twickenham Locality Team)*
- *"The reason I wanted to contact you, not just to say thank you but to say how wonderful [name] was to me, she was so kind and couldn't do enough to help me. She took a*

real interest in how I was managing. It was a pleasure to meet her and know she is part of your team, and is a real asset to social services". (Occupational Therapy)

- *"I would like to thank you personally very much for all the effort and patience you put into finding [name] a place in a nursing home. I'm also grateful to Richmond Social Services for the tremendous support they have given us over the past difficult two years. We couldn't live in a better borough." (Richmond Response and Rehabilitation Team)*
- *"Your care and compassion - for people you don't really know, has saved me from my own mental health issues...my thanks can't begin to say it adequately, but for now there all I have". (Access Team)*

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

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

- **Creation of a public-facing Adult Social Care complaints policy:** This new policy provides more transparency about how decisions are made by the Complaints Team and how statutory regulations interact with other policies and procedures.
- **Strengthened quarterly reporting:** To foster a positive culture of learning from complaints, we have enhanced reporting to all council's Senior Management Teams. We also plan to produce six-monthly complaints report for the Director's Board in addition to the annual report.
- **Targeted collaborative work with the Housing Directorate:** In response to an increase in housing-related complaints, we have implemented a procedure to identify high-risk issues and themes. We've also strengthened partnership working between housing and social care teams for more cohesive complaints handling.
- **Collaboration with the SEND teams in Achieving for Children:** Fortnightly meetings now take place to discuss current open complaints and provide support and guidance for the most complex cases. This has also significantly improved the number of complaints sent on time.
- **Work to strengthen complaints practice and culture:** In consideration of the LGSCO and HOS Joint Complaints Handling Code, we have begun work to enhance complaints practice. This included amending timescales for Corporate Complaints under the HOS jurisdiction to commence on 1st April 2024, updating staff guidance on effective complaints handling, and updating information on the Council's complaints webpage.
- **Continued comprehensive complaints training for staff:** This has included regular online training including a webinar on complaints handling, face-to-face complaints training at an Adult Social Worker Forum and securing information about the complaint processes on staff induction for all new starters.

15.2 In 2024-25 our priorities will be:

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