

**Lambeth
Adult
Social Care**

**SUPPORTING
INCLUSION &
INDEPENDENCE**



Adult Social Care Compliments and Complaints Annual Report 2023-24



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2. SUMMARY

In 2023/24 Lambeth ASC received 107 Complaints, 2 LGO complaints (plus 1 LGO remedy for 22/23 LGO complaint) and 57 Compliments.

Complaints

- The 107 complaints made represents 2% of the total number of people supported by Adult Social Care, up from 1.9% in the previous year.
- The number of people receiving support from Adult Social Care 2023-24 has increased by 2% to 5084, with an increase in activity of 9%, when considering: Referrals, Assessments, Safeguarding Concerns and Mental Capacity Assessments
- 27% complaints responded to within 30 days down from 38% in the previous year
- 40% complaints responded to within 60 days, up from 28% in the previous year
- 17% of complaints upheld compared to 21% previous year (22/23)
- The two highest areas of complaint related to
 - Service delivery or quality (56%)
 - Financial (15%)

Compliments

- 57 compliments received; this is an increase from the previous year of 26 compliments
- The 57 compliments represent 1% of the total number of people supported by Adult Social Care.
- As we actively seek feedback, we would envision this number increasing
- The two main areas that the compliments related to
 - Service delivery/ quality (49%)
 - Staff conduct/ professionalism (44%)

3. INTRODUCTION

The “Local Authority Social Services and National Health Service Complaints (England) Regulations 2009” (the Regulations) set out the way Lambeth Council must deal with complaints about its adult social care services. Under this statutory regulations, Lambeth Council is required to produce an annual report examining how it has dealt with its adult social care complaints, including the numbers received, issues highlighted, how many were upheld, and actions taken because of the complaints received. In addition to this we have identified the benefits of acknowledging the compliments received in adult social care and any themes arising. The compliments received highlights the behaviours and strengths of our staff and provides an opportunity for further learning from what we have done well.

This is the annual report of Lambeth Adults Social Care complaints and compliments, covering the period 1 April 2023 to 31 March 2024.

Lambeth Adult Social Care uses a two-stage complaint procedure to ensure that complaints are handled effectively and in line with regulations. If a complainant is dissatisfied with the response to their Stage 1 complaint, they have the right to appeal, and the matter will be considered under a stage 2 complaint. Should the complainant be dissatisfied with the response to the Stage 2 complaint, they can take the matter to the Local Government Ombudsman (LGO). Although complainants can refer their complaints to

the LGO from the outset, the LGO will not normally investigate until the Council has conducted its own investigation and provided a response.

Lambeth Adult Social Care staff receive compliments for the work they do and for their behaviours and attitudes portrayed when working with our residents. These are shared with managers and captured on our recording system.

4. COMPLAINTS RECEIVED AND INVESTIGATED

A total of 107 complaints were received and investigated under the Adult Social Care complaints procedure from April 2023 to March 2024. This is a small increase from the previous year (95 complaints). The 107 complaints made represents 2% of the total number of people supported by Lambeth Adult Social Care in 2023/24. Notably, the number of people receiving support from Adult Social Care 2023-24 has increased by 2% to 5084, with a 9% increase in activity, when considering: Referrals, Assessments, Safeguarding Concerns and Mental Capacity Assessments.

The graph below shows the total number of complaints received by Adult Social Care over the last 5 years.

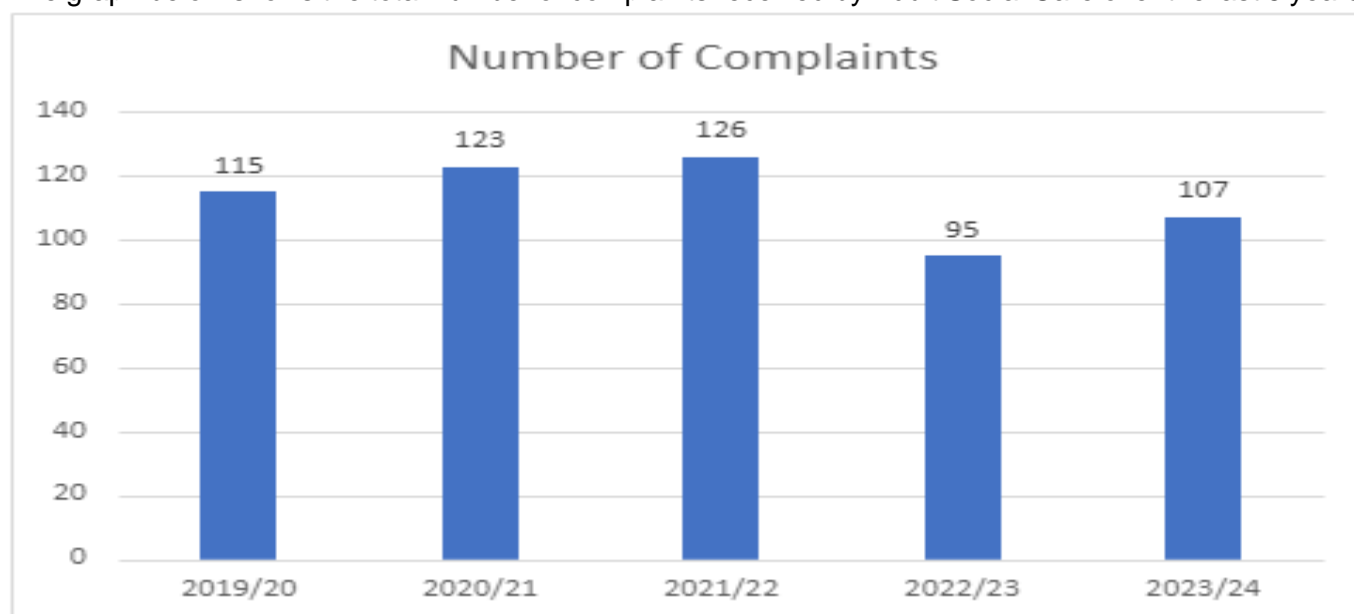


Figure 1: Complaints received by Lambeth Council Adult Social Care 2019/20 to 2023/24

The steady number of complaints in comparison with the increase in number of service users who received services in 2023/24 indicates that:

- We are identifying learning from previous complaints and updating local systems to mitigate some of the areas where service users were finding a reason to complain
- We are aiming to respond to any issues raised in a timely way, which is supported by our front door re-design, this negates the need for someone to complain
- We have commenced close work with our colleagues in the Finance Department to streamline processes and ensure a shared understanding across ASC about charging and finance team function

5. VOLUMES OF WORK

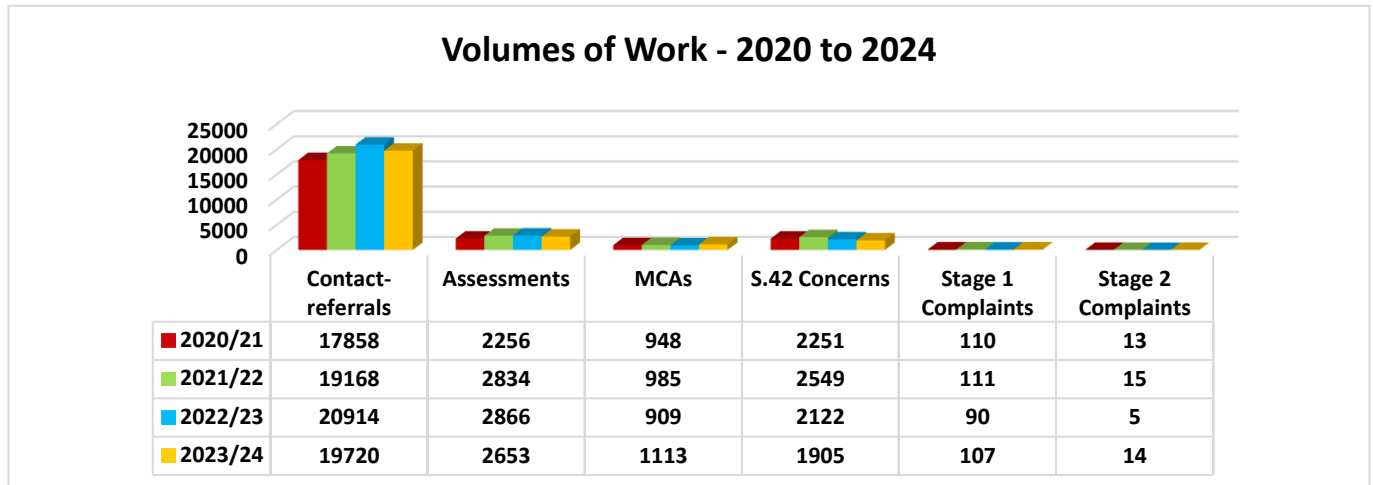


Figure 2: volumes of types of work 2020/21 to 2023/24

There has been a 9% increase in activity in the above types of work, which isn't including the number of reviews undertaken. There has also been a 2% increase in the number of people accessing support from Adult Social Care, however the percentage who have had cause to complain has been 2% which is comparable to the previous year (22/23) which had 1.9% of people who receive support from adult social care having cause to complain.

The graph below shows that there has been a small increase in the number of Stage 1 and Stage 2 complaints received in Adult Social Care from 2022/23 to 2023/24. However, when we review the outcome of complaints the number of complaints not upheld has increased by 8% from the previous year and reflects that a number of these complaints may have been better reviewed under a different mechanism such as an appeals process. We have now developed an Appeals process and expect to see several communications we receive from people in receipt of support from Adult Social Care, to be captured through this process, which should support early resolution and outcomes.

Lambeth Adult Social Care received 2 LGO complaints in 2023/24 which is a reduction on the previous year where 5 LGO complaints were noted. This is illustrated in the figure below.

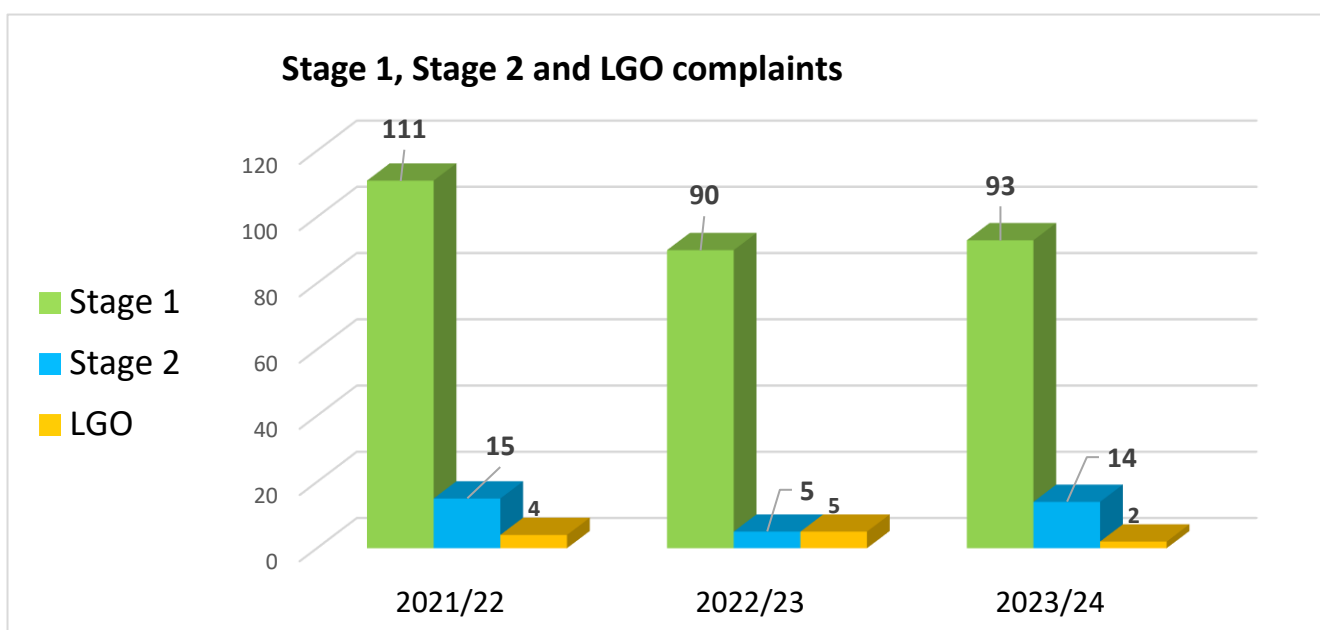


Figure 3 stage 1, stage 2 and LGO complaints 2021/22 to 2023/24

The complaints received and investigated include 93 stage 1 complaints, 14 stage 2 complaints and 2 LGO complaints. A stage 2 complaint is technically a continuation of a single complaint issue. The number of stage 2 complaints remains low and indicates a good level of satisfaction with our investigation and response to our stage 1 complaints.

Our complaints procedure clearly sets out what someone can expect should they deem it necessary to complain, we also have letter templates to support consistency in the detail included in the responses sent out to complainants. This letter template includes details about how to complain and the person's right to take their complaint to the the Local Government & Social Care Ombudsman should they not be satisfied with our response.

6. BENCHMARKING FOR COMPLAINTS

We are interested in comparing and benchmarking our complaints data with other Local Authorities and have reviewed what published information and data is available to us. There are some limitations to the narrative and analysis we can draw from this comparison as there are no set processes or frameworks to determine how the Local Authority should be managing or processing their complaints data.

In previous years we have been limited to benchmarking our data to our nearest geographical neighbour, Southwark, who publish their report each year. For 2023/24 we have been able to broaden this to include Islington, Ealing and Enfield.

The graph below shows comparison across the 5 Local Authorities. We acknowledge that another limitation here is that not all data was published or accessible for the period 2021- 2024.

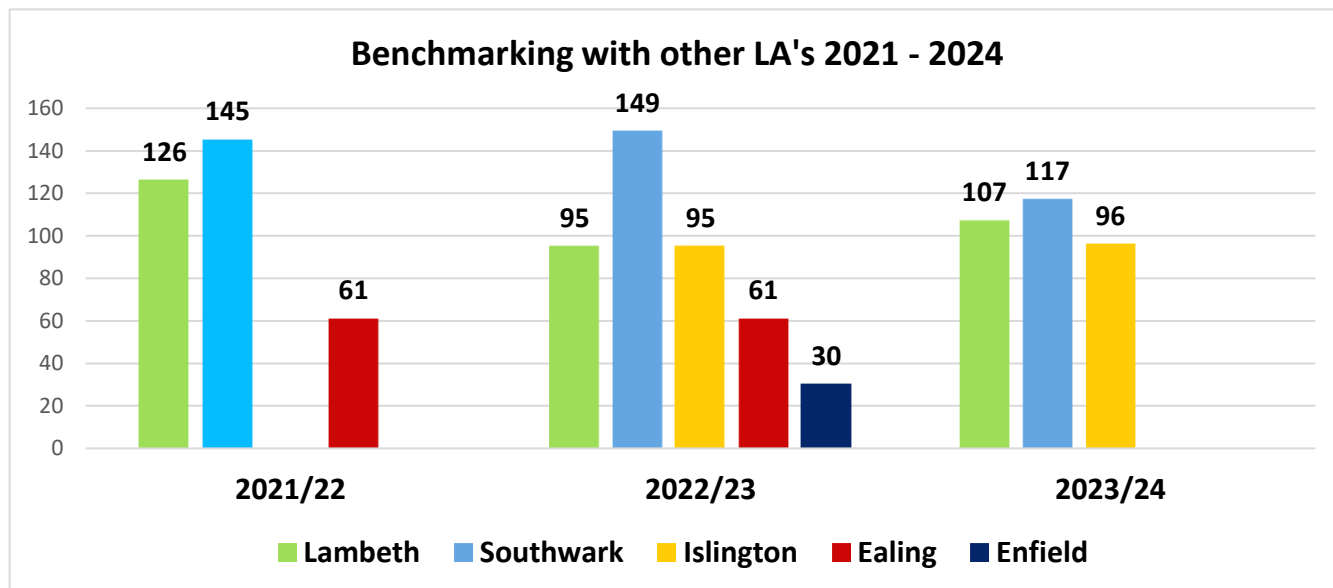


Figure 4: Benchmarking ASC complaints with other Local Authorities who have published their complaints data/annual report (this does not include wider system complaints)

Considering the data Lambeth Adult Social Care appears to be comparable to Islington in 2022/23 and 2023/24. Southwark's number of complaints remains consistently higher. We have considered the low number of complaints published by Enfield (30 complaints in 2022/23) and they have reported that the significant decrease relates to Finance services, due to changes in the Council's classification process following qualified advice on the remit of the statutory process received during 22/23. Enfield financial assessment complaints are now managed as corporate complaints. The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, specifically state, 'the discharge by

a local authority in England of any of its social services functions', which we understand includes Financial Assessment and Charging. As such, we would not exclude complaints about ASC financial processes. The example of Enfield is a good illustration of the limitations of benchmarking without a consistent and shared framework for reporting complaints across Adult Social Care.

7. WHAT THE COMPLAINTS WERE ABOUT

The table below shows a breakdown of what the complaints we received were about, including issue category and function the complaint relates to.

69% of the total complaints received were in relation to assessments and social work. This is a small decrease from the previous year where 72% of complaints related to this function. Assessment and Social Work covers a broad range of issues relating to eligibility of service, service delivery or quality, communication, financial assessments, and timeliness of provision. We envision that with the introduction of our Appeals process we will see a smaller number of complaints that relate to this area of function going forward, this is because the Appeals process will cover elements such as challenging eligibility for service or the outcome of an assessment or review.

Complaints about financial issues represents 15% of the complaints received and is the second highest area of complaint. This is an increase from 2022/23 of approx. 9% and indicates that there is still work to do in ensuring streamlined and robust processes are in place when it comes to financial assessments. This includes communication between the finance team and ASC teams about invoicing and ensuring clear communication with people we support to ensure they are aware that ASC provides services which are chargeable. This increase could also be considered in the context of the cost-of-living crisis which is seeing people feeling less able to afford to pay bills due to financial pressures.

Function complaint relates to	Issue Category	Stage 1	Stage 2	Grand Total
Assessment and social work	Communication	9	1	10
	Delay	2	1	3
	Eligibility for service	3	1	4
	Financial assessment	5		5
	Service delivery or quality	41	5	46
	Staff conduct	5	1	6
	Total	65	9	74
Occupational Therapy	Communication	1		1
	Delay		1	1
	Eligibility for service		1	1
	Service delivery or quality	2		2
	Total	3	2	5
External Provider	Service delivery or quality	8		8
	Total	8		8
Financial Issues	Service delivery or quality	1		1
	Communication	3	1	4
	Staff Conduct	1		1
	Financial	10	1	11
	Total	15	2	17
Sheltered and Extra Care (Council Managed)	Service delivery or quality	2		2
	Total	2		2
Safeguarding Adults	Service delivery or quality		1	1
			1	1

Table 1: Adult Social Care complaints 2023/24 broken down by the issue category within above functions complaints relate to.

Below are some examples of complaints received by ASC:

“Dear Sir/Madam I would like to find out why it is taking so long to find Carers for my mum? It’s been over 7 weeks that they have supposedly been looking for Carers for my mum My mum is waiting to be discharged from the hospital and nobody has contacted me regarding the care plan and my mum did not get any sit in service last time and I would like this to be included Kind regards XXXX”

Resolution:

1. Active work was already underway to identify a care provider, this was done in collaboration with the person and their family member who held views about which care provider they would prefer to be providing care. A satisfactory outcome was reached, and discharge facilitated with the new provider.
2. During the hospital admission it was agreed that a Review of care provision was required due to increased needs, this is standard practice when a change in need is identified. The allocated worker completed this and the new support plan included a sit in service in order to provide regular breaks for the family member who was also a carer to the person.

Learning:

- For open and clear communication to be prioritised between the worker/team and the person and their representative so that they are kept updated about the next steps and actions being undertaken.
- Communication is key theme in feedback from 5 voices. 7-minute briefings have been developed as a way to share findings and learning across all teams

To whom it may concern, I am writing to you on behalf of X. My name is XX I read all his letters and make his phone calls for him. As he is illiterate. I am writing to dispute a bill that X received it is from April and X wasn't told he needed to pay until he received a letter on the 4th of July (which I know about as he brings all of his letters to me to read) which he straight away got me to phone and say he no longer wanted carer's. So, he is a bit bewildered that he got billed from April as he was never told or had any letters. We would appreciate it if you could look into this for him as we gather there will be another 2 bills after this one which we feel is unfair due to him not being told anything until July. Awaiting your reply XX

Resolution:

- Contact made with the person who submitted the complaint with a request for a copy of the invoice and an offer to then have a call about this with the person who complained and the person they are supporting.
- Review of records including most recent review, discussion with finance colleagues where it was established that due to his benefits not being paid and not having any finances, the Council provided X with a weekly payment of for 4 weeks to cover necessities.
- X was referred to the Council's Every Pounds Count Team for benefit maximisation. This Team assisted him to get his benefits reinstated and to receive back pay from DWP, X now receives Universal Credit, PIP care component and PIP Mobility component. He also has Housing Benefit and Council Tax benefit.
- X received a care package and had additional financial support to cover a period without an income. The charges are based on X's income and are in line with Council policy.
- XX paid the outstanding charges

Learning:

- Discussion in team meeting - when practitioners carry out reviews and assessments, they must remind the person that they should be informing the Council should have they have a change in circumstance including any benefit changes.

Dear Sirs/Madam, On 24th April 2023, I had a carer's assessment with Y. At the end of the assessment, I was under the impression that I would get a maximum of £300 for the one-off Carer's Payment. On the 17th of May 2023, I emailed Y for an update on when I will receive the one-off payment. Y sent this response: "Please be advised this was processed on 04.05.23 service users need to allow 6 – 8 weeks before receiving their funds." Please note that at this point I was not advised the exact amount that I would receive for the one-off carer's payment. It was only on 11th July 2023 during a telephone call with Z that I was informed by him that my overdue Carer's Payment would be £150. I was disappointed to hear this as I was not informed earlier that I would receive £150 which Z was surprised that I was not told sooner. I would like to dispute the £150 allocated to me for the following reasons: • I have been a young carer since the age of 9. • I am not a paid carer. This is the second time I have asked for this money since age 9. • 2020, I was given £200.00 so why am I being offered £150.000 in 2023 amid a cost-of-living crisis? I would like to be given the maximum amount of carers payment. If I were to stop giving the care, I give to my mother, it would cost social services more to provide more hours of care for my mother. The least you can do is offer me the maximum amount considering all the effects my caring duties are having on all aspects of my life. Yours faithfully, A

Resolution:

- The manager reviewed all records held alongside the local Carers Guidance
- The carer was contacted directly to speak about the complaint raised, clear information was provided including that the allocation of care personal budget payment is determined on an individual basis.
- It was determined that the cared for needs had not changed since the previous carers assessment and agreed that the amount provided should be the same. This was accepted by the carer and the payment was made
- It was also communicated with the carer the length of time processing takes for these payments.

Learning:

- Carers guidance was re-circulated amongst staff
- Carers personal budgets have been discussed at Practice Weeks, and staff have had opportunity to ask questions
- Carers Assessments are part of the Quality Assurance Framework audit programme, and any themes or areas of learning are captured and fed back to workers or teams through practice webinars and events, or at team meetings or supervision
- We have developed a feedback mechanism as part of our quality assurance framework- this is titled '5 voices' and aims to routinely seek feedback from people accessing our services to support learning and improvement, the feedback provided is summarised in 7-minute briefings and circulated to staff

8. PEOPLE MAKING MULTIPLE COMPLAINTS

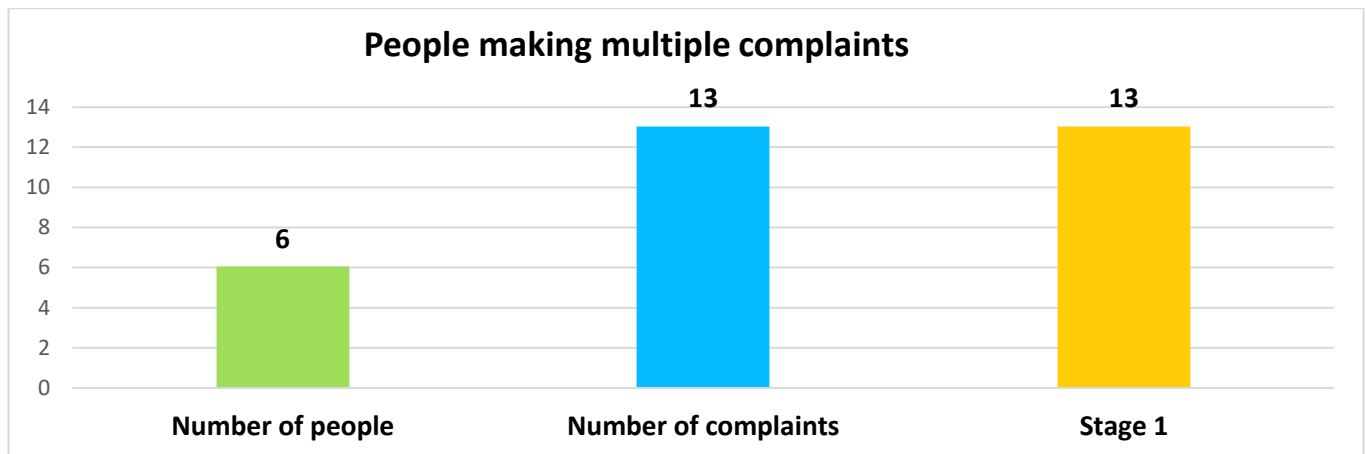


Figure 5: People making multiple complaints in 2023/24

In 2023/24 6 people made multiple complaints with one person having cause to complain on 3 separate occasions and the remaining 5 people having cause to complain on 2 separate occasions. The 13 complaints represent 12% of the total complaints we received. We recognise that it is important to understand the reasons behind the multiple complaints. In 2 of these instances the complaint related to the same issue category, in the remaining 4 complaints the issue category was different. All these complaints were stage 1 complaints indicating that although the person had complained more than once in the time period, their complaints were resolved and did not have cause to continue to stage 2.

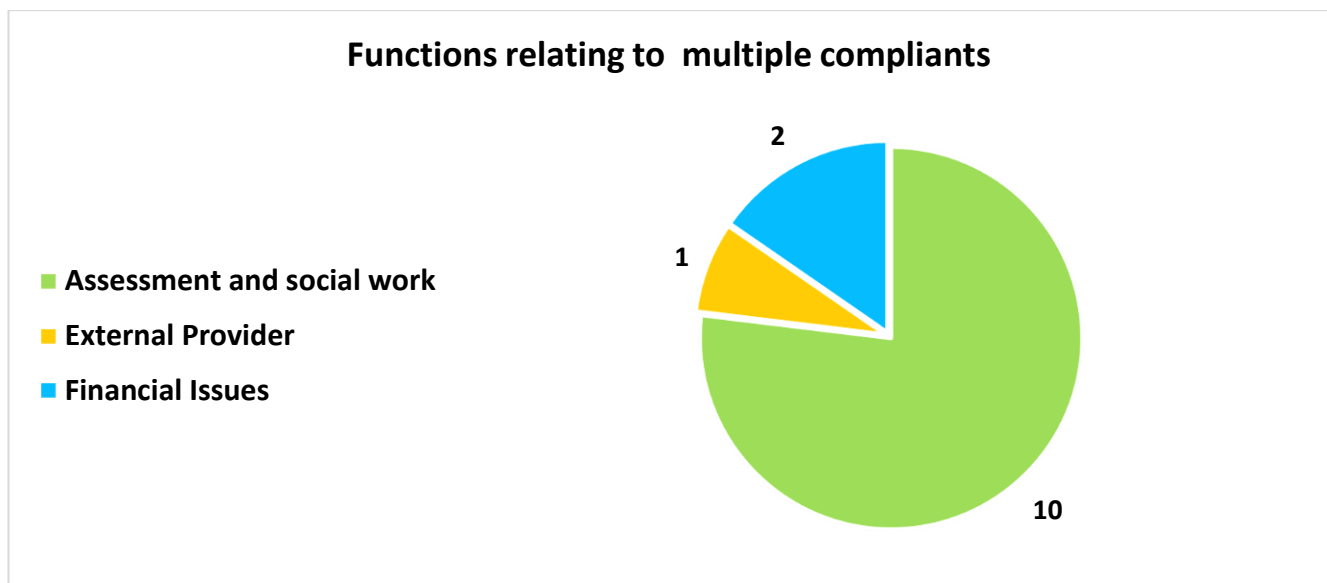


Figure 6: Function relating to multiple complaints

The multiple complaints were scrutinised to understand the overarching function. 77% related to Assessment and Social work which, as identified in Table 1, covers a broad range of functions including: communication, delay, eligibility for service, financial assessment, staff conduct, and service delivery or quality of care provided by services we commission.

A smaller number related to External Providers and Financial issues.

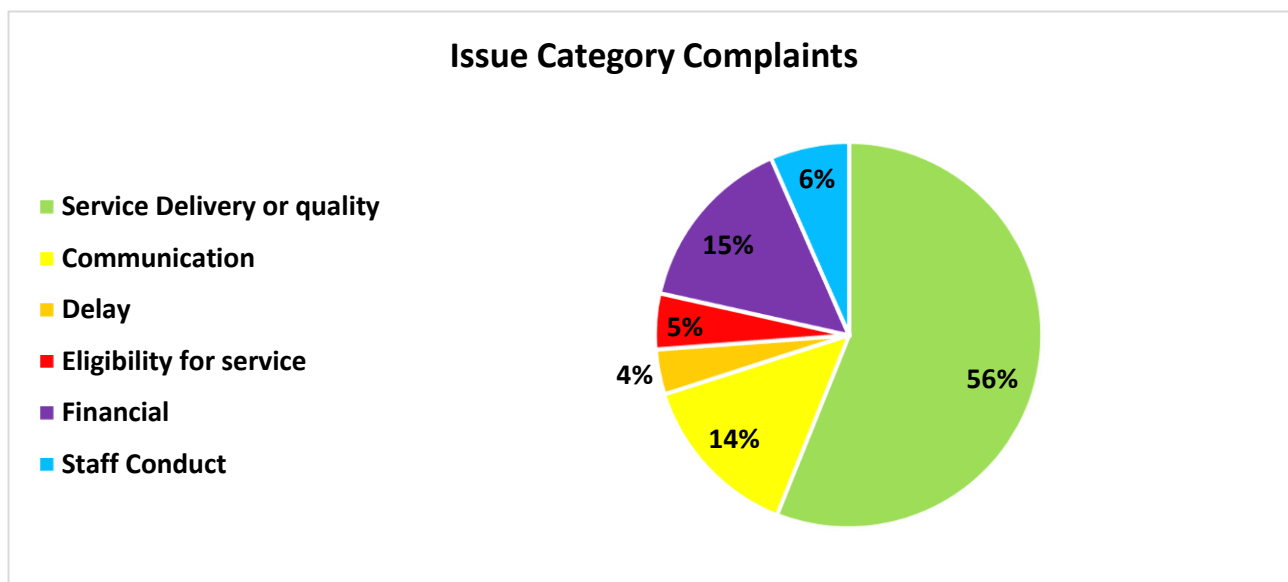


Figure 7: issue category of multiple complaints, Stage 1, 2023/24

56% of these stage 1 complaints are identified as relating to Service Delivery or Quality which encompasses a range of elements including case management and assessment functions. The types of complaints included complaints about, which care providers were being offered and communication around this, how care and support plans were being followed which resulted in requests to change care providers and the delivery of this, and financial assessment and client contribution. It is envisioned that some of these types of complaints may be appropriate to address via our Appeals process in the future. This is particularly relevant for complaints about eligibility for service.

9. TIMELINESS IN RESPONDING TO THE COMPLAINTS

Under statutory regulations there is no set timeframe for complaint responses. However, the LGO suggests a reasonable response time of 12 weeks (60 working days) which is now captured in our Complaints Guidance. Locally, we have set a suggested target of 30 days but acknowledge for matters which may require additional work to be completed before resolution is reached, may take longer.

27% of our complaints were responded to within our local timeframe of 30 days and 40% of our complaints were responded to within the LGO timeframe of 12 weeks (60 working days). This figure is increased from the previous year by 13%.

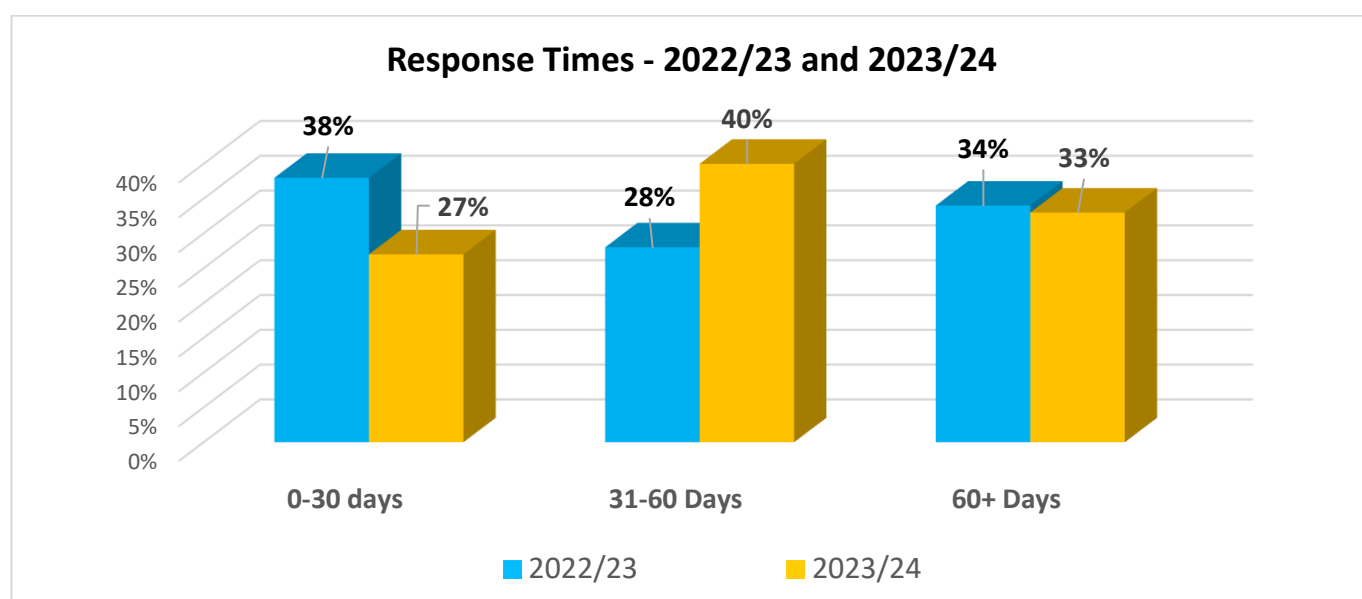


Figure 8: Complaint response times 2022/23 & 2023/24

We have seen a reduction in our timeliness of complaint response within 30 days from 38% in the year 22/23 to 27% in the year 23/24. We acknowledge that the 30-day response time is significantly shorter than the one prescribed by the LGO, and it is difficult to achieve at times as we often need to gather additional information to ensure we can provide an accurate and meaningful response to issues raised. We continue to set this as a standard that we want to achieve, in the delivery of good customer service. As part of our complaints process, we endeavour to keep the complainant updated with the progress of the investigation and likely timescale for resolution.

As shown in figure 8, the complaint response times of over 60 days is 33%, similar to the previous year of 34%. The detail of these complaints has been reviewed in order to establish if there are any themes or commonalities that have resulted in the length of time taken to conclude the complaint. In several instances, the complaint was dealt with and resolved in a timely way and the delay was around the administrative elements, for example, a concluding telephone call and letter being sent out. In other cases, the time taken to conclude the complaint was due to thorough investigations for more complex situations. For example, a complaint was made about the timeliness for the Local Authority to lodge a Deputyship application with Court of Protection for a service user. This required meetings with the complainant, a thorough review of the case file, multiple meetings with the legal service along with the opportunity to review their files as well as follow up on process with the Court of Protection to ensure resolution.

Complaint data is reviewed as part of our monthly performance board meetings, those complaints that are taking a longer period to resolve are identified, and agreed actions to prioritise and in some cases escalate these matters, are made, for a timely conclusion.

10. OUTCOME OF THE COMPLAINTS

The table below shows the breakdown of the outcome in relation to Stage 1 & Stage 2 complaints.

	Issue category	Not upheld	Partially upheld	Upheld
Complaint Stage 1	Communication	6	6	1
	Delay		1	1
	Eligibility for service	1	1	1
	Financial assessment process	7	6	2
	Service delivery or quality	28	14	12
	Staff conduct	4	1	1
Complaint Stage 2	Communication	2		
	Eligibility for service	2		
	Delay		1	1
	Financial assessment process	1		
	Service delivery and quality	4	2	
	Staff conduct	1		
Grand total		56	32	19

Table 2: Outcome of all complaints received and investigated in 2023/24

In 2023/24, 17% of complaints were upheld, a decrease from 21% in 2022/23. 29% were partially upheld in 2023/24 compared to 31% in the previous year. 54% of complaints were not upheld in 2023/24, which

is higher than previous two years which saw 48% of complaints outcomes being recorded as not upheld. This shows that whilst we continue to receive complaints, we are effectively improving our practice, systems and processes and delivering services in line with our statutory responsibilities.

In those complaints where the matter has been upheld or partially upheld, the learning and resolution has been clearly recorded which is in line with our local complaint procedure and supported by the forms we use on our recording system. These learnings are discussed in team meetings and supervision.

To gain wider learning from the complaints (and compliments) we have received, we have begun gathering feedback from people who have had cause to complain or to offer a compliment. This valuable information and feedback will be evaluated, and key themes identified and shared through 7-minute briefing documents (1 page document that is a summary of learning and can be easily read and reflected on as only key information included) and through discussion and reflection at practice events and webinars. (See Appendix E)

Our findings show that poor communication is a vital element of why a person has cause to complain and good communication is why someone has provided a compliment. We plan to reflect on this in a practice webinar and are in the process of capturing some of this meaningful feedback from someone who has complained and from someone who has complimented, in a video recorded interview in order to bring this to life for our staff and provide learning opportunity.

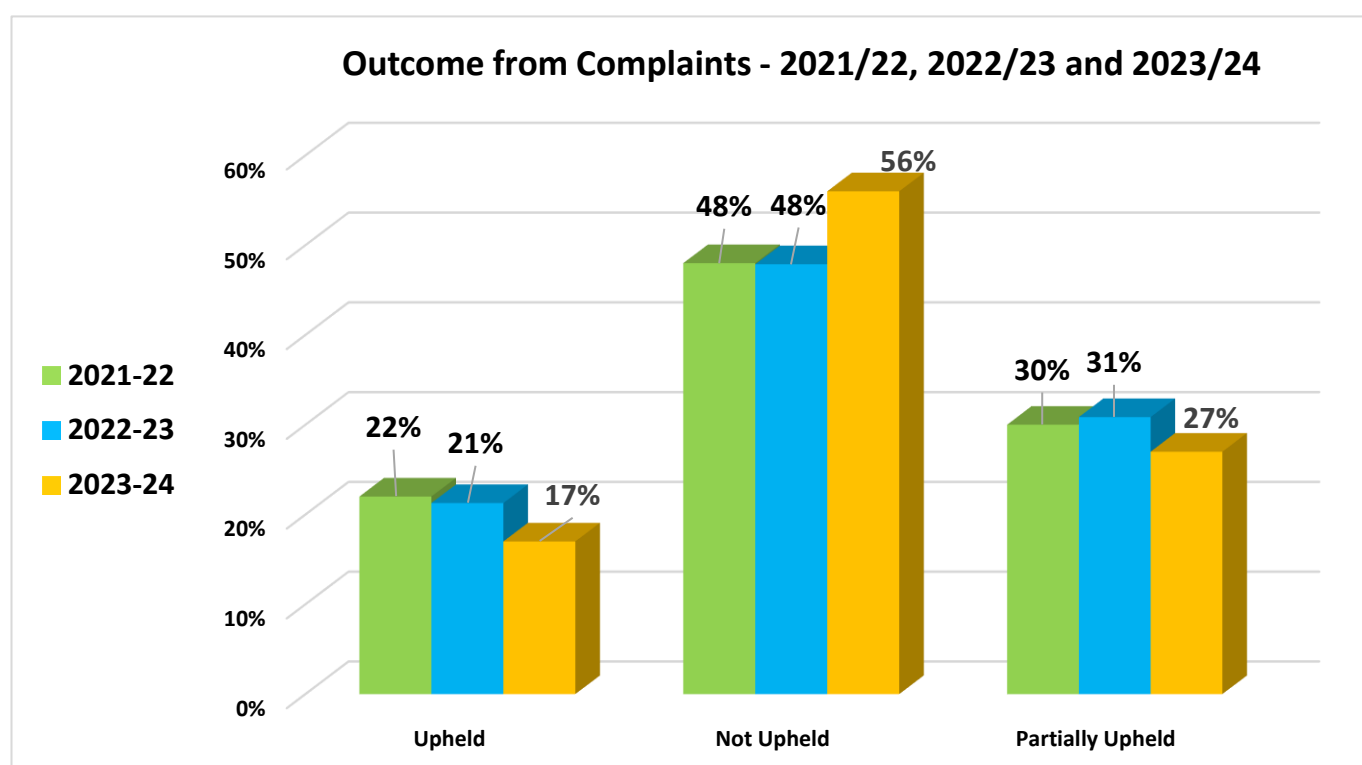


Figure 9: Outcome of complaints

11. SUMMARY OF COMPLAINTS MADE TO THE LOCAL GOVERNMENT OMBUDSMAN

LBL Ref	LGO Ref	Summary	Outcome
UFN19763993	23004730	Complaint regarding the care received by Ms X whilst she was in a care home that was commissioned by Adult Social Care. It was determined that ASC was not able to add to the investigation that had already been completed by the care home or reach a different outcome to the home and coroner.	Not upheld; Closed after initial enquiries - out of jurisdiction
UFN24617158	23015915	Ms B's representative and advocate complained the Council attempted to move Ms B without undertaking appropriate risk assessments and without considering her wellbeing and human rights. It was deemed that there is not enough evidence of fault with the actions taken by the Council to warrant an ombudsman investigation	Not Upheld; Closed after initial enquiries - no injustice
UFN16182549	22004656	Complaint that the Council reduced care support hours without a change in needs, the complaint also stated that the person was asked to make a client contribution towards their care provision and that this was not communicated effectively to the person and would have a negative impact on their financial wellbeing.	Upheld; Agreed with remedy action taken by the Council

Table 3: Summary of complaints to the LGO 2023/2024 & outcome from previous LGO complaint from 2022/23

Learning from the LGO case which was upheld was summarised and shared via presentation at a well-attended ASC and Integrated Commissioning webinar on the 29th of February 2024.

The main findings from the LGO were:

- ASC completed a thorough review and support plan that included all details and clearly described eligibility
- ASC provided evidence that they had raised concerns with XXX about the management of the DP and had reminded XXX of what was set out in the agreement
- ASC financial assessment process was not evident and no evidence that we shared the outcome with XXX, the LGO determined poor record keeping in relation to this

Learning was identified and the following actions taken to improve and mitigate re-occurrence of this type of situation:

- Review of the financial assessment process and the forms, these have been updated
- Established the Direct Payment compliance forums where staff can discuss any cases should they require additional advice or guidance
- Updated the Direct Payment service user agreement to record the required client contributions, ensuring transparency
- Working closely with Disability Advice Service Lambeth (DASL) to ensure the process of setting up a Direct Payment is streamlined and clear
- Direct Payment training has been rolled out to teams to support wider understanding of the Direct Payment processes.

12 LEARNING FROM COMPLAINTS & MAKING IMPROVEMENTS

Typical Complaint Themes

Service delivery or quality

This includes complaints about delays in carrying out an assessment or delays in carrying out a review where it has been reported that needs have increased, concerns about care provision are also included in this. There are a wide range of reasons for these delays, which include, the person being referred to the wrong team or department (CHC clients), volume of work coming into the department, mixed caseloads in teams, resulting in higher risk cases and safeguarding being prioritised. Some of the complaints identified as service delivery included where concerns had been raised about care provision from care agencies, and in these instances, it was helpful for the operational teams to work alongside commissioning and brokerage to remedy the situation.

Action taken

- Streamlined pathways to get people to the right part of the service as quickly as possible by the redesign of community services which includes a Safeguarding hub, an initial contact and assessment team which includes Age UK signposting to community services, and a community duty team for those service users who are already known to the service but not currently allocated to a worker or team.
- Focus on performance and demand management through monthly performance board meetings, provision of weekly performance and waiting list trackers which teams use to manage demand, and regular discussions in team meetings.
- Building relationships with commissioning colleagues and regular attendance by managers at the provider risk forum where any concerns about providers can be raised and actions agreed.
- Closer working with Housing, through our new Directorate – Housing and Adult Social Care.

Financial Assessment

This includes complaints relating to dissatisfaction about the persons assessed Client Contribution, or the Financial Assessment process, engagement and communication with the Finance team and also about billing arrangements.

Action taken

- Review of Financial Assessment Service and redesign plan under way
- Financial assessment forms and letters have been updated
- Regular Finance meetings co-chaired by a senior manager from ASC and from Finance, this is a forum to speak about any barriers or challenges and to set actions to move things forward

Communication

Complaints raised the issue of not being able to contact the allocated worker or a team in order to get an update on when to expect an assessment or the outcome of a piece of work that was completed. This included e-mails not being responded to or when they were responded to, not being satisfied with the response. In some of these instances the communication had taken place with the service user directly

and not always their family member or advocate, so it meant that there was confusion about what had been agreed or arranged. Complaints about finances also featured under communication, with complainants saying they were not aware of client contributions until they received a bill.

Action taken

- Review of website to consider accessibility and how to contact ASC is clear
- All staff update their out of office messages to include alternative contacts for when they are out of the office on a visit, or on leave/sick.
- Demand and waiting times a focus for monthly performance board and any areas of concern are explored and addressed. Improved waiting times noted, and this will contribute to less delays and timely communication with service users and their families/ representatives.
- Monthly case file audits completed, and consideration given to communication and person's journey through the system, where it is identified that this could be strengthened, feedback is provided to the worker and their manager.
- Finance review is underway with focus on streamlined communication pathways with finance colleagues and shared understanding of roles and remits
- Development of 5 voices as part of quality assurance framework, seeking feedback from people who have received services from Adult Social Care and identifying key themes and learning to share with teams

12. KEY LEARNING THEMES

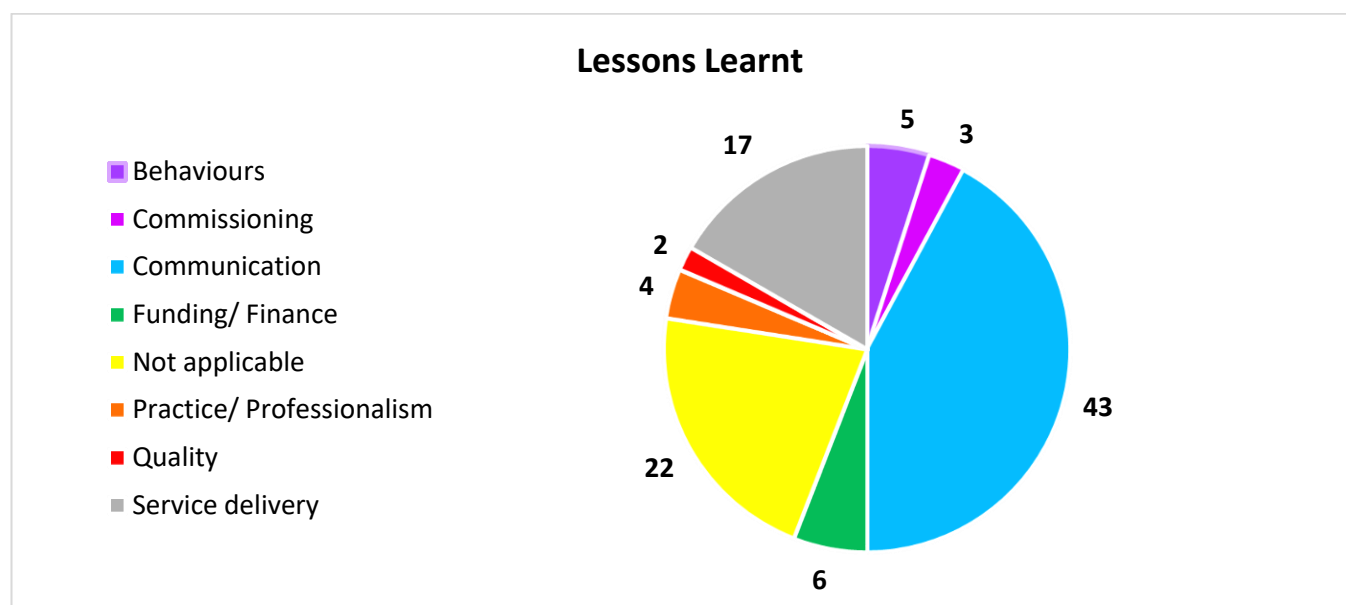


Figure 11: Learning Themes

Communication remains the single highest area of learning from the review of our complaints this year at 42%, with Service Delivery the second highest area for improvement at 16%.

We continue to improve our website with a focus on up-to-date information and accessibility. This is being coordinated by the ASC Engagement group. We have moved away from e-mail inboxes which can often receive a large volume of contacts without being sorted into categories making it harder to prioritise work, and instead have developed online forms which include safeguarding referrals, professional referrals, public referrals and general enquiries. We continue to monitor our response times to telephone calls and referrals. Performance monitoring is in place with weekly dashboards and are discussed in team meetings and managers meetings.

21% of complaints were recorded with a not applicable learning theme, compared to 39% of cases from the previous year where not applicable was recorded. This shows the improved quality of data being recorded and that practitioners are reflecting on the issue being raised with them and identifying learning to further improve practice.

13. COMPLAINTS ABOUT COMMISSIONED SERVICES

Introduction

Lambeth commissions services from a range of providers, including CQC registered providers such as care homes and the domiciliary care providers on our approved provider list, plus additional specialist providers.

At the end of the 2023/24 financial year, in March 2024, Lambeth was commissioning approximately 4370 packages or services for 4155 individuals (some of whom receive more than one service). In total, Lambeth commissioned 350 provider organisations to provide 1,100,648 hours of care, which was delivered by 2033 paid carers. It has been possible to consider data representing approximately 82% of all Lambeth funded placements for this report.

Whilst many services are commissioned on block contracts, a number of placements are individually spot-purchased arrangements. Where Lambeth has a commissioned contract with a provider, they are required to have policies and procedures that cover the recording and resolution of complaints.

The Care Quality Commission (CQC) requires that all registered services ensure that people can make a complaint about their care and treatment. To meet their standards providers must have an effective and accessible system for identifying, receiving, handling and responding to complaints from people using the service, people acting on their behalf or other stakeholders. All complaints must be investigated thoroughly, and any necessary action taken where failures have been identified.

Most complaints about commissioned services are made to, and resolved by, the provider without involvement from Lambeth Integrated Health and Care.

Some complaints concern significant or recurring incidents which are dealt with through Lambeth's routine contract management processes and quality and safety monitoring, as outlined in the Provider Concerns policy. These incidents are usually concerns relating to quality and safety. Key provider concerns are reported to the Lambeth's Quality Assurance Board. Issues or incidents which put the safety or wellbeing of one or more service user at risk are reported by providers, families, or members of the public, and resolved through Lambeth's safeguarding processes.

Summary Findings

Table 1: Complaints by Service Type

Type of service	Reporting from X nr of placements	Complaints received	Of complaints received			
			Upheld	Partly upheld	Not Upheld	Ongoing
Care Home	146	14	5	0	0	1
Day Centre	483	7	2	2	3	1
Extra Care	247	89	47	14	26	7
Home Care	2241	155	98	5	30	0
Nursing Care	122	12	2	2	5	5
Residential Care	108	12	3	2	4	0
Supported Accom	174	17	9	3	5	3

Total	3521	306	166	28	73	17
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Of the 306 complaints received by Lambeth's providers, 166 were substantiated on investigation, and 28 were partially substantiated.

Most complaints made to contracted providers were made regarding those on the home care framework. This framework is substantially the largest contract held by Lambeth Adult Social Care. Approximately 2,200 people receive home care support. Based on reported complaints data there is 1 complaint made for every 14 service users. Over the course of the year over 4 million hours of home care support was provided, which comes to approximately 47,000 hours per week.

2. Typical Complaint Themes

The nature of complaints made in 2023/24 are similar to those in the preceding year. Reviewing a non-exhaustive selection of complaints submitted by providers last year, they can be grouped into the following themes:

Theme	Recurrence
Quality of Care	40.00%
Communication	26.67%
Delays	10.00%
Poor property maintenance	3.33%
Neglect	10.00%
Theft	6.67%
Abuse	3.33%

Most commonly reoccurring complaint themes for the previous year (2022-2023) were around quality of care, timekeeping or delays, and communication.

The majority of complaints are investigated and resolved by providers, and learning adopted, without need for officer involvement.

Some complaints are made regarding incidents which reach thresholds for Section 42 enquiries. Incidents of this type are reported directly to Lambeth and managed in line with the Lambeth Safeguarding Adults Board policy and processes, with support from commissioners as required.

Where there are repeated complaints on similar issues at the same provider, this may indicate organisational concerns that are investigated by commissioners. If it is determined that issues rise to the threshold to be considered a provider concern, they are managed in line with the Lambeth Provider Concerns policy.

3. Safeguarding

Of the 306 complaints received, 53 (or 16%) led to a safeguarding concern, and a further 22 (7%) to a safeguarding enquiry.

Where a safeguarding enquiry was raised in relationship to an out of borough placement, Lambeth worked with the responsible Local Authority to ensure safety of those involved.

4. Demographic Data of Complainants Relating to Commissioned Services

The following sets out some demographics of complainants compared to the general population of Lambeth, according to the 2021 census, and demographic data for Adult Social Care clients.

This is the first year that Lambeth has requested demographic data alongside complaints. As a consequence, the data included in reporting has been inconsistent, with not all providers able to provide information pertaining to each set of data. Better quality data can be expected next year, once this request is better embedded, and it will be possible to review more confidently if there are trends that are a cause for concern. During 24/25, commissioners will work with providers to support them to improve and expand their EDI reporting, including through provider forums and during quality and safety and contract monitoring. There are a high number of 'not known or stated' responses in the below and this work will aim to reduce this for 24/25.

If we assume the data supplied is representative of all complainants, then demographic groups of complainants reflect the demographic of ASC clients in race and age.

Table 4.1: Ethnicity

	% of ASC Clients	% of complainants
Asian or Asian British	5.70%	5.17%
Black or Black British	40.65%	32.76%
White	40.96%	25.86%
Mixed	1.86%	0.00%
Any Other Ethnic Group	3.81%	0.00%
Not known or stated	-	36.00%

If clients for whom ethnicity is not known or stated are excluded from the figures, it appears that Black or Black British clients are slightly overrepresented as complainants relative to the overall ASC client group.

Table 4.2: Age

	% of ASC Clients	% of complainants
18-64	29.73%	45.71%
65-74	17.75%	12.86%
75-84	24.93%	20.17%
85+	27.59%	15%

People aged 65+ are overrepresented compared to the overall Lambeth population but underrepresented compared to ASC clients. Working age clients are overrepresented relative to the overall ASC client group.

Table 4.3: Gender

	% of ASC Clients	% of complainants
female	51.82%	34.94%
male	48.18%	65.06%

The gender of complainants does not reflect ASC clients, with men more likely to submit complaints than women. When additional data is available next year, we will be able to review and see if this reflects a continuing trend of pattern.

5. Conclusion

To deepen our understanding of the experience of different groups regarding receiving commissioned care and support, we will undertake further work to build on this preliminary analysis. This will aim to understand trends over time and drivers behind differing rates of complaints, particularly regarding whether any group is either:

- More likely to receive poor care, or
- Less likely to feel able to submit a complaint

We will continue to reinforce our message with providers to ensure they understand the importance of recording and report EDI data regarding complaints, with the aim to improve consistency of reporting for 24/25, and to widen the data captured to also include data on sexuality and disability of individuals submitting complaints.

Any concerning trends will be addressed with providers in order to ensure equitable and non-discriminatory care. Trends will be monitored in future years to identify any continuities or changes. This will be done in line with Lambeth ASC's Provider Concerns Policy.

Complaints data is used by commissioners and providers to drive improvement. Below are three case studies illustrating this.

1. When creating or reviewing service specifications

Commissioners for Lambeth's Homecare services maintain a robust log of the complaints made regarding providers and their services. This complaints log has been used to develop the service specification for the new Neighbourhood Homecare contracts to ensure a high-quality service in line with the preferences of Lambeth residents. For example, complaints of carers attending late were investigated. It was found that in numerous occasions this was due to public transport delays. The Neighbourhoods model of Homecare reduces carer travel time, and risk of delay, by grouping people based on their local area.

2. Reflection and learning through contract monitoring

An extra care provider collates incidents and complaints, and records outcomes from these. They look for trends and disseminate learnings and actions to staff via a monthly internal report. The manager of this service has reported that this is very effective. An example of this includes working to improve communication with residents. From this work, they have noted that there have been fewer complaints relating to this area. This approach is encouraged by commissioners across all services through service monitoring and provider forums.

3. Identifying gaps in provider knowledge

Due to ongoing review of complaints data of Extra Care services, it was noted that there was some confusion and misinformation about appointeeships that lead to complaints. As a result, a colleague from Lambeth's client affairs team presented at the Extra Care provider forum to ensure clarity and support providers to improve management of service user finances.

14. EQUALITY DEMOGRAPHICS OF ASC COMPLAINANTS

The demographic data relating to the people who are making complaints to ASC are broadly representative of the people in receipt of service. This is an area we are keen to focus our attention on so that we can be

certain that we are not disadvantaging any client or groups of people. If there are increased complaints in particular groups of people relating to their individual protected characteristics, we can focus on those areas of disadvantage and dissatisfaction.

We are aware that there are areas to improve on with regards to recording our demographic data. These include ensuring that key demographic data is recorded as part of the complaint process covering Religion, Gender identity & Sexuality, Disability, Race and Age. This data is key in helping to have a better understanding of the protected characteristics of the people that use our services which will further assist us in understanding barriers that people may face in relation to Adult Social Care services.

There are some fluctuations in the primary support reason of complainants, with Physical Support remaining the most significant category. This area covers all adults that do not have mental health or learning disabilities and is therefore the widest group of people accessing services.

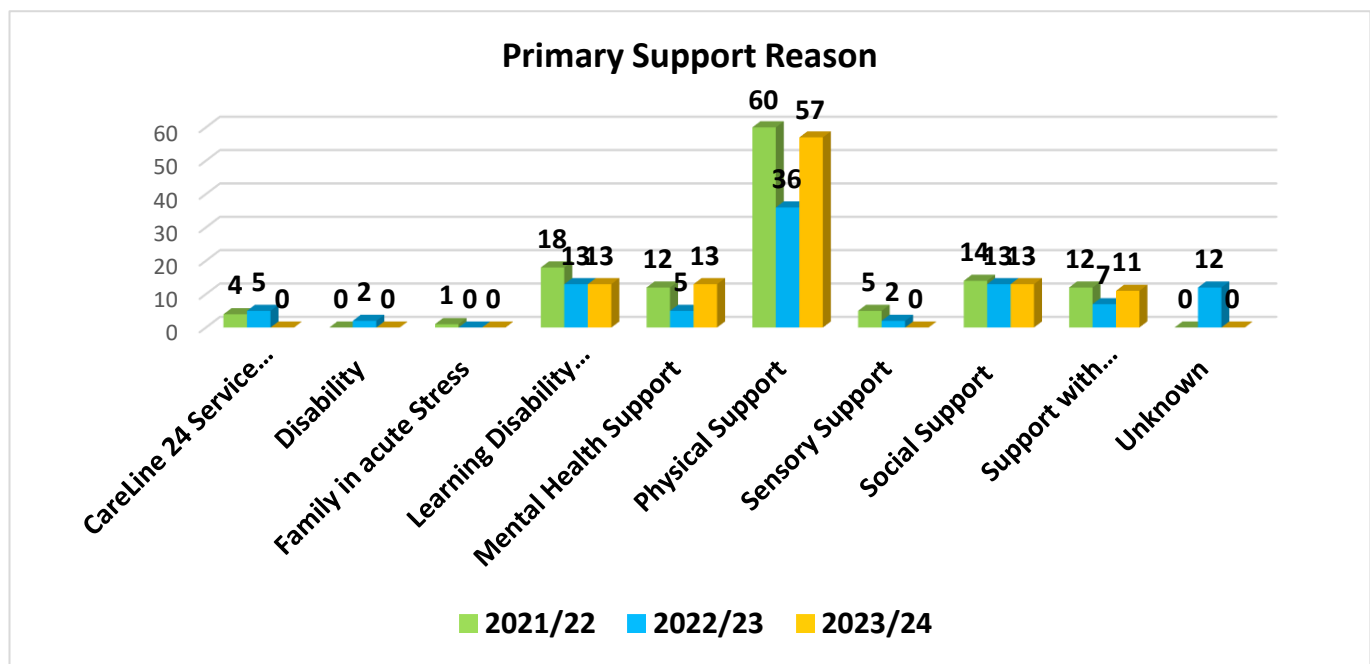


Figure 12: Primary need of complainant

The age range of complainants remains reasonably consistent with slightly higher levels of complaints from people under the age of 65.

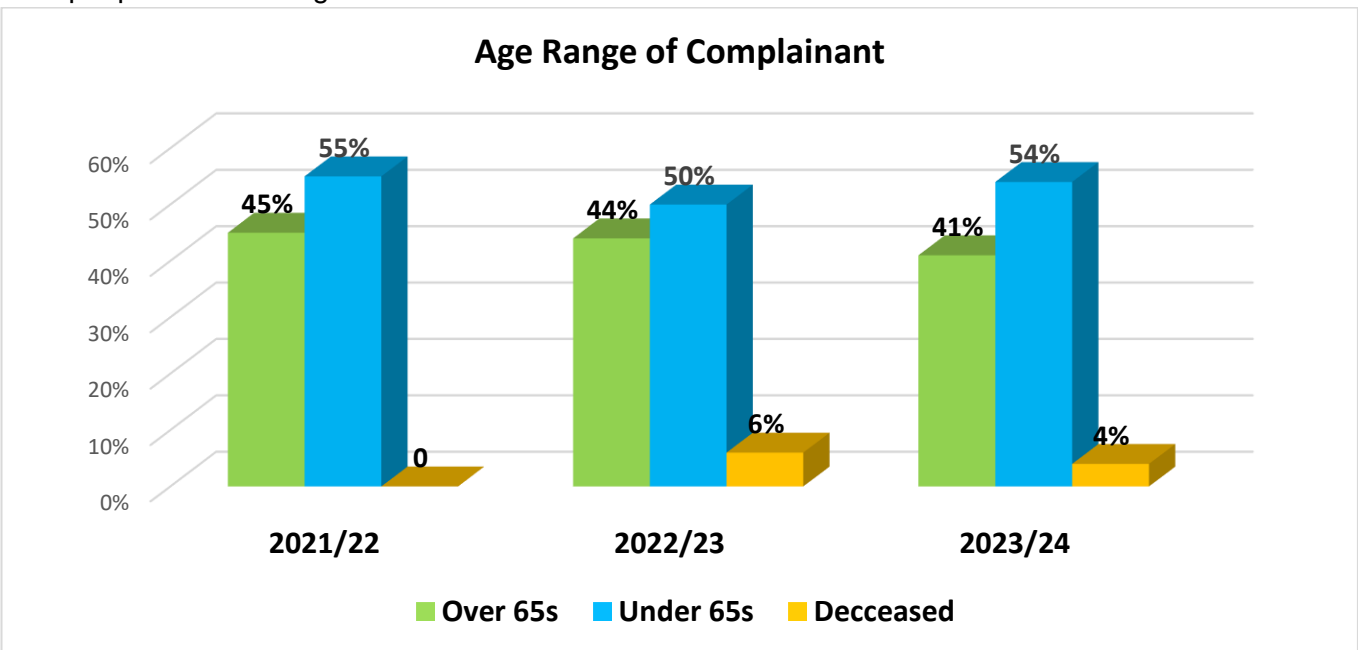


Figure 13: Age range of complainant

We have seen fluctuations in the gender of complainants over the past 3 years. It isn't clear, why there is a difference in 22/23, however, the gender figures for 21/22 and 23/24 are in line with the demographics of people in receipt of social care services

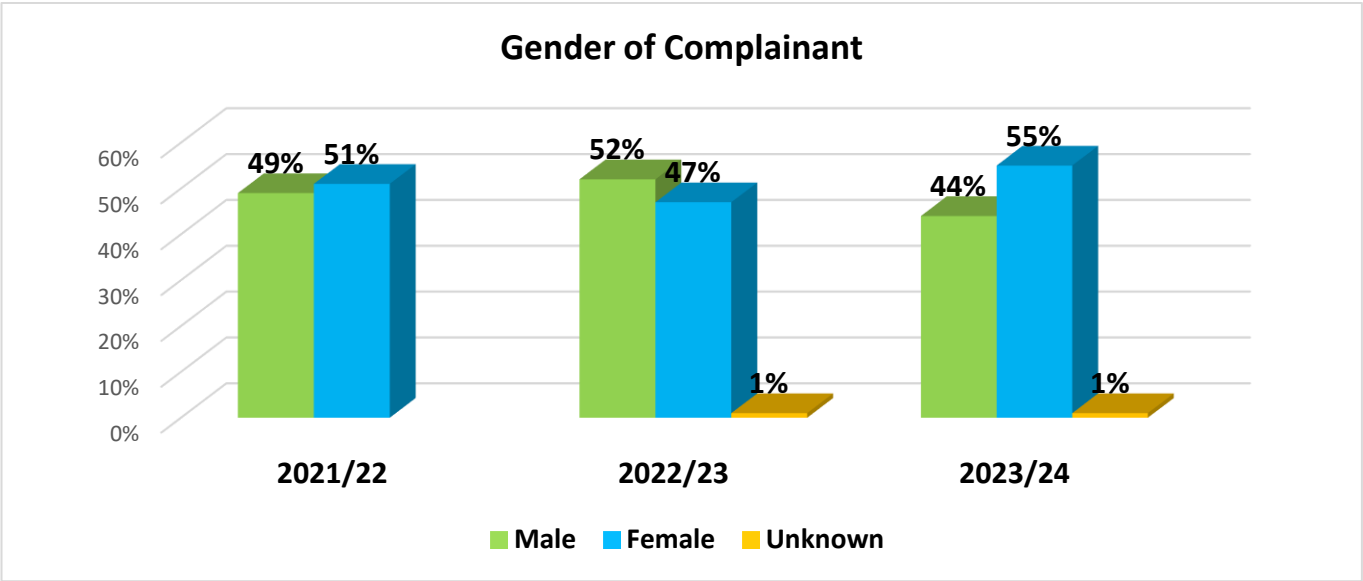


Figure 14: Gender of complainant

The ethnicity of people making complaints is representative of the demographics of people accessing services, with 57% of people from a Black, Asian and Multi-Ethnic group, receiving support from adult social care, as identified in our Short and Long Term (SALT) Annual Return, and 58% of complaints received from the same group.

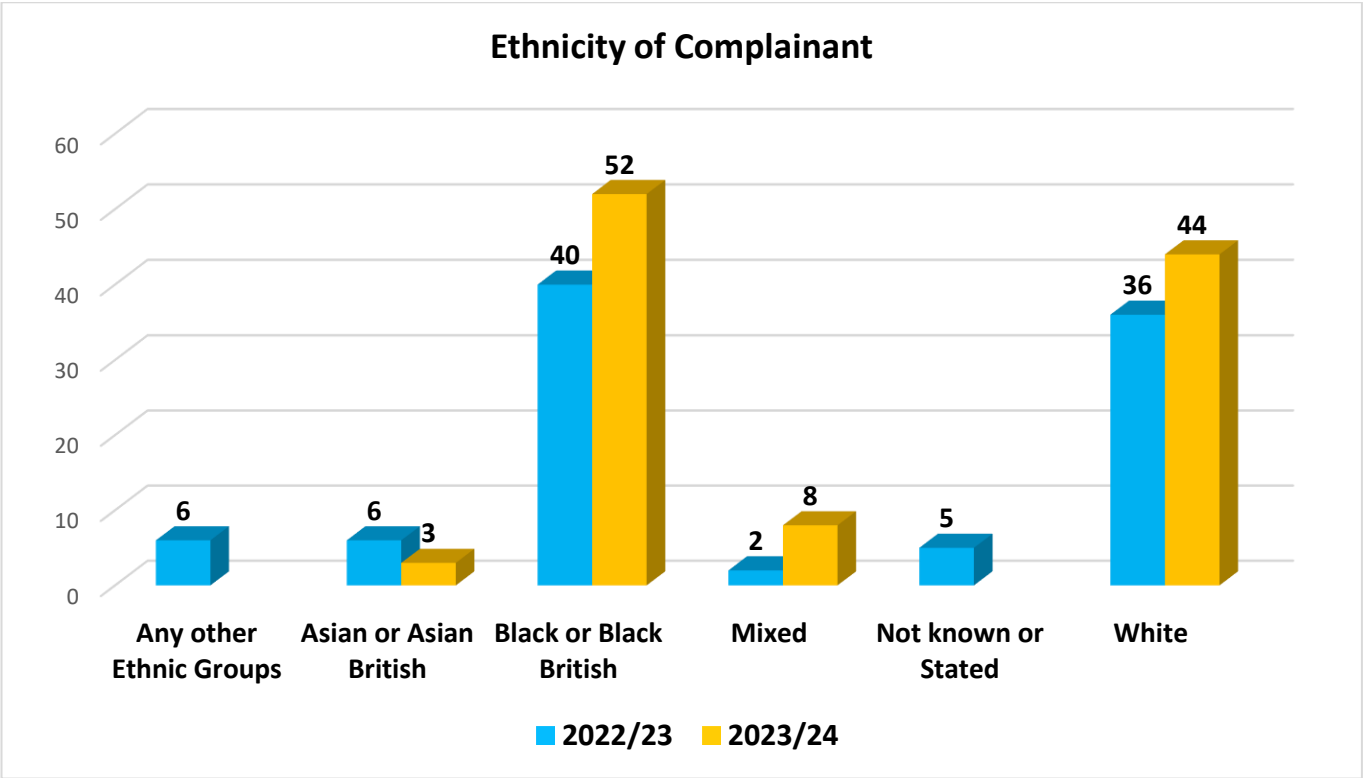


Figure 15: Ethnicity of complainant

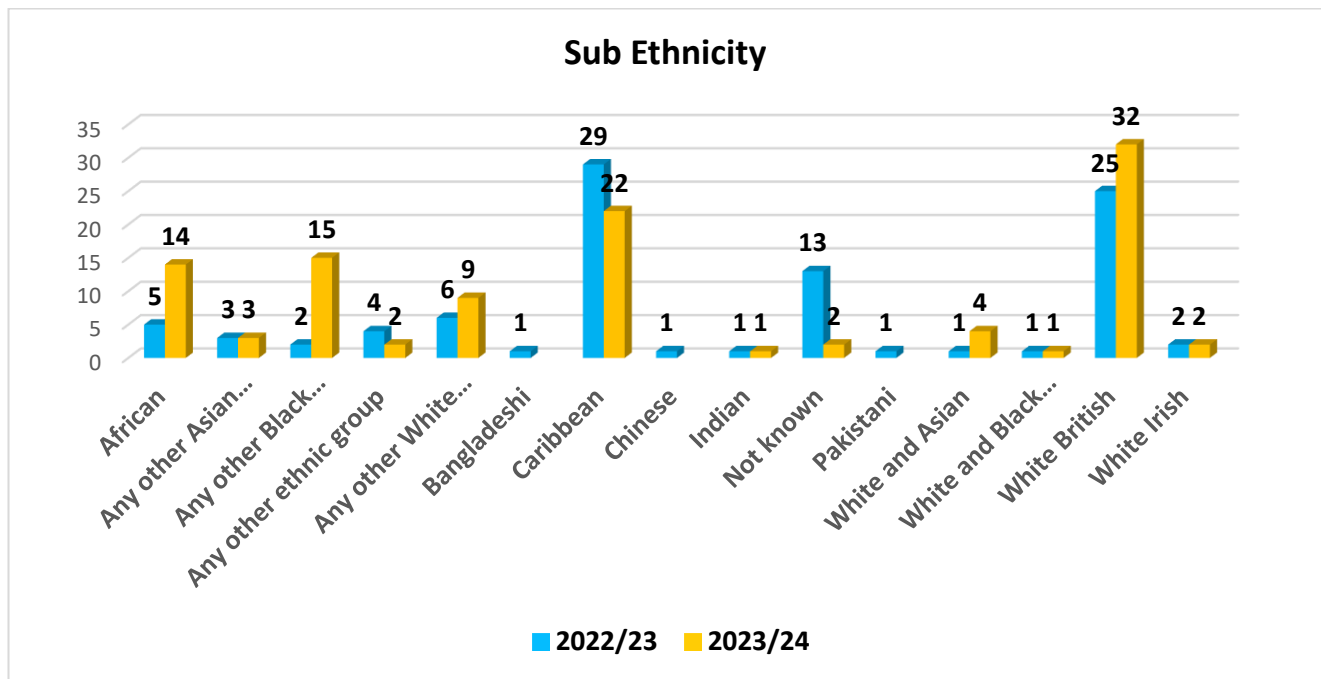


Figure 16: Sub-Ethnicity of complainant

Our main recording system does not capture sexuality in its demographic data fields, so we have introduced this into individual records and are starting to record this and would hope to be able to more accurately report in this area in the future. We acknowledge that staff have said they do not always feel confident to ask someone what their sexuality is, this is something we discuss in practice weeks and in team meetings in an attempt to breakdown some of these barriers and support confidence in capturing this information routinely. For complainants the breakdown is 76% heterosexual and 24% not known/recorded. We recognise that discussing sexuality is a sensitive subject for many people and as a result we are running training session for staff during practice week in September 2024.

We are introducing religion into our demographic reporting as we wish to be able to reflect the wider protected characteristics of people and their satisfaction/dissatisfaction with the service they are receiving, to ensure that there is no disparity in this area. We currently have 73% of people with no disclosed religion, so further work is required in this area.

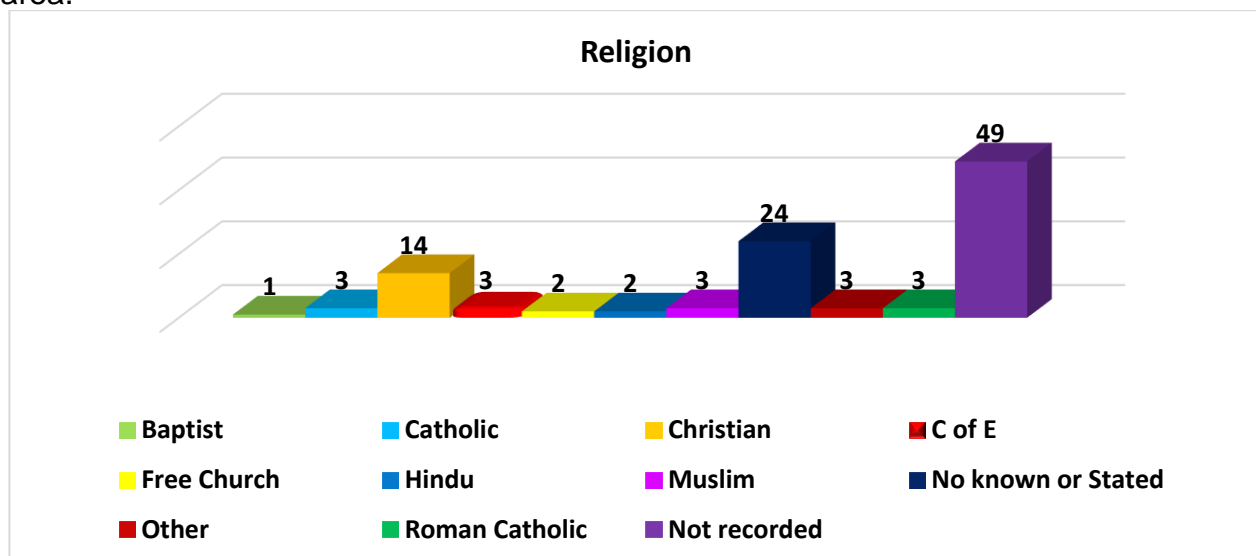


Figure 18: Religion of complainant

15. HOW THE COMPLAINTS WERE RECEIVED

The primary source of receiving complaints is by e- mail, generally though our Adult Social Care Complaints account. This is broadly representative of the primary method of communicating with the department and has been a consistent method of reporting complaints.

We have developed feedback mechanisms through our quality assurance framework, this could be via a telephone call or an in-person event and provides opportunity for oral feedback or opportunity to raise a complaint or provide a compliment. We have not received a complaint through this mechanism.

More recently we have updated our ASC website to include the appeals process, we have also developed online forms to enable a simple and straightforward route for someone to raise an appeal, complaint or compliment. The website text describes what the person can expect once they have completed this. These forms can be completed by the person themselves or their representative and it is envisioned that this supports accessibility.

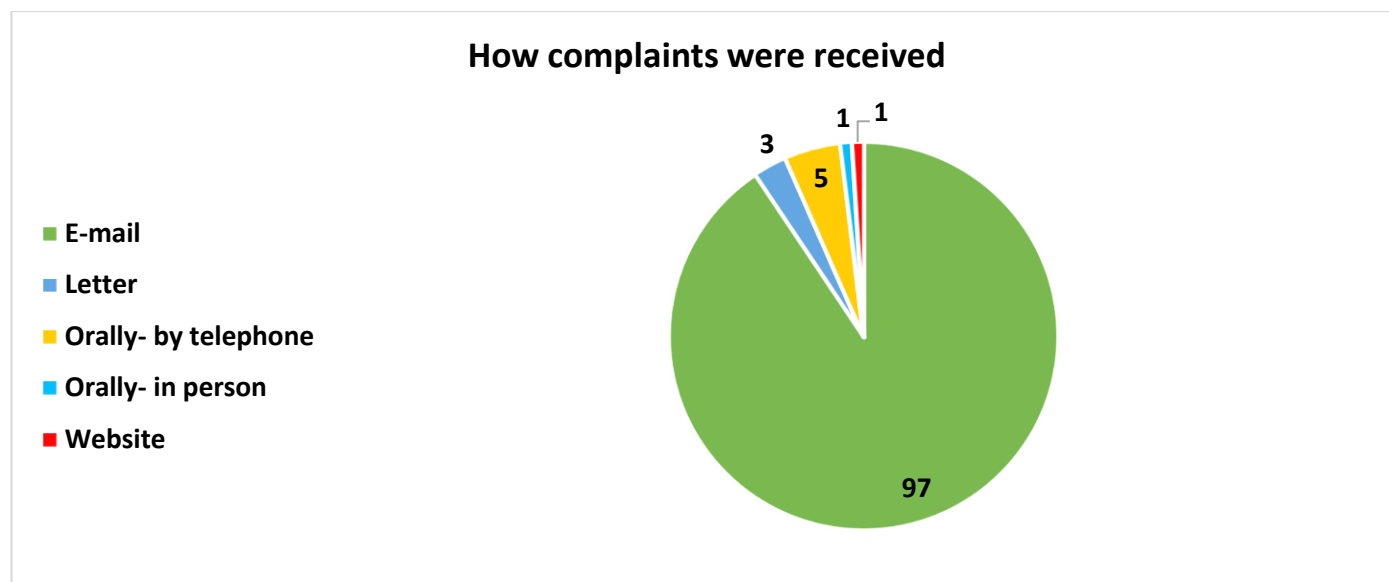


Figure 19: How complaints were received

16. COMPLIMENTS

Adult Social Care recorded 57 compliments in this reporting year. This is more than double the number of compliments recorded from the previous year. We continue to encourage staff to log compliments sent to them so that we can acknowledge their hard work and share with teams, what made the difference for these clients and their families. This is being further supported by our refreshed Quality Assurance Framework which includes triangulation of case audits completed, including a conversation directly with the service user or their representative to find out about their experience of the service. This is in early stages of being rolled out and has already captured compliments about strength based and person-centred interactions.

Going forward (24/25) compliments will be showcased in our monthly Adult Social Care newsletter so that we can celebrate the good work being done by staff and share any learning of the types of behaviours and activity which received a compliment.

17. WHAT THE COMPLIMENTS WERE ABOUT

A large number of the compliments received related to the assessment and social work function. This function covers the majority of activities carried out by our staff including assessments, care and support plans, mental capacity assessments, safeguarding and Deprivation of Liberty Safeguards (DoLS).

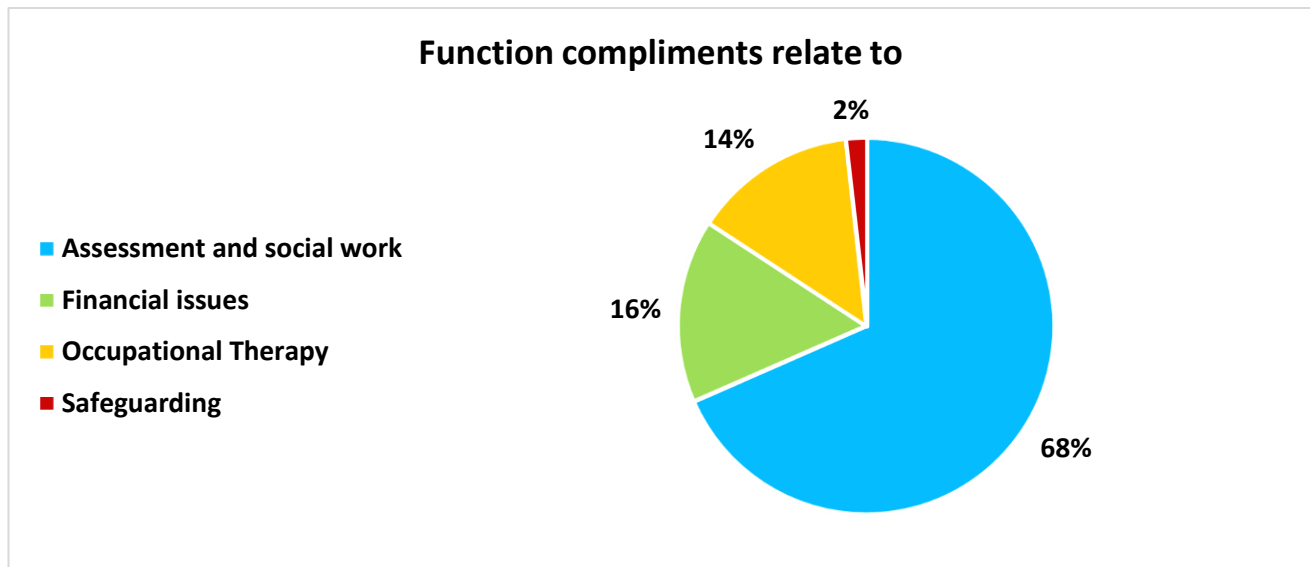


Figure 20: Functions compliments relate to

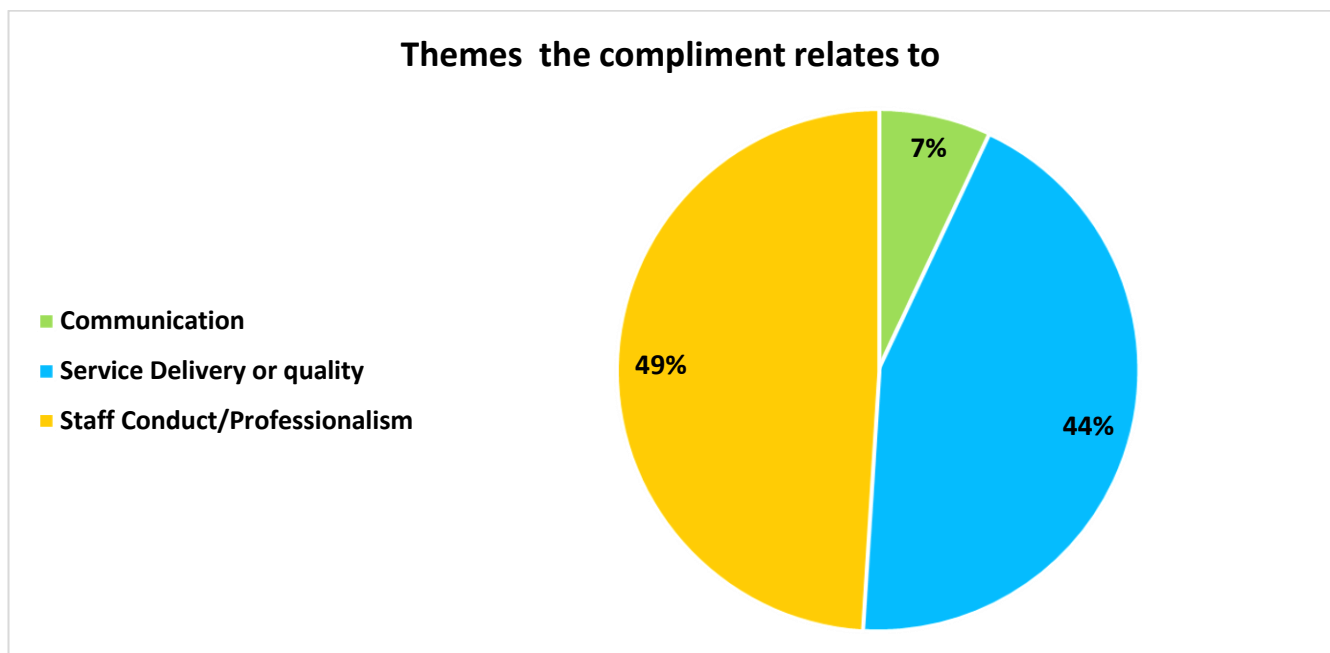


Figure 21: Themes the compliments relate to

As illustrated, the two main themes around compliments received were for staff conduct and professionalism (49%) and Service delivery or quality (44%) which are increases on last year's figures of (46%) & (42%) respectively. This reflects some of the excellent, person centred, and efficient work being undertaken in the operational teams and reflects the values and behaviours we have at Lambeth ASC.

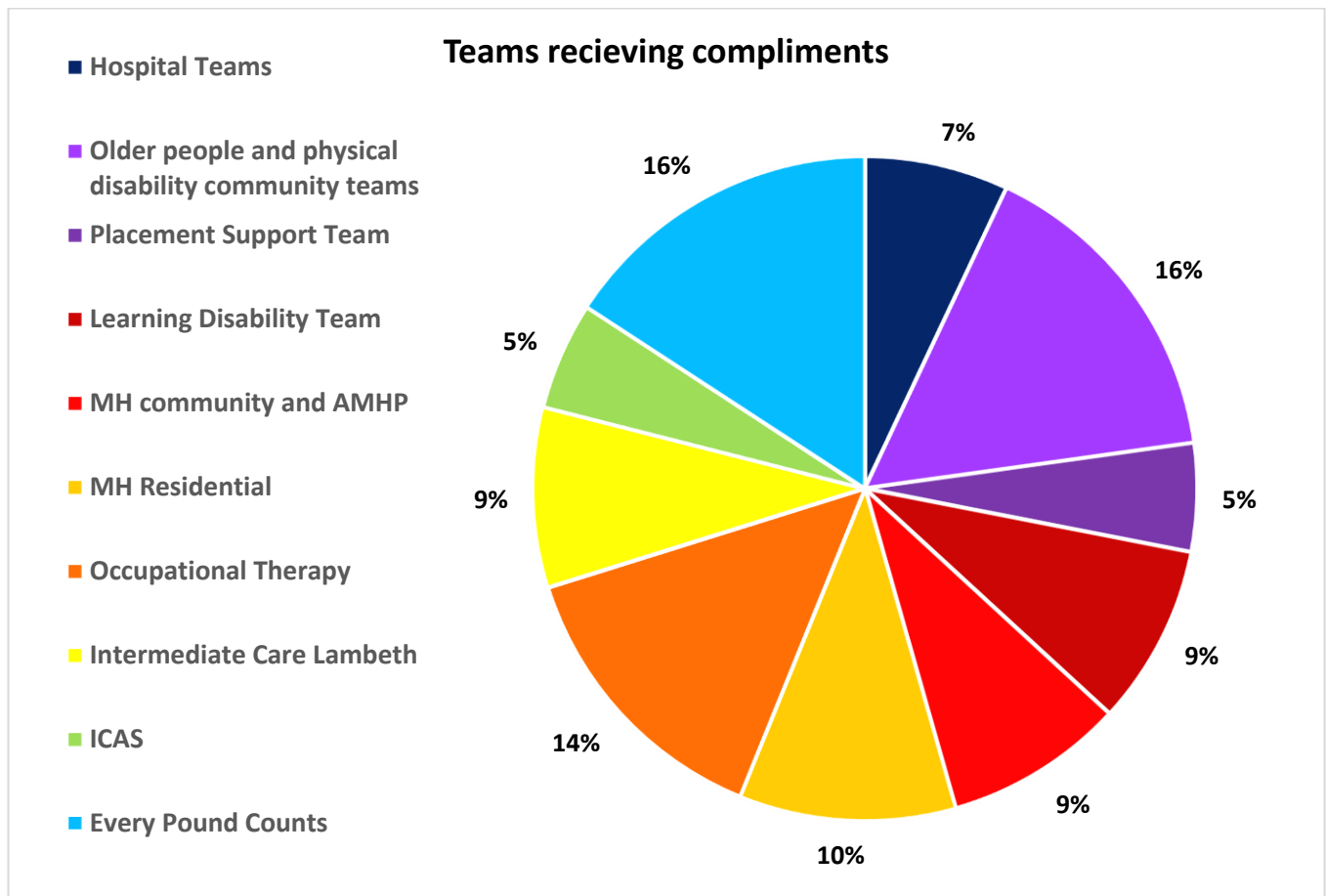


Figure 22: Teams receiving compliments

This is positive as it shows that all teams have received compliments, and it is largely representative of the size of the teams. Every Pound Counts has received 16% of the compliments and this supports the impact they are making in supporting people with maximising their benefits.

Below are some examples of the compliments received.

Good morning, Monica, I Would like to place on record how grateful I am to you for your expert advice far superior to what I have been told by other people, and your very professional manner and means of communicating. I have taken your advice and informed the benefit people of my change of circumstances and rent increase. I have also informed them of your name and details as I explained to them, with incurring two strokes and warned a third would be very bad news for me I may not be best able to explain my case and would need professional assistance. I am sure you will understand. Whatever the outcome, may I just express my sincere appreciation for all you have done. My very best wishes and grateful thank you.

I just wanted to say how wonderful my social worker was in sorting out my mother's care home placement a few weeks ago during what was an extremely difficult and upsetting time for me as my father is still currently in St Thomas's hospital and very poorly. She was so kind, helpful and efficient and I really would like you to know what a wonderful member of your team she is. Thanking you. With kind regards and very best wishes.

I hope you're well. I just wanted to send an email to thank you for all your help. You always called me back when you said you would, you answered all my questions and showed a lot of empathy. Please do show this email to your manager as they should know what brilliant work you're doing. Thank you once again

I really don't know how to express my thanks to you, you handled my complaint with respect and professionally. The issue with my mum was there for very long time, however you completed the job within your time frame as you promised in your first call to me. I was not sure if you are dealing with my complain as you promised. But you proved me wrong, and you did indeed solve my mum issue. Thank you for your professional and kind manner. I wish we have more people like you in Social Care environment. All the best

18. APPENDIX A: WHAT IS A COMPLAINT?

A complaint is an expression of dissatisfaction about an adult social care service, whether that service is provided directly by the council or by a contractor or partner, which requires a response. There is no difference between a 'formal' and an 'informal' complaint. Both are expressions of dissatisfaction that require a response.

As most of our work in adult social care is involved with supporting people to overcome problems, our staff will often hear about a lot of things that are not going as well as our customers would like. Service users and their representatives do not have to label an issue as a complaint for it to be addressed in line with our policy and the regulations. It is up to the Council to ensure it can recognise when an issue is a complaint.

What comes under the Lambeth Adult Social Care Complaints process?

The adult social care complaints process can be used where these relate to adult social care, which includes:

- Assessment and care planning by assessors, Occupational Therapists and Social Workers
- Our work in commissioning and contract management of social care service providers
- Financial assessment and charging in relation to adult social care
- Safeguarding adults' enquiries regarding where there are concerns about abuse or neglect of an adult with care and support needs
- The Council's Supervisory Body function under the Deprivation of Liberty Safeguards of the Mental Capacity Act 2005
- Handling Direct Payments for social care
- Clients Affairs work such as benefit support/advice
- Management of affairs such as through Appointeeship
- Management of affairs through the Mental Capacity Act 2005 such as a Deputy
- In-house social care provision such as day centres that the council manage

The Adult Social Care process can be used to address things like:

- Quality or amount of service
- Charges for a service
- A decision
- Failure to follow correct procedure
- Delay
- Application of assessment and eligibility criteria
- Attitude or behaviour of staff
- Failure to communicate with people either reasonably clearly or in a timely manner

People who are paying a charge for home care and similar services may either seek a review of their assessed charge using the Council's Fairer Contributions Policy Review and Appeals process, or they may make a formal complaint to the Council if they are dissatisfied with any aspect of the assessment. The flexibility to use either process is in line with the requirements of the "Fairer Charging Guidance".

What is not covered by the Adult Social Care Complaints process?

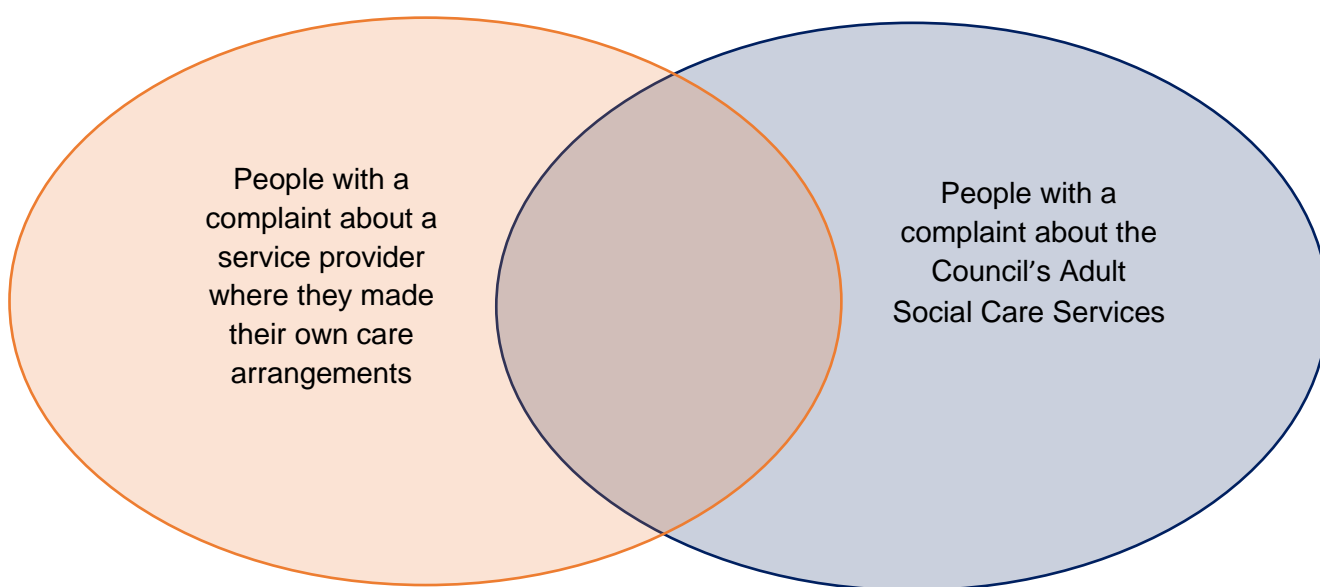
There are things that the Adult Social Care complaints process cannot be used for:

- Matters that should be dealt with through other procedures. This includes things that should be dealt with under
 - Disciplinary or grievance proceedings
 - Criminal investigations
 - Where a statutory appeals process is in place
 - Where the complainant intends to take legal proceedings in relation to the substance of the complaint

- A complaint by another organisation, unless that organisation is acting as the representative of the person as described in the section below
- Complaints which relate to contractual arrangements or other business arrangements made with the Local Authority
- Complaints by an employee of the Local Authority about any matter relating to that employment
- Complaints that have already been dealt with in line the Regulations
- Any complaint which is being or has been investigated by the Local Government Ombudsman
- Complaints arising out of the alleged failure to comply with a request for information under the Freedom of Information Act 2000
- Complaints arising out of the alleged failure to comply with a request for information under the Data Protection Act 1998

Complaints about social care providers

Complaints about social care services provided by independent and voluntary providers will need to be responded to by that service using its own complaints process. However, where there has been involvement from the local authority, such as having commissioned the care from that independent provider, the matter will fall within the local authority complaints process as well as that of the organisation providing the service. This allows the local authority to oversee the process of managing complaints and scrutinise the outcomes.



Care Provider Complaints Process

Adult Social Care Complaint Process

Figure a: The relationship between the Council's complaints process and a care provider's process

Complaints about Direct Payments

Service users and their representatives cannot raise issues under the Complaints Procedure about services that they arrange and pay for themselves through a direct payment or a personal budget. However, issues can be dealt with under this process that relate to the Local Authority's role in Direct Payments or Personalised Budgets, for example in determining the amount of service or in the advice and assistance given in setting up and managing such payments.

19. APPENDIX B: HOW WE RESPOND TO COMPLAINTS

The Regulations define two key roles:

The Responsible Person: This person is responsible for ensuring compliance with the arrangements made under these Regulations, and ensuring that action is taken, if necessary, in the light of the outcomes of a complaint. In Lambeth, this is the Executive Director of Adult Social Care.

The Complaints Manager:

This person is responsible for managing the procedures for handling and considering complaints in accordance with the arrangements made under these Regulations. In Lambeth, this is the Deputy Director for Adult Social Care.

In practice, these roles are often delegated, with the Team Manager of the relevant social work team taking on the delegated Complaints Manager role and the Head of Service for that area taking on the delegated Responsible Person role. This is monitored at the monthly ASC performance board.

Sometimes the complaints relate to the service provided directly by our social work teams, and others may relate to other parts of our services or to services we have arranged from another organisation such as a care home or community support service. The coordination of the response is done via our social work teams.

If the person who made the complaint is still dissatisfied after we have responded to their complaint, they have the right to appeal, and the matter will be considered under a stage 2 complaint. Following this, if the person still feels dissatisfied by the response to their complaint, they can take the matter to the Local Government Ombudsman. The Ombudsman will review the situation and will reach a view as to whether the local authority has caused an injustice to the person or whether the way it has dealt with the matter amounts to maladministration. In serious cases, it may make its finding public.

The response to all adult social care complaints is now led by the relevant social work team and Mosaic (the Adult Social Care case recording system) is used for recording adult social care complaints. This allows the integration of complaints recording with client records to support the department in taking account of the whole picture of the work being undertaken with each person.

20. APPENDIX C: COMPLAINT PROCESS FLOWCHART

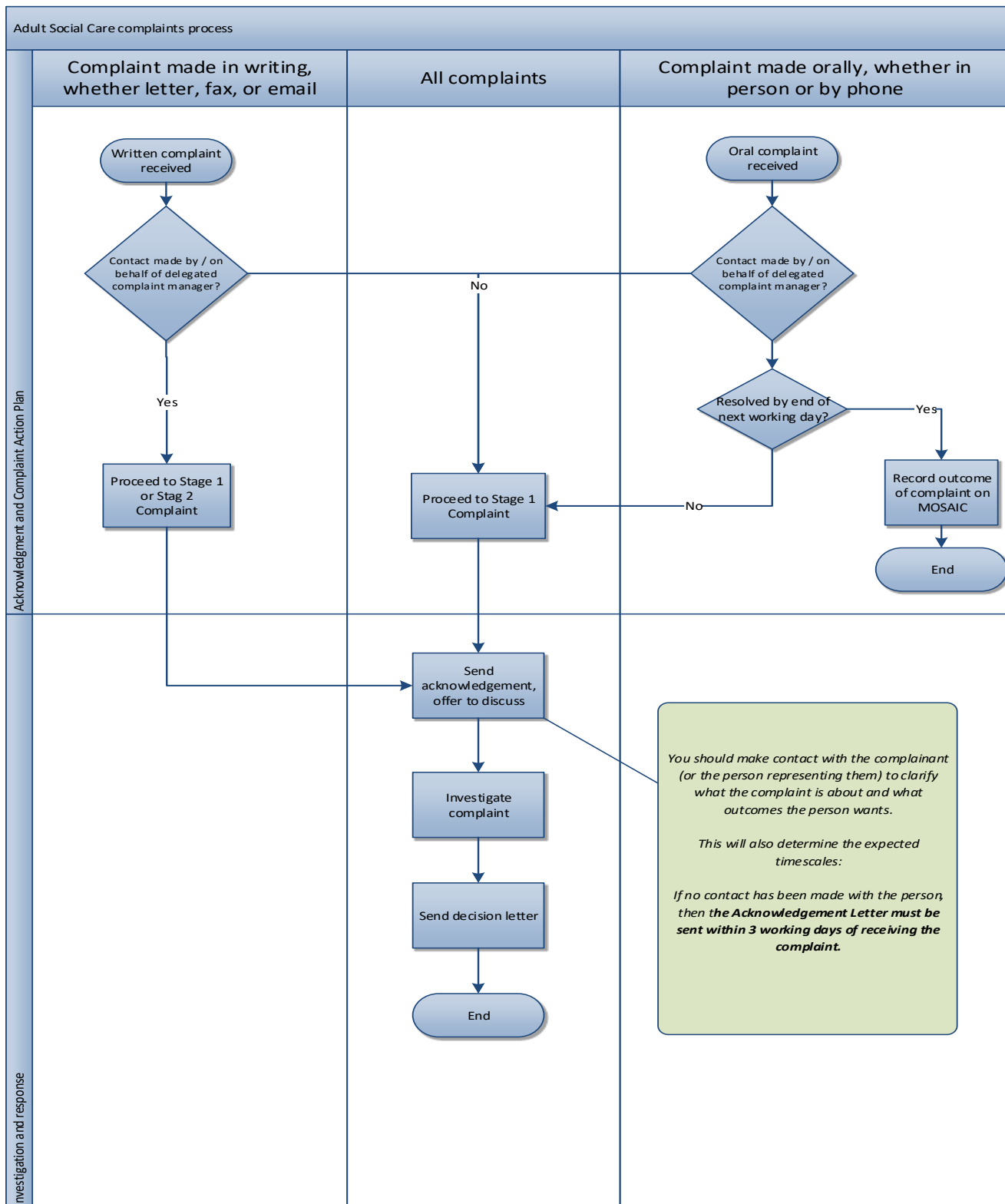


Figure b: Complaint process flowchart

Guidance on Adult Social Care Appeals

Introduction

Lambeth Adult Social Care strives to develop high quality services for residents. There may be occasions when this might not happen, and we are keen to resolve the concerns raised quickly and fairly. Sometimes, users of services or their representatives will use the Adult Social Care complaints process when they are wanting to appeal a decision. For example, where a person or carers may wish to challenge an assessment outcome or proposed level of support to be provided within their care and support plan.

The purpose of this guidance is to resolve any concerns reported to Adult Social Care before a formal complaint is raised. This document sets out the appeals framework and offers guidance to managers who have been allocated an appeal to consider.

The appeal process does not replace the complaints policy and procedures but is the formal process to challenge some decisions made around assessments/reviews, care and support as well as finances, it should be used as the first stage in resolving disputes.

Legal framework

Appeals are part of The Care Act 2014 ([S.72 Part 1](#)). The section makes suggestion on an appeal process rather than layouts a specific framework. The suggestions have helped develop our appeals form and this guidance.

What is an appeal?

An appeal is where a person disagrees with a decision made by our Adult Social Care Team and are therefore requesting a review of the decision.

When can an appeal be made and what is the timescale?

- Outcome of an assessment
- Outcome of a review
- Your care and support plan
- Your personal budget
- Your financial assessment outcome
- Independent Advocacy support decision by the local authority

It is the first stage before making a formal complaint and the aim is to resolve the person's concerns within a 2-week timeframe. We have an appeal form on our external [website](#) . The appeal form should be used if there is a disagreement on any of the above. Some of the above is also part of our complaints policy. If the appeals process does not resolve the concern successfully, the complaint process would then be the appropriate next stage.

What doesn't come under an appeals process?

- Delays in services
- Quality of services
- Attitude or behaviour of staff
- There is already a complaint about the same issue
- A complaint has been investigated about the same issue and resolved

The above would fall under the Adult Social Care Complaints Policy which can be found on our SharePoint.

Who can make an appeal?

- Any adult who has had a Care Act assessment completed.
- Or a person's representative this could be a relative, carer, an advocate.
- Or someone with power of attorney or has your consent to appeal on your behalf.

The appeal form can be found on our external website, the person making the appeal may want to do this verbally due to their disability and therefore the member of staff taking the call should support the taking of information and complete the appeal form in mosaic.

The appeal form

The form has 9 sections these include:

- Name, address, telephone number, and option of an email address.
- Please tell us what you are appealing about, options are outcome of assessment/review, or care and support plan, or personal budget, or
- Please outline what is it that you disagree with?
- Is there any other information you want us to consider which we may have not already been given?
- If you are appealing on behalf of someone, please provide the following details, your name, relationship to the person, and contact details (telephone number/email address)
- Our address if the person would like to post the appeal, which we can provide or take over the phone and complete in mosaic.

Allocation of an appeal

The appeal form will be sent through by the council's complaints team, Business Support will log the appeal on mosaic and send to the manager of the team it relates to. It will then be allocated to an appeals officer, which is either a Team Manager, Service Manager or Head of Service, who will complete an investigation and feedback the outcome to the person who raised the concern. An acknowledgement of the appeal will be sent by the allocated appeals manager to the person making the appeal with 3 days of the manager being allocated to the appeal.

Role of the appeals manager

The appeals manager must follow the below objectives:

- The appeal is completed within the required timeframe, there may be times when this is not possible, so the appeals manager must inform the person making the appeal of this and ensure this is recorded on mosaic. The appeal is properly investigated.
- The person making the appeal, or their carer/representative is respected, and consideration is given in removing any communication barriers that the person(s) may have due to their disability.
- The person making the appeal, or their carer/ representative is given a clear, outcome in a format that they can understand, this could be in writing or verbally, or another method that the person suggests.

There are three stages the appeals officers need to complete as part of the appeals process.

First stage:

The appeals manager should firstly review the appeal form and decide if the person has clearly outlined the reasons for why they disagree with a decision, if there is a lack of information, the appeals manager may want to contact the person or the person acting on their behalf to clarify any missing information.

The appeals manager may also want to check the records and documents on mosaic before contacting the person, as this may fill in some of the possible missing information that is needed.

Second stage:

The appeals manager should check the person's records and information on mosaic and establish the facts and if there is evidence to support the person's appeal.

The appeals manager may need to speak to the person making the appeal, carers/their representative, staff, and anyone else who can assist if further information is needed. As part of reviewing the records, the appeals manager should consider:

- Did we manage the process well?
- Was there a person centred and strengths-based approach?
- Were there gaps, timescales missed, inaccurate or missing information, and if so, can we resolve this?
- If the person making the appeal has submitted evidence/information, does it support their appeal and if not, why not?

All the above will guide your decision making and help you formalise a response to the person making the appeal.

Third stage:

Once the appeals manager has reviewed all the relevant information and facts, they should decide on the outcome and feedback to the person who has made the appeal in the format they have requested. The below is what should be considered when making a decision:

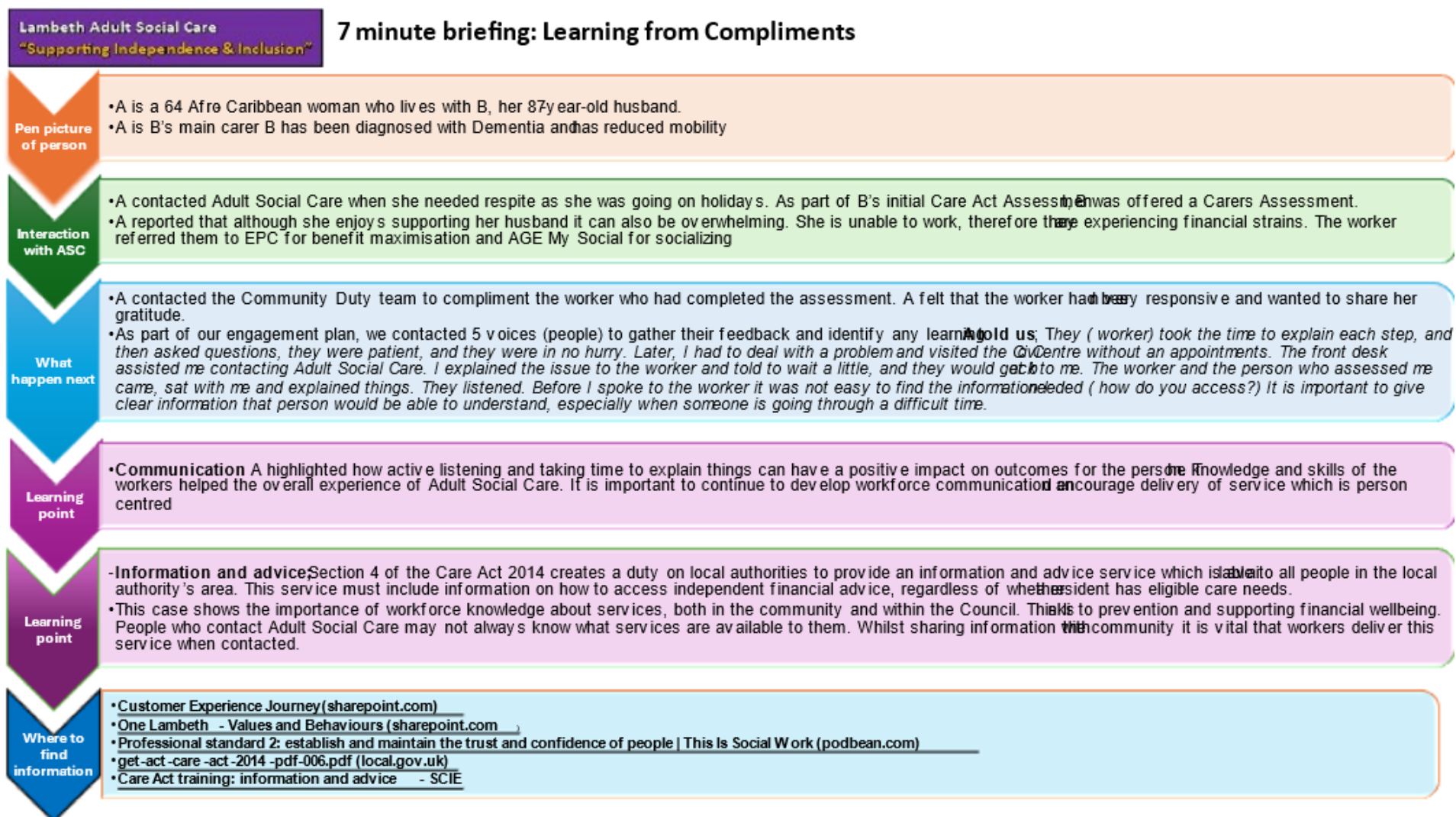
- If all aspects of the appeal are upheld or partly then the appeals manager should clearly outline this.
- Acknowledge and apologise if we have made any errors.
- Suggest what needs to happen next so the person gets the required support needed.

Once the person making the appeal is satisfied with the outcome then the appeal can be closed. If the person feels the issue is ongoing and the appeals manager disagrees and has explored all avenues to resolve the situation. Then they can consider requesting further review via complaints process.

All the above should be part of completing the appeals manager's appeals section in mosaic.

The appeals manager should consider if the appeal can be used as an exemplar of good work or how practice could be improved. They should use the Lambeth Adult Care Quality Assurance Framework to guide their decision making about the above, with support available from the Principal Social Worker and Safeguarding Head of Service. The appeals manager should also check if the service user would like to be involved in the above as part of our engagement work with residents.

21. APPENDIX E: 7 MINUTE BRIEFING



22. APPENDIX F: 7 MINUTE BRIEFING

