

**Lambeth
Adult
Social Care**

**SUPPORTING
INCLUSION &
INDEPENDENCE**



**Adult Social Care Compliments, Appeals and
Complaints Annual Report 2024-25**



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2. SUMMARY

In 2024/25 Lambeth ASC received 77 Stage 1 Complaints, 13 LGO complaints and 61 Compliments.

Complaints

- The 77 Stage 1 complaints made represents 1.6% total number of people supported by Adult Social Care, down from 2% in the previous year.
Of these, 19, progressed to stage 2 complaints
- The number of people receiving support from Adult Social Care 2024-25 has decreased by 5 % to 4840
- 53% complaints responded to within 30 days up from 27% in the previous year
- 40% complaints responded to within 31-60 days, up from 28% in the previous year
- 81% of all complaints responded to in under 60 days up from 67% in the previous year
- 18% of complaints upheld compared to 21% previous year (22/23)
- The two highest areas of complaint related to
 - Service delivery or quality (49%)
 - Financial (22%)

LGO

- There were 13 LGO pre- enquiries, only 4 of these led to an LGO investigation.
- Breakdown: 4 LGO complaints
- 3 of these have been upheld and learning identified and shared
- 1 LGO complaint is ongoing

Compliments

- 61 compliments received; this is an increase from the previous year of 57 compliments
- The 61 compliments represent 1.3% of the total number of people supported by Adult Social Care.
- We continue to actively seek feedback and develop learning from compliments
- The two main areas that the compliments related to
 - Service delivery/ quality (51%)
 - Staff conduct/ professionalism (46%)

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 must 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 found 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 offers 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 2024 to 31 March 2025

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. FEEDBACK OVERVIEW: COMPLIMENTS AND COMPLAINTS

4.1. COMPLIMENTS

Adult Social Care recorded 61 compliments in this reporting year. This is an increase from the 57 compliments received in 23-24. We have celebrated staff compliments in our monthly newsletter and continue to encourage staff to log compliments sent to them to acknowledge their hard work and share with teams, what made the difference for these clients and their families.

We received most of our compliments by e-mail. We have developed an online form which can be accessed via the Lambeth website and provides clients and their families to send a compliment.

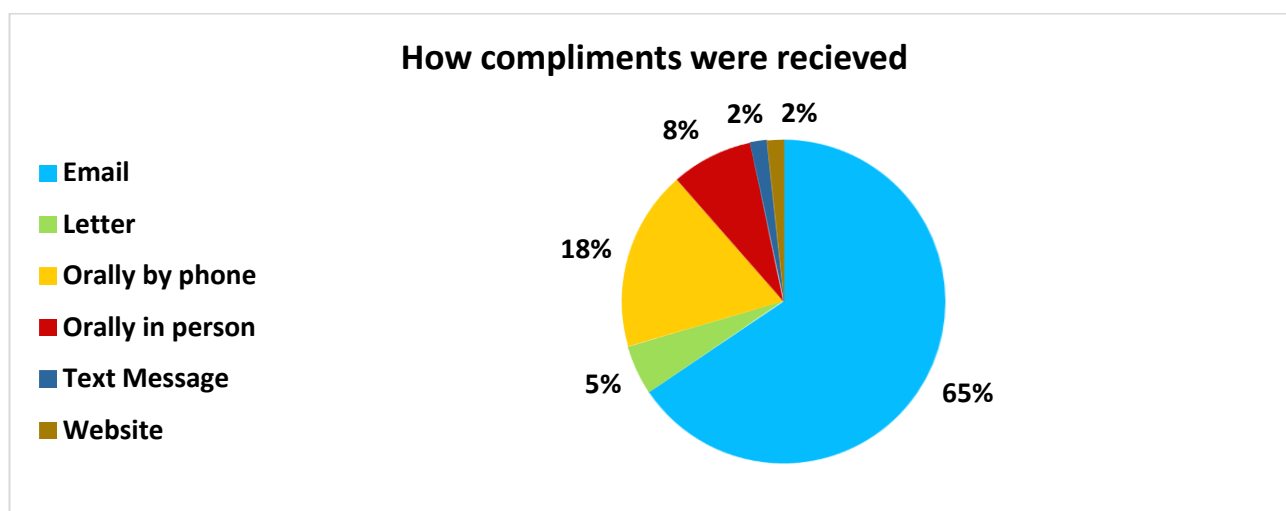


Fig 1: How compliments were received

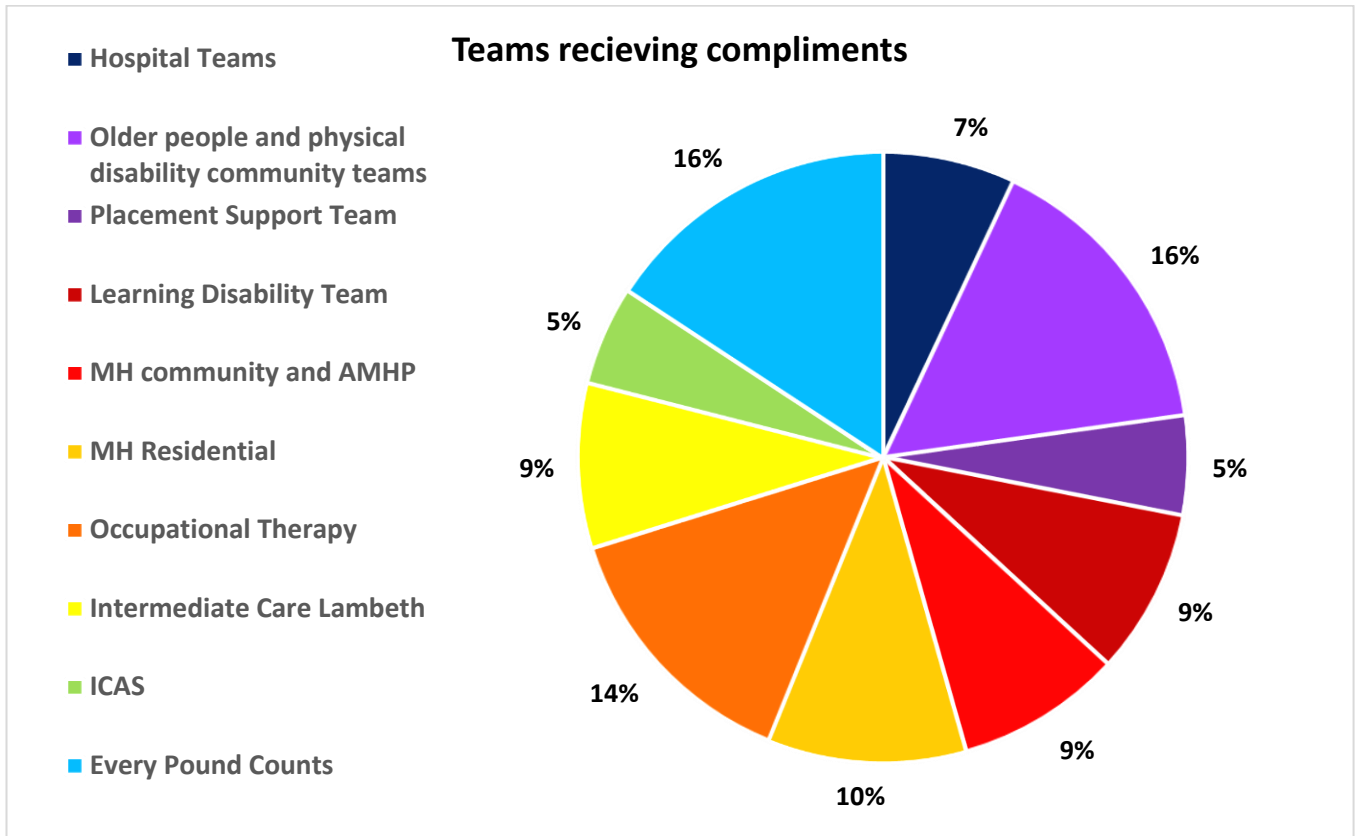


Figure 2: Teams receiving compliments

This spread of compliments 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.

4.2 COMPLAINTS

A total of 77 Stage 1 complaints were received and investigated under the Adult Social Care complaints procedure during 2024–25. This marks a 19% decrease from the previous year's 95 complaints. These 77 complaints stand for approximately 1.6% of the total number of people supported by Lambeth Adult Social Care in 2024/25, given that 4,840 people received support.

Of the stage 1 complaints completed, 19 of these were escalated to a Stage 2, which is an increase of 30% on last year's figure of 14. Stage 2 complaints are a continuation of an existing complaint, and we are therefore not counting these as separate complaints but are identifying that 25% of the people making complaints, were not satisfied by the first response.

The Fig 3 graph below shows the total number of complaints received by Adult Social Care over the last 5 years.

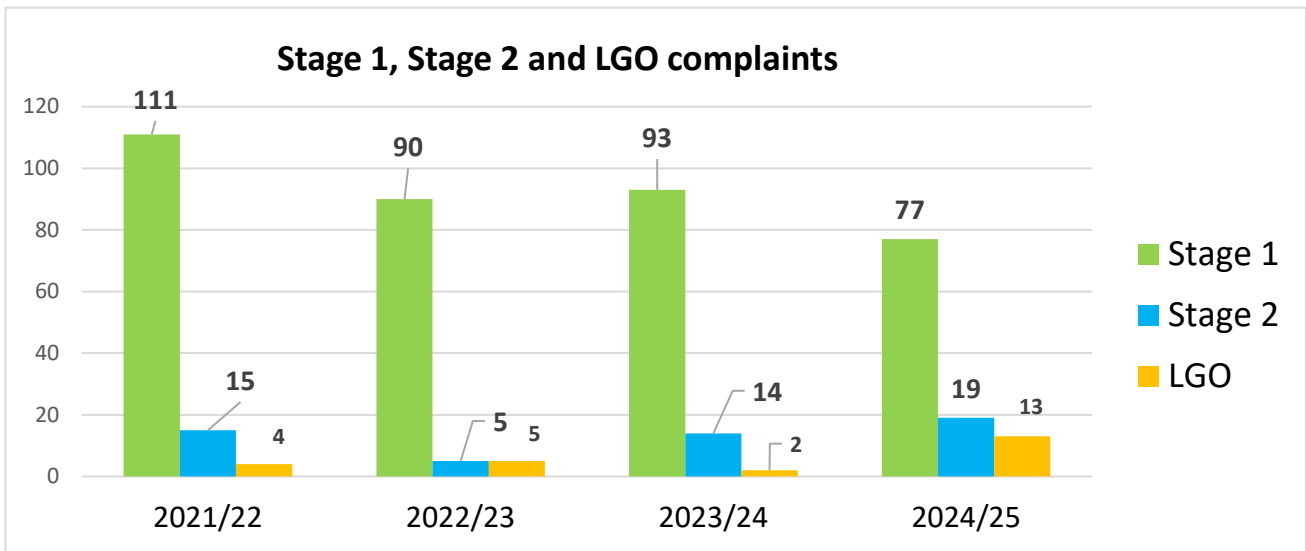


Figure 3: Complaints received by Lambeth Council Adult Social Care 2021/22 to 2024/25

The reducing number of complaints may be evidence that we continue to try to improve the experience of people using our services by:

- Identifying learning from earlier 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 prompt way.
- The ongoing work with finance and digital colleagues to improve Financial Assessment process, and by providing a care cost calculator to our web pages so that people can access an estimation of the charges that may apply to them, based on their income and assets.

5. WHAT THE COMPLIMENTS AND COMPLAINTS WERE ABOUT

5.1 FUNCTION THE COMPLIMENTS AND COMPLAINTS RELATE TO

The fig 4 table below shows a breakdown of what function the complaints we received were about.

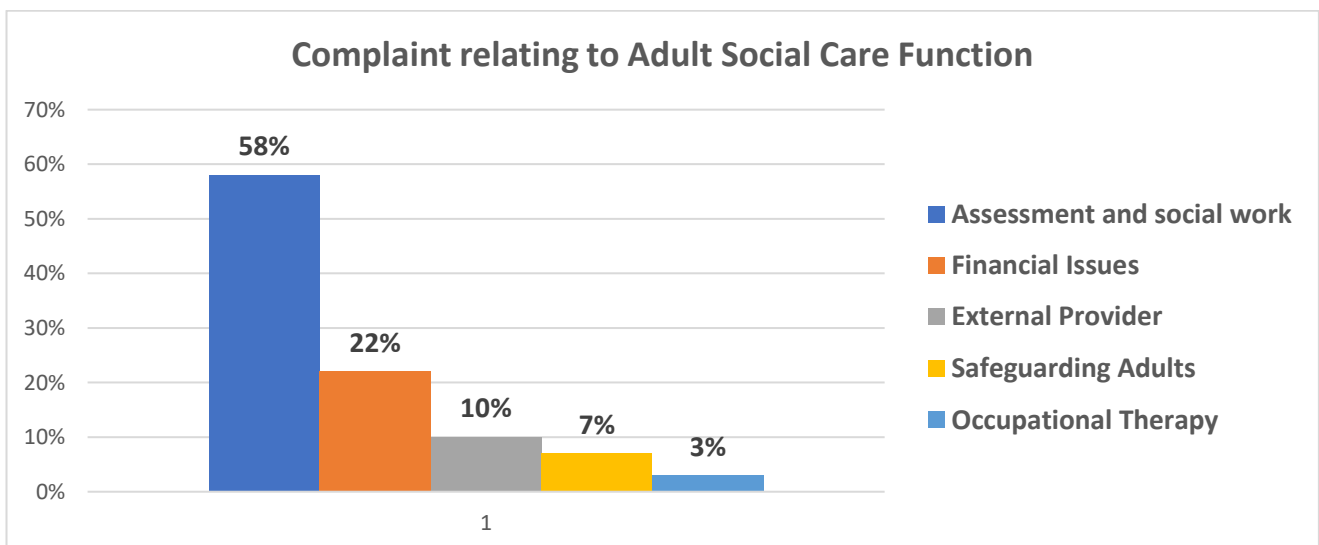


Fig 4: Complaint relating to ASC Function

According to the latest LGO annual review and national benchmarking:

- **Assessment and Social Work** (including care planning, reviews, eligibility, and delays) typically account for **40–50%** of complaints nationally.
- **Financial Issues** (charging, financial assessment, DRE, backdated invoices) are the second most common, usually **20–25%**.
- **External Provider** (quality of care, missed visits, provider conduct) complaints are often **10–15%**.
- **Safeguarding** complaints are generally **5–10%**.
- **Occupational Therapy** and equipment/adaptations are usually **2–5%**.

The table at Fig 4 shows that across most areas, the function that the complaint relates to is in line with LGO findings, other than in relation to Assessment and Social Work, where Lambeth is at 58% (45) against the national/LGO average (40–50%). We are aware that we have high levels of people approaching us for assessment and this can negatively impact on assessment processes, care planning, reviews. To address this, we have introduced a range of measures and have restructured our community case management and review services to optimise responding to the needs of people and manage demand. We introduced the appeals process in the latter end of 2023/24, but the low uptake of this process, shows that we need to do more work to embed it in practice and divert complaints about eligibility and support planning as appeals.

The fig 5 table below shows a breakdown of what function the compliments we received were about

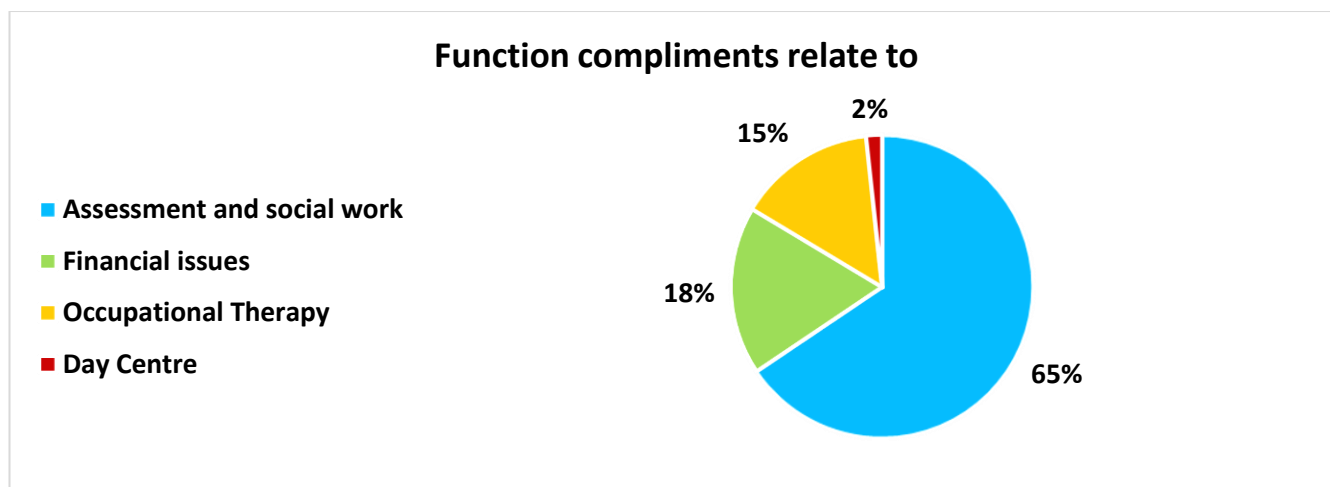


Figure 5: Functions compliments relate to

Conversely to the complaints, 65% of the compliments relate to the assessment and social work function. This function covers many activities carried out by our staff including assessments, care and support plans, mental capacity assessments, safeguarding and Deprivation of Liberty Safeguards (DoLS).

18% relate to financial functions. If we consider the numbers of complaints and compliments that were received, there is a fair balance of satisfaction and dissatisfaction in feedback that has been formally received in this financial year.

5.2 REASONS FOR COMPLIMENT AND COMPLAINT

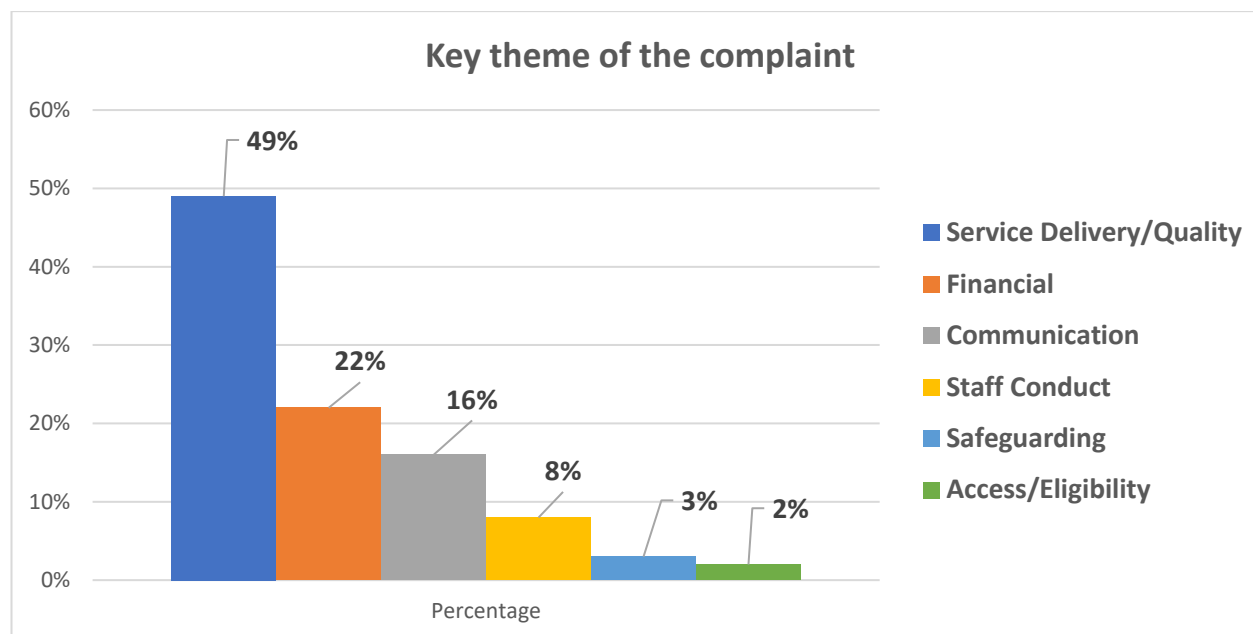


Fig 6: Key theme of the complaint

Service Delivery and Quality of Care at 49%, The reasons found in complaints include dissatisfaction in assessments process, provision of care, or delays in the allocation of social workers. Concerns about the quality or consistency of care provided and dissatisfaction with care planning, reviews, or changes to care packages without adequate consultation.

Financial Assessment and Charging 22%. The reasons found in these complaints are relating to disputes or confusion about care charges, backdated invoices, or financial assessments, lack of information or clarity about financial contributions and disability-related expenditure

Communication Issues 16%. The reasons found in these complaints are relating to dissatisfaction in the timeliness in responding to enquiries or complaints, lack of clear information about care charges, assessments, or changes in care and poor communication between teams, with service users, or with families

Staff Conduct and Professionalism 8% The reasons found in these complaints are relating to dissatisfaction in the behaviour, attitude, or professionalism of staff and allegations of rudeness, insensitivity, or lack of respect

Safeguarding and Risk 3%. The reasons found in these complaints are relating to concerns about safety, safeguarding, or risk management, or the outcomes of reported safeguarding concerns or enquiries.

Access and Eligibility 2% The reasons found in these complaints are relating to difficulties in accessing services, equipment, or support, disputes about eligibility for services or support. We have introduced our appeals process and going forward would expect to see that these matters are dealt with in this process, in the first instance.

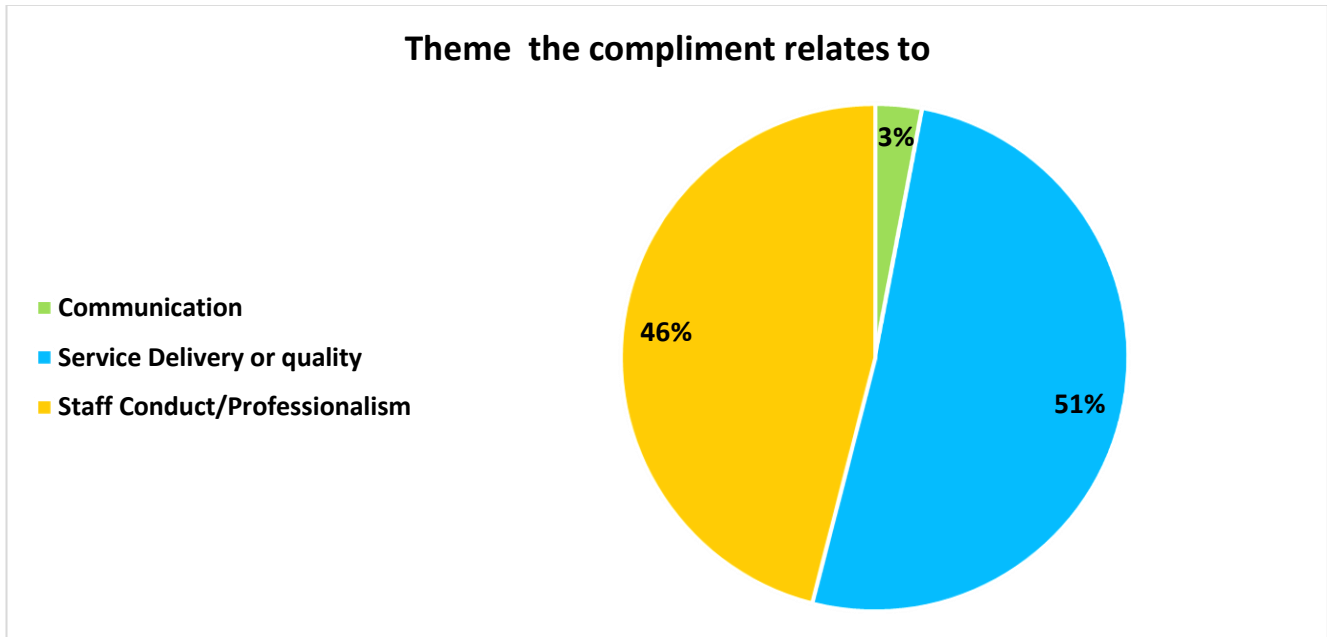


Fig 7: Themes the compliments relate to

As illustrated, the two main themes around compliments received were for service delivery or quality (51%) and staff conduct and professionalism (46%). This is similar to last year’s figures. This is a significant difference to the numbers of people who expressed dissatisfaction in both these areas, and we believe 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.

KEY OBSERVATIONS RELATING TO COMPLAINTS RECEIVED.

Service Delivery or Quality is the most common complaint, reflecting national trends in adult social care. This is consistent with national patterns reported by the Local Government & Social Care Ombudsman and large local authorities.

For example, [Essex County Council’s 2023–24 report](#) shows that 28 complaints were upheld for quality of care and 80 for assessment issues.

Financial complaints are also significant, highlighting the importance of clear processes and proactive engagement. The volume and nature of complaints in these categories is consistent with national patterns. Essex reported 65 upheld complaints related to finance, and the LGO has highlighted financial assessment and charging as a recurring issue in its 2023–24 review. [Local government complaint reviews - Local Government and Social Care Ombudsman](#)

Communication. This theme is also reflected in LGO [findings](#), where communication failures are often a contributing factor to upheld complaints

Staff Conduct and “Other” categories, while less frequent, often involve complex or sensitive issues that can have a high impact on trust and satisfaction. Whilst these complaints are lower in numbers, we recognise that that they can have a significant impact on relationships, reputation and the overall experience of people requiring Social Care support, and the importance of addressing the issues that are being raised.

EXAMPLES OF COMPLIMENTS AND COMPLAINTS.

I am the executor of the will of Mr X, who was in Uplands Care Home from 4/4/2022 until his death on 30/06/24. His care was paid for by Lambeth Council. He did not own any property. But assets in his account after we, the executors, had paid his funeral costs. I have been trying to find out whether his estate owes the council money for his care costs. Until we know if we owe the Council any money we cannot carry out the terms of his will. I do not agree or fully understand the information that I was previously provided, and I have written to the Council on numerous occasions, and I have not had a reply. I and my co-executor would like to pay any amount outstanding but cannot until the Council informs us the any amount Mr X's estate owes for his care costs.

Resolution

1. A phone call was made to discuss the issues and gather the necessary information to be able to fully understand the issues being experienced and a timescale for response agreed
2. Document Pack Provided:
 - Three financial assessments and letters showing the progression of Mr X assessed contributions.
 - A simplified explanation of the financial assessment process and charging thresholds
 - A brochure titled *Paying for your care home*.
 - A summary spreadsheet and copies of all outstanding invoices.
3. Named Contact for any on- going query of difficulty

Learning:

- **Communication Gaps:** The complaint highlights the need for clearer, more proactive communication with executors and family members, especially during bereavement.
- **Financial Oversight:** The role of financial nominees must be monitored more closely to ensure timely payment of care costs.
- **Simplified Guidance:** Providing a simplified explanation of financial assessments was appreciated and should be standard practice.
- **Support During Bereavement:** Sensitivity and responsiveness are critical when dealing with complaints involving deceased service users.

Dear XX, I hope this message finds you well. I wanted to take a moment to express my deepest gratitude for all your efforts and support in ensuring my uncle's well-being. Your dedication and commitment to his care are truly appreciated. Thank you for the updates on his GP change, medication support, bank account setup, and housing reassessment. Your guidance and coordination have been invaluable, and I'm grateful for your persistence in resolving these matters. Once again, thank you for being an angel in my uncle's life. Your kindness and compassion mean the world to our family. Best regards,

YY raised a complaint on behalf of Mrs A regarding incorrect invoices for non-residential care services in 2023. Despite a financial assessment having been completed, invoices continued to charge at the full rate, citing “no current assessment.” Reported multiple follow-ups were made with the allocated social worker and finance team between January and June 2024, but no adjustments were reflected, and a reminder letter was issued for an outstanding balance of £534.47.

Resolution

The complaint was upheld.

1. It was confirmed that Mrs A had been financially assessed at nil cost, but the assessment occurred just after the billing run.
2. The next billing cycle will credit the incorrect charges, and the account will be updated accordingly.

Learning

- The case highlights the importance of aligning financial assessments with billing cycles to prevent inaccurate invoicing.
- Scrutiny and monitoring has increased with regular meetings between finance department and adult social care to respond to any queries & resolve efficiently
- It underscores the need for timely communication and follow-up with families to avoid unnecessary distress.

Good morning I would like to give some feedback and compliment xx following my interaction with her and how she has supported me following my stroke, she has gone above and beyond in my view to support me by interacting with various agencies within your organisation and how, she has championed my wellbeing. xx has supported me with the care agency and various other people particularly the various rehabilitation people within the NHS, XX has also made sure my care plan is updated, and I have received a copy to agree next steps going forward Finally many thanks to xx best wishes

‘I requested respite and spoke to the Team Leader, Age UK, who was very helpful with arranging respite. It should also be noted that this was during a period when Mum was moving from one area to another. She was very understanding and responsive to this request for respite that I needed to urgently travel for work. This was all turned over quickly.’

‘You are so nice, you are all very nice from Age UK’. Client also mentioned they had a chat with a gentleman last

Very happy with this conversation and it has been a joy to speak to somebody like you. You have been patient and very kind and very efficient. Thank you’
Age UK

The complainant, D (daughter), raised concerns that safeguarding measures were not adequately implemented to protect her mother, Mrs X, who has dementia. She alleged that her mother's ex-husband, who is reportedly living with her, is exerting coercive control, misusing her finances, and has displayed threatening behaviour. The complainant felt that Adult Social Care relied too heavily on her mother's statements—despite cognitive impairment—and did not fully investigate the situation, including input from carers or previous assessments.

Resolution

The complaint was not upheld

1. A further home visit was conducted by the allocated social worker
2. Further conversations were held with Mrs X, who was assessed to have capacity and expressed satisfaction with the support provided by her ex-husband.
3. The care agency reported no concerns.
4. Daily care calls continue and monitor the situation.
5. Short term review was scheduled for additional monitoring in light of the concerns raised.

Learning

- The case highlights the importance of triangulating information from multiple sources—family, care providers, and professionals—especially when cognitive impairment is present.
- It reinforces the need for clear documentation of capacity assessments and rationale for safeguarding decisions.
- A proactive review schedule can help monitor evolving risks and maintain trust with concerned relatives.

Dear XX I am writing to commend you for your outstanding delivery of service in conducting my assessment. Your very professional but also friendly approach helped me to manage my extreme apprehension in having an unknown person in my home. My extreme apprehension if it isn't managed correctly at the early onset, can quickly escalate into severe anxiety, extreme panic attacks etc. Thank you for patiently allowing me time to reply to your very detailed questionnaire. When I become extremely anxious, I can easily lose my train of thought especially if the questions are evoking difficult or painful memories. Your calm reassuring response as I struggled with some the questions which were triggering for me was instrumental in assisting me through the rigorous questionnaire process. Your compassion and empathy, as I explained the extreme ongoing pain I am currently experiencing due to my multiple reoccurring catheter malfunctions infections, blockages, bladder spasms were greatly appreciated.

Best Wishes to you & team. Kind Regards

I have had the pleasure of working with Lambeth DoLS team since 1st April 2009 until contract end 30th June 2025, so 16 consecutive years at two separate charities. XX and her team have been amazing since the start with championing of IMCA and RPPR services and always highlighting each Relevant Persons' right to advocacy.

We have had staffing fluctuation and significant peaks and troughs in referral numbers over the years, and what has been essential in this successful professional relationship has been the superb communication from XX and her team. We have been able to approach them with any type of issue and they have always come back to us and responded whatever the level of query and we cannot thank them enough for the support and cooperation and outstanding professionalism since day one to our service ending, and for being so very human and compassionate and wanting to help us find a solution for whatever we had raised; everyone in the team and also former colleagues all say the same thing that they have really enjoyed working with Lambeth DoLS team so it's been a universally positive for us all.

This doesn't happen at every DoLS team, and it is hugely appreciated and valued, and we want to say a massive thank you to XX and her team for everything they have done for us and for advocacy and continue to do. We wish you all the very best for the future and hope the relationship with the new provider goes from strength to strength.

6. COMPLAINTS MADE TO THE LOCAL GOVERNMENT & SOCIAL CARE OMBUDSMAN

We operate a 2-stage complaint process, and should the complainant be dissatisfied with the outcome of their stage 2 complaint, they are able to take the matter to the LGSCO. Of the complaints made to ASC, 13 were escalated to the LGSCO. This is a sharp increase from the previous year, where we received only two referrals.

- 7 of these cases were closed at initial enquiry and received no further action.
- 2 cases were not upheld, and no fault was found

These outcomes provide us with some confidence in our practice, decision making and effectiveness of our complaint processes.

- 1 of the cases is currently under investigation and the outcome will be reported on in the next annual report.

The 3 cases that were investigated and upheld are detailed below, along with learning actions that were agreed and have taken place.

Case No.	LGSCO Ref	Summary	Outcome
UFN31731761	24001840	Mr X complains that the Council failed to complete an appropriate care assessment and care plan. He says this means the Council is not meeting his care needs.	Upheld - Fault and injustice
UFN31307617	23 013 429	Miss X raised concerns that the Council: Did not issue a suitable Carers Support Package for her. Failed to provide a Care and Support Plan for Mr Y following a previous Ombudsman decision in December 2022. Did not follow the Ombudsman's recommendations from the earlier investigation. Engaged a care agency without consulting her or Mr Y. Delayed the Disability Related Expenditure (DRE) assessment. The Ombudsman found fault with the Council for: Delaying respite care provision & Not consulting Miss X and Mr Y about the care agency,	Upheld - Fault and injustice
UFN28302653	23 019 381	Mr C raised concerns that the Council failed to clearly inform him whether the quoted care home fees for his brother, Mr D, in February 2022 included the Funded Nursing Care (FNC) contribution. He only discovered in July 2023 that the FNC was already being paid and would not reduce the care charges. This lack of clarity caused Mr C distress and inconvenience during a difficult time. No fault was found with the information provided about the fees. There was a delay in responding to Mr C's complaint.	Upheld - Fault and injustice

Table 1 Summary of complaints to the LGO 2024/2025

Learning from the LGO cases which were upheld were summarised and shared via learning events and formed 7-minute briefings in our learning resources.

The main findings from the LGO case UFN31731761 were:

- Lack of clarity on how the Council calculated the number of hours or how it believes this was suitable to meet Mr. X's needs.
- Lack of clarity in explaining calculation or hours and identification of personal budget

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

- Guidance delivered to staff on identification of care hours and calculation of personal budgets
- Refreshed guidance on decision making
- Lessons learnt shared with staff.

The main findings from the LGO case UFN28302653 were:

- The Council should have considered his mental capacity in relation to the financial assessment and provided copies of information to Mr. C.
- Delay in responding to Mr. C's complaint.
- 'I have completed my investigation as I consider the Council's offer to review its social care complaint procedure will hopefully prevent delays occurring in the future.

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

- Complaint procedure updated and shared with staff.
- Refreshed Mental Capacity Act (MCA) awareness in MCA Practice Month

- Complaint Framework updated and shared with staff
- Updated Complaint workstep in our recording system, Mosaic, to clarify
 - Scheme of delegation for responsible person to respond to complaints
 - Include risk level guidance and timescales for response
 - Mandatory response date added to workstep based on risk and timescale guidance
 - Lessons learnt shared with staff
 - New complaints monitoring dashboard developed

The main findings from the LGO case UFN31307617 were

- Lack of clarity in communication between Miss X and the council.
- Introduction of care without confirmation from Miss X

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

- Refreshed Mental Capacity Act (MCA) awareness in MCA Practice Month
- Refreshed guidance on decision making and record keeping

7. TIMELINESS IN RESPONDING TO THE COMPLAINTS

Under statutory regulations there is no set time limit 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 more work to be completed before resolution is reached, may take longer.

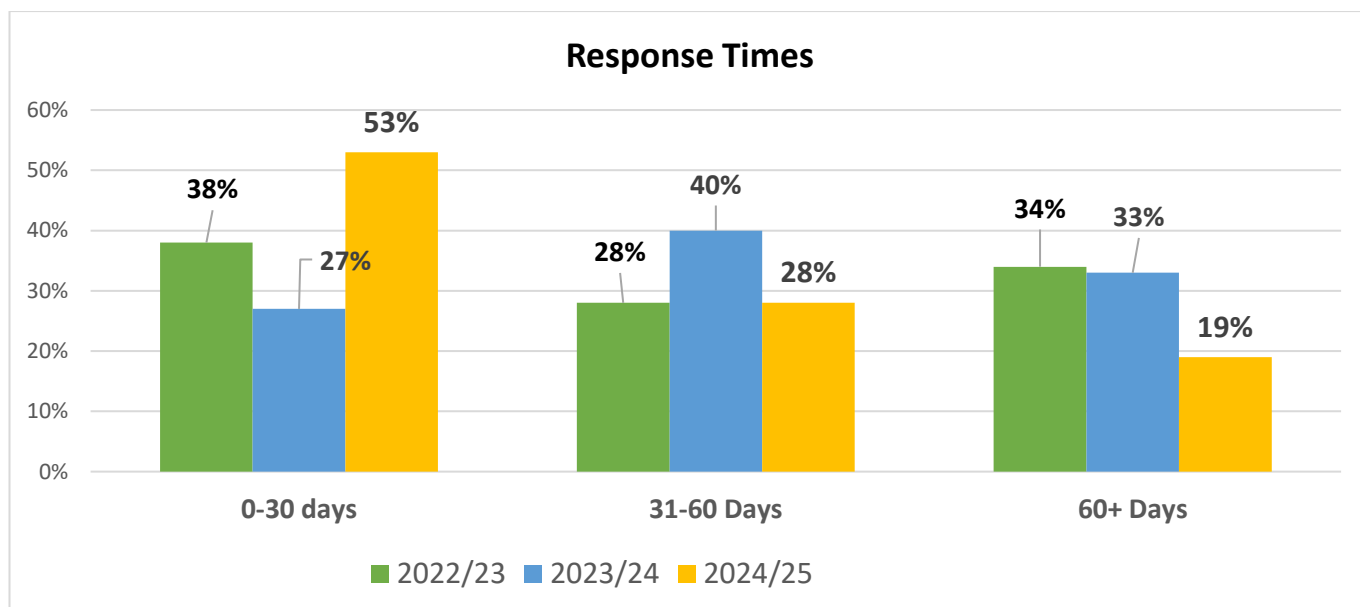


Fig 8: Complaint response times between 2022/23 – 2024/25

We are reporting a notable improvement in the timeliness of our complaint responses within 30 working days. This has increased from 27% in 2023/24 to 53% in 2024/25. This improvement reflects our continued commitment to delivering good customer service and our efforts to streamline internal processes. While we acknowledge that the 30-day target is more ambitious than the 12-week period recommended by the Local Government and Social Care Ombudsman (LGO), we keep this as our local standard

to ensure prompt and meaningful responses. As part of our complaints process, we continue to prioritise keeping complainants informed about the progress of investigations and expected timescales for resolution.

As shown in Figure 8, the proportion of complaints taking over 60 days to resolve is still consistent at 33%, 34% in 2023/24. A detailed review of these cases has been undertaken to identify any recurring themes or systemic issues contributing to delays. In many instances, the delays were administrative—for example, finalising a telephone call or issuing a concluding letter—despite the substantive elements of the complaint being addressed promptly. In other cases, extended timescales were necessary due to the complexity of the issues raised,

Complaint data continues to be monitored weekly and in our monthly performance board meetings, those complaints that are taking a longer period to resolve are identified, and agreed actions to prioritise or escalate the identified issues, are made, to improve performance and satisfaction

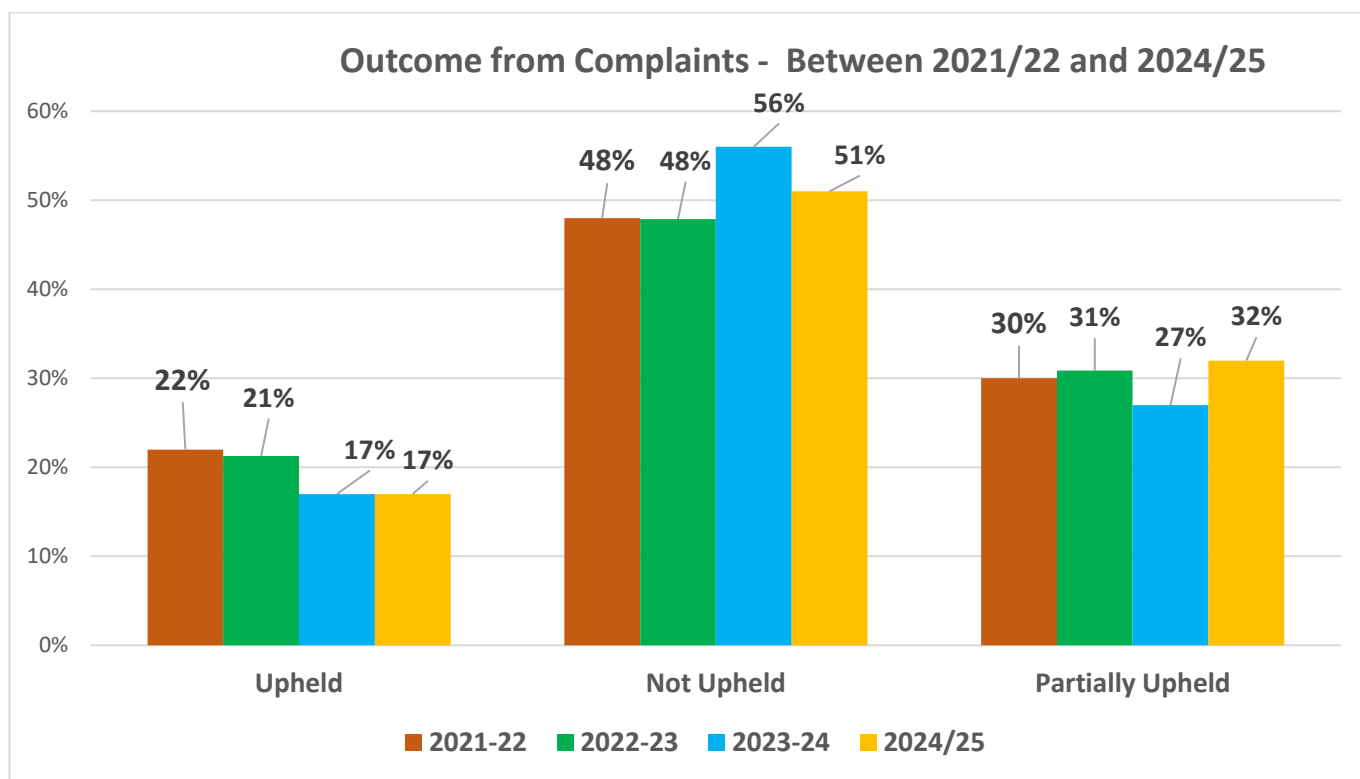


Figure 9: Outcome of complaints

Reviewing the outcomes of our complaints process, shows that Upheld complaints have steadily declined from 21% in 2022/23 to 17% in 2024/25, suggesting improved compliance with statutory responsibilities and better service delivery.

Complaints that were Not upheld peaked in 2023/24 at 52% and slightly decreased to 51% in 2024/25 but remain higher than the 48% recorded in 2022/23.

Partially Upheld complaints have still been relatively stable, with a slight increase by 2% in 2024/25 (32%) compared to the previous year (30%).

These trends, alongside the reduction in number of complaints show a consistent effort to improve practice, systems, and processes, with a growing proportion of complaints being resolved without findings against the service, but there is still room for improvement.

For complaints that were upheld or partially upheld, the associated learning and resolution actions have been consistently and thoroughly documented in line with our local complaint’s procedure. This is helped by structured forms within our recording system, and help us to find areas for system improvement, practice improvement and developmental needs of our staff teams

To broaden the learning from both complaints and compliments, we continue to gather feedback from individuals who have shared their experiences—whether concerns or praise. This valuable input is being evaluated to show key themes, which are then shared through 7-minute briefing documents (concise, one-page summaries of learning) and explored further through discussions at practice events and webinars. (See Appendix E)

Our findings continue to show that poor communication is a key reason people complain, while good communication is often the reason for compliments. We plan to reflect on this in a practice online seminar and are capturing meaningful feedback from both a complainant and someone who has offered a compliment, through video interviews to bring these experiences to life for our staff and offer learning opportunities.

8. DEMOGRAPHICS OF PEOPLE MAKING COMPLAINTS

This report attempts to analyse the relationship between complaint function and key demographic groups (ethnicity, gender, sexuality, support reason, and age bands) , but it is recognised, that with such low numbers, the analysis could be considered statistically invalid, and it could be problematic to expand assumptions based on this analysis. For this report, we are analysing against the demographics as described in the ASC 2024-25 Local Account.

8.1 SUPPORT REASON

The 2024-25 ASC Local Account shows that the Support Reason of people receiving services breaks down as follows. Learning Disability (18-65) 18%, Mental health (18-65) 10%, Older People (65+) 52% and Physical Disability (18-65) 20%

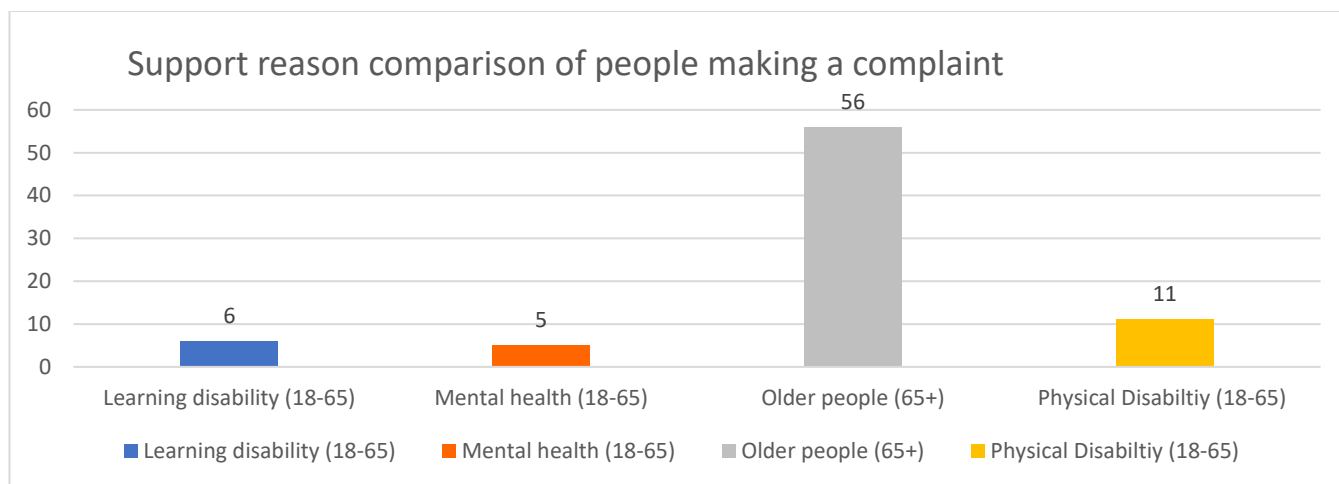


Fig 10: Support reason of people making complaint.

When considering the support reason of people raising a complaint, older people stand for 72% of complainants, despite making up only 52% of the people in receipt of care. Older people have consistently formed many complaints, aligning with their service usage. This aligns to London Borough of Merton Complaints Report data which reports older people as the largest complaint group, often linked to care quality and financial issues, which we similarly see in our Age comparison to complaint function in fig 20.

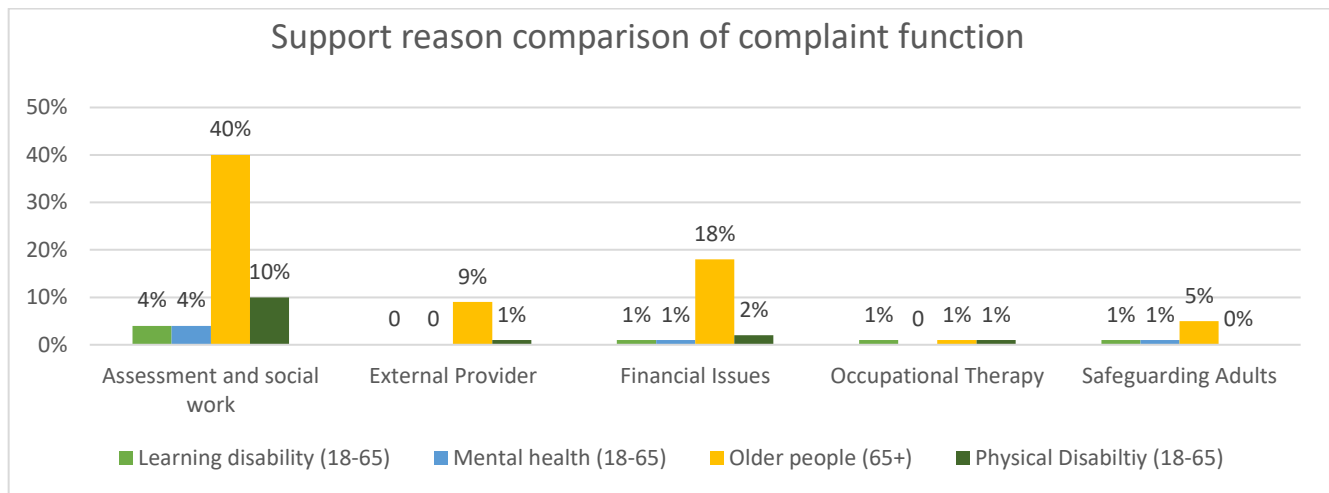


Fig 11: Support reason relating to complaint function

As assessment and social work is the primary reasons for people approaching Adult Social Care (ASC), it is not surprising that most complaints fall under this category. This function covers a wide range of social care activity and shown in fig 4, 48% of all complaints relate to this area. As older people make up 52 % of the people in receipt of ASC support, it is expected that they are more prominently represented across most complaint categories. The exception is Occupational Therapy (OT), where there is a more even distribution of complaints across separate groups, excluding mental health. One possible explanation is that Occupational Therapy services are also delivered through the Living Well Alliance, which may reduce the volume of activity—and the number of complaints directed to ASC’s OT services.

Physical disability 18-65, makes up 20% of the people being supported by ASC, and at 10% of complaints from this group about assessment and social work, they are slightly overrepresented, with a higher number relating to communication and satisfaction issues.

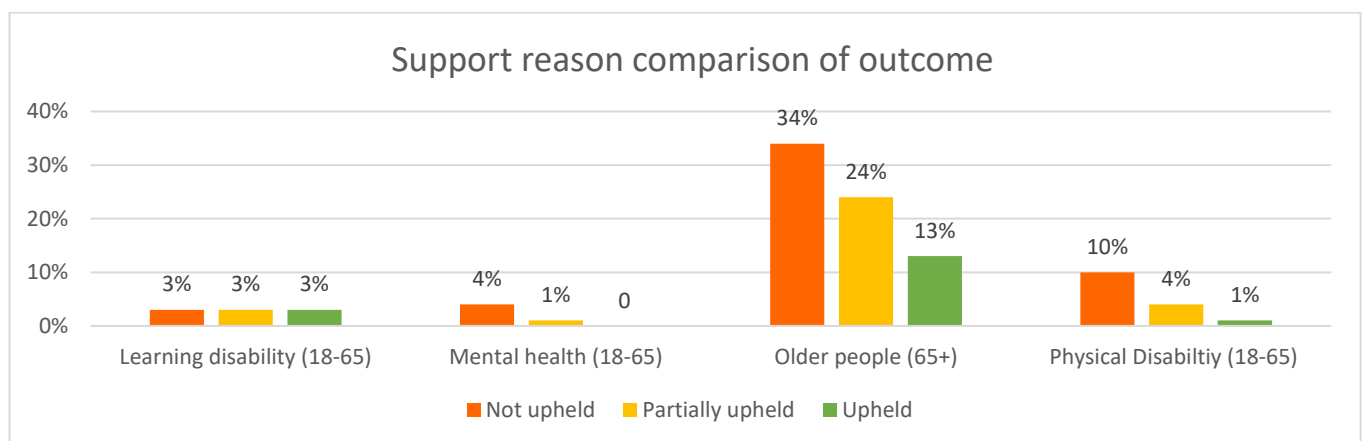


Fig 12; Support reason and outcomes of complaints

The outcome of complaints across the support reason of people making complaints, are broadly consistent. Of note however is the even spread of outcomes in relation to people with Learning Disabilities which relate to 6 complaints. 67% of these complaints relate to Assessment and Social work function- and were identified as issues in relation to service delivery or quality. On scrutiny of these cases, 2 of those cases had an underlying complaint relating to delays in communication, resulting in a lack of clarity about service provision, these have primarily resulted from recruitment challenges in the service.

No complaints relating to mental health were upheld. Upon reviewing the five complaints received in this area, the primary concerns were about service delivery and quality. However, all were linked to statutory processes that had been followed correctly. As a result, there were no grounds to uphold any of the complaints.

8.2 ETHNICITY

The 2024-25 ASC Local Account shows that the Ethnicity of people receiving services breaks down as follows: Black/Black British 44%, Asian 6%, Mixed 3%, Other Ethnic Group 3%, White/white British, 40% and not known as 4%. Ethnicity is still a focus for us because we believe it is essential to be able to understand the ethnicity of people that are seeking support from ASC, so that we are better able to understand gaps in provision, barriers to access and the needs of our communities.

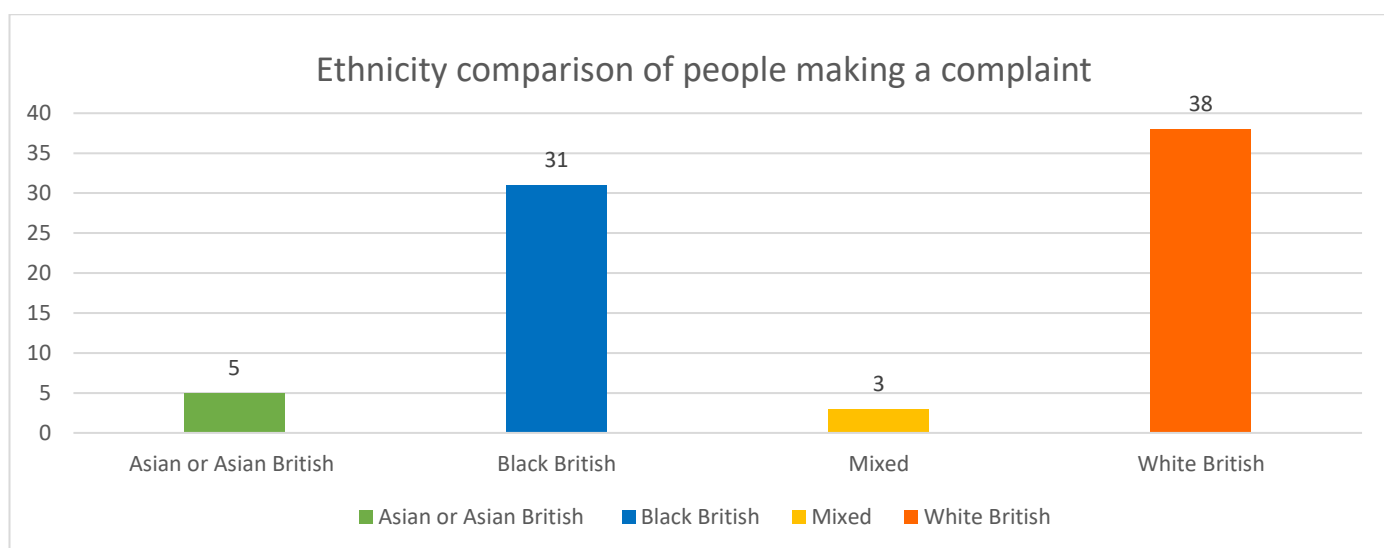


Fig 13: Ethnicity of people making complaint

We have been able to capture the ethnicity of all people making a complaint. When considering the ethnicity of people making a complaint against the people in receipt of ASC services, we can see that for people from Asian and Mixed heritage, they are proportionately represented, with people from Black /Black British heritage, being under-represented as 40% and people from White heritage being over-represented at 49 %. However, this conclusion is sensitive to how “Not known or stated” ethnicity is handled in the base data of people using ASC service to affectively apply analysis.

This representation may suggest that there is lower dissatisfaction level amongst Black/ Black British people in receipt of services, but conversely, may reflect barriers experienced by this group to raising complaint. We will continue to watch this area to find if there are local patterns that appear, that may show cultural or structural barriers.

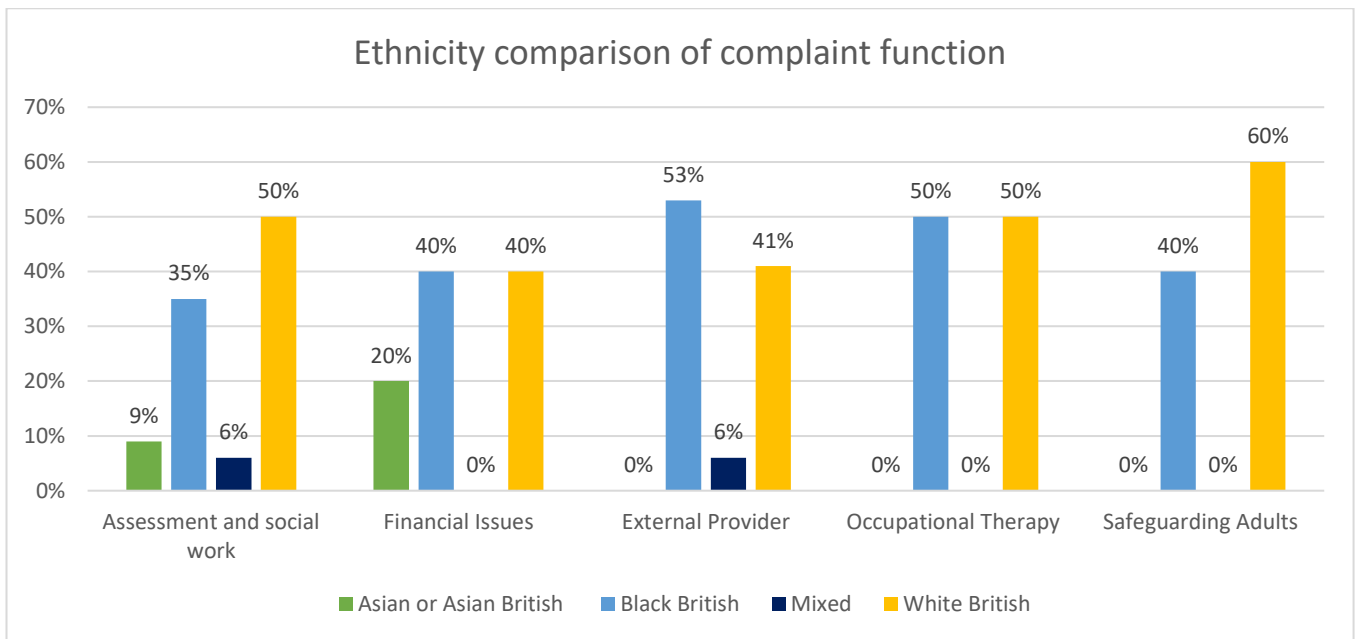


Fig 14: Ethnicity relating to complaint function

We have grouped the complaint by function, to look at the ethnicity of people making complaints about those functions. Overall, 45 complaints related to Assessments and Social Work, 17 related to financial matters, 8 related to external Providers, 5 related to Safeguarding Adults and 2 related to Occupational Therapy (OT)

With such low numbers relating to OT, Safeguarding and External providers, the analysis, may be less meaningful however, the focus of complaint for Asian/Asian British (5 complaints) was Assessment and Social work and External providers, and of Mixed ethnicity (3 complaints), the areas of dissatisfaction were Assessment & Social work and financial issues.

White/White British are over-represented in all areas, other than External Provider. The actual difference in number of people here is just 1 person. It is important for us to watch the experience of people receiving support and ensure there is equity of provision and experience.

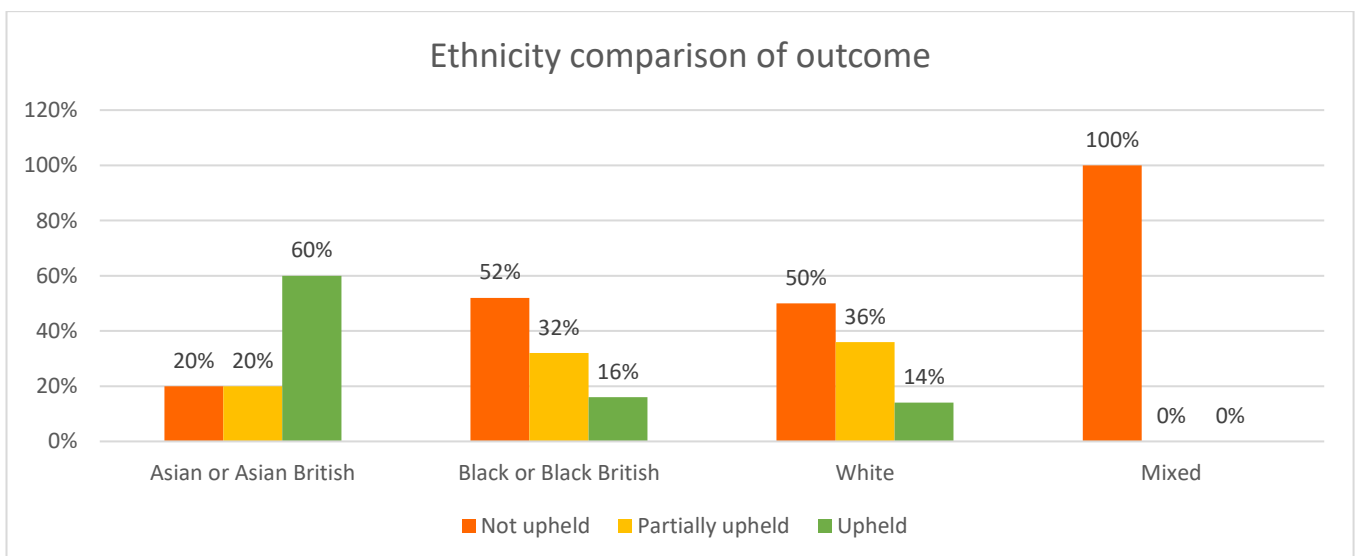


Fig 15: Ethnicity and outcomes of complaints

The outcome of complaints in relation to ethnicity, shows that there was a higher proportion of complaints that were partially upheld for White/White British complainants, and a slightly higher number of complaints for Black/Black British complainants being upheld and not upheld. Analysis

of the complaints themselves doesn't show any difference in how the complaints were investigated, or of how the outcome was measured, but as with the other demographic areas of this report, ongoing monitoring in this area continues.

Of note also is that for complainants with Asian heritage 60% (3) complaints were upheld, all of which relate to service delivery and the quality of communication and engagement from the social care teams.

8.3 GENDER

The 2024-25 ASC Local Account shows that the gender of people receiving services breaks down as follows: Female 53%, Male 46% Unknown 1%.

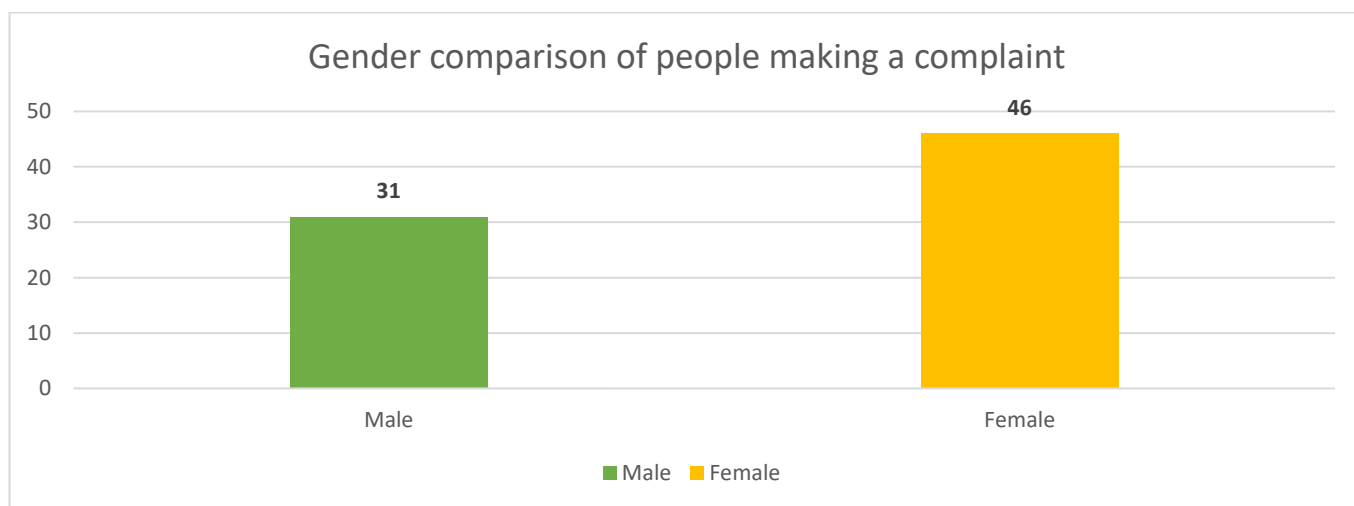


Fig 16: Gender of people making complaint

When considering the Gender representation of people making a complaint, we can see that females are overrepresented at 59% of complainants while they make up 53 % of the people receiving services from ASC in 2024/25. That is a reduction from the 58% reported in the [ASC Annual Review](#) for 2023/24. Of the people raising the complaints, 6 % of males and 9 % females raised a complaint themselves.

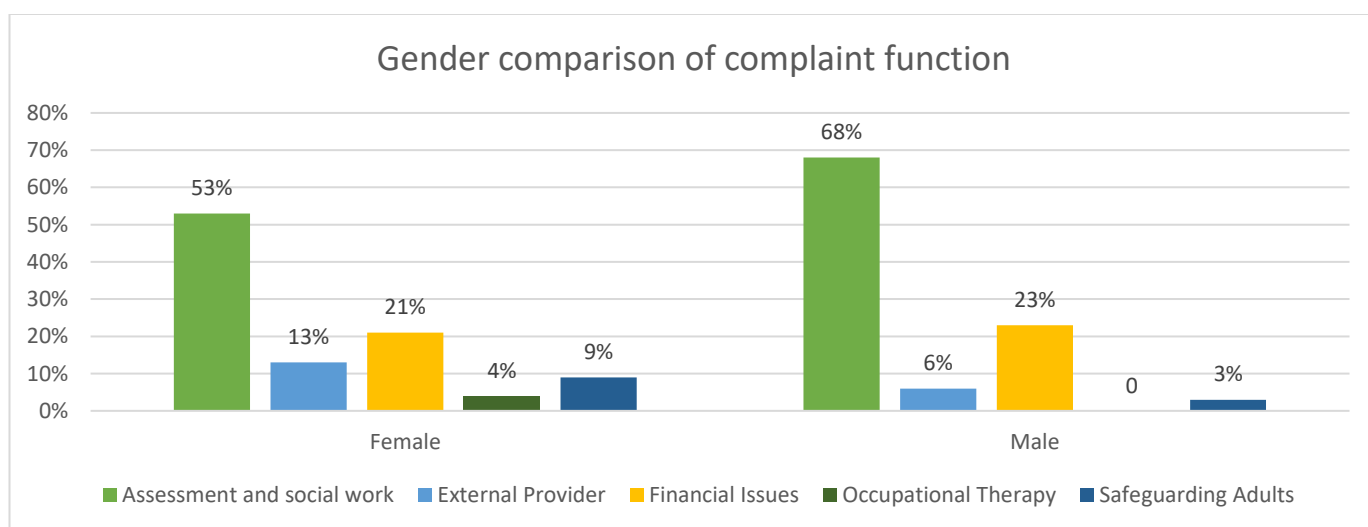


Fig 17: Gender relating to complaint function

We can see from fig 17, for both males and females, the principal areas of complaint are Assessment and Finances, but we note higher complaints for females about External services, Occupational Therapy and the safeguarding service. This would seem to correlate with combinations of frailty, and complex presentations, where there is more contact, for providers and repeat presentations to services as health needs change rather than inequity of service, particularly when cross referenced against the age demographics of people raising complaint in fig 15.

The 8 External Provider complaints that were reported directly to ASC relate to dissatisfaction in the quality of care, behaviour of the carers or commissioning issues. 1 of these complaints was upheld, and 4 were partially upheld. We have carried out a significant neighbourhood commissioning exercise, and monitoring complaints plays a key role in helping us assess satisfaction levels and show commissioning related issues.

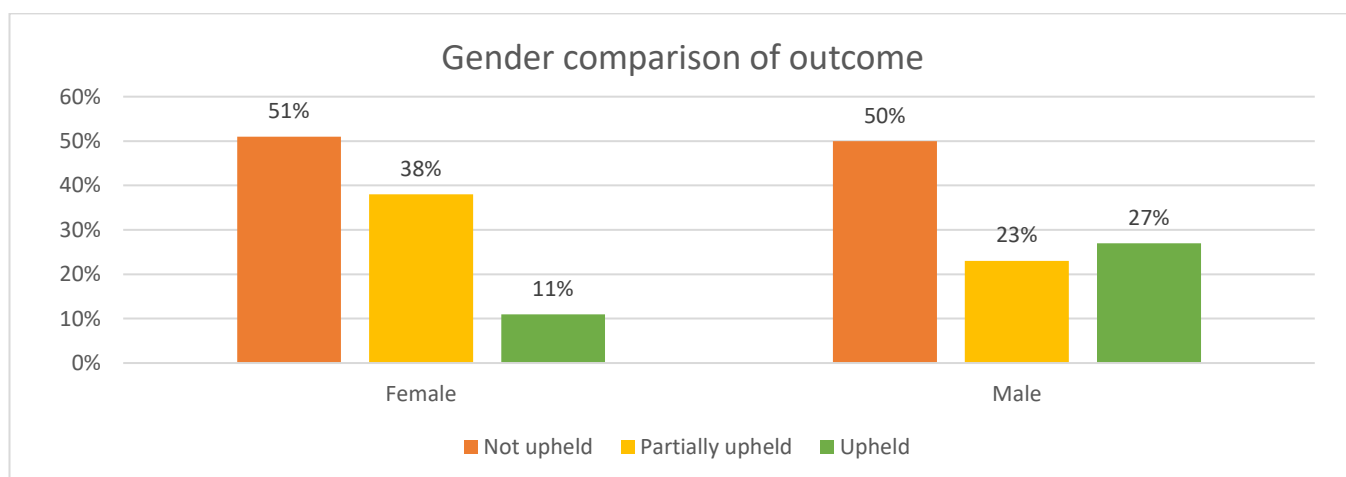


Fig 18: Gender relating to complaint outcomes

We can see that there is gender disparity in relation to complaints being upheld 16% more for males and partially upheld 15% higher for females.

Analysis of the 23 cases that were partially upheld 16 (70%) cases were for females, and 7 (30%) cases were for males.

Of the 13 cases that were upheld, 5 (38%) cases were from females, and 8 (62%) cases were from males.

For all the cases that were partially upheld, the complaints were resolved, and the complaints outcomes either partially met in 8 cases, fully met in 12 cases, or exceeded in 1 case.

8.4 AGE

The 2024-25 ASC Local Account shows that the age bands of people receiving services breaks down as follows: 18-64 39%, 65-74 18%, 75-84 20% and 85+ 24%

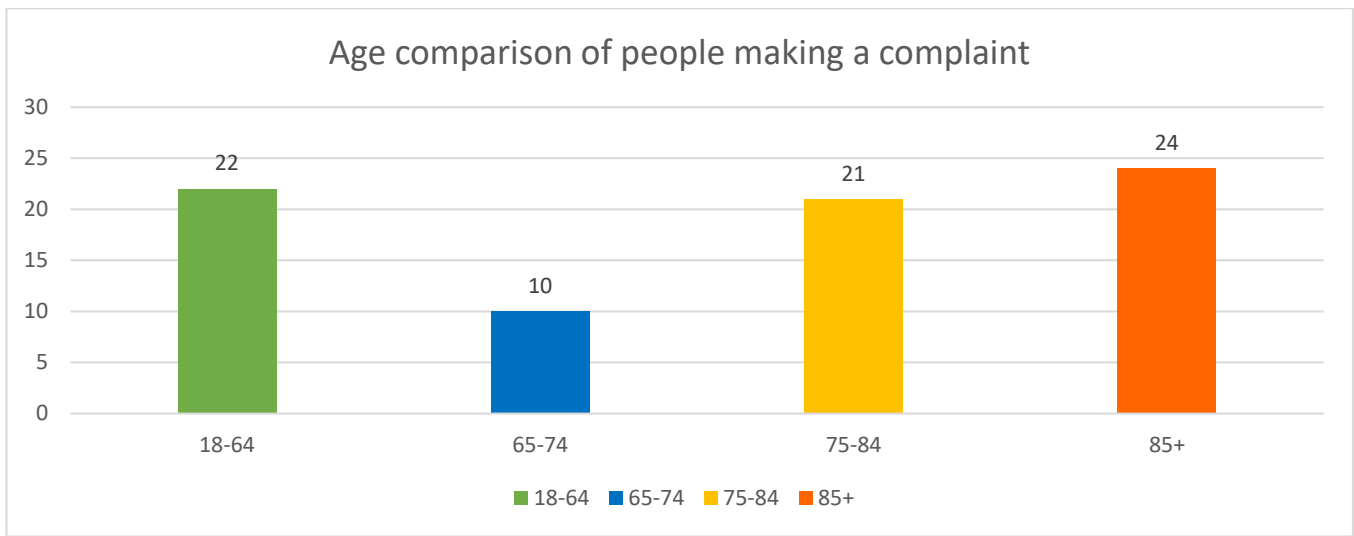


Fig 19: Ages of people making complaint

Analysis of the age range of people making a complaint indicates 75–84-year-olds, make up 20% of the people in receipt of social care and 28% of the people making complaints, and 85+ represent 24 % of the people in receipt of ASC support, but they make up 31% of the people raising complaint. 18-64, year olds are 11% under-represented at 28%, and 65–74-year-olds are 5% underrepresented at 13%. This contrasts with 2023/24 complaints report, where 54% of the people raising complaint were under the age of 65, this year we have seen that number almost halve.

The Lambeth adult social care review 2023/24, showed significant gender disparity across the age groups of people in receipt of service showed an age breakdown of **18-64** 51% female, 49% male, **65-74** 56% female, 44% male. **75-84** 64% female, 36 % male and **85+** 74% female, 26% male

If we considering this as a benchmark against age and gender, we find that females are overrepresented in the 65-74 age group by 14% and in the 85+ age group by 9%, while males are overrepresented in the 18-64 age group by 20% and in the 75-84 age group by 7%.

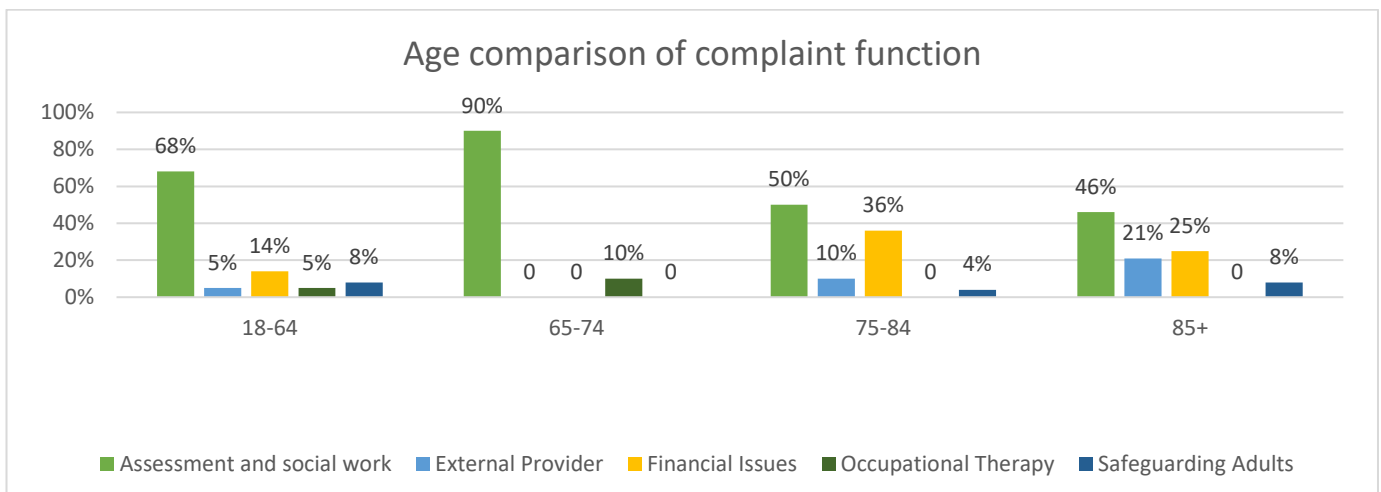


Fig 20: Age comparison of complaint function

Across all age groups the predominant complaint function relates to Assessment and social work, with financial complaints only being represented in 18-64 and 75+ age groups. Generally, the financial complaints relate to financial assessment and charging, which may explain why they are predominant in these areas, which are key entry points for people into ASC, particularly for

placements for older people, and placements and supported accommodation to 18-64 adults with Learning Disability.

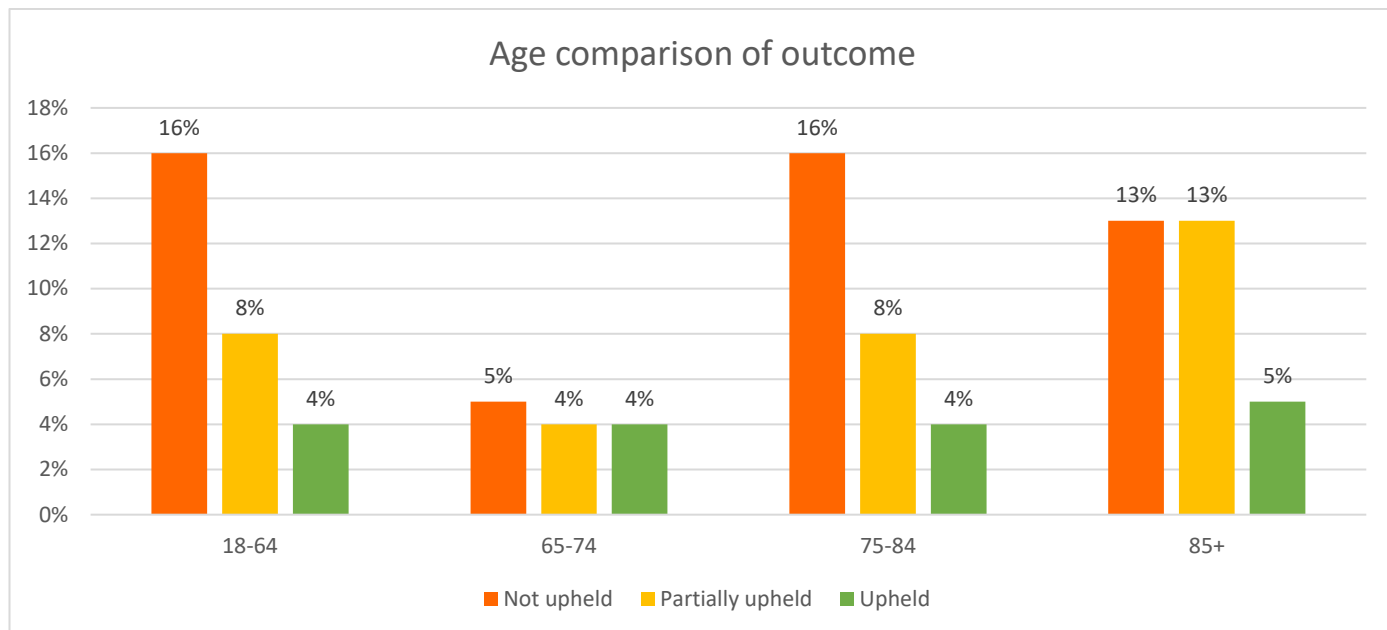


Fig 21: Ages comparison relating to outcomes

Across all age groups we see similarity in the outcome of complaints. For 18-64 and 75-84 age group there is parity of outcome with each of the outcomes of not upheld, partially upheld and upheld complaints and potentially correlates with the even number of complaints in those age groups. In the 85+ age group there is a balance between not upheld and partially upheld complaints, this may be explained by the nature of the complaints, along with the percentage difference in the numbers of complaints for this age group and the variation of complaint function for this age group.

8.5 SEXUALITY

The 2024-25 ASC Local Account shows that the sexuality of people receiving services breaks down as follows: 58% Heterosexual, 1% Gay or Lesbian, 1% Person is not sure, 1% Declined to answer, 39% Not recorded. The recording of sexuality remains an area of focus for us, as we believe it is essential to be able to understand the sexuality of people that are seeking support from ASC, so that we are better able to understand any gaps in provision, barriers to access, and the needs of our communities. This does however remain an area where there is discomfort in looking for or disclosing this information.

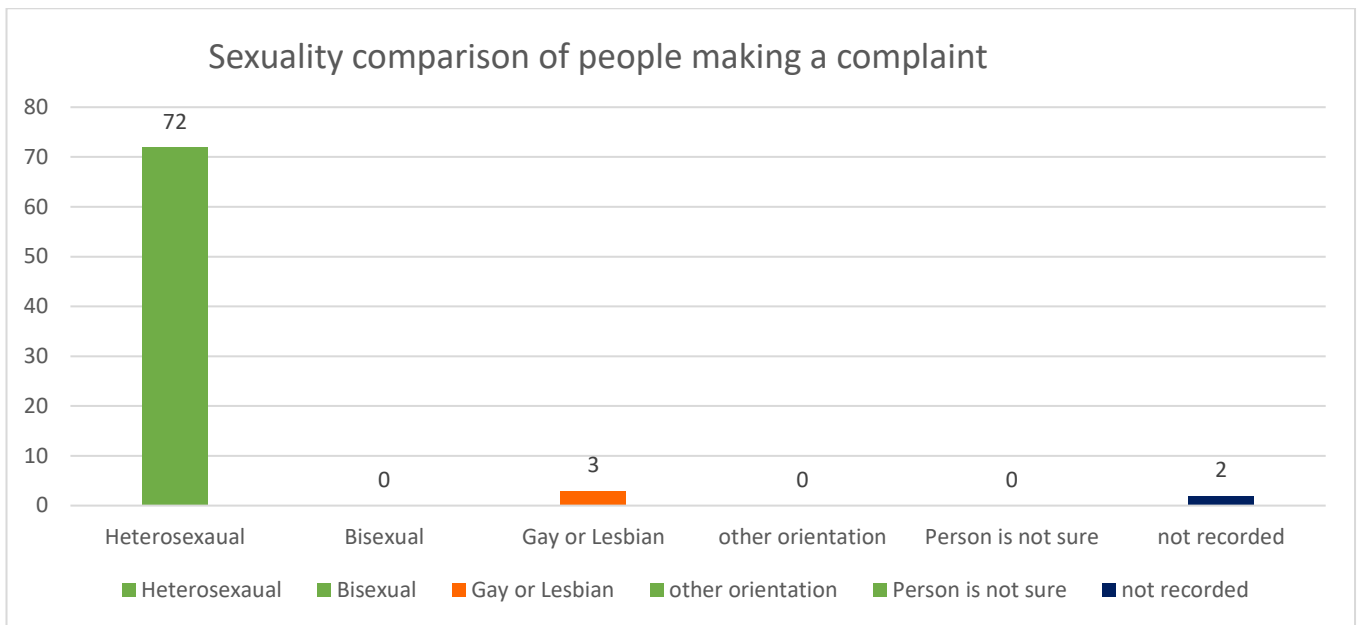


Fig 22: Sexuality of people making complaint

We can see that predominantly the people that have raised complaint have identified as heterosexual (93%) and are 35% over-represented compared the demographic of people in receipt of services. Gay and Lesbian are over-represented at 4% in comparison to the percentage of people recorded in the Local Account (1%). Whilst this may suggest some disparity in service or higher levels of dissatisfaction, it is difficult to quantify this with limited date and numbers.

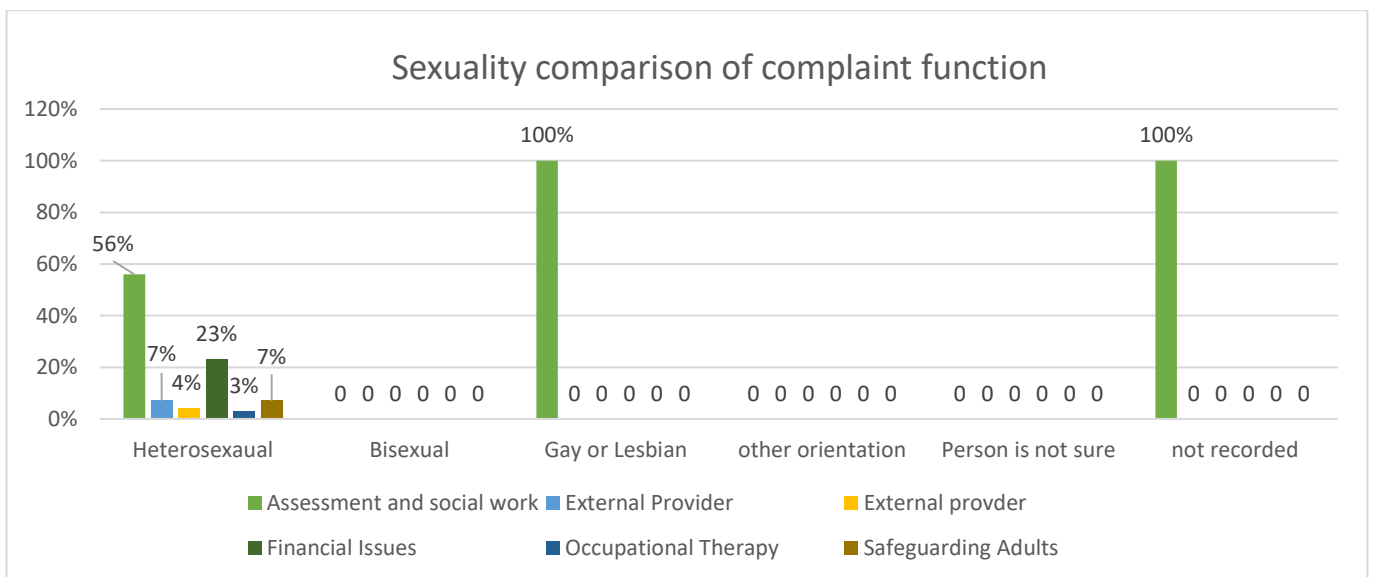


Fig 23: Sexuality relating to complaint function

Following on from the sexuality demographic of people making a complaint, again it is difficult to analyse parity or disparity of experience with only 3 people identifying as Gay or Lesbian, but all of the complaints from this group, related to assessment and social work, whereas the complaints from people identifying as heterosexual covered all areas.

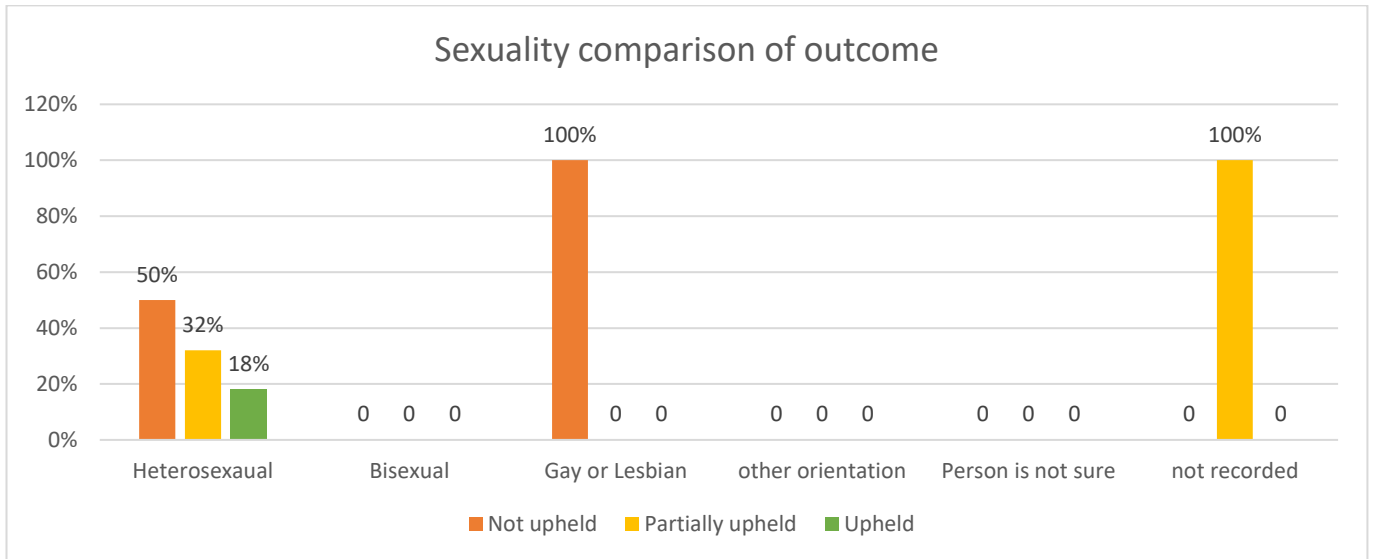


Fig 24: Sexuality relating to complaint outcomes

Similarly for the outcome of complaints, whilst it is notable that none of the complaints for people that identify as Gay or Lesbian were upheld, it isn't possible to say there is inequity of service due to the small numbers. However, this is an area that we need to watch and improve data for, to understand whether this is an ongoing issue of lack of reporting of complaints, or ongoing levels of dissatisfaction for this cohort.

9. 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. This is particularly problematic, because the information is inconsistent and at the time of writing this report, the information from other boroughs is not in the public domain.

As such, we are limited to analysing retrospective years. The graph below shows comparison across the 5 Local Authorities for 2023/24, which shows similarity in numbers of complaints between Lambeth, Southwark and Islington, showing a 48% difference in the number of complaints received between Lambeth and Hackney. However, the significant difference in recorded numbers for Croydon seems to reinforce the position that differences in processes and frameworks, create challenges in effectively benchmarking this information.

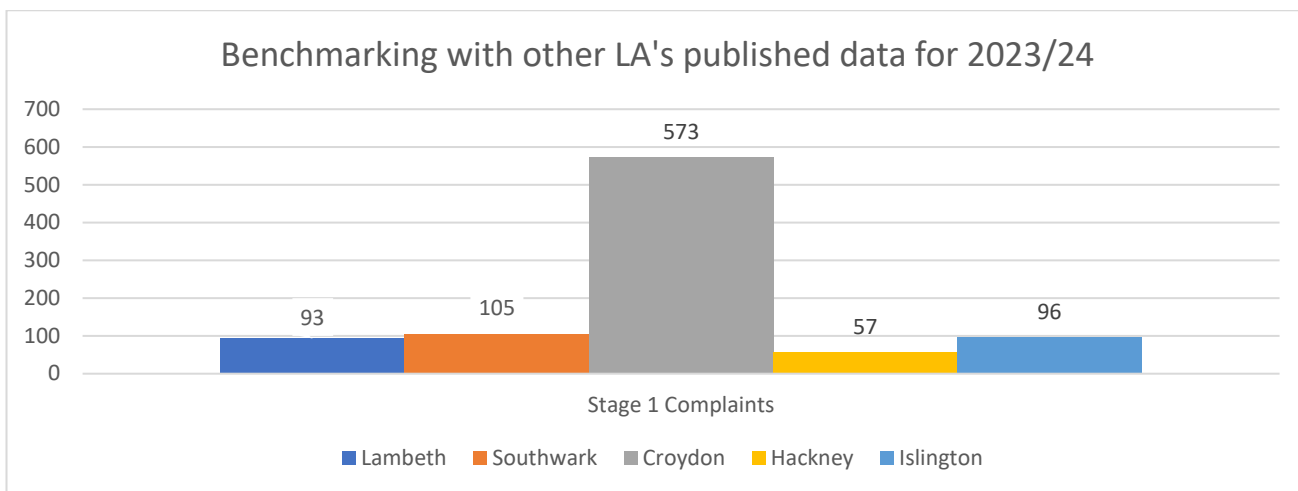


Figure 25: Benchmarking ASC complaints with other Local Authorities who have published their complaints data/annual report (this does not include wider system complaints)

A more useful measure for benchmarking however, is analysis of what the reported complaints relate to.

Using the published data from 2023/24, we can benchmark our performance in relation to the reason for complaint against 5 London boroughs and LGO findings for that year. By adding LBL ASC complaint data against this for 2024/25, we can see that in all areas the reason for complaint is more in line with other authorities' data for last year, with the marked increase in complaints about finances for LBL in this financial year. Assuming this data continues to be available, we will continue to benchmark in this way, to watch any trends.

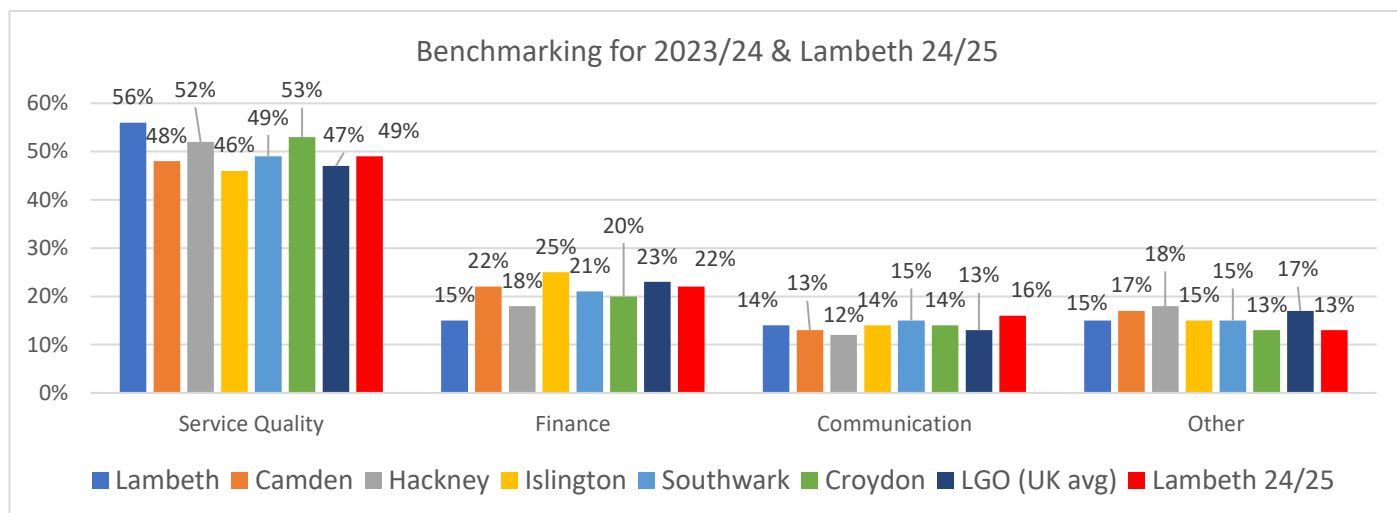


Fig 26: Benchmarking reason for complaint for 2023/24 and LBL ASC data for 2024/25

10. KEY LEARNING THEMES AND ACTIONS

Typical Complaint Themes

Service delivery or quality

This includes complaints about delays in carrying out an assessment or a delay in undertaking 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, volume of referrals to ASC for issues not relating to Social Care, volume of referrals into the department for new assessments, 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

- Ongoing work with Information Contact and Assessment Service and Age UK, as key partners, to triage cases, and the introduction of Trusted Assessors and Occupational Therapists, and Occupational Therapy Trusted Assessors to provide preventative Interventions at the front door and target full Care Act assessments on those people that need them.
- Reorganisation of the Older People and Physical Disability community teams into separate Review Team and a Case management team, meaning that we can target the activity more efficiently.
- Ongoing 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.
- Developed a satisfaction questionnaire to gather feedback from people about their experience of our service after each intervention. This feedback prompts further learning opportunities.

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 about billing arrangements.

Action taken

- Review of Financial Assessment Service and redesign plan is ongoing.
- 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
- Care Contribution calculator added to the LBL ASC web pages, so that people can calculate an estimate of how much they will have to pay towards their care

Communication

Complaints raised the issue of not being able to contact the allocated worker or a team 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.
- Monthly case file audits completed, and consideration given to communication and person's journey through the system, where it is shown that this could be strengthened, feedback is provided to the worker and their manager.
- Signed finance form is uploaded with all new assessments, so we have confirmation that people are aware of charging policy

11. COMPLAINTS MADE TO COMMISSIONED SERVICES

11.1 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 2024/25 financial year, in March 2025, Lambeth was commissioning approximately 3849 packages or services for 3602 individuals (some of whom receive more than one service). In total, Lambeth commissioned 408 provider organisations to deliver this care. Based on this snapshot it has been possible to consider data representing approximately 87% of all Lambeth funded placements for this report. This year, for the first time, we collected compliment data, with reports of 195 compliments received by Lambeth's providers.

Whilst some services are commissioned on block contracts, many 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.

11.2 Summary Findings

Service Type	Reporting for X nr of placements	Number of Complaints Received	Outcome of Complaints Received			
			Upheld	Partly upheld	Not upheld	Ongoing
Day Centre	94	6	1	2	0	1
Extra Care	195	32	25	1	6	0
Homecare	2076	133	36	5	6	3
Nursing Care	147	17	2	11	3	1
Residential Care	79	6	0	0	0	0
Supported Living	551	25	11	3	10	0
Grand Total	3142	219	75	22	25	5

Table 2: Complaints by Service Type

Of the 219 complaints received by Lambeth's providers, 75 (34%) were substantiated on investigation, and 22 (10%) were partially substantiated.

Most complaints made to contracted providers were made regarding those in receipt of homecare. Commissioned homecare providers represent 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 16 service users – a decrease compared to last year's 1 in 14. Over the course of the year approximately 4 million hours of home care support was provided, which comes to approximately 76,000 hours per week.

11.3 Typical Complaint Themes

The nature of complaints made in 2024/25 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:	57%
Communication:	18%
Noise Complaints:	11%
Lateness:	8%
Lack of Protocol:	3%
Issue with facilities	1%
Issue with other service users	1%

Table 3: Theme of complaint

The most frequent complaints in 2023/24 concerned quality of care, timeliness and communication. There have been fewer complaints regarding timeliness this year. We continue to collaborate with providers, both in forums and individually, to promote best practices and improve services.

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

11.4 Safeguarding

Of the 219 complaints received, 16 (or 7%) led to a safeguarding concern, and a further 5 (2%) to a safeguarding enquiry. This compares to 53 (or 16%) of the 306 complaints recorded in 2023/34 leading 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.

11.5 Demographic Data

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 second year that Lambeth has requested demographic data from complainants to identify potential trends. There has been a small increase in the provision of demographic data compared to the previous year, but not as significant an increase as we had hoped. Commissioners have updated contract monitoring requirements to include demographic

information from complainants for future periods, aiming to improve data collection for 2025-26. The complaint compilation format will also be reviewed to facilitate easier reporting for providers, and messaging with providers will emphasise the importance of recording and reporting demographic data about complainants.

We have data about 219 complaints that represent 3142 care placements. Of 219 complainants we have gathered complete demographic data relating to 54 people.

When clients whose ethnicity is unknown or unstated are excluded from the data—as in Table 4 — the findings indicate that Black or Black British clients are proportionally overrepresented among the 54 complainants for whom demographic data was available compared to the overall ASC client group.

11.5.1 Ethnicity

	% of Lambeth population	% of ASC Clients	% of complainants
Asian or Asian British	7.30%	5.70%	2%
Black or Black British	24%	40.65%	60%
White	55%	40.96%	33%
Mixed	8.10%	1.86%	6%
Any Other Ethnic Group	5.70%	3.81%	6%
Not known or stated	0.94%	-	-

Table 4: Ethnicity of Complainant

The high proportion of complaints submitted by Black or Black British clients is a significant increase on the same figure from 2023/24. Commissioners will work with providers and other stakeholders to understand any underlying cause for these issues, and continue to promote high quality care, including through initiatives arrived at by working with Black Thrive such as the Patient and Care Race Equality Framework (PCREF) which aim to address inequalities in care provision. Lambeth has signed up to the Skills for Care Social Care Workforce Race Equality Standard (WRES), and has an action plan for implementing this which is expected to further help address inequalities.

11.5.2: Age

	% of total Lambeth population	% of ASC Clients	% of complainants
18-64	72.20%	29.73%	57%
65-74	5.00%	17.75%	20%
75-84	2.55%	24.93%	11%
85+	1.05%	27.59%	11%

Table 5: Age of Complainant

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. The majority of complaints in the working age band came from those aged 55-64 (31%). Commissioners will focus on work with providers supporting working age adults to identify and address any issues leading to higher proportion of complaints in these areas.

11.5.3: Gender

	% of total Lambeth population	% of ASC Clients	% of complainants
Female	51.50%	52%	44%
Male	48.50%	48%	56%

Table 6: Gender of complainant

The gender of complainants does not reflect ASC clients, with men more likely to submit complaints than women. This is the same trend as last year's report.

11.6. Compliments

For the first time this year we also collated compliments, receiving reports of 195 compliments during 2024/25.

Compliments focused on attentive and personalised care from support staff. For example:

"You have been exceptional with working with my Aunty. I know she's been independent for most of her life and has always battles with me when it comes to accepting carers. I thought she would never except the support. You have shown her kindness and worked at her pace putting her interest first. I've been able to regarding more of my time back since the POC was in place. You call me with updates and spot when she's unwell. I can't remember the last time I've had to worry about arranging a GP appointment for her. You've supported with this. I cannot thank you all enough"

11.7. Conclusion

Compared to 2023/24, Lambeth has more effective reporting of complaint data, and the number of complaints has declined, even with a larger dataset. For the first time this year we also collated compliments, receiving reports of 195 compliments during 2024/25.

The commissioning team continues to work closely with providers to improve the quality and safety of care and support provision, which have resulted in improved experiences for vulnerable Lambeth residents.

Complaints data is used by commissioners and providers to drive improvement when creating or reviewing service specifications, throughout contract monitoring through reflection and review, and to identify gaps in provider knowledge. Below are case studies illustrating this.

Further analysis will be carried out of complaints data, particularly demographics of complainants, to identify any patterns of intersecting inequalities and or whether there are patterns of client groups, service types, and demographics that can provide a better understanding of peoples' experiences of care and support provision.

Lambeth Adults and Health is in the process of developing an Equality and Inclusion Action Plan that aims to reduce inequalities in health and care provision. Data used in this report will inform that action plan to ensure we develop a more comprehensive understanding of issues creating inequalities and put in place the right measures to resolve them.

11.8 Case Study – Commissioning use of complaints data

Commissioners for Lambeth's Homecare services maintain a robust log of the complaints made regarding providers and their services. This complaints log was 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. The Neighbourhoods model has been rolled out during 2024-25. Data from this year shows that this has been successful, as there has been a 15% drop in volume of complaints from people in receipt of homecare in comparison with the previous year from 155 to 133.

For example, complaints of carers attending late were investigated. It was found that on 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. As a result there have only been 3 reported for this year. And fewer complaints have been reported overall in relationship to homecare.

11.8.1 Case Study – A typical example of provider improvement and learning

A complaint was received from a resident's next of kin (NOK) regarding staff response time to a pendant alarm activation. The NOK reported concerns that the resident did not receive assistance promptly, which may have affected his safety and well-being.

Review of the pendant alarm report confirmed a delay in response. The response time did not meet established expectations, and there was no justification for the delay based on the circumstances at that time.

All staff present during the incident were interviewed as part of the internal review. It was found that the delay resulted from lapses in protocol adherence and situational awareness. Sanctions were issued to the relevant staff members according to organisational disciplinary procedures.

Actions Taken

- Formal warnings were given to the staff on duty.
- Mandatory refresher training on emergency response protocols and pendant alarm usage was scheduled for all care staff.
- The alarm response policy was reviewed to identify potential improvements.
- Monitoring of alarm response times was increased to ensure future compliance.

Outcome

The NOK was informed of the investigation results and the corrective actions implemented. An apology was issued, and assurance was provided regarding measures to prevent recurrence. The organisation reiterated its commitment to resident safety and ongoing improvement. Commissioners continue to monitor this service through contract management processes.

12. APPEALS

The ASC appeals process was introduced in 2024. Appeals are part of the Care Act 2014, section 72, part 1. The purpose of the appeals process is to enable a person who may wish to challenge an assessment outcome or proposed level of support to be provided within their care and support plan, to appeal the decision and for the decision to be reviewed. Appeals sit separately to

complaints, and the aim is for a prompt decision to be taken on the appeal and outcome agreed and communicated to the person who has sent the appeal.

This is a new process, and it was shared with staff in an all-staff online seminar. We note that in 2024- 25 there have been 2 appeals only. We envision that as staff become familiar with the process and purpose of appeals that this number may increase in 2025- 26.

12.1. WHAT THE APPEALS WERE ABOUT AND THE OUTCOME

One appeal was in relation to the outcome of a review, where recommendations were made to make changes to the support plan following identification of the person's current situation and abilities. A Social Worker and an Occupational Therapist visited the person again at home to review the support plan and the outcome of the appeal was that it was not upheld; the updated support plan to remain.

One appeal was in relation to the outcome of an Occupational Therapy assessment; the person had requested a stair lift to mobilise up and down stairs in their property. The recommendation was for the banister rail to be refixed to the wall and that a stair lift was not needed; the appeal was not upheld. Further information and signposting were provided to the resident about how to contact the Home Improvement Agency to enquire if they were eligible for a grant to repair their home.

14. 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 benefits 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 promptly

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?

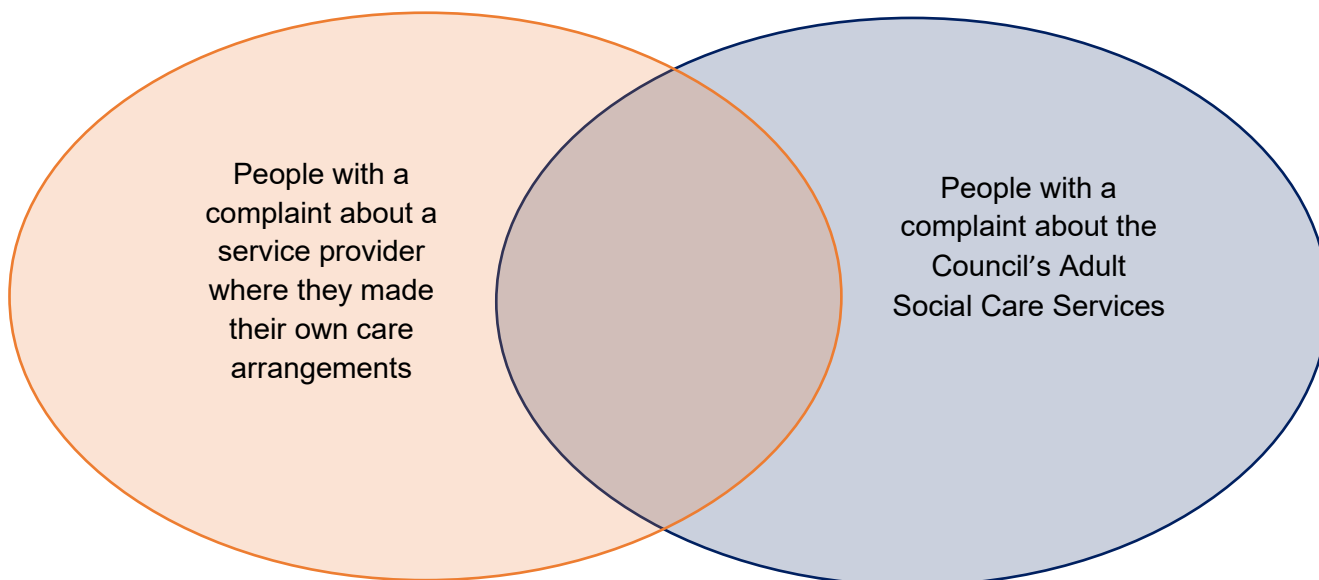
There are things that the Adult Social Care complaints process cannot be used for:

- 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 follow a request for information under the Freedom of Information Act 2000
- Complaints arising out of the alleged failure to follow 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

Fig 27: 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 figuring out the amount of service or in the advice and aid given in setting up and managing such payments.

15. 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.

16. APPENDIX C: COMPLAINT PROCESS FLOWCHART

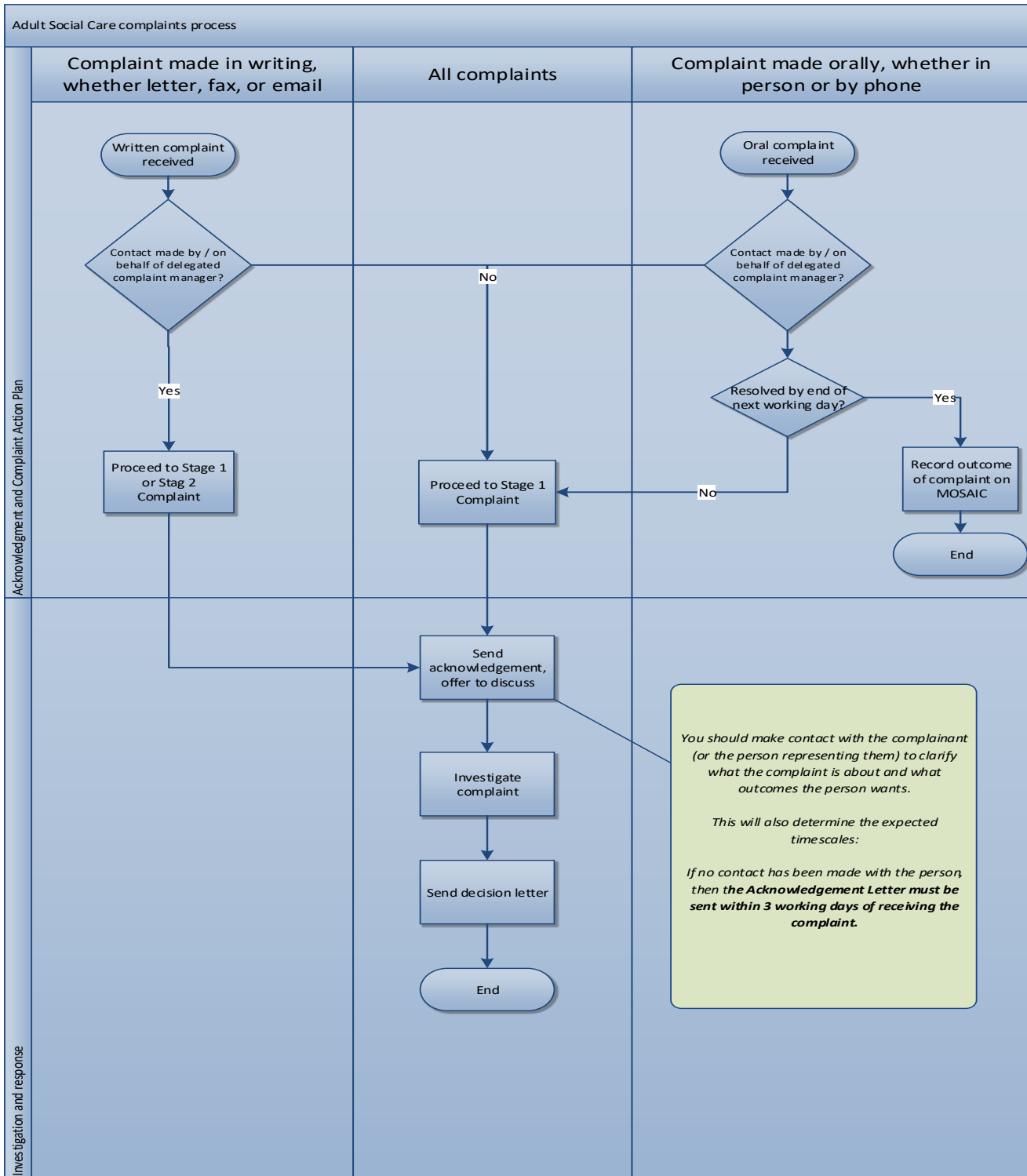
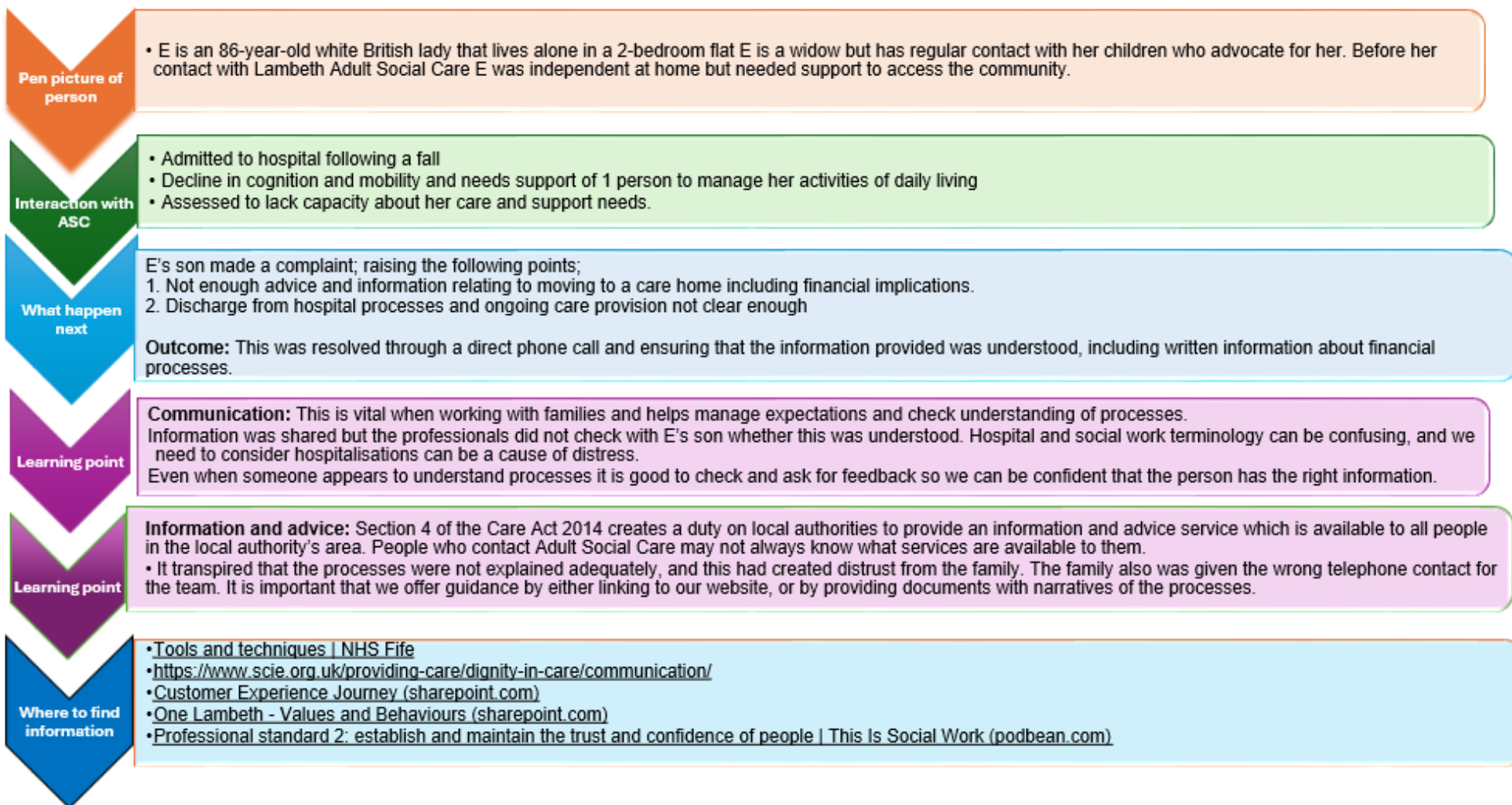


Fig 28: Complaint process flowchart

17. APPENDIX E: 7 MINUTE BRIEFING

Lambeth Adult Social Care
"Supporting Independence & Inclusion"

7 minute briefing: Learning from Complaints



18. APPENDIX F: 7-MINUTE BRIEFING

Lambeth Adult Social Care
 "Supporting Independence & Inclusion"

7 minute briefing: Learning from Compliments

Pen picture
of person

- A is a 62 years old Black British-Caribbean man. He is divorced and lives alone on a 1- bedroom flat in Lambeth. A has physical mental health conditions that impact on his wellbeing.

Interaction
with ASC

- First contact with Lambeth Adult Social Care in 2018 for preventative services (equipment)
- In 2019 A's health changed and he received a short term package of care via Reablement, with a focus on maximising his independence. At the end of the reablement period he was found eligible under the Care Act 2014 and a package of care was put in place.
- This package of care was the reviewed yearly. A had a recent review by a member of the Community Review Team

What
happen next

- Our Adult Social Care feedback form has been live since March 2025 and staff members share these forms at the end of their involvement.
- A sent a feedback form praising the Community Review worker by stating; *"I am writing to commend you for your outstanding delivery of service. Your very professional but also friendly approach helped me to manage my extreme apprehension in having an unknown person in my home. Thank you for patiently allowing me time to reply to your very detailed questionnaire . Your calm reassuring response was instrumental in assisting me. Your compassion and empathy, was greatly appreciated."*

Learning
point

- **Person centred practice** Sections 24 and 25 of the Care Act 2014 establish that: "People should be in control of their support and actively involved in influencing their care and support. The guiding principle in the development of the plan is that this process should be person-centred"
- The feedback highlights the participation of A on his Review and care planning. It shows that the worker had a person centred approach.

Learning
point

- **Trauma informed practice.** Much of our work will involve working with adults who have had traumatic events in their lives, and these may stem from childhood and adult experiences. A starting point is to create a safe space, which allows the person to feel able to explore their trauma. This is part of Lambeth Adult Social Care practice model and linked to Our on Lambeth Values and Behaviours.
- By creating a safe space when communicating with A, the worker was able to engage A in the Review, which had a holistic approach.

Where to
find
information

[Person-centred care made simple | BASW](#)
[One Lambeth - Values and Behaviours \(sharepoint.com\)](#)
[A trauma-informed approach to social work: practice tips - Community Care](#)
[Care Act 2014](#)