

Annual Complaints Report Adult Social Care, Richmond 2021-22

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Table of Contents

1.	Introduction.....	3
2.	Legalisation.....	3
3.	Overview of the Statutory Adults Complaints Procedure.....	3
4.	Statutory complaint numbers	4
5.	Statutory complaints by team.....	7
6.	Statutory complaints by issues, outcomes and learning.....	9
7.	External care Provider complaints.....	14
8.	Response times.....	16
9.	Equalities data and categories of support.....	17
10.	Corporate Complaints.....	18
11.	Ombudsman cases.....	19
12.	Approach to learning from complaints/quality Assurance.....	20
13.	Compliments.....	21
14.	Going forward.....	23

1. Introduction

- 1.1 The production of a complaints report is a statutory requirement for Adult Social Care to provide an overview of the complaints received and handled through the Local Authority's statutory complaints procedure. This report is designed to meet this requirement of Adult Social Care and is a public document.
- 1.2 The Local Authority has a duty to ensure that any individual (or appropriate person acting on their behalf with their consent or Power of Attorney) who wishes to make a complaint about the actions, decisions or apparent failings of a local authority's social care provision have access to the Adults statutory complaints procedure.
- 1.3 Richmond Council's Adult Social Care complaints are managed within the remit of the Resident Engagement Service. The Statutory Complaints Team currently comprises a Complaints Manager, which is a statutory requirement, supported by two complaints officers. The Statutory Complaints Team sit within the same management structure as the Corporate Complaints and Ombudsman Team.

2. Legislation

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

3. Overview of the Statutory Adults Complaints Procedure

- 3.1 The complaints procedure is a single stage process for both Health and Social Care services. The Local Authority has a total of six months (or 65 working days) to resolve a complaint from start to finish. Within this single stage, a complainant may receive a further investigation if not satisfied with the initial response or be offered the opportunity to meet to discuss their complaint.
- 3.2 Internal performance targets aim to provide the complainant with a first response within 25 working days. Any further response must be completed by the six-month statutory timescale. The complaint can be progressed to the Local Government and Social Care Ombudsman (LGSO) following the final response from the Local Authority or at any time.
- 3.3 Complaints are recorded and monitored by the Complaints Team. All complainants should be offered the opportunity to discuss their complaint with a complaints officer and assessed for risk by the complaints team in liaison with the relevant social care

team. Complaints that are deemed very high risk will be referred to the appropriate investigation route such as invoking safeguarding procedures.

- 3.4 A complaint is defined as “an expression of dissatisfaction or disquiet about the actions, decisions or apparent failings of a local authority’s adult social services provision that requires a response”.
- 3.5 Complaints can be made by the service user receiving a direct service from Adult Social Care or by a person on their behalf such as an advocate or family member where the service user has provided their written consent and they are deemed to be acting in the person’s best interests.
- 3.6 Where a service is provided by a contractor on behalf of the Council, a complaint can either be made directly to the provider service or to the complaints team at Richmond Council. Whilst the complaints team will encourage a provider to firstly attempt resolution through its own procedures, if this is not possible, the Quality Assurance and Contract Monitoring Team will investigate.
- 3.7 Service users who fund their own care for services that are regulated by the Care Quality Commission do not fall under this procedure, but people self-funding their care can complain about the adult social care teams if they have been involved in assessing their level of care need and helping to arrange placements.
- 3.8 Complaints will be considered if they are made within 12 months of the incident although the Council can apply their discretion to waive this time limit in some instances.
- 3.9 Complaints are counted in the year in which they were responded to or closed. Therefore 2021-22 complaint figures include complaints that will have been initiated in the previous year but then closed in the reporting year.

4. Statutory complaint numbers

- 4.1 This year Adult Social Care completed 28¹ complaints² (which includes eight external care provider related complaints, four of which were led by the Quality Assurance and Contract Monitoring Team). The 28 complaints completed this year is a 30% decrease on the 40 complaints completed last year.

¹ Three of the complaints completed in the first quarter of this year were carried over from the previous year (2020-21). In total 32 new complaints were received during the year. Three of these will be carried over and completed in the first quarter of next year. The 32 new complaints received is a 9% decrease on the 35 complaints received last year.

² When comparing the 28 completed complaints with two boroughs of similar size, one reported 15 complaints completed whilst the other reported 39.

Chart 1: Completed complaints by year 2018/19 – 2021/22

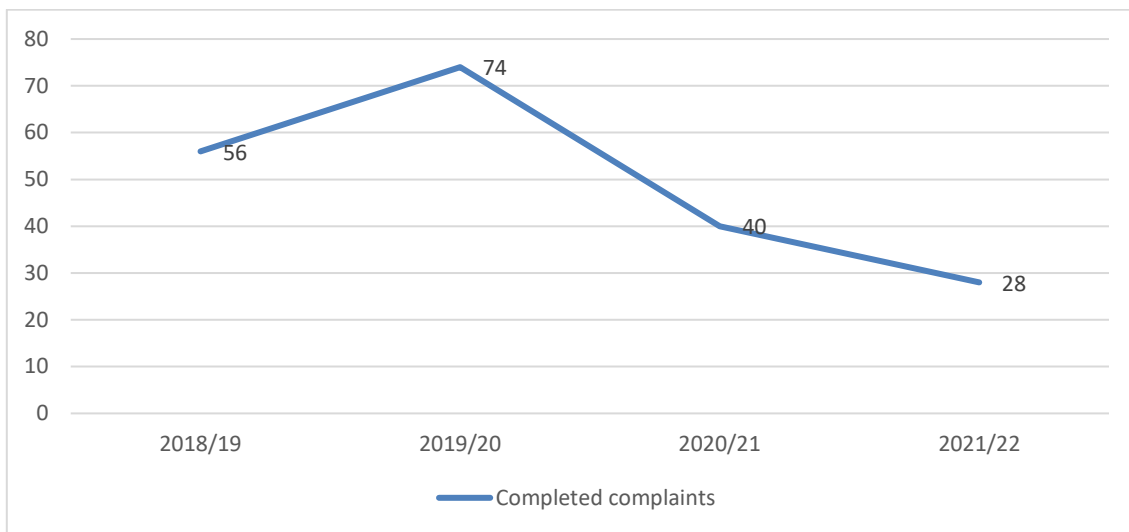


Table 1: Richmond Adult Social Care complaints by year.

Richmond adult social care	2018/19	2019/20	2020/21 received	2020/21 completed	2021/22 received	2021/22 completed
	56	74	35	40	32	28

4.2 Richmond is a small borough with a population of 195,200 and the volume of complaints should be set in context by looking at the overall level of contact and interaction Adult Social Care has with its residents and service users. During 2021/22, 32 complaints were received and 28 closed which is a low proportion given that the department handled approximately 27,500 contacts and supported 1,969 people during the year. Also, while the Financial Assessments Team recorded two formal complaints in 2020/21 it was responsible for processing in excess of 1,484 financial assessments this year³.

4.3 Additionally, the Quality Assurance and Contract Management team received 271 service concerns about adult social care external providers. 264 of these quickly were investigated and resolved by contract officers, which is likely to have reduced the number of formal complaints.

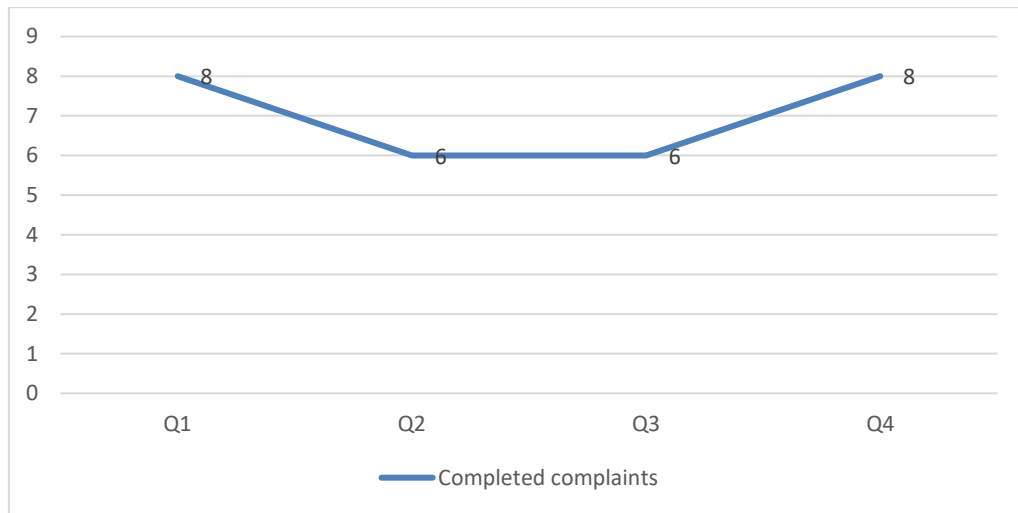
4.4 It is also notable that Richmond Adult Services and Public Health responded to 117 Member enquiries this year in addition to the formal complaints. Member enquiries, either through local MPs or Councillors are a way for residents and members to raise questions with the Council about issues related to local services or the community and in particular for this Department, for the welfare of neighbours, some of which resolve issues that might have otherwise have become formal complaints. It is

³ The numbers of contacts and referrals has increased. Last year the department handled 7,900 contacts, but this year the numbers have increased as contacts now include all emails and telephone calls. Also, last year Adult Social Care supported 2,030 people during the year.

important that these figures are considered alongside the number of complaints as services are expected to investigate and provide responses, within shorter timescales than those prescribed in complaint processes.

- 4.5 **Chart 2** details the complaints received for each quarterly period. Most complaints were received in quarters 1 and 4.

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

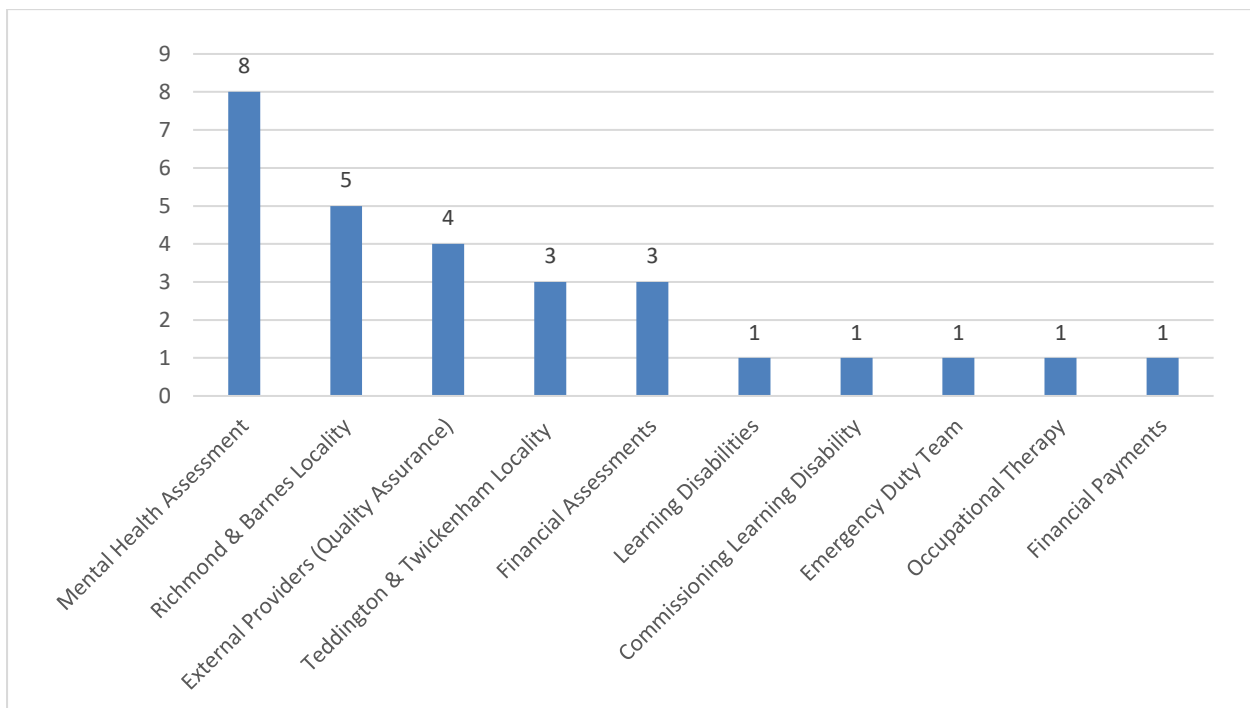


- 4.6 Adult Social Care welcome all types of complaints and feedback as a department that welcomes complaints is a sign of a listening organisation. It is noted that overall formal complaint numbers continue to decline. Whilst the lower numbers are likely impacted by Richmond having a relatively small population, it is an affluent borough and complaints are often more complex, possibly due to greater confidence to fully utilise the complaints process.
- 4.7 The lower numbers could also be accounted for by good customer service at the point of contact. Teams work hard to provide quality social care and good outcomes but recognise that mistakes happen. For example, within Community Services, the Teddington and Twickenham locality team have a system whereby when a service user or their representative phone the duty team, issues are quickly escalated to the Assistant Service Manager and calls returned quickly. Additionally, the Richmond and Barnes locality team have an approach whereby any resident or carer who is dissatisfied is passed to a manager who calls them. The purpose is to listen and to attempt to find a resolution quickly. The team always ensure that people understand how to engage with the complaints process.
- 4.8 **Section 13** of this report provides examples of compliments which evidence the excellent social care practice taking place across Richmond Adult Social Care.
- 4.9 There are wider policy developments which may impact on complaint numbers in forthcoming years. The Government is reforming adult social care charging policies to change the upper cap limit (UCL) on adult social care costs. Currently people with

chargeable assets under £23,250 are eligible for some funded social care support. From October 2023 this limit will increase to £100,000. On top of the already increasing numbers of referrals and assessments, many of which could have been accelerated by a decline in health and wellbeing because of the Covid-19 Pandemic, services will also be challenged to cope with the increase in the number of people eligible for social care support because of these reforms.

5. Statutory complaints by teams

Chart 3: Number of complaints by lead teams 1 April 2021/22 ⁴



5.1 Chart 3 details the number of complaints received by the teams during the reporting year. Overall numbers have reduced. It is notable that this reduction is at a time when the number of people waiting for first assessments has risen due to a rise in support needs following the Covid-19 Pandemic and the significant challenges of recruiting permanent social workers across all areas.

Table 2: Number of Adult Social Care complaints by quarter 2021-22

Team	Q1	Q2	Q3	Q4	Total
Richmond & Barnes Locality	1	1	2	1	5
Mental Health Social Care	1	1	2	4	8

⁴ Chart 3 shows lead teams for completed complaints. However, four of these complaints were investigated in partnership with the financial assessment/payment teams. Overall, this means that the finance teams were involved in eight formal complaints during the year which includes the four they led on.

Adult Social Care Annual Complaints Report - Richmond 2021-22

Team	Q1	Q2	Q3	Q4	Total
Teddington & Twickenham Locality	1	1	0	1	3
Learning Disabilities	0	1	0	0	1
Financial Assessments	2	0	0	1	3
Financial Payments	1	0	0	0	1
External Care Providers (Quality Assurance & Contract Monitoring)	1	1	1	1	4
Commissioning: Learning Disabilities	0	1	0	0	1
Emergency Duty Team	1	0	0	0	1
Occupational Therapy	0	0	1	0	1
					28

- 5.2 The Mental Health Social Care Team received the highest number of complaints this year. Whilst the increase from five to eight complaints completed is still low, corporate complaints for Mental Health Social Care have also risen (Section 10 Corporate Complaints). There has been a large increase in demand for assessments for residents with mental health needs and safeguarding concerns following the Covid-19 Pandemic, which has put pressure on the team. Given the challenges placed on the team, the low number of formal complaints demonstrates how the service focuses on resolving concerns at an early stage.
- 5.3 The Richmond and Barnes Locality, which forms part of the teams within Community Services completed five complaints and numbers are still low, given that locality teams across Community Services support by far the highest volume of residents across all services. Numbers have decreased by 38% (five complaints compared to eight last year). The team do everything possible to ensure high standards of social work practice and customer care which goes a long way to finding a positive outcome. However, there will be small numbers of residents who wish to complain and are facilitated to do so. When formal complaints are raised, every complaint as an opportunity to learn and make any necessary changes to practice.
- 5.4 Complaints for Teddington and Twickenham locality (also part of Community Services) reduced by 50%; three were completed this year compared to six last year. As mentioned previously, the locality team have a proactive system for responding quickly to issues raised via the duty team and this is likely to have reduced the number of formal complaints. This is at a time when the locality teams have higher than normal waiting lists for people requiring social care assessments.
- 5.5 Complaints in which the Finance Team were the lead team have risen slightly from two last year to four this year. Additionally, the Finance Teams contributed to four additional complaints led by other teams if the responsibility for financial error fell to other services. Service areas are committed to working in partnership to resolve multi-faceted complaints that involve two or more teams, as one combined complaint

response makes the process of complaining easier for the service user. Also, the low number of complaints in relation to the number of service users the Financial Assessment team deal with is positive. This is supported by the way the team approach what they do in a difficult environment where they are charging people and recovering debt. The good practice and customer care in this team (and the Payments Team) ensure that most issues are resolved quickly at point of contact which is why the number of formal complaints remain low.

- 5.6 The number is the same for complaints about external care providers, four were responded to this year compared to two last year, although a total of eight complaints raised concerns about external providers. Again, some of these were led by other social care teams when the issues were also about social care operations.
- 5.7 Other teams completed one complaint each. Again, this could be accounted for by good practice. For example, within the Integrated Discharge and Occupational Therapy service, practice has been developed to recognise that managing a complaint is as much about the person as the issue. The service has clear expectations of what is good work and issues are responded to quickly. This is despite Occupational Therapy currently having the biggest demand in history, with referrals doubled, and delays in completing assessments within prescribed timeframes.
- 5.8 Teams across Adult Social Care regularly receive comments and feedback from service users and/or carers and generally these issues tend to be resolved directly by the staff. This year three of the formal complaints received were withdrawn as the issues were responded to quickly and the complainant did not want to continue to receive a formal written response. Withdrawn complaints are still included in the numbers because the issues raised may still result in changes to how a service is delivered for the person named in the complaint or result in wider practice change. Also, withdrawn complaints still take time and resource from the complaints team and services to record, analyse, and resolve.

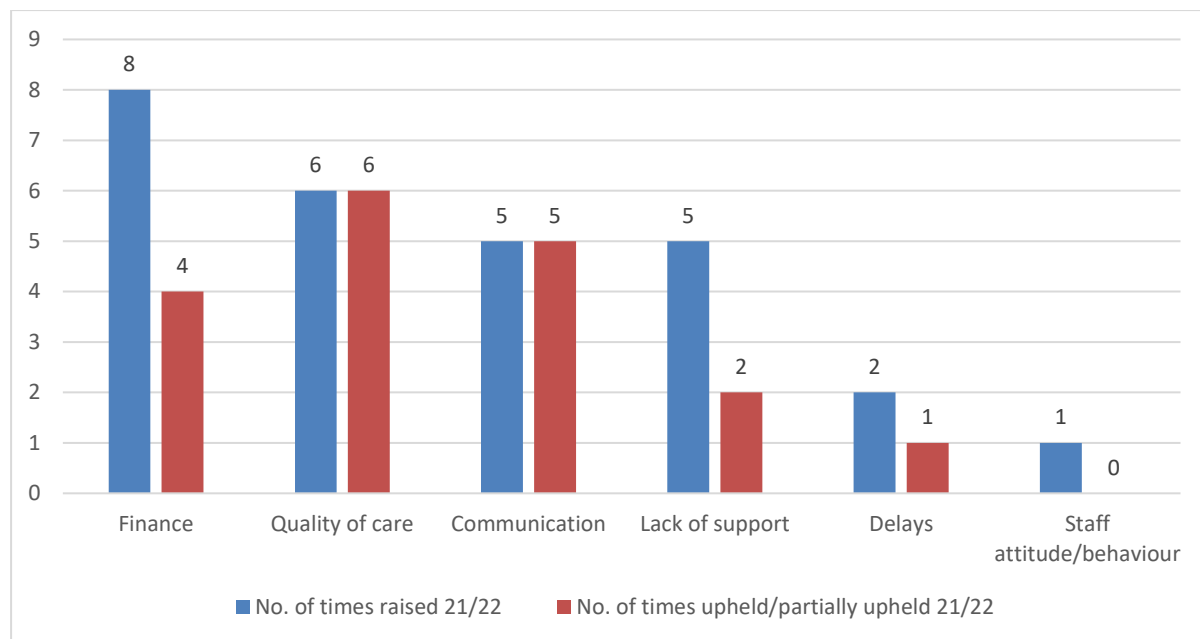
6. Complaints completed by issue, outcome, and learnings

- 6.1 Complaint issues allow us to understand how services are being perceived and what can be learnt from complaints to improve service provision. Complaints are regularly reviewed at senior management level with a primary focus on addressing the learning from complaints which are upheld or partially upheld. Most complaints are multi-faceted and therefore raise multiple issues. For example, whilst communication as a principal issue was recorded **five** times, most complaints raise communication issues in some way, but this may not always be the main cause of

the complaint. Therefore, each complaint has been reported by its principal issue⁵, which is the overarching theme or trigger of the complaint.

- 6.2 Whilst not all complaints have specific learnings as an outcome, all complaints offer apologies when things have gone wrong.

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



- 6.3 **Finance/Charging** was the most raised principal issue, raised eight times (or 29% of complaints). Numbers have remained consistent with 2020/21 when finance was raised 7 times.

- 6.4 This was followed by **quality of care**, raised six times as a principal theme (or 21%). In 2020/21 quality of care was raised four times.

- 6.5 **Communication** was raised five times as a principal issue (or 18%). This is a reduction on 2020/21 when communication was raised eight times.

- 6.6 **Lack of support** was raised five times (or 18%) compared to two times in 2020/21.

- 6.7 **Delays** were raised twice (or 7% each) as the principal reason to complain. In 2020/21 delays were also raised twice. **Staff attitude/behaviour** was raised once compared to twice in 2020/21.

⁵ Current reporting of one principal issue per complaint will be expanded next year as Adult complaints are now fully utilising the new case management system Respond. This case management system will enable us to effectively log and report each single issue raised in a complaint and provide a deeper analysis.

Adult Social Care Annual Complaints Report - Richmond 2021-22

- 6.8** Principal issues are set out **Chart 4** above. Overall, it is difficult to draw any conclusions from the principal issues as they are consistent with last year. Next year we will be using our new case management system to report, and this will allow us to record multiple issues against each complaint and provide a wider analysis of complaint issues.
- 6.9** A summary of the themes and learnings from complaints where **finance/charging** was the principal are below:
- Some complaints challenged the outcomes of financial assessments which calculate a person's contributions towards their care. As the Charging Policy is based on the Government's Care Act 2014, if a complaint only raises concerns about the outcome of the assessment (i.e., how it was calculated), a re-assessment will be offered through an appeals process. However, complaints also raised other issues, for example, communication and delays in providing information or inaccurate information.
 - Two complaints were about Direct Payment issues with regards to how monies could be used flexibly to pay for care services.
 - Some complaints disputed paying care contributions if the service user perceived the quality of care to be poor and some of these complaints also cross over into quality of care. When charging relates to care quality by an external provider, the Finance Team work closely with the Quality Assurance and Contract Monitoring team to investigate the concerns with the provider and ensure that services improve.

Learning: Finance/charging

- Clearer explanations are now provided about charging processes, and service users are provided with booklets about paying for support at home or residential placements.
- The annual review letter has been improved for self-funders to ensure that information is relevant to their circumstances.
- To alleviate difficulties accessing the Charging Helpline, new software was introduced to enable teams to manage emails and phone calls effectively, particularly when staff are remote working.

- 6.10** 57% of complaints (4 complaints) that raised **finance/charging** were either partly or fully upheld.

6.11 Complaints about **quality of care** were mostly about the quality of care by external providers or the quality of care by social care locality teams. Complaints about external providers were either investigated by the social care team, and/or the Quality Assurance and Contract Monitoring Team. A summary of themes is below.

- Concerns about the quality of care received from the social care team.
- Issues with providing long-term care packages following discharge from hospital. This includes concerns about the quality of care and support whilst waiting for long-term care packages to start and interactions with social care teams during this period.
- Complaints about external care providers raised issues about the quality of care and ranged from the timeliness of carers, health and safety, communication and health and safety in a residential home. Complaints and learnings concerning external providers are detailed in **Section 8** of this report

Learnings: Quality of care

- With consent, social care teams now provide regular updates and share person-centred support plans with family members/representatives, to alleviate concerns.
- Service users and family members/representatives will now be provided with details of their new care provider, prior to long-term care packages starting, to improve support and communication whilst they are waiting for care to start.
- In situations where a service user's needs increase, and residential homes are unable to adequately support them, engagement with multi-disciplinary services will take place at an earlier stage, joint work between social workers will be reviewed regularly to ensure a continued focus, and there is greater management oversight of high-risk cases, with all decisions clearly documented.
- The Brokerage Service have also received additional training around sourcing care for people with more complex needs.

6.12 All six complaints that raised **quality of care** were either upheld or partially upheld.

6.13 Most complaints raised issues about **communication** and learning from other principal issues resulted in improving communication. However, for some complaints, communication was the principal theme, or main reason to complain. Complaints which mainly focused on communication raised issues such as:

- Delays in providing information, failure to respond to communications and perceptions of how professionals relay information.
- Services users not always feeling involved or consulted on decisions. This is particularly relevant for teams supporting people with their mental health.

Learning: Communication

- Where communication has fallen below expectations, social care teams have reflected to consider more closely how interactions are experienced by service users or their representatives and will ensure much quicker follow up to communications to avoid delays to service provision.
- When a service user has capacity and is receiving mental health support, it is now a priority to communicate any changes and seek their views first before a change goes ahead. All changes are now communicated in writing with a note on file to ensure that consultation takes place in future.

6.14 All five complaints that raised **communication** as the principal theme were either upheld or partially upheld.

6.15 Complaints that raised **lack of support** were about expectations or perceptions about the level of support that should be received and included issues such as:

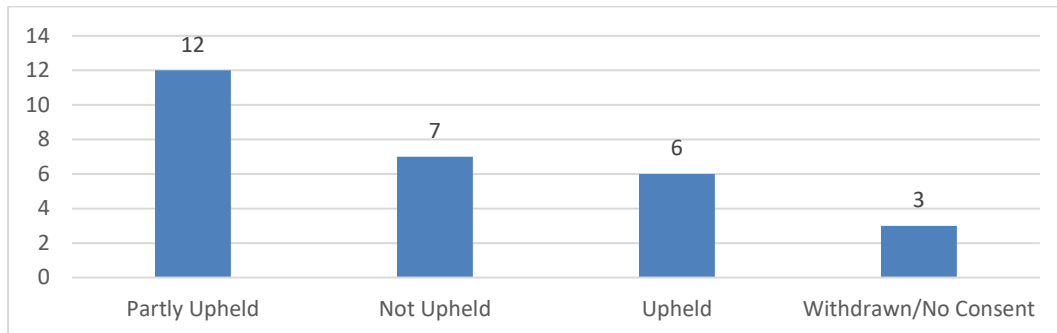
- Unhappiness about not being eligible for services.
- Perceptions from family members that the support their relative is receiving is inadequate. This view is not always shared by their relative, and therefore consent is not provided to proceed with the complaint investigation.
- Not feeling listened to by an allocated social worker and actions not being completed on time, and therefore perceptions of poor communication. As per learning from complaints where communication was a principal issue, complaint responses acknowledged where interactions could have been better and committed to learn and improve through reflection and supervision.

6.16 60% (or two) of complaints that **raised lack of support** were either partly or fully upheld.

6.17 One of the two complaints raising **delays** was upheld and the one complaint about **staff attitude/behaviour** was not upheld.

- 6.18 Most complaints were partially upheld. Often complaints that are partially upheld recognise that there is something to learn from the complaint, even if the substantive issue, was not upheld. This approach reinforces a positive culture of complaints and a commitment to improve services from all types of feedback.

Chart 5: Number of closed complaints by overall outcomes 2021/22



- 6.19 Our approach to learning from complaints and Quality Assurance is described in **Section 11**. A full breakdown of learning from complaints is in **Appendix 1**.

7. External Care Provider complaints

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

Adult Social Care Annual Complaints Report - Richmond 2021-22

- 7.4 For this reporting year, the Quality Assurance and Contract Monitoring team formally investigated and led on four complaints about external provider complaints (which is the same as last year); however, in total eight formal complaints raised concerns about external care providers. The other four were led by either the social care locality teams and one by the finance team and included collaboration with the Contract Monitoring Team. All complaints about the quality of care were either upheld or partly upheld.
- 7.5 These low numbers should be set in the context of the number of service concerns that have been dealt with by the Quality Assurance and Contract Monitoring Teams. This year, 271 service concerns were raised or which 264 were investigated by the Team.
- 7.6 Service concerns are a quick and effective way of dealing with issues as an informal complaint and prevent issues escalating. The Quality Assurance and Contract Monitoring Team aim to provide an outcome on these concerns within seven working days. Service users are always provided with information about the formal complaints process, but the benefits of the service concerns process are that it provides a rapid response to the service user and intelligence to the Quality Assurance and Contract Monitoring team about the performance of external providers.
- 7.7 With regards to the eight formal complaints two were about supported living providers, three were about home care (domiciliary care), one about residential care, one about extra care housing and one about an assistive technology provider.
- 7.8 The complaints about supported living were about perceptions that the social care teams had not taken seriously concerns about a provider and there had been poor communication by the provider with regards to queries about tenancy issues.
- 7.9 The complaint about extra care housing raised concerns about the quality of care, health and safety/safeguarding concerns, poor communication.
- 7.10 There were three complaints about home care. Two raised issues such as the timing of carers which resulted in either late or early arrival, not providing copies of rosters, short care visits meaning that not all tasks were completed, health and safety issues and standards of care. Another was about the conduct of carers, a request to not pay of the care due to the quality, and the behaviour of a social worker who visited to carry out an assessment.
- 7.11 The complaint about residential care was about delays in sourcing appropriate residential care when a home gave notice as they could no longer meet a resident's needs and poor communication within the social care team adding to these delays.
- 7.12 The complaint about an assistive technology provider was about failing to attend appointments due to a fault in the booking system, poor advice and poor communication.

Learning: Quality of care

- The extra care housing provider has updated procedures, for example, ensuring emergency protocols and updates are provided in staff handovers. Also, management now hold specific supervisions with staff regarding communication and good quality reporting.
- A domiciliary care provider has committed to improve the timing of home care visits by ensuring that rosters are always available to service users.
- The assistive technology provider has provided staff with additional training on the booking system and how to provide appropriate advice to service users.

8. Response Times

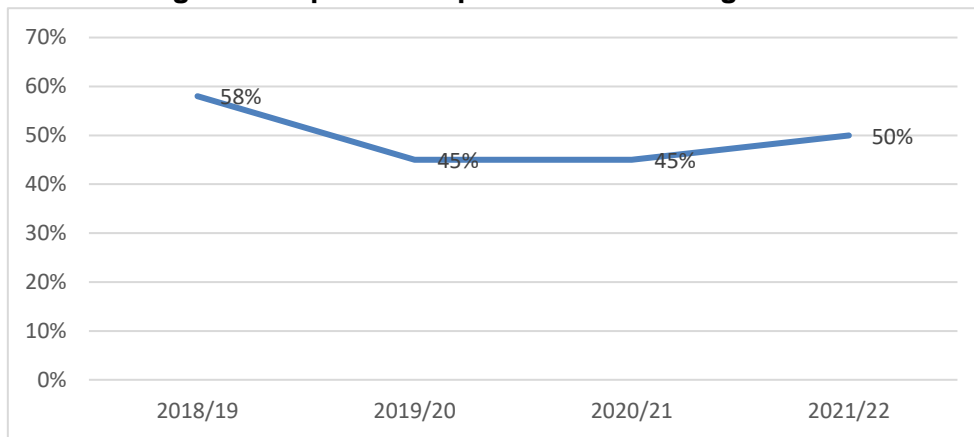
- 8.1 Complaints should be investigated and completed within a statutory timescale of six months. Within this six-months, the statutory complaint regulations allow Councils to respond to complaints flexibly, so that investigations can be tailored to best meet the needs and desired outcome of the person making a complaint.
- 8.2 If the Council cannot resolve the complaint in its entirety within six months, it should consider signposting to the Local Government and Social Care Ombudsman (LGSO). This is to ensure that complaints escalated to the LGSCO are in time⁶.
- 8.3 To ensure that investigations are prompt, social care teams have agreed to work towards a local target of 25 working days to respond in writing to formal complaints. As part of our good practice, investigating managers often telephone the complainant at the start of their investigation which helps to de-escalate concerns and demonstrates that the relationship between the professional and the person raising the complaint is valued. Therefore, complaints are sometimes withdrawn after the formal process has started.
- 8.4 As the complaint regulations allow flexibility, this timescale can be changed with the agreement of the complainant who is always kept fully informed. Whilst we measure against 25 working days to manage our internal performance, no complaints breach the statutory six-month timescale⁷. Also, where complaints have been extended past 25 days, complainants have been consulted throughout and have not raised concerns about delays.

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

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

- 8.5 For this reporting period, Richmond received 32 new complaints but completed 28 complaints. Timescales were measured for the 28 complaints closed during this year within the 25-day local target. This has included withdrawn complaints which have been raised formally but not received as written response, as the adult statutory complaint regulations are not prescriptive as to how a complaint should be resolved, and as previously stated, the issues raised are still an important part of our analysis.
- 8.6 Of those, 14 complaints (50%) were closed within 25 working days and 14 (50%) exceeded this timeframe. This is an improvement on last year's performance when 45% of complaints were responded to within 25 working days. **Chart 7** details response times for the last four years. Given the pressure on services and increase in assessments, it is positive that performance against the number of complaints responded to within 25 working days has seen an improvement.
- 8.7 For the 50% of complaints that exceed 25 days, the average response time was 40 days, which is still well within the statutory timeframe but longer than the average of 33 days reported last year.

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



9. Equalities data and categories of support

- 9.1 This year 14 complaints were from, or on behalf of, service users of working age; between the ages of 18 and 64. A further 14 complaints concerned complaints made from, or on behalf of, service users in the older adult's category (65 and over).
- 9.2 16 complaints concerned females and 12 complaints concerned males.
- 9.3 For the 14 complaints from, or on behalf of, service user of working age (18-64), where known:
- 14% were in receipt of support from mental health services
 - 7% were in receipt of support from learning disability services
 - 28% were in receipt of support for physical support.

Adult Social Care Annual Complaints Report - Richmond 2021-22

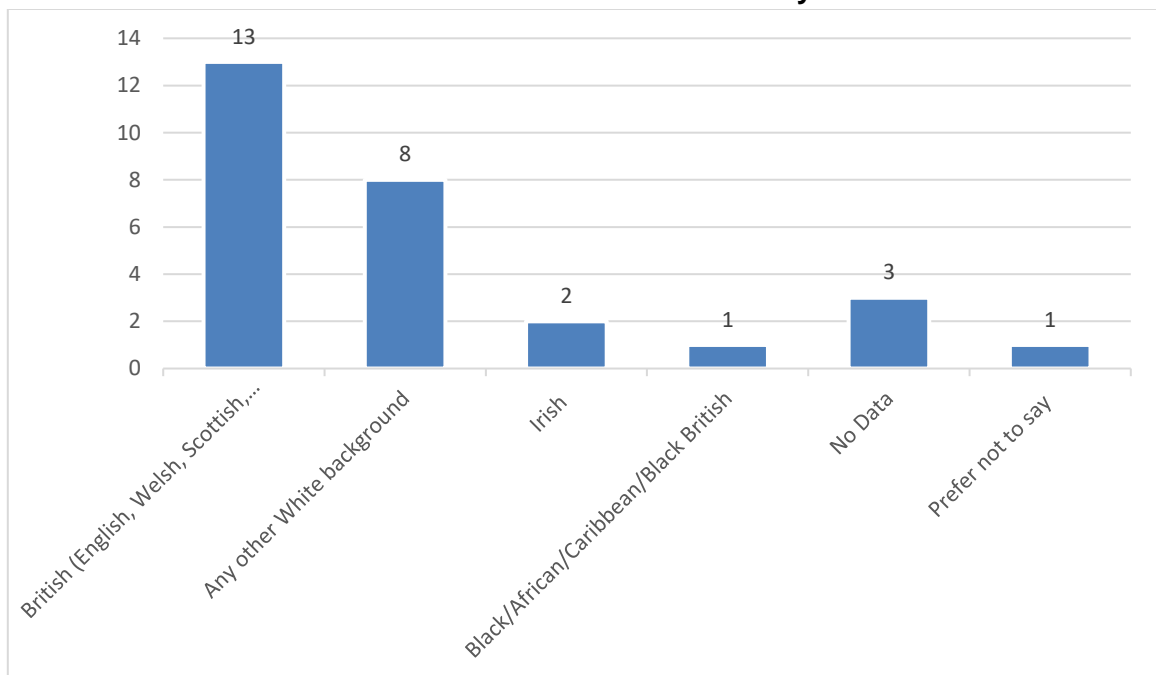
- 14% were in receipt of support for physical impairment, sensory impairments and mental health conditions
- 7% were in receipt of support for mental health and physical support.

9.4 For the 14 complaints from, or on behalf of, service users in the older adult’s category (65 plus):

- 50% were in receipt of physical support
- 21% were in receipt of support for memory and cognition.
- 15% were in receipt of physical support and support for mental health and cognition.
- 5% (or one person) was in receipt of physical support and mental health

9.5 **Chart 7** provides ethnicity data for the service users who made complaints (or had complaints made on their behalf). The majority were from a White background (46% or 13 people). In Richmond, 86% of Adult Social Care services users are from a White background. Black, Asian and Minority Ethnic Groups represent 15% of service users.

Chart 7: Richmond Adult Social Care Ethnicity Data 2021-22



10. Corporate complaints

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

Adult Social Care Annual Complaints Report - Richmond 2021-22

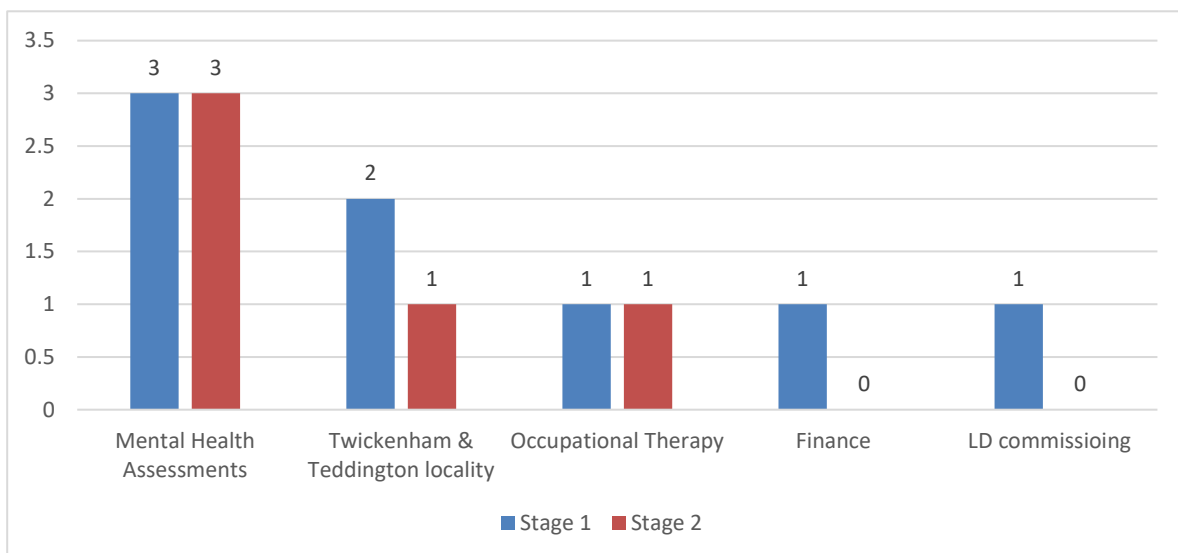
10.2 Adult Social Care do not receive many corporate complaints. Sometimes complaints are put through this process if a complaint is from a resident who does not receive statutory social care services but has had interactions with the social care teams and is unhappy with how they have been dealt with.

10.3 This year, the adult social care teams completed eight stage one corporate complaints compared to one last year. 63% of these escalated to stage 2 of the corporate complaints process (five complaints). Last year there were no stage 2 complaints.

10.4 Stage one corporate complaints should be completed within 20 working days. Three of the eight stage 1 complaints (or 38 %) were completed on time. None of these eight complaints were upheld.

10.5 Stage two corporate complaints, which is review of the stage 1 investigation, should be completed within 15 working days. Four of these complaints were completed on time (80%). Three complaints were not upheld; one was partly upheld.

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



11. Ombudsman Cases

11.1 This report provides a brief overview of Local Government and Social Care Ombudsman (LGSCO) closed by Adult Services. Detailed reporting on Corporate and Ombudsman Complaints is within Richmond Council’s Corporate Complaints Report 2021-22.

11.2 A complainant has the right to refer their complaint to the Local Government and Social Care Ombudsman at any time. Generally, the Ombudsman will seek to ensure that the Local Authority has been provided with the opportunity to first respond to the complaint in accordance with the Council’s own statutory complaints process.

Adult Social Care Annual Complaints Report - Richmond 2021-22

11.3 During 2021/22 a total of six Ombudsman enquiries and/or investigations were completed for Adult Social Care. Three of these were full investigations and fault was only found in one of these cases. With regards to the remaining three, following assessment, the Ombudsman decided not to investigate as the issues were either in a legal process or deemed issues that should be raised through the courts.

11.4 Of the six completed complaints for Adult Social Care the outcomes/status were as follows:

Table 3: Ombudsman cases by team and outcome

Quarter 1	Outcome
Mental Health Assessment	No Fault. Complaint about an adult social care decision that a safeguarding alert did not meet threshold for a full safeguarding enquiry.
Richmond and Barnes locality teams/Financial Assessments	No Fault. Complaint about time taken to complete a carers assessment and incorrect financial assessment.
Quarter 2	
Sensory Impairment Team	Fault in relation to delays with provision of emergency support. Financial remedy of £200 provided in recognition of delays
Quarter 3	
Promoting Independence	The LGSCO would not investigate the complaint about an alleged lack of adult social care provision as court proceedings has commenced.
Community Services	The LGSCO would not investigate the complaint about a decision to conduct a safeguarding enquiry as court proceedings has commenced
Quarter 4	
Occupational Therapy	The LGSCO would not investigate the complaint about an injury that occurred during an OT assessment, as it was deemed a legal matter.

12. Approach to learning from complaints/quality assurance

12.1 Learning from the experience of people using services can identify where services, policies and procedures can be improved, keep senior management informed of issues that are important to people, improve communication and strengthen relationships.

12.2 In summary, this year key learning focused on:

- Ensuring that clear and accurate information is provided about charging/financial contributions, including the provision of booklets about paying for care and support.
- Greater management oversight of complex cases which regularly reviews joint work with partners/providers and clearly documents decisions that have been taken.
- Improving consultation with services users about changes affecting their care, and better involvement with family members/representatives to alleviate concerns about the level of care being provided.
- A number of improvements have been made by external care providers such as undertaking customer satisfaction surveys, providing clear information on rosters to improve the timings of care visits and focused supervision with staff when training is identified.

12.3 Learnings have been detailed in earlier sections (**Sections 9 and 15**), so that it can be understood in context of issues and outcomes in complaints.

12.4 This year we have enhanced our reporting and provide detailed quarterly reports which set out learning and themes to the senior management team.

12.5 In addition to this we have developed strong links with the Professional Standards teams and in partnership, have delivered training on good complaints handling for operational teams. The aim of the training is to improve the quality and timeliness for complaint investigations, discuss the importance of learning from complaints and also strengthen the support between the Complaints Team and operational teams.

12.6 This year the complaints team supported a six-month graduate placement who spent their time researching learning from complaints and providing a series of recommendations to enable the complaints team to strengthen practice and link with professional standards teams to ensure learning from complaints feeds directly into service improvement. This is detailed further in **Section 15 Going Forward**.

13. Compliments

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

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

"They treated her in such a dignified and mature manner that I truly feel that without them, we would have struggled to get the care she so desperately needs".

"Thank you and thank you so much for being so helpful, they both sing your praises".

"A big thank you for your hard work, organisation and deep clean of my daughter's flat. Great and efficient job and thank you so much for helping me out with this special equipment".

"Firstly, let me say here and now, thank you so much for the up-to-date phone which I can utilise and manage to hear and have a conversation. Truly amazing. Can you please also thank your boss. Without your support I truly could not function".

"Can I take a minute to compliment them or their professionalism and wonderful kindness and support on our last visit. She was an absolute angel and a credit to your team".

"Thank you for standing in for them and being a great team player with a can-do attitude. I'm very pleased you are a member of our team and sharing your high standards. Well done and thank you for supporting the team in this way".

"I'm just writing to say thank you so much for the care package that you put in place for my late mother in the last few weeks of her life. Having this care in place took away a great deal of the stress that I was feeling at the time and the staff were professional, kind and caring at all times".

"The family and I would like to express our grateful thanks to Richmond Social Services namely our father's social worker, for arranging our father's safe and speedy transfer from hospital to a local nursing home. From the beginning they were empathetic yet professional and kept us informed every step of the way. We will never forget their kindness and for bringing to an end several months of extreme anxiety. They are a credit to your organisation"

"My family and I would like to convey our sincere gratitude to you both, as well as to your colleagues, for the kindness and wonderful support shown to mum and us".

"We are so grateful to have a social worker like you in our lives".

"Thank you again, getting the right support has been life enhancing for all of us".

"I still cannot believe this is really happening after all the unforeseen circumstances! My husband and I cannot thank you enough for your kind support on this issue".

"Thank you too for all your help in the past. You have always been kind, understanding, and patient while remaining professional and efficient".

"I understand the referral is now closed but I would like to say that not only has it been a pleasure to know you but you will always be welcome to call for a cup of coffee and a chat anytime you happen to be in the area".

"I just wanted to share with you some excellent service that I encountered when working with one of your team members. I found them to be alert and active on a case

where we were up against a tight deadline. Her involvement was vital to us being able to progress the placement application”.

“I just wanted to give praise to the adult social service team and Neil Randall for their support. Not only with the installation of equipment which was useful in facilitating a safer environment for my father but also and perhaps more importantly, the manner and compassion shown at a very stressful time”.

14. Going forward: 2022-23

- 14.1 During, 2021-22 the Complaints Service achieved a fully permanent staffing team. Vulnerabilities were particularly on the statutory part of the service which impacted on operational delivery and the quality of complaints management. Now, for the first time in several years, permanent staffing has been established across the whole service. We are delighted to have received excellent feedback from senior management and Directors about the enhanced quality of support and management of the statutory complaints team.
- 14.2 The Complaints Team were fortunate to have a graduate placement within the team for six months. They undertook a research project on learning from complaints. This included meeting with other local authorities to understand their approach to learning from complaints and the challenges and wider research using the web. They produced a paper with recommendations that we will be taking forward over the next year. This includes quarterly targeted meetings with service managers to better analyse themes and learning from complaints and identify issues at an earlier stage, and work with the Professional Standards Team to ensure learning from complaints feeds directly into the work they are doing to improve processes and procedures. These meetings have been set up for next year.
- 14.3 We have developed a training package which focuses on good complaints handling and improving complaint investigations which was launched this year in partnership with the Professional Standards team. The training will be held quarterly on an ongoing basis. The focus of the training is to continuously develop complaints investigation knowledge and skills, maintain a close relationship between the complaints and operational teams, and in turn nurture a positive culture of complainant with a focus on learning and improving.
- 14.4 The new case management system Respond will be fully operational for Adult Social Care complaints from 1st April 2022-23. The system will provide us with centralised case management which in turn will provide improved reporting that will allow us to analyse a broader range of issues from complaints.