



Annual performance report 2024/25

Adult social care and health:

Performance of the statutory complaint's procedure for Adult Social Care

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1 Purpose of the report

This report provides an overview of the operation and effectiveness of the statutory complaint's procedure for Adult Social Care in Lewisham between 1 April 2024 and 31 March 2025. Information is provided on the complaints that were made, the lessons learnt from those complaints and how the Adult Social Care performed in response.

The production of this report fulfils a statutory requirement and complements performance reports and trend analysis presented to the Division's management team.

2 Policy context

Since 1991, the National Health Service and Community Care Act 1990 has charged each local authority with maintaining a statutory complaints process for adult social care services. The current regulations, The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, came into force on 1 April 2009.

Statutorily, local provision of the regulations is the responsibility of each council's Chief Executive Officer. In Lewisham, that responsibility has been delegated to the Director of Operations for Adult Social Care.

The focus of the regulations is on early resolution rather than process, with an emphasis on learning from complaints. Local responsibility for complaint administration and ensuring that lessons learnt are recorded and fed back to service providers, is delegated to the Quality Assurance and Business Support Manager for Adult Social Care, working in partnership with the Principal Social Worker and Advanced Practitioner colleagues.

3 The Local Government and Social Care Ombudsman

The Local Government and Social Care Ombudsman (LGSCO) provides an external, independent service that oversees complaints about a range of local authority services, including social services. The Ombudsman is concerned with maladministration by local authorities and social care providers leading to injustice.

The LGSCO also has the power to investigate complaints from adults who pay for their own care and who are in receipt of services from Care Quality Commission registered providers of social care.

The Ombudsman normally requires complaints to have been considered locally, using the most appropriate complaints procedure, before accepting a complaint for its own investigation.

The Council is in receipt of the Ombudsman’s annual letter for Lewisham, which offers insight about the organisations approach to complaints in the year ending 31 March 2025. In a change to its approach, the Ombudsman will write to organisations in July where there is exceptional practice or where they have concerns about an organisation’s complaint handling. Any letters sent will be in advance of their publication on the Ombudsman’s website on 16 July 2025, alongside its annual review of local government complaints

The Ombudsman upheld 4 complaints about Adult Social Care that generated 13 service improvements. Satisfactory remedy was achieved in each of those complaints, with 2 being recorded as late due to a delay in remedy payment. Adult Social Care was not publicly reported.

4 Analysis of complaints 2024/25

The Council investigated 92 complaints about adult social care during the reporting period. That represents a significant reduction by comparison to the last two reporting periods which both showed significant increases.

The tables below show the number of complaints received in comparison to previous reporting periods, as well as the number received per quarter.

2024/25	2023/24	2022/23	2021/22	2020/21	2019/20	2018/19	2017/18	2016/17
92	151	114	89	79	87	78	69	76

Q1		Q2		Q3		Q4	
24/25	23/24	24/25	23/24	24/25	23/24	24/25	23/24
25	20	29	46	25	42	13	43

The Service Development and Improvement team has planned work to ensure that the division is getting the best out of complaints and using them to deliver improved services. More information on this can be found on page ten ‘*our priorities and proposed areas for improvement*’.

4.1 Complaints received.

Adult Social Care is divided into nine service areas outlined below. Financial Services support with financial assessments and income and payments is provided by the Council’s Corporate Services Directorate. Complaints about these functions are covered by the statutory regulations and so are included as part of this report.

The nine services areas are:

- **Adults with Learning Disabilities & Transitions.** A dedicated social work team supporting adults who have a learning disability and children who are transitioning to that service. It also supports the Council's Deprivation of Liberty Safeguards (DoLS) service.
- **Community Mental Health service.** In partnership with the South London & Maudsley NHS foundation trust, a dedicated social work service for older and younger adults with mental health needs.
- **Financial Services.** The Division is supported by corporate teams who manage the delivery of Financial Assessments for care and support, and the resulting administration of Income and Payments.
- **Gateway & MASH.** The division's single point of access to social care and community health services. It includes the Social Care Advice & Information team, is linked to the Community Nursing Team, and supports a Duty Social Work team. It also provides operational and strategic support to the adult Multi Agency Safeguarding Hub (MASH).
- **Integrated Neighbourhoods.** Social Work, Occupational Therapy and Support Planning divided across four geographical areas of the borough.
- **Internal Provider Services** help people to stay safe and well at home using Enablement Services and Telecare; and a Shared Lives Scheme and Day Opportunities Service that help adults with learning difficulties to have better life experiences living as part of their local community.
- **Integrated Commissioning.** A joint service between the Council and NHS Southeast London Integrated Care Board that is responsible for market shaping and management of contracts including Maximising Wellbeing at Home, brokerage of short & long term residential & nursing placements, and the management of support funded by NHS Continuing Healthcare.
- **Joint Health & Social Care.** A service funded by the Council and Lewisham & Greenwich NHS Trust focussed on the avoidance of admission to hospital, and the safe and sustainable discharge of patients back into the community.
- **Service Development & Improvement.** This service includes an Arranging Care team, with responsibility for sourcing and administering people's care; a Direct Payment administration team; and a care review team for residents placed out of borough. The service also delivers a Business Support function and is responsible for monitoring and maintain performance, quality, and improvement across the division, which includes complaint administration.

The table below the number of complaints received during the reporting period by service, and the length of time taken (in working days) to provide a response.

Service menu (level 3)	0 - 10 working days	11 - 25 working days	26-60 working days	61+ working days	Total
Arranging care	1	1	3	1	6
AWLD & Transitions	6	4	8	2	20
Financial Services	2		2	1	5
Gateway and MASH	2	3		3	8
Integrated neighbourhoods	12	6	11	2	31
Internal provider services			2		2
Integrated Commissioning	1	2	2	3	8
Joint health & social care	4	4	3	1	12

4.2 Performance

The Council's performance measure is to consider and respond to complaints about adult social care within 25 working days. There is provision in the statutory regulations to extend that time-period up to 60 working days, with the customer's consent, for complaints that are of a more complex nature. The Council responded to 52% of the complaints it received without needing to extend the initial timeframe, which matches the performance from the previous reporting period.

The regulations also allow for work to be done and actions to be taken to resolve a person's concerns 'on the spot' without making them go through a process unnecessarily, particularly where satisfactory local resolution can be achieved quickly and easily. The Council resolved 9 complaints in this way - a 7% increase compared to the previous reporting period.

It took the division longer than 60 working days to respond to 13 complaints (14%). This represents a 10% reduction by comparison to the previous reporting period and demonstrates that the efforts of the Quality Assurance team are paying off. More work is needed though if we are to achieve the corporate key performance indicator for complaint administration, which requires 90% of complaints to be responded to within established timescales.

4.3 Category analysis

The electronic work-flow system the Council uses to help administrate the correspondence it receives supports a 'root cause analyses' of complaints which helps officers to record multiple issues for investigation. Analysis of the complaints received show that:

- 39 complaints were about people's unhappiness with our decision making, including the level of support they were offered following assessment, a cancellation or withdrawal of a service, and disagreements with either policy or procedure. Of those complaints, 7 were upheld and 6 partly upheld (33%). We were able to resolve 4 complaints informally at the first point of contact, without the need for formal investigation; and 16 complaints were not upheld. A further 6 complaints were rejected.
- 20 complaints were concerned with the quality of our work, including our communications with people, and reported breaches of confidentiality. Of those, 4 were upheld and 3 others partly upheld (35%). We resolved 2 complaints informally, and 8 were not upheld. The complaint about confidentiality was not considered using the statutory complaints process, and 2 other complaints were rejected.
- 17 complaints were about a perceived failure on behalf of the Council to deliver a service. Of those, 1 was upheld and 1 partly upheld (11%). We were able to resolve 2 complaints informally, without the need for formal investigation, and 12 complaints were not upheld. A further 5 complaints were rejected.
- 8 complaints were about delays to our work, including delays in our communication. Of those 2 complaints were upheld and 1 partly upheld (38%). We were able to resolve 1 complaint informally; 2 complaints were not upheld and 2 were rejected.
- 8 complaints related to interactions with staff members. Of those, 2 complaints were partly upheld (19%) and 4 complaints were not upheld. A further 2 complaints were rejected.
- 6 complaints were from people who disagreed with the cost of their care or the financial support they had been offered. Of those, 3 complaints were upheld (50%), and 1 was not upheld. We resolved 2 complaints informally.
- 6 complaints were about the quality of services provided by a third party contracted by the council to deliver a service. Of those complaints, 2 were upheld (43%). We were unable to investigate the remaining cases due to safeguarding investigations taking precedence or the absence of permission from the person concerned to administer a complaint on their behalf.

For all upheld and partly upheld complaints, a local resolution was applied. At the time of reporting, we have not been approached by the Ombudsman regarding escalation of those complaints.

5 Learning from complaints

The Service Development and Improvement team supports people to quickly and satisfactorily resolve concerns and complaints. One of the keyways we achieve that is by helping people to focus on those things they would like to see improved because of their complaint and what outcomes they are seeking.

The following key learning points were identified during the reporting period that are linked to the complaint trends identified as part of this report's analysis.

5.1 *Decision making*

As a Council we do work towards maximising people's independence through all channels of our work. That can lead to difficult conversations, and we remain open and committed to listening to people and learning how we can improve our delivery and put things right if they have gone wrong.

We demonstrate listening and improvement through clear governance of improvement plans, and our monthly 'Working Together' co-production group; as well as data informed decision making and continuous learning through both local and national Safeguarding Adult Reviews (SARs), Domestic Abuse Related Death Reviews (DARDs); complaints and audits.

5.2 *Quality and communication*

As well as the 'Working together' group, we also engaged residents in a 100-day challenge to redesign our day centre offer, and co-produced with informal carers our Carers Plan, further demonstrating our commitment to have those with lived experience at the heart of our design, delivery and practice.

With that said, working with people is a key theme of the Care Quality Commission's inspection criteria and we have asked staff to reflect on where they may have had an impact on a person's care and support consider through the following simple questions:

- How do you identify a person's strengths but also their goals?
- Was the person's assessment timely, has there been a review, and are you confident the person's voice was heard and recorded? Did you support them in planning for any life changes?
- What information did you give about staying well physically, mentally and emotionally?
- Did you coordinate support across agencies, and were your decisions transparent and well communicated? How did you tackle any barriers to care or inequalities?

5.3 *Perceived failure*

Having difficult conversations is a challenging part of social work delivery, and it remains a continuous focus for improvement. The Quality Assurance team has proposed a change of the local complaints procedure which will be complemented by a piece of targeted learning available across the division, targeted at the relationship between difficult conversations and complaints/appeals.

Our aim is to empower social work staff to talk about and use both the complaints and appeals processes as positive tools that help people to feel listened to, believed, and understood; and crucially as tools to help the organisation learn from the complaints made and deliver service improvement, and embed that learning throughout the organisation's structure.