

Adults Social Care Complaints Overview

ASC Improvement Board - October 2025

Contents

- Complaint Volumes: Context
- Statutory vs Corporate: Clarifying complaint pathways
- Stage 1 Complaints & On-time Responses
- LGO: Performance Overview
- LGO: Themes From Upheld Decisions
- LGO Public Report: Mitigation and Improvement
- Feedback & Resolutions Improvement Plan
- Closing Reflections: Commitment to Improvement

Complaint Volumes: Context

The table below presents a comparison between complaints raised and general contact during 2024/25.

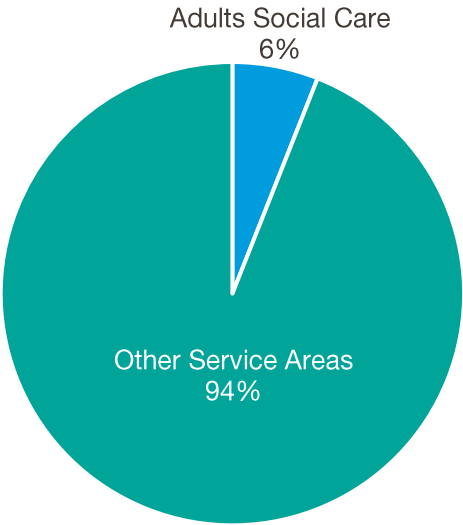
It’s important to highlight that the vast majority initial interactions are resolved outside the formal complaints process, through early engagement and service-led resolutions:

Stage of contact	Vol. of cases	% of cases vs initial contacts
Initial contacts*	14,836	-
Stage 1 complaints	295	2%
Escalations beyond Stage 1	48	0.3%
Upheld Ombudsman decisions	20	0.1%

*Initial contacts recorded on Liquidlogic for Adults Social Care.

Adults Social Care accounts for 6% of all Stage 1 Complaints received into the council. For further context, Housing Repairs accounts for 30%, Environment 16%, Housing Management 11%, Housing Demand 10%, and Childrens Social Care also 6%.

ASC share of Haringey’s total S1 complaints



Statutory vs Corporate: Clarifying complaint pathways

When a complaint is received by the Feedback Team, it must be assessed to determine whether it should follow the **Statutory** or **Corporate** complaints process. This decision is based on the nature of the complaint and the services involved.

Route	Stages	Timeframes	Haringey Practice
Corporate	Stage 1 → Stage 2 → LGO	10 working days (S1), 20 working days (S2)	10-day target
Statutory	Stage 1 → LGO	20 working days (S1) or up to 6 months (complex cases)	Also 10-day target (not using extended timeframes)

Note: Although statutory complaints allow extended timeframes, Haringey currently applies a 10-day response target across both routes. This may be placing **undue pressure on services** and increasing escalation rates, especially for complex statutory cases.

2024/25 Observations:

- 63% of complaints were processed as Statutory, 37% as Corporate.
- Of the 18 Stage 2 Corporate complaints, 8 of these should have followed the Statutory route.
- Of the 42 Ombudsman decisions, 1 had incorrectly gone through Stage 2 first.

2025/26 Improvements:

- A new filtering process was introduced: all Adults complaints are now reviewed by a Manager before route assignment.
- Early data shows a shift: 70% Statutory, 30% Corporate — indicating improved accuracy.

Recommendations:

- Training from Adults colleagues to help further improve initial triage.
- Consider amending our internal timeframes for statutory complaints to align with national guidance and reduce service pressure.

Stage 1 Complaints & On-time Responses

Responding to Stage 1 Complaints On Time

Against our Corporate 10-day SLA, 254 complaints were responded to in 2024/25, with 42% answered on time — a notable improvement from 33% the previous year. When assessing the Statutory share of cases against the LGO’s 20-day SLA, performance increases to 63% and 51%, respectively.

Current year-to-date figures for 2025/26 remain broadly in line with last year’s performance:

% of S1 responses sent on time (higher is better)				
Response timeframes	2023/24	2024/25	YTD	Direction
10-day for both case types	33%	42%	49%	↑
10-day for corporate / 20-day for statutory	51%	63%	63%	↑

Adults Social Care is reviewing its complaints process to improve efficiency, resolutions and response times, by:

- Introducing a **Complaints Lead Officer** role to streamline caseload management, reduce duplication, and maintain oversight.
- Adopting a **de-escalation approach**: focus on resolving issues collaboratively rather than escalating to the Ombudsman, while preserving residents’ rights.
- Considering the **20-day investigation timeframe** to support timely, meaningful resolutions.

LGO: Performance Overview

LGO Decisions 2023/24 vs 2024/25

In 2024/25, the total number of decisions increased by 68% compared to the previous year. However, of the 42 decisions made, 20 cases (48%) were assessed and closed without progressing to a formal investigation:

Period	Assessed & Closed		Accepted & Investigated		Total Decisions	Upheld rate (%)
	Not ready / not for the LGO	Closed after initial enquiries	Not upheld	Upheld		
2023/24	13	4	1	7	25	88%
2024/25	8	12	2	20	42	91%

Remedy and Compliance Outcomes 2024/25

Among the 20 upheld complaints in 2024/25, a satisfactory remedy had already been offered prior to LGO involvement in 1 case (5%). The LGO issued compliance actions in 16 cases, with 100% compliancy achieved:

Upheld complaints	Upheld rate (%)	Satisfactory remedy offered before reaching LGO (%)	Cases with a compliance outcome recorded	Compliance satisfaction rate (%)
20	91%	5%	16	100%

LGO: Breakdown of Upheld Decisions

Outcomes

- 20 upheld from 22 investigated (91%)
- Satisfactory remedy offered before LGO involvement in 1 upheld case (5%)
- Compliance action required in 16 cases with **100%** compliance satisfaction achieved.

Compensation

- Total payments ordered: £18,030
- Ordered in 17 of the 20 upheld cases
- Average payment per upheld case: £902

Common Issues:

- Poor complaint handling (e.g. delays, incomplete responses) in 5 upheld cases.
- Financial assessment/appointee errors or delays in 6 cases.
- Carers assessments delayed or completed incorrectly in 4 cases.
- Residents charged for care that we should have provided in 3 cases.
- Delays in DFG applications/adaptations in 3 cases.
- Unsuitable supported housing / placement issues in 2 cases.

LGO: Themes From Upheld Decisions

Service Delivery Delays

- Extended timelines for care assessments and adaptations
- Delays in providing necessary equipment
- Disabled Facilities Grant (DFG) delays

Poor Communication

- Limited or infrequent updates to service users
- Unclear processes in complaint resolution
- Responses to enquiries lacking sufficient detail or timeliness

Financial Process Issues

- Errors in care-related billing
- Delayed financial assessments
- Poor invoicing and account management

Support Planning Gaps

- Delays in reassessing care needs
- Missing or outdated care plans
- Lack of advocacy or carer assessments

Safeguarding & Risk Oversight

- Safeguarding referrals not handled in a timely or appropriate manner
- Missed mental capacity assessments
- Known risks not adequately addressed or followed up

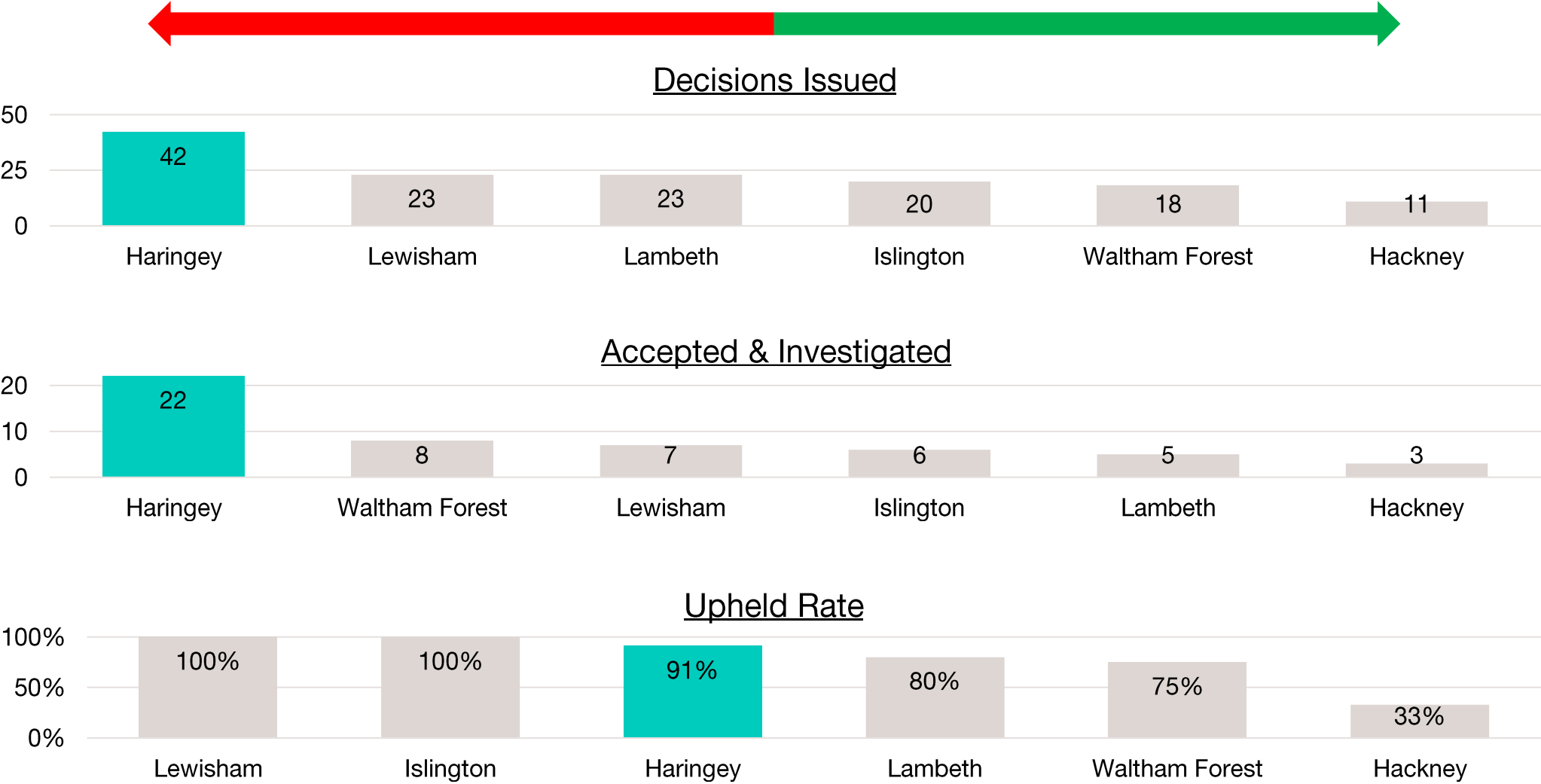
Impact on Dignity & Independence

- Unmet needs affecting daily living
- Emotional distress from unresolved issues
- Barriers to independent living

LGO Performance Benchmarking

These figures alone do not necessarily reflect poor performance. For example, high complaint volumes may indicate an accessible process, not poor service. As the LGO notes:

“...the number of new cases received doesn’t simply reflect the number of problems people have with local services. There are lots of other factors to consider. For example... A high number of received complaints might reflect an organisation that is good at letting people know they can ask us for an independent investigation”



Data taken from the LGO Annual ASC Review of Councils 2024/25. Other London boroughs selected with a similar population size, demographic profile, and levels of deprivation.



LGO Public Report: Mitigation and Improvement

✓ Steps Completed

- **Cleared Correspondence Backlog**
Successfully cleared backlog of emails and police reports following transfer to the new Frontline Response Team (May 2024) and Central Safeguarding Team.
- **Delivered Safeguarding Learning Sessions**
Delivered Safeguarding “Lunch & Learn” sessions for staff in August 2025; “Learning from Ombudsman” session scheduled for Adults Safeguarding Week in November 2025.
- **Enhanced Governance Through Board Engagement**
Strengthened governance and communication through proactive engagement with the new Safeguarding Adults Board Chair.
- **Review of the ASC Operating Model**
The project is progressing well, with community support mapping nearing completion and aligned to the Digital Roadmap. Red Quadrant has been engaged to support the redesign of the ASC Front Door, which will integrate the new IEL team (formerly Connected Communities).

📌 Next Steps

- **Adopt a De-escalation Approach**
Focus on resolving issues collaboratively rather than escalating to the Ombudsman, while preserving residents’ rights. Leveraging the 20-day investigation timeframe to support timely, meaningful resolutions.
- **Safeguarding Review scheduled for Autumn 2025**
Led by the Safeguarding Circle and the new Chair of the Safeguarding Adults Board, aiming to improve triage and strengthen governance.
- **Workforce Development Plan**
To meet growing demand and boost resilience, we’re expanding the workforce and introducing new roles in social work, occupational therapy, and complaints management.
- **Review/Add New Complaints Lead Officer**
Introduce a Complaints Lead Officer role to streamline caseload management, reduce duplication, and maintain oversight.
- **Full Representation at Key Governance Meetings**
Feedback Team to be invited to Jo’s quarterly management meetings and Sara’s ASC/Housing Board sessions every six months.

Feedback & Resolutions Improvement Plan

✓ Steps Completed

- **Expanded Feedback Team**
The feedback team has expanded to improve Stage 2 and Ombudsman complaint handling, and ensure timely, comprehensive responses.
- **Oversight of Ombudsman Casework**
Feedback Management retains oversight of all Ombudsman casework, with a strengthened focus on compliance, adherence to deadlines, and relationship management with the Ombudsman's office.
- **Case Tracking System**
Implemented a centralised case tracking system to improve visibility and coordination across services, ensuring timely updates and consistent communication on complex cases (phase 2 to launch soon).
- **Enhanced Reporting**
Enhanced reporting mechanisms to provide monthly insights to senior leadership on complaint trends, compliance risks and service-learning opportunities.

📌 Next Steps

- **Power BI Dashboard Development**
Creating a real-time dashboard to track Stage 2 and Ombudsman casework for improved monitoring and faster intervention.
- **Senior Management Briefings**
Deliver targeted briefings to senior managers on emerging themes identified through Ombudsman decisions, enabling targeted response and resource allocation, and informing potential process changes or improvements.
- **Establishment of Ombudsman Learning Group**
Form a cross-departmental group to share insights, embed learning and drive continuous improvement in complaint handling.
- **Complaint Handling Training**
Integrate Ombudsman learning into staff training to enhance skills in managing complaints effectively and empathetically.

Closing Reflections: Commitment to Improvement

- We recognise the seriousness of the findings in the LGO Public Report and the impact this has on our residents' trust and experience.
- We are fully committed to improving our complaint handling performance, with clear actions underway — including policy revisions, strengthened oversight, and enhanced collaboration across services.
- We acknowledge the significant increase in casework volumes, particularly at Ombudsman level, which reflects both service pressures and the need for earlier, more effective resolution.
- To prevent recurring issues, we must embed learning from complaints into our culture, systems, and service design — ensuring that every case contributes to better outcomes for residents.
- This is a collective responsibility, and we are taking steps to ensure that governance, accountability, and transparency are at the heart of our approach.

Appendices

- LGO ASC review of councils:
<https://www.lgo.org.uk/information-centre/reports/annual-review-reports/adult-social-care-reviews>
- Information on interpreting LGO complaint data:
<https://www.lgo.org.uk/information-centre/reports/annual-review-reports/interpreting-local-authority-statistics>
- LGO good practice guide for Adults Social Care complaints:
<https://www.lgo.org.uk/information-centre/information-for-organisations-we-investigate/councils/guidance-notes/adult-social-care-complaints-reviews-and-appeals-a-good-practice-guide-for-local-authorities?chapter=4>
- Haringey Annual Feedback & Resolutions Report 2024/25:
<https://www.minutes.haringey.gov.uk/documents/s153512/Feedback%20Resolutions%20Annual%20Report%202024-25%201.pdf>