Adult Social Care and Health

Annual Complaints Report

2024 - 2025

FAIRER WESTMINSTER

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Key snapshots

107 Statutory complaints received

96% Complaints answered within 10 working days

Ethnicity Snapshot

50% White

16% Black

14% Other Ethnic Group

27 Upheld

50 Not Upheld

30 Partially Upheld

41 Compliments received

5 Local Government and Social Care Ombudsman Full Investigations

About this report

This report presents a comprehensive analysis of complaints, compliments, and investigations conducted between April 2024 and March 2025. It evaluates the performance of various Adult Social Care (ASC) services, assessing their adherence to the key principles established in the Local Authority Social Services and National Health Complaints (England) Regulations 2009, as well as the formal complaints procedure.

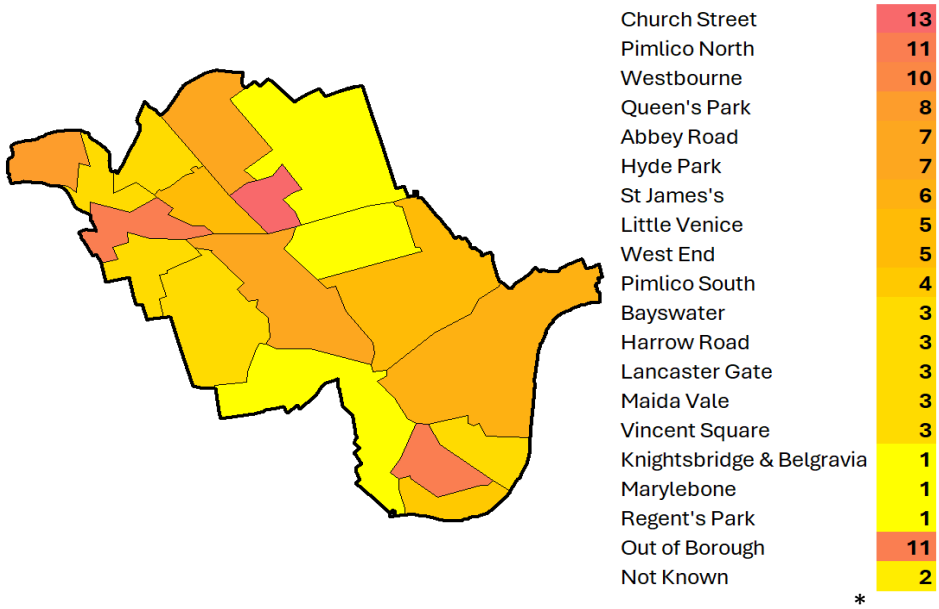
Ethnicity profile

Westminster has a population of approximately 211,500 residents, with 45% identifying as being from a global majority background. Of the 158,800 residents aged 16–64, 45% are also from global majority communities; among the 26,200 older residents aged 65 and over, 30% share this background. These figures reflect the borough's rich diversity but also highlight the importance of ensuring equitable access to services.[1]

Despite its vibrant and diverse population, Westminster continues to experience significant socio-economic disparities. Areas such as Queen's Park and the Mozart Estate, Lisson Green Estate (Church Street), Warwick and Brindley Road Estates (Westbourne), and Churchill Gardens (Pimlico South) are particularly affected by higher levels of deprivation. These inequalities are often reflected in the nature and volume of complaints received, particularly in relation to housing, repairs, and access to essential services. Understanding the demographic and socio-economic context is crucial to shaping responsive and inclusive service delivery.

Of the 107 complaints received by Westminster ASC, 54 (50%) were submitted by individuals identifying as White. This was followed by 17 complaints (16%) from individuals of Black heritage, and 15 complaints (14%) from individuals belonging to other ethnic backgrounds, including those identifying as Arab. Figure 1 also includes a heat map that shows where complaints live.

Figure 1 –Heat Map Illustrating Complaints Across Wards



[1] https://www.jsna.info/sites/jsna.info/files/Westminster%20JSNA%20Borough%20Story%20-%20Spring%202025.pdf

*Out of borough relates to residents placed in residential or nursing homes

About the complaints process

Our streamlined statutory complaints process aligns with the *Local Authority Social Services and National Health Service Complaints (England) Regulations 2009*, as well as the accompanying guidance issued by the Department of Health and Social Care (DHSC). All complaints are formally recorded and acknowledged by the Customer Engagement (CE) Team within three working days. Despite there being no official timeframe for completion of ASC complaints with the Care Act 2014 and its associated regulations the council aims to resolve complaints within 10 working days; however, if additional time is required, this is discussed and agreed with the complainant.

Anyone who has received, is currently receiving, or is seeking a service from the Council is eligible to submit a statutory complaint. This includes individuals affected by the Council's decisions regarding social care, including services delivered by external providers on the Council's behalf, such as family members or representatives of the service user. The Council is committed to conducting a thorough and impartial investigation into all concerns raised, ensuring a detailed written response that outlines clear findings and recommendations. Complainants are also informed of their right to escalate their concerns to the Local Government and Social Care Ombudsman (LGSCO) if they remain dissatisfied with the response.

The statutory complaints guidance requires that the method and timeframe of response be proportionate to the seriousness of the complaint, with all investigations concluded within six months. The Council prioritises timely resolution and, where no specific timescale is prescribed, applies an internal standard of 10 working days, ensuring ongoing consultation with the complainant throughout the process.

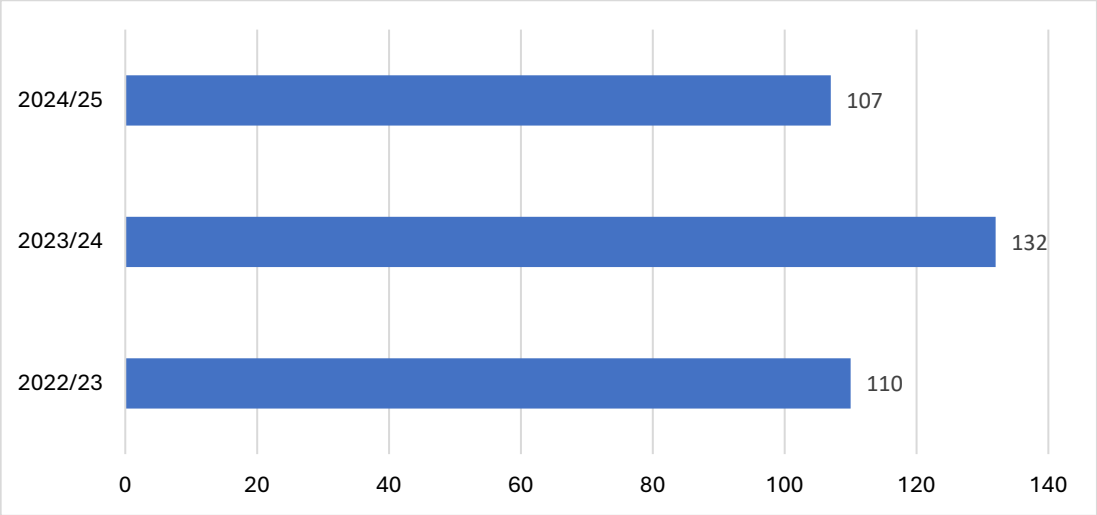
Volume of complaints

In 2024/25, the Customer Engagement (CE) Team recorded and investigated 107 complaints, marking a 19% reduction from the 132 complaints received in 2023/24, as shown in Figure 2.

This decline follows a notable spike in 2023/24, which stands out when compared to complaints in 2022/23. The 2024/25 figure suggests a return to a more stable pattern of complaint volumes, aligning more closely with past trends.

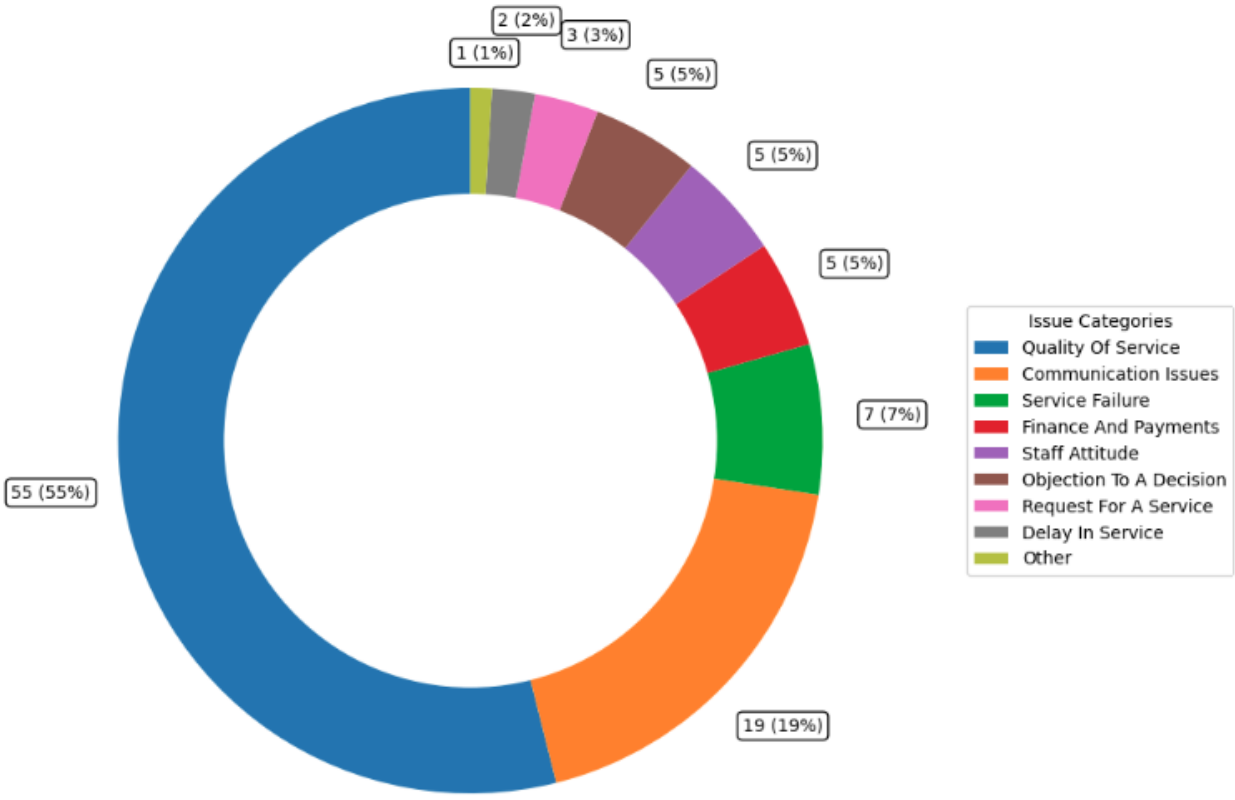
The reduction in complaints is largely attributed to the stabilisation of Mental Health Services following the end of Section 75 arrangements with Central and NorthWest London NHS Foundation Trust (CNWL). These structural changes have contributed to improved service delivery and a decrease in issues being escalated to formal complaints.

Figure 2 - Number of complaints received over the last 3 years



Nature of complaints

Figure 3 – Complaints by nature of issue for 2024/25



The reasons for complaints received in 2024/25 are summarised in the chart above, with accompanying figures and percentages. The most prominent category was “Quality of Service,” which accounted for the highest number of complaints. This broad category captures a variety of concerns, including instances where carers were late and some issues related to the provision or suitability of equipment. A full breakdown of complaints by service area is shown in Table 1.

Complaints activity by team

Table 1 – Number of complaints by area in 2024/25

	Area	Total no of complaints	% of total complaints	No of cases upheld	% of cases upheld against total complaints	LGSCO cases
Arranging Social Care	Assessment & care planning (Complex SW Teams) (Learning Disability Team) (Information and Advice) (Review Team)	47 (13) (6) (20) (8)	44% (12%) (6%) (19%) (7%)	21 (11) (2) (5) (3)	20%	5
	Charging/Finance	9	(8%)	5	5%	
	Hospital Social Work Team	2	(2%)	2	1%	1
	Mental Health Social Work Team	11	(10%)	6	5%	2
	Occupational Therapy	4	(4%)	2	2%	1
Providing Social Care	Homecare	26	(24%)	17	15%	
	Care Home	1	(1%)	1	1%	
	Reablement & Community Independence Service (CIS)	4	(4%)	1	2%	
	Provider Services	2	(2%)	1	1%	
	Day service	1	(1%)	1	1%	1
TOTAL		**107**	**100%**	**57**	**53%**	**10**

As indicated in Table 1, the majority of complaints in **2024/25** in total **44%** of the complaints were related to assessment and care services. This shows a small reduction in comparison to last year's **50%** which reflects that the teams have been learning lessons and remain committed to continuous improvement.
These complaints primarily concerned disagreements with eligibility or assessment decisions, as well as concerns about the quality of services provided.

This year, **24%** complaints were received regarding homecare services, a slight increase from **21%** in **2023/24**. Most of these were associated with service quality issues or service delivery failures. The CE Team works closely with the Quality Assurance and Care Markets teams to oversee the quality of commissioned services. The CE Team ensures that concerns raised

through complaints are identified and communicated effectively to support service improvements. Individual complaints are managed in accordance with contractual obligations and the guidance provided by the LGSCO which aligns with statutory regulations.

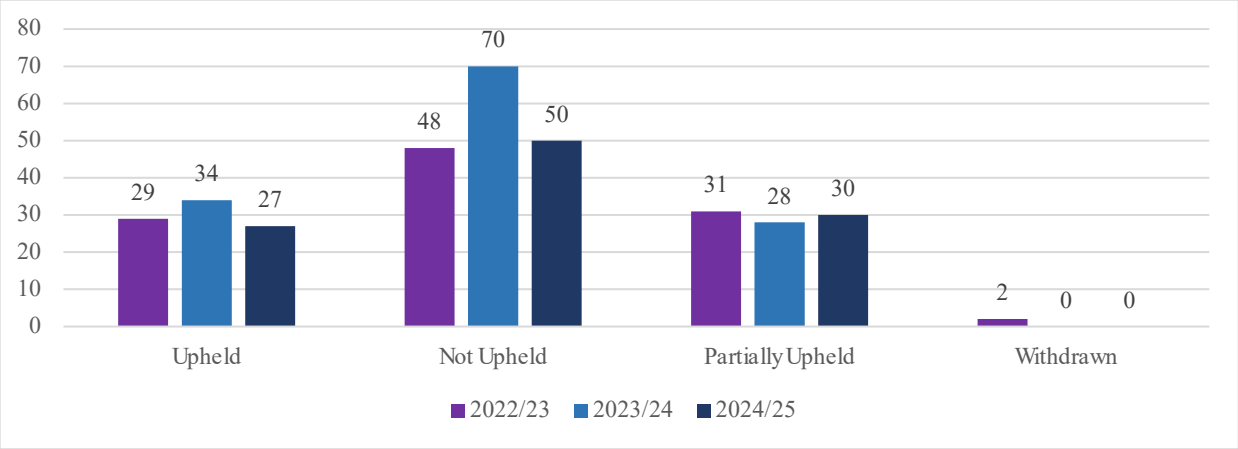
In accordance with the LGSCO's classification framework, the CE Team has compiled all complaints received in 2024/25 into the table above.

Outcomes

In 2024/25, 27 complaints (25.2%) were fully upheld, and 30 complaints (28.0%) were partially upheld. Where complaints were upheld, the Council or its commissioned partners provided appropriate apologies, outlined actions for service improvement, explained any delays, and addressed communication issues where relevant. In addition to written responses, complainants were offered the opportunity for an in-person meeting to discuss the findings of the investigation.

Figure 4 below illustrates the outcomes of all complaints received by Adult Social Care since 2022/23. While the number of upheld complaints has remained relatively consistent, there has been a continued increase in the number of complaints not upheld over the past three years. This year we have seen a 6% increase in complaints that have been fully or partially upheld which has given the teams and partners an opportunity to learn lessons and improve the way they conduct their work.

Figure 4 – Complaint outcomes over the last 3 years



The Department of Health and Social Care's statutory complaints regulations require that responses be proportionate to the seriousness of the complaint and completed within six months. The CE team aims to resolve complaints as promptly as possible. In the absence of a prescribed timescale, the team adopts an internal target of 10 working days, in consultation with the complainant.

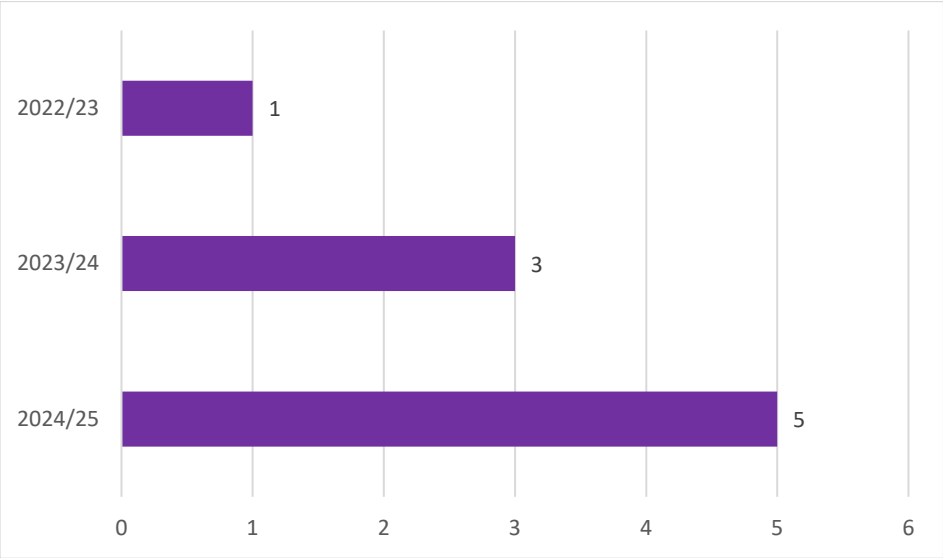
In 2024/25, 96% of complaints were responded to within 10 working days. A further 3% were resolved within 20 working days, and only case exceeded this timeframe due to case complexity and the need to work across a number of teams. This marks a significant improvement compared to 2023/24, when only 77% of complaints were responded to within 10 working days. An additional 17% were resolved within 20 working days, and 6% took longer than 20 working days to complete.

The CE Team remains committed to timely and effective complaint resolution. Where it is not possible to meet the 10-working-day target, complainants are kept informed of progress and advised of revised timescales. Delays may occur due to:

- The complexity of the case
- Joint investigations with health partners or commissioned providers
- The need to provide supplementary or follow-up responses
- Limited availability of key staff involved in the investigation

Local Government and Social Care Ombudsman (LGSCO) Investigations

Figure 5 – LGSCO activity in the last 3 years



In 2024/25, the Council received a total of ten enquiries from the Local Government and Social Care Ombudsman (LGSCO). Of these, three were closed after initial enquiries and did not proceed to full investigation and two remain open as they were received later in the year.
Five cases were fully investigated. Of these:

- Three were not upheld.
- Two were upheld:
    - One was related to care provision and a delayed mental capacity assessment.
    - The other was a learning disabilities case and involved a failure to respond, as the relevant communication was inadvertently directed to a junk email folder.

As illustrated in the figure above, the number of cases investigated by the LGSCO has shown a slight increase compared to the previous year. However, the overall number of investigations remains low in proportion to the total volume of complaints received (107 in 2024/25). This trend reflects the department's continued emphasis on resolving complaints locally and at an early stage. All complainants are clearly informed of their right to escalate their concerns to the Ombudsman should they remain dissatisfied with the outcome of the local resolution process.

Member enquiries

Member Enquiries are defined as formal enquiries submitted by Elected Members of the Council or Members of Parliament (MPs) on behalf of their constituents. In 2024/25, the Customer Experience (CE) Team facilitated a total of 131 Member Enquiries, a slight increase from 128 in 2023/24.

Of these:

- 118 enquiries (90.1%) were submitted by Elected Members concerning constituents' requests for care and support, or regarding existing care arrangements within Adult Social Care and Mental Health services.
- 13 enquiries (9.9%) were received from Members of Parliament these concerns were in relation to requests for care and support needs or existing care arrangements.

This data reflects the continued engagement of elected representatives in advocating for residents accessing adult social care services.

During the 2024/25 reporting period, 99% of Member Enquiries were addressed within the Council's corporate standard of five working days. This represents a notable improvement from the 80% compliance rate recorded in the previous year.

In instances where enquiries are particularly complex, require consent, or necessitate input from multiple Council departments, response times may exceed the standard timeframe. In such cases, Members are proactively informed of the delay and provided with an anticipated date for resolution.

Compliments

Customers and their representatives are encouraged to share their positive experiences with the Council, whether they are satisfied with the care they receive or wish to recognise excellent service. Feedback can be provided by completing a feedback form or by contacting the relevant social care team directly.

A total of 41 compliments were recorded during 2024/25, representing an increase of 12 compared to the 2023/24. The highest number of compliments received were attributed to services within the care and assessment teams.

Below are a few examples of the positive feedback we've received from service users and their families, reflecting their appreciation for the care and support provided.

From the daughter of a service user about their care; "I wanted to reach out to the adult social care team to thank RG for his call this morning. I felt heard and finally feel like someone cares about my father's situation. Their customer service was outstanding, and they offered an empathetic listening ear. I trust that they will put the necessary measures in place, as we discussed, to support my father. Thank you again!"

From the wife of a service user about their carer; "A special Thanks did go to the staff, she said: They didn't just care for my husband but for myself too as they were there and always did go beyond with their care."

From the daughter of a service user complimenting our social care team; "All these lovely Social Workers made me feel secure and optimistic in the fact that mum was being so well cared for by all their team. This together with the Pullen Day Centre, which is a haven of happiness and kindness with a manager who is an angel. This is one of the reasons why I am rooting so much to keep her there, not forgetting also the essential fact they had succeeded in stabilising my mother's dementia but also have contributed to her wellbeing and happiness."

Learning for continuous service improvement

Learning from complaints offers valuable opportunities to enhance services by drawing on the experiences of those who use them. Staff and managers responsible for handling complaints are expected to identify lessons that can lead to meaningful service improvements. For more complex complaints, a Learning Outcome Action Plan is completed to ensure that key insights are captured and acted upon. Regular discussions and constructive challenge between Heads of Service and operational teams support continuous improvement in the quality of social care practice.

Key learning themes from complaints are:

- **Enhancing communication** – ensuring information is clear, timely, and shared early enough to support informed decision-making
- **Improving record keeping** – maintaining accurate and up-to-date documentation
- **Strengthening care delivery** – addressing gaps in service provision and responsiveness
- **Strengthening financial governance –** ensuring timely and accurate processing through adherence to payment protocols

Examples of service improvement resulting from complaints learning were:

- Staff were reminded to adhere to the established finance payment workflow to ensure timely processing of payments and continuity of service delivery.
- Carers were engaged in discussions on the use of technology to support communication, with an emphasis on both verbal and non-verbal methods to help overcome language barriers.
- The quality of care and communication provided by homecare agencies continues to be monitored regularly by the Quality Assurance (QA) team.
- Staff were also reminded to routinely check their junk and spam email folders to prevent missed correspondence and to maintain effective communication with service users.

Below are examples of actions we have taken, and improvements made in response to upheld complaints:

You said: there was lack of response from one of our Learning Disability Team staff members.

We: listened and investigated the issue and found the staff member failing to address email correspondence from the resident as it had gone to the junk folder. We remind all staff to always check their junk mail.

You said: there was poor communication and unfair treatment from the financial assessment team, as your social care allowance was stopped without a proper review of the evidence you provided.

We: investigated and upheld the complaint, backdated the deducted amount, and staff

arding carers not using their phones correctly to
ot reporting to the office.

We: listened and investigated the complaint. Carers were advised to use technology to support

Our priorities for 2025/26

In 2025/26, in addition to providing ongoing support to service teams and partner providers in managing an effective and robust complaints and feedback service, the CE Team will focus on:

- Reshaping and refreshing our complaints framework, leaflets and online access to complaints.

- Partnering with the Quality Assurance Team, Principal Social Worker, and Senior Managers to support the development of an open, learning-oriented, and responsive culture. A newly introduced Learning Pathway process will promote best practice and drive service improvement through robust monitoring and reporting, shared widely via learning forums and drop-in sessions.

- Developing and growing the customer engagement role i.e. working with our service users/residents to improve services and prevent complaints.

- Collaborate with the Principal Social Worker, Principal Occupational Therapist, and the Learning and Development Team to design and deliver effective training focused on complaint resolution and managing challenging interactions.

CET Contact Details

The CE Team can be contacted using the details below if there are any questions or suggestions about this report.

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