



THE ROYAL BOROUGH OF  
KENSINGTON  
AND CHELSEA

**Royal Borough of Kensington and Chelsea**  
**Annual Complaints Report 2024/2025**

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## 1. Introduction

- 1.1. This report presents the Council's complaint handling performance across all departments for 2024/25, along with a summary of the findings from the Local Government and Social Care Ombudsman (LGSCO) and the Housing Ombudsman Service (HOS) decisions.
- 1.2. The Council receives four types of complaints.
  - Corporate complaints - complaints accepted through this route can be escalated to the LGSCO.
  - Adult Social Care complaints - this is a statutory complaint type. Complaints accepted through this process can be escalated to the LGSCO after a single stage internal process.
  - Children's Social Care complaints - this is a statutory complaint type. Complaints accepted through this process can be escalated to the LGSCO following a three-stage process involving an independent complaints team who investigate at stages 2 and 3.
  - Housing Management complaints - this is a statutory complaint type. Complaints accepted through this process can be escalated to the HOS following a two-stage process.
- 1.3. The Council's complaints services are under considerable scrutiny having been featured in the Grenfell Inquiry and response, both of which were published in Quarter 3 of the 2024/25 auditing year. Requests were made for improvements, and the Council has committed to an end-to-end review of its complaints processes as a result. This is scheduled for the 2025/6 financial year.
- 1.4. The LGSCO published its Complaint Handling Code in February 2024. The Code sets out the process for organisations to respond to complaints effectively and fairly. It mirrors the Housing Ombudsman Service's Complaint Handling Code which was updated at the same time. A comprehensive set of guidance manuals was then issued in February 2025 to accompany the code.
- 1.5. The Code is designed to standardise complaints handling across Local Authorities and other organisations. It is expected that organisations will have a two-stage complaint handling process and use a common definition for complaints and service requests.
- 1.6. A service request is defined as:

‘a request that the organisation provides or improves a service, fixes a problem or reconsiders a decision’.
- 1.7. A complaint is defined as:

‘An expression of dissatisfaction, however made, about the standard of service, actions or lack of action by the organisation, its own staff, or those acting on its behalf, affecting an individual or group of individuals’.

- 1.8. The LGSCO says that organisations should have the opportunity to deal with a service request before a complaint is made.
- 1.9. In its guidance, published in February 2025, the LGSCO classifies outcomes as follows:
  - **Upheld:** The organisation has accepted it was at fault in all, or most areas raised by the complainant or it only identified a small number of errors or technical faults, but these had a significant adverse impact on the complainant or the wider public.
  - **Partially upheld:** The organisation found it acted without fault in most areas raised by the complainant. However, it identified a small number of errors or technical faults, and these had very little impact on the complainant or the wider public.
  - **Not upheld:** The organisation found it acted without fault in all areas raised by the complainant.
  - **Resolved:** The organisation was able to agree action it should take with the complainant to resolve the complaint and did not have to investigate further to decide whether it acted with fault. Whilst the concept of a “resolved” complaint is not new, it has not been previously recorded within RBKC.
  - **Withdrawn:** On occasion, there is cause to remove complaints from the process after they have been acknowledged. This may be at the complainant’s request or at investigation it becomes evident that a complaint investigation would not be appropriate. This may be because a different process is suited to the case such as an appeal or there are legal proceedings taking place for example.
- 1.10. As well as detailing the process for responding to complaints, the code includes a set of key performance indicators by which organisations should track performance in complaint handling to allow for benchmarking across similar organisations. Local authorities will be assessed against the code from April 2026.
- 1.11. These are:
  - Indicator One: Number of complaints received – to include the number of complaints received and the percentage of complaints excluded from complaints process.
  - Indicator Two: Timeliness – to include the percentage of accepted complaints responded to within 15 working days at stage 1, and the

percentage of complaints responded to within 25 working days at stage 2.

\*These figures include a period of 5 working days for acknowledging complaints. RBKC has a different timescale of 2 working days to acknowledge complaints so at stage 1 the response period is 12 working days and at stage 2 it is 22 working days. Reporting is against this timescale.

- Indicator Three: Outcomes – to include the percentages of complaints at stage 1 and 2 that were upheld, partially upheld, not upheld and resolved.
- Indicator Four: learning from complaints and remedies – to include the percentage of complaints where a remedy was provided and a summary of service improvements made as a result of learning from complaints by service area.

1.12. The format of this annual complaint report has therefore been updated from previous years to align with these requirements.

1.13. All of these key performance indicators are broken down by directorate and service teams, and by complaint process, giving an in-depth view of performance across the organisation.

## 2. Headline numbers

Indicator	Parameter	2024/25	2023/24
<b>Indicator One: Complaints Received</b>	Number of complaints received	2,843	2,759
	Number of complaints accepted	1,786 63%	1,831 66%
	Number of complaints rejected	1,001 35%	870 32%
<b>Indicator Two: Timeliness</b>	Complaints responded to in time at stage 1	85%	75%
	Complaints responded to in time at stage 2	89%	80%
<b>Indicator Three: outcomes</b>	Complaints upheld at stage 1	45%	51%
	Complaints partially upheld at stage 1	20%	14%
	Complaints not upheld at stage 1	35%	35%
<b>Indicator three: Escalations</b>	% complaints to stage 2	23%	22%

### 3. Executive summary

#### Indicator One: Number of complaints received

- 3.1. This is an important measure because residents should be comfortable in raising concerns, and confident that they will be resolved. A rate of 1% of service users making complaints is considered by some in the sector to be expected (which would be 930 based on the number of households in the borough). RBKC receives more complaints than expected.
- 3.2. In 2024/2025, 2,843 complaints were submitted, demonstrating a steady increase in the number of complaints submitted over the past four years, although the increase in submissions in 24/5 (3%) was not as pronounced as in 23/4 (30%).
- 3.3. Many more complaints are submitted than can be taken forward to investigation under the formal complaint processes. The Corporate Complaints Policy gives details of who may make a complaint and exclusions from the process. [Corporate Complaints and Compensation Policy | Royal Borough of Kensington and Chelsea](#)
- 3.4. Of the 2,843 complaint submissions, 974 complaints were rejected from the process. This means that despite the increase in submissions, 2024/5 saw fewer (1,786) cases progressing to formal complaint investigation; a 2.5% decrease from the 1,831 complaints accepted in 2023/24.
- 3.5. The primary reason for complaint submissions to be rejected from the process across all channels was due to them being service requests and not complaints. Of the 974 complaints rejected, 57% were for this reason
- 3.6. The increase in complaints being rejected may be attributed to a better understanding of the definitions of complaints and service requests by staff. However, it is also indicative that people are unsure of how to reach the service they want, and resort to contacting the Council through the complaints process.

#### Indicator Two: Timeliness

- 3.7. This is an important indicator because the services offered by the Council can have a profound effect on resident's lives. Therefore, it is important that when something has, or is perceived to have gone wrong, it is dealt with as soon as possible.
- 3.8. RBKC aims to acknowledge complaints within two working days rather than the five permitted by the Ombudsman services. Once an acknowledgement letter has been sent, the Council has ten working days to respond to the complaint.
- 3.9. The Council has set a target to respond to 90% of complaints within 10 working days following acknowledgement at stage one and 20 working days

following acknowledgement at stage two, which is in line with the guidance published by LGSCO.

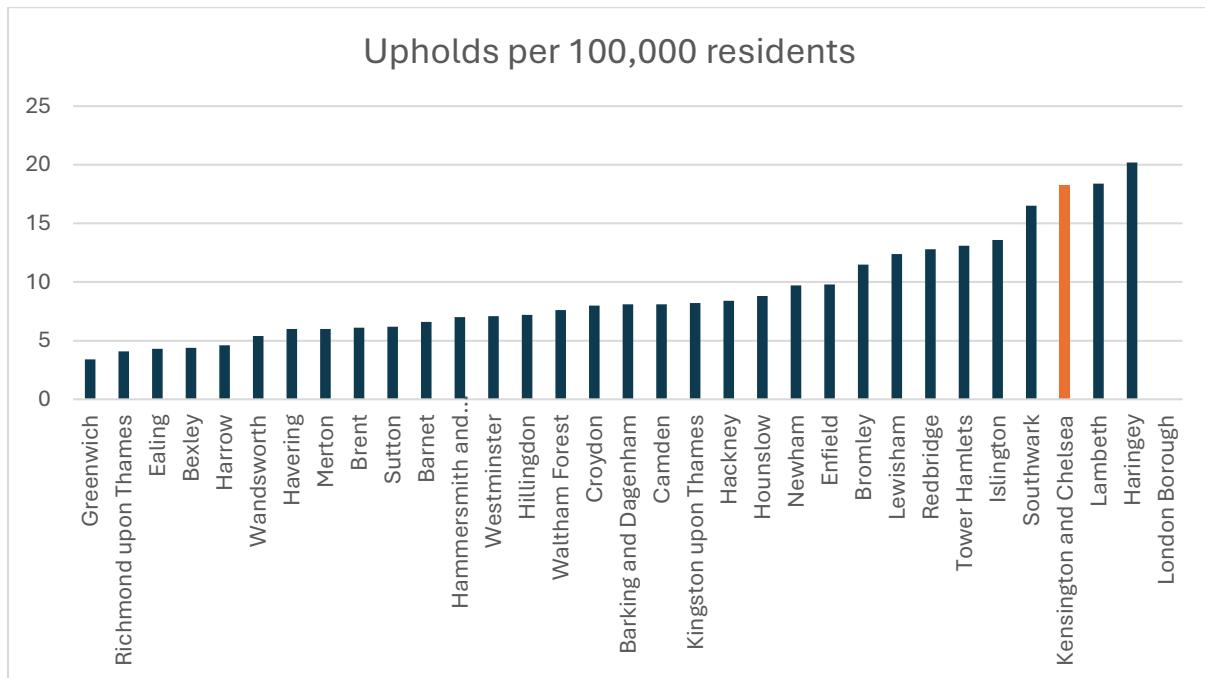
- 3.10. In 2023/24, 75% of stage one complaints were responded to within the timescale of 10 working days, and 80% of complaints were responded to within the timescale of 20 working days at stage two. There has been a sustained improvement in performance in 2024/25 with 85% of complaints being responded to in time at stage one, and 89% at stage two. This is closer to the corporate target of 90% of complaints answered within the published timescale but still falling shy.

### **Indicator Three: Outcomes**

- 3.11. This is an important indicator because the numbers of upheld and partially upheld complaints show where a fault has been found in the delivery of a council service. Understanding where faults are occurring can help the Council to prioritise areas for improvement. It is expected that service improvements should lead to a reduction in complaints and upheld outcomes over time.
- 3.12. In 2024/25, 45% of complaints were upheld and 20% partially upheld at stage 1. In 2023/24, these figures were higher with 51% of complaints were upheld and 14% were partially upheld. Therefore, there has been a decrease in the percentage of complaints where a significant fault has been established, but when combined with partially upheld cases there has been no change in the number of cases where fault has been established.
- 3.13. Complaints escalations are also an important performance measure. Where possible, complaints should be resolved at stage one, however, complainants can escalate their complaint if they are not satisfied with how the organisation has dealt with their complaint at the first stage. All complaint channels except for statutory Adult Social Care complaints allow escalation to an internal stage 2 process. On completion of the Council's complaints process, complainants may escalate their complaints to the Ombudsman services.
- 3.14. In 2024/25, 23% of complaints escalated to stage 2 of the complaints process. This is a high number of escalations indicating that in nearly a quarter of cases, residents are not satisfied with their response at stage 1. The proportion of complaints escalating to stage 2 has slightly increased from 2023/24, when just under 22% of complaints were escalated.
- 3.15. At stage 2, 43% of complaints were upheld and 19% of complaints were partially upheld.
- 3.16. The LGSCO reports that between 1 April 2024 and 31 March 2025, it dealt with 90 cases regarding the Royal Borough of Kensington and Chelsea. Of those, 22 were assessed and found not to be for them. A further 32 cases were assessed and closed because they did not meet the eligibility criteria for investigation. A total of 32 cases progressed to full investigation.

3.17. Of the 32 cases investigated, the LGSCO investigated, 84% (27 cases) were upheld. The Ombudsman also adjusts the number of upheld complaints against a council for its population to allow for benchmarking against other organisations. Adjusted for the Royal Borough of Kensington and Chelsea's population, there were 18.3 upheld decisions per 100,000 residents. The average for authorities of a similar type is 9.1. In London, only the London Boroughs of Haringey and Lambeth have higher upheld decisions per 100,000 residents.

3.18. LGSCO outcomes – Upholds per 100,000 residents by London Borough 2024/25



3.19. Complaints submitted by residents who are tenants of properties owned by the council can escalate their complaints regarding the management of the properties to the Housing Ombudsman Service.

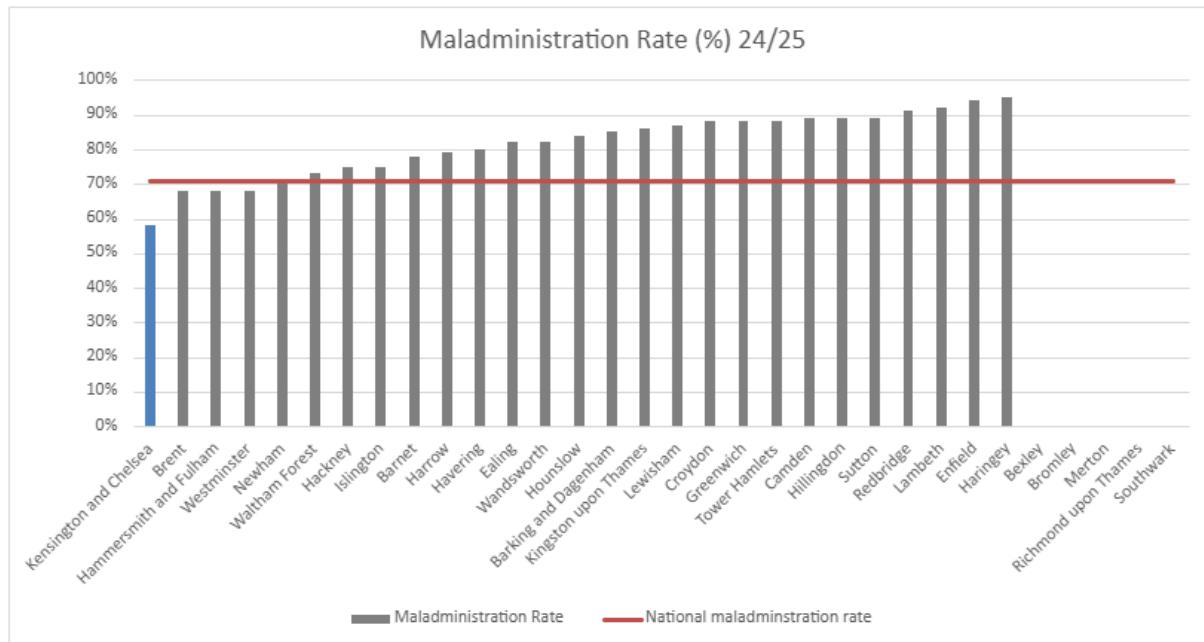
3.20. The Housing Ombudsman Service report that during the period of 1 April 2024 to 31 March 2025, they looked at and gave outcomes for 23 escalated. Four cases were either withdrawn or found to be outside of their jurisdiction, and 19 cases were taken to full investigation.

3.21. Findings of maladministration were found in 22 cases, this figure will include cases carried forward from the previous reporting period in 2023/24. The maladministration rate has been calculated at 57.9% This is an increase from 54% reported in 2023/24. There can be multiple findings per case, one for each category raised in the complaint - 41 findings were issued. A total of 61 orders were made.

3.22. The performance for RBKC compares favourably with other London Boroughs where the average is 77%, and nationally where the average is 71% for landlords of a similar size and type.

3.23. In fact, when compared with the other London Boroughs, RBKC has the lowest maladministration rate.

3.24. HOS outcomes – Maladministration Rate (%) by London Borough 2024/25



\*There are no figures for the London Boroughs of Bexley, Bromley, Merton, or Richmond-Upon-Thames as they do not hold their own housing stock. No HOS report has been made available for Southwark.

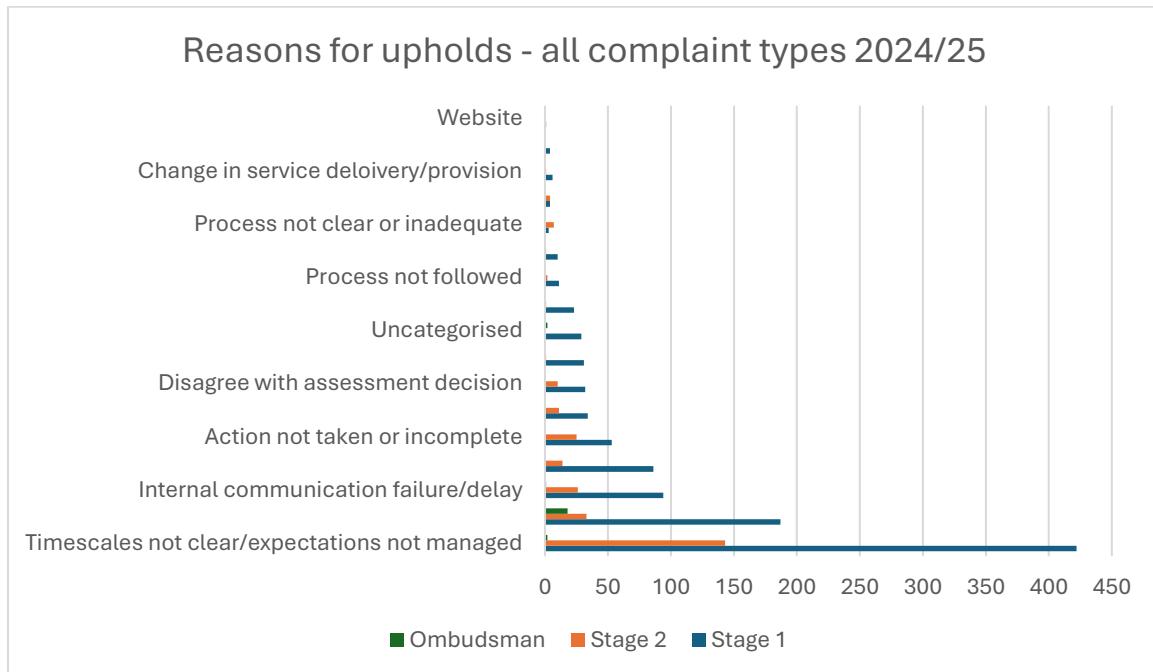
#### **Indicator Four: Learning from complaints & remedies**

3.25. This is an important indicator because complaints and compliments are sources of spontaneous feedback. As they come unprompted from the complainant, they can be a valuable source of learning and improvement. Most commonly, they may lead to improvements in communication, training and development, and enhancements to policies and procedures.

3.26. All RBKC officers are expected to identify and implement service improvements for all complaints cases that are upheld or partially upheld. This section provides an overview of learning resulting from all complaint types across the council. There are further details under the department specific areas of the report.

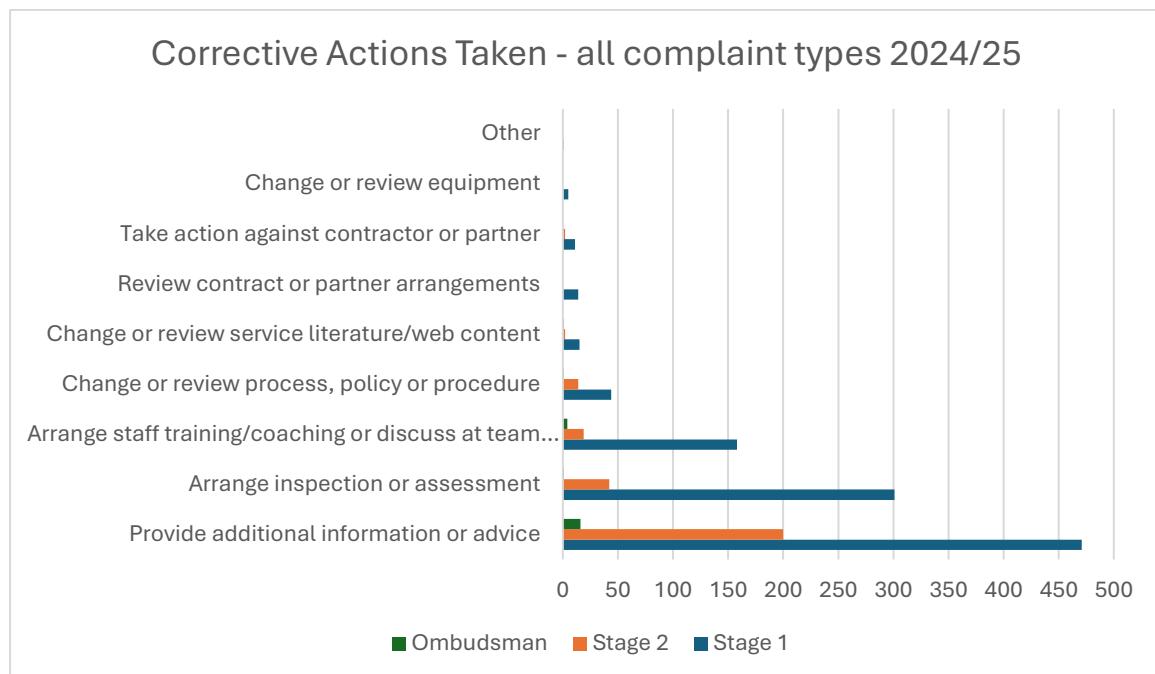
3.27. 41% of cases, the reason for the complaint being upheld was because timescales had not been made clear or expectations not managed. The next most common reason was due to insufficient responses or updates accounting for 18% of cases. It is noted that of cases that were escalated to Ombudsman services this was the most common reason for upholding a complaint.

3.28. A full breakdown of the root causes of complaints is shown in the graph below:



3.29. A total of 1,322 corrective actions were identified and carried out in the year 2024/25 as a result of complaints processes. Given the most common reasons for complaints to be upheld were to do with communication, it tallies that the most common corrective action was providing additional information or service.

3.30. A full breakdown of corrective actions taken is shown in the graph below.



3.31. In addition to the corrective actions identified through the Council's complaints channels, the Ombudsman Services also recommends actions.

3.32. In 3 out of 27 upheld cases, the LGSCO found that the Council had provided a satisfactory remedy before the complaint reached the Ombudsman. That equates to a satisfactory remedy rate of 11%, slightly lower than the average of 12% in similar authorities.

3.33. For each of the remaining 24 cases that were upheld, the LGSCO recommended that the Council apologise to the complainant and makes a symbolic payment (financial redress) for avoidable distress and time and trouble. In six cases, the Council agreed to pay redress for loss of service. The total sum of the redress payments made in respect of upheld LGSCO cases was £43,838.19.

3.34. The LGSCO recorded compliance outcomes in 21 of the 27 upheld cases and a 100% compliance rate with its recommendations.

3.35. The Housing Ombudsman Service also reported 100% compliance with 56 orders being completed within three months. Compensation totalling £25,752 was paid out to residents. The Housing Ombudsman also made 19 recommendations.

3.36. The case management system used for complaints will be reviewed in 2025/26 to ensure that it fully captures root causes of complaints and is

capable of monitoring corrective actions and service improvements through to completion.

## **Access to Complaints**

- 3.37. It is important that everyone engaging with services provided by the Council are able to raise a concern, including those who may be vulnerable or not have English as a first language. To ensure that the Complaints Service is accessible, complainants are invited to complete an equalities survey when submitting a complaint via the web form on the Council's website.
- 3.38. This data is collected separately from complaints and staff cannot see who has completed the survey. The survey is only available to those complainants who submit their complaint via the website and of those, only around 10% complete the survey.
- 3.39. Of those who completed the survey:
  - Regarding their gender, 51.5% identified as female, 35% as Male, 0.3% as transgender and 13% preferred not to say.
  - Regarding age, more than 50% of complainants were in the 31-50 age range, 4 complainants were under 18 and 39 were over 70.
  - Regarding their sexuality, 64% described themselves as heterosexual/straight, 2% as gay/lesbian, 1.5% as bisexual and 32% preferred not to say.
  - Regarding disability, 53% of complainants said they had no disability, 21.8% said they had a disability and 25% preferred not to say.
  - Regarding religion, 34% described themselves as Christian, 14.5% said they had no religious belief 9.7 described themselves as Muslim, 4% as agnostic, 2.4% said they followed a different religion 1.1% as Jewish, 0.4% as Buddhist, 0.2% as Hindu and 33.76% preferred not to say.
  - Regarding ethnicity, respondents could assign themselves to one of 24 categories. All attracted at least one response. The two categories attracting the most responses were British and Prefer not to say, accounting for 24% each. 10 % of respondents described themselves as Other European, 9% as White Other. Caribbean and African were the next highest categories with about 4.5% of respondents assigning themselves to each. Other groups include White and Black Caribbean, black or black British, Irish, Arab, Bangladeshi, Chinese, Indian, Filipino, Somali, Irish or Gypsy Traveller, as well as mixed groups.

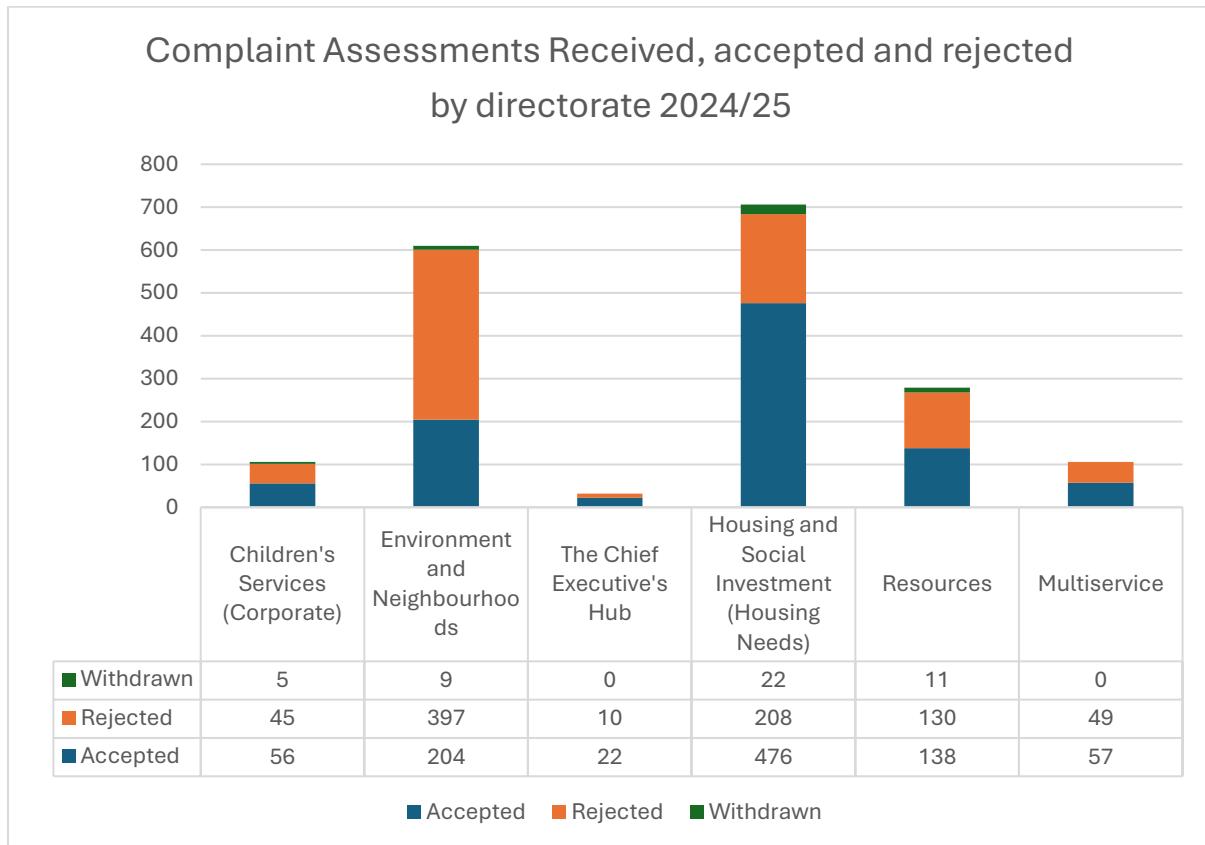
## **Compliments**

- 3.40. Compliments are another form of spontaneous feedback from residents. They are valuable to staff and boost morale, and they can be used to share good practice and opportunities for learning.
- 3.41. The Council received 471 compliments regarding staff and services in 2024/25, an increase from 285 in 2023/24. Most compliments are in praise of provision of service. Housing Management received 119 compliments and leads the Council's services in terms of compliments received. Children's Services received 88 compliments throughout 2024/25 (19% of the total number of compliments), and Housing Needs accounted for 83 compliments, representing (18% of the total in 2024/25). Environment and Neighbourhoods received 69 compliments (15% of the total). Resources received 56 compliments (12% of the total) and Adult Social Care received 46 compliments (10% of the total).

## **4. Corporate complaints (non-statutory) performance analysis 2024/25**

- 4.1. The Corporate Complaints function covers a very wide range of areas touching all of the Council's directorates except Adult Social Care. All service complaints that do not fit into the statutory complaint types (Adult Social Care, Children's Social Care and Housing Management), fall under the umbrella of Corporate Complaints and include complaints about parking, housing, waste to name but a few. Sometimes complaints are received that are about more than one service. These complaints are categorised as 'Multiservice' and they are handled by the Corporate Complaints Team who work with the services involved to coordinate a response.

4.2. The graph below shows the distribution of complaints across the Council's directorates.



4.3. This section will cover the Corporate Complaints function in each directorate. Complaints considered under statutory routes are reported on separately.

### Chief Executive's Hub

4.4. The Chief Executive directorate includes the Chief Executive's Office, Communications, Public Affairs, the Leader's Office and Grenfell Partnerships, Communities and Transformation Department.

4.5. Complaints received usually fall to the Communities, Dedicated Services and Grenfell Partnerships Departments who have direct contact with customers.

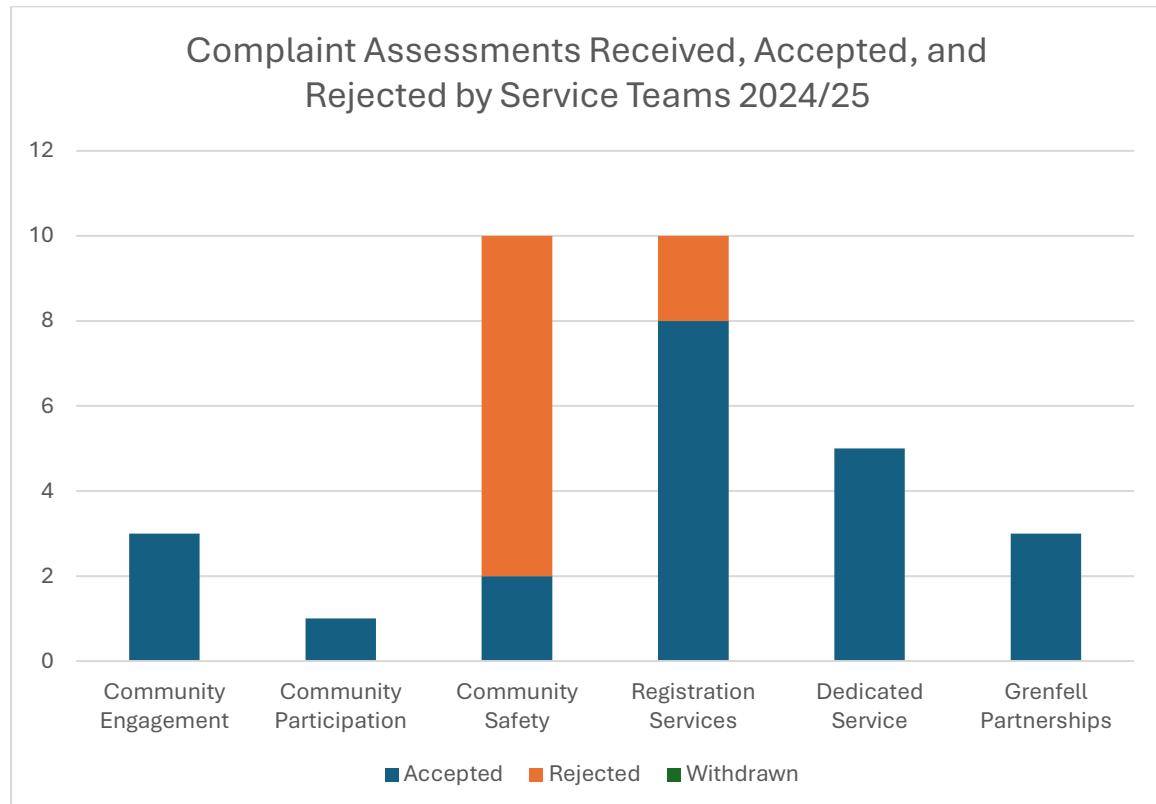
4.6. The Dedicated Services Team provide support for those who survived and were left bereaved by the Grenfell tragedy. In June 2024, there was a change in policy affecting the provision of support offered by the Council. Before being implemented, there was a rigorous consultation process.

#### *Indicator 1: Number of Complaints Received*

4.7. There have been few complaints received to the Chief Executive's Hub. During 2024/25 the total number of complaints accepted at stage 1 was 22.

This is an increase on the previous auditing year when 13 complaints were accepted.

4.8. A graph showing the distribution of complaint submissions across the Chief Executive's Hub is shown below:



4.9. As can be seen in the graph, only Registration Services have received more than five complaints. For all other areas, the complaints are less than five per team. Therefore, it is not possible to extrapolate trends from such a small data set.

4.10. The Registration Service has seen a rise in cases accepted from 3 in 2023/24 to 8 in 2024/25. The Community Engagement and Grenfell Partnership Teams have also seen increases however; overall number are very low at less than five complaints per team.

4.11. It can be observed that there has been an increase in the number of complaints received for the Dedicated Service from 3 complaints in 2023/24 to 5 in 2024/25.

4.12. In June 2024 the new Dedicated Service model was launched. The new model provided a different level of support to individuals and had a different eligibility criteria. This meant that some individuals were no longer eligible for support or had a different level of support than they did previously under the Dedicated Service or saw a change in who their worker was. This change resulted in an increase in the number of complaints received

regarding the Dedicated Service, particularly under the theme of eligibility and policy.

- 4.13. Of five the complaints received by the Dedicated Service received in 2024/25, three were in relation to being eligible for the Dedicated Service, one was in relation to the level of support provided to the complainant and, one was in relation to not been able to keep the same worker.

*Indicator 2: Timeliness*

- 4.14. At stage 1, 94% of complaints were responded to within the corporate timescale of 10 working days. At stage 2, 100% of complaints were responded to within the corporate timescale of 20 working days. This is well within the corporate target for complaints to be responded to within 10 working days at stage 1 and 20 working days at stage 2.

*Indicator 3: Outcomes*

- 4.15. Across the Chief's Executive's Hub, 27% of complaints were upheld at stage 1, 41% were partially upheld and 32% were not upheld. None of the cases regarding the Dedicated Service were fully upheld either at stage 1 or 2, however, two cases were partially upheld.

*Indicator 4: Learning from complaints & remedies*

- 4.16. In respect of the complaints about the Dedicated Service, four cases were regarding the new policy. The service was able to review and reflect on the policy to ensure that it reflected the decisions set out in the consultation process and the final model. Where possible, the service allowed further flexibility, e.g. allowing individuals to keep the same worker, if their worker had moved into the Community Team. The Service also provided opportunity for individuals that were dissatisfied to have one to one conversation with the Senior Management Team. This was so that Senior Management could directly hear their concerns and ensure that the policy had been applied correctly and also provide further detail on how and why the model has changed.

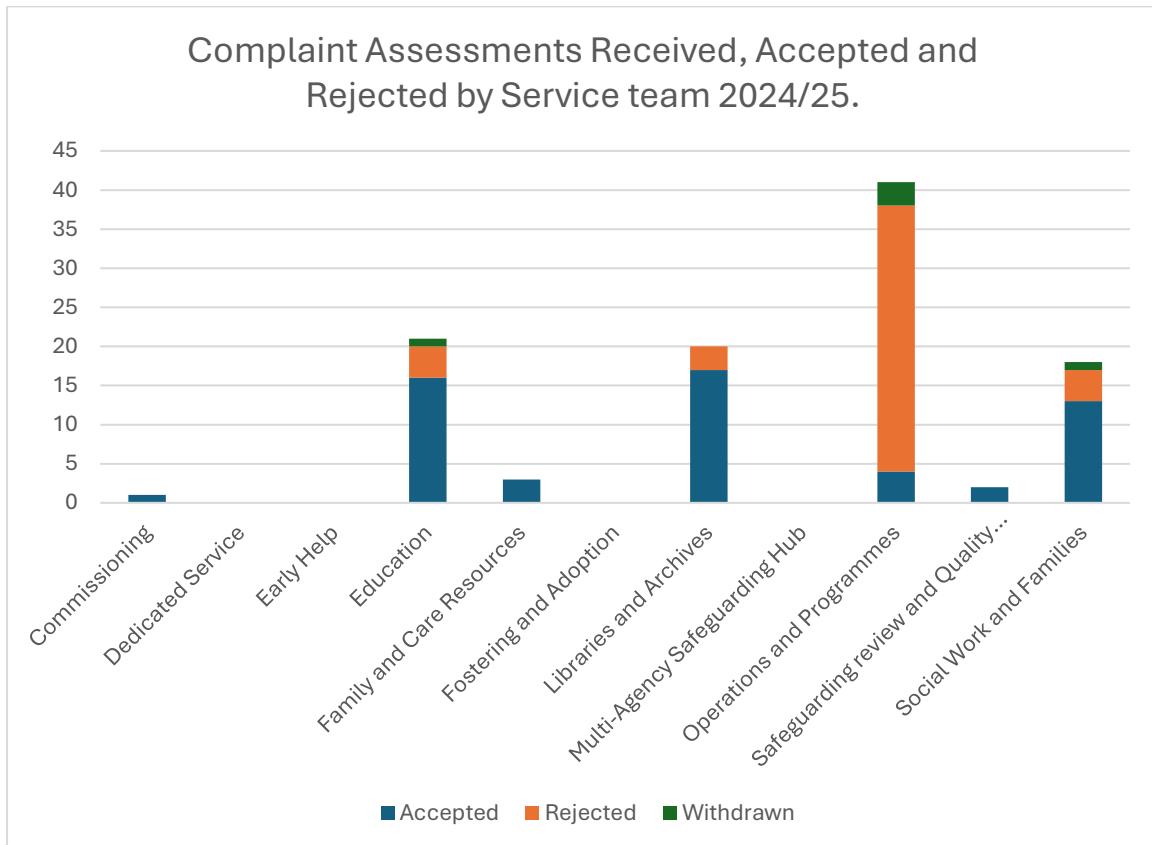
*Children's Services (Non-statutory complaints)*

- 4.17. Complaints about Children's Services can fall under either the corporate complaints type or the statutory complaints type. The statutory process is only concerned with families receiving intervention from Social Services. Children's Services performance against statutory timeframes is covered in Section 4.9 of this report.
- 4.18. This section of the report is concerned with complaints received under the corporate complaint type that do not meet the criteria for statutory process. Complaints include those about Education, Libraries & Archives and some complaints about Social Work.
- 4.19. Across the directorate, the performance is largely positive with the overall number of complaints received decreasing when compared with 2023/24.

The Education Team and Libraries & Archives Team performance data suggests a need for focus.

*Indicator One: Number of complaints received*

- 4.20. Children's services saw a 5% decrease in the number of complaints accepted under the corporate complaints process from 59 cases in 2023/24 to 56 cases in 2024/25.
- 4.21. Table showing the outcomes of complaint assessments for Children's Services 2024/25.



- 4.22. Although the general trend in Children's Services is for a decline in complaints, Family & Care Resources, Libraries & Archives, Operations & Programmes and Safeguarding Review & Quality Assurance have seen increases in the number of complaints accepted for investigation.
- 4.23. Special Educational Needs has attracted the most complaints, although the number accepted has fallen since 2023/24 from 16 to 12 cases, a decrease of 25%. Most complaints in this area relate to delays in concluding Education, Health and Care Plan (EHCP) reviews or Education, Health and Care Needs Assessments (EHCNA).
- 4.24. The Libraries & Archives service has seen a 31% increase in cases from 13 in 2023/24 to 17 in 2024/25. This increase has taken place across several

sites. Over 50% of cases cite staff attitude as the reason for making a complaint.

4.25. Operations & Programmes has seen a substantial number of complaints rejected. Of the 41 complaints submitted, 89% (34 cases) were rejected from the complaints process. The most common reason for complaints to be rejected was that they were for a different organisation. Improving information available to would be complainants may reduce the incidents of complaints being submitted that are out of jurisdiction.

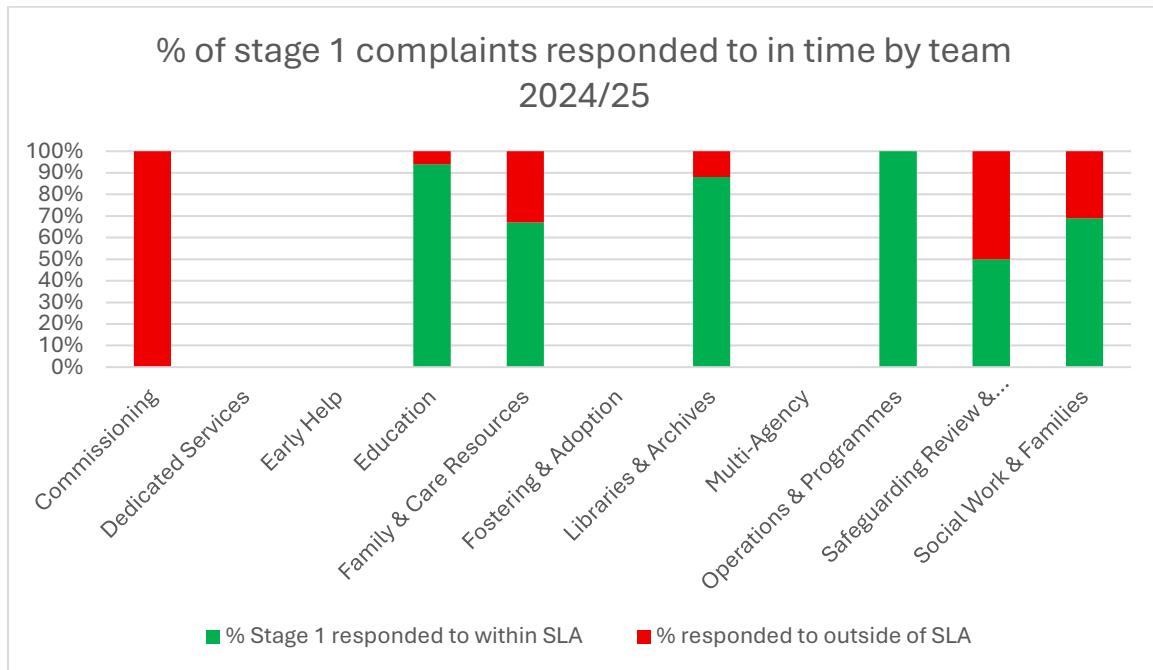
*Indicator Two: Timeliness*

4.26. Complaints in Children's Services are usually answered promptly, and the service had an average response time of 9 working days. The overall response rate for 2024/25 was 82% (46 out of 56 complaints responded to within 10 working days). This shows a slight decrease in performance when compared with 2023/24, when 85% of complaints were responded to within the published timescales.

4.27. Of the 10 complaints responded to in more than 10 working days, 7 were responded to within an agreed extension timeframe. Extensions are agreed when a complaint is particularly complex and more time might be required to deliver a robust response. The amended deadline is communicated to the complainant to manage their expectations. 3 of the Children's Services responses exceeded the deadline for a response (5% of the total responded to at stage 1).

4.28. The services responding outside of the 10 day timescale were Education, Family & Care Resources, Libraries & Archives and Commissioning. It should be noted that Commissioning had received just one complaint during this period.

4.29. Table showing the percentage of stage 1 complaints responded to in time by team 2024/25



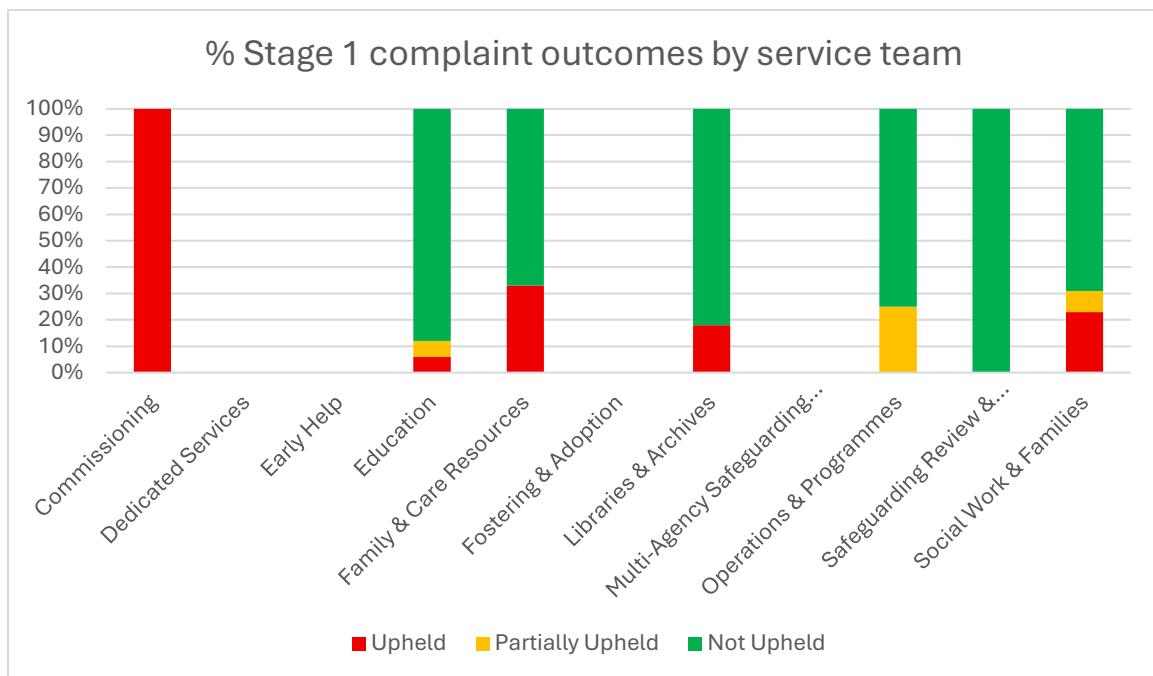
4.30. At stage 2 of the complaints process, 76% of complaints were responded to within the corporate timescale of 10 working days. This is an improvement from 2023/24 when 69% of complaints were responded to within 10 working days. However, it does not meet the corporate target of 90% of complaints being responded to within the published timescale.

*Indicator Three: Outcomes*

4.31. The data shows improvements in the outcomes of complaints at all stages of the complaints process. Across Children's Services there is a better understanding of the outcomes of complaints. Responding officers are more confident when writing their responses and are able to use their judgment on upheld cases to ensure that where complaints are upheld the complainant is put back into the position they would have been in had the fault not occurred. Quality assurance checks of responses are supporting responding officers to produce outcomes that are transparent and fair.

4.32. Overall, 80% of complaints were not upheld, 5% were partially upheld and 14% were upheld at stage 1. This is an improvement on 2023/24 when 14% of complaints were partially upheld and 16% of complaints were upheld. In 2023/24, 71% of complaints were not upheld. Again, it should be noted that the 100% upheld figure for the Commissioning Team applies the one case which was received.

4.33. Table showing the outcomes of complaint cases by service teams



4.34. The escalation rate to stage 2 of the complaints process was 22% in the year 2023/24. This increased to 30% in the year 2024/25. Just under half (47%) of escalated complaints in Children's services were regarding Special Educational Needs & Disabilities (SEN) services. A common theme for escalation was that complainants were unhappy with the level of compensation offered in relation to complaints about SEN services. None of the cases that escalated to stage 2 were upheld, however, 38% were partially upheld.

4.35. Three complaints regarding SEN services were escalated to the Ombudsman, of these 2 cases were upheld due to loss of service.

*Indicator Four: Learning from complaints & remedies*

4.36. Across the service there have been 14 corrective actions carried out following complaints. Nine have been actioned at stage 1 and a further five at stage 2.

4.37. In Education, Social Work and Families complaints have led to changes to policy/procedure in two instances. There have also been updates to information made available to families across several teams. It has been noted that this is particularly needed where there are likely to be delays in the provision of services.

4.38. Libraries & Archives have arranged staff training in order to reduce complaints and improve performance.

4.39. To improve performance in Special Educational Needs (SEN), there is an ongoing recruitment drive with the SEN Team to ease the caseload on

current officers and to make sure the Team are resourced appropriately to respond to increasing demands

- 4.40. Children's Services have received 88 compliments across the directorate which is a significant increase from 2023/24 when 52 compliments were logged. Social Work and Families received 45 compliments, and Education received 20, Early Help 8, Operations and Programmes 7, Libraries & Archives 3, Family and Care Resources 2, Safeguarding Review & Quality Assurance 2, and Multi-Agency Safeguarding Hub 1.
- 4.41. Many compliments praised the professionalism of staff, and other attributes mentioned were attention to detail, caring attitude, and the information and advice given. A number of service users said staff had a positive impact on their lives.

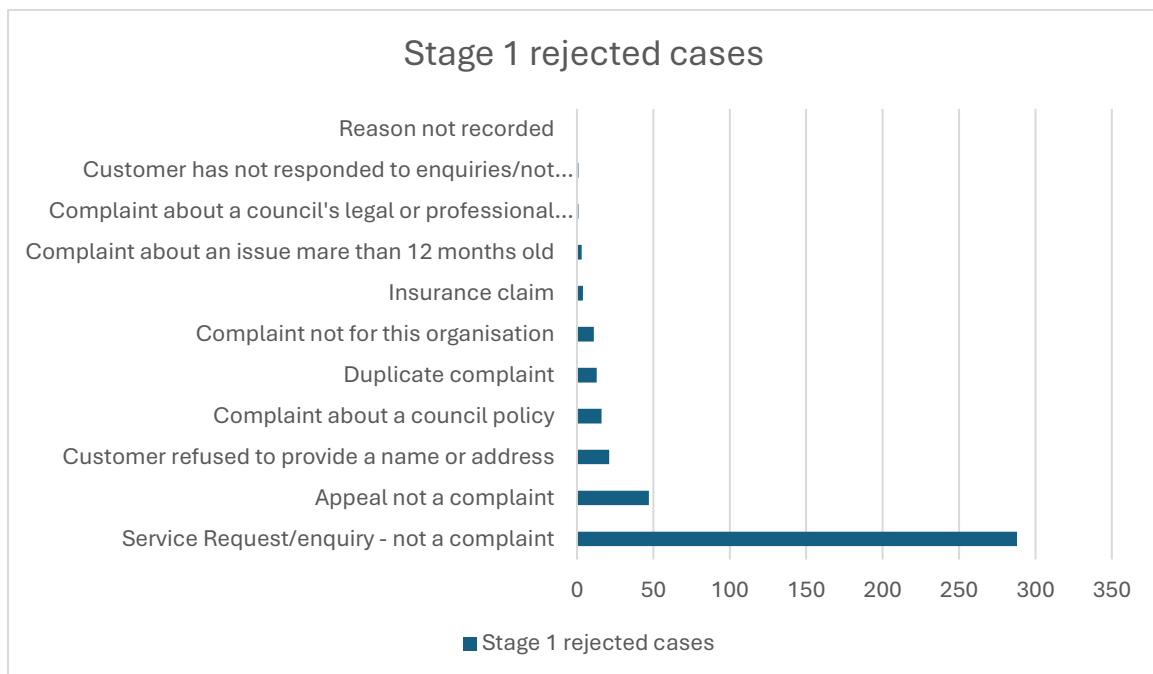
### **Environment and Neighbourhoods**

- 4.42. Environment and Neighbourhoods encompass a wide range of services, including Planning, Highways & Regulatory Services, Waste, and Leisure. As a result, the nature of complaints varies across teams. The period covering 2024-25 has seen a focus on improving service quality across the directorate. By adopting a responsive approach to service requests made by the public, the teams have successfully reduced the likelihood of complaints arising from the services provided. These efforts are reflected in the complaint performance indicators.

#### *Indicator One: Number of complaints received*

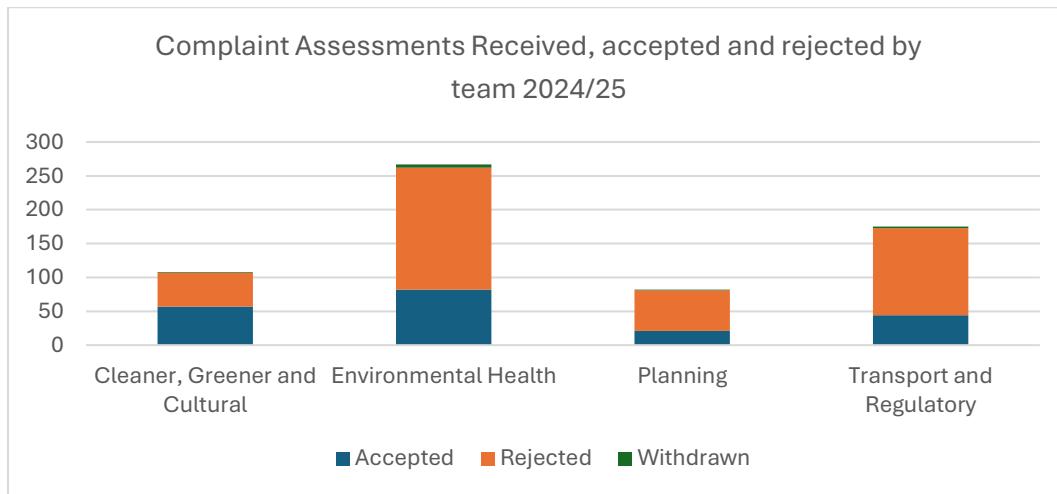
- 4.43. There has been a decrease of 13% in complaints accepted from 235 cases in 2023/24 to 204 cases in 2024/25. The decrease in complaints is consistent across all departments except Environmental Health; they have seen an increase of 64% in accepted complaints from 50 accepted complaints in 2023/24 to 82 accepted complaints in 2024/25.
- 4.44. Environment and Neighbourhoods data show a high level of rejected complaints at 65% (397 cases). 71% of these were rejected due to the submission being a service request rather than a complaint.

4.45. A complete report of the reasons for rejection is shown below:



4.46. The services may wish to review information that is available to the public to help members of the public raise concerns. Clear information can help to prevent instances of service requests being raised as complaint submissions.

4.47. The table below shows the complaint assessments carried out in 2024/25



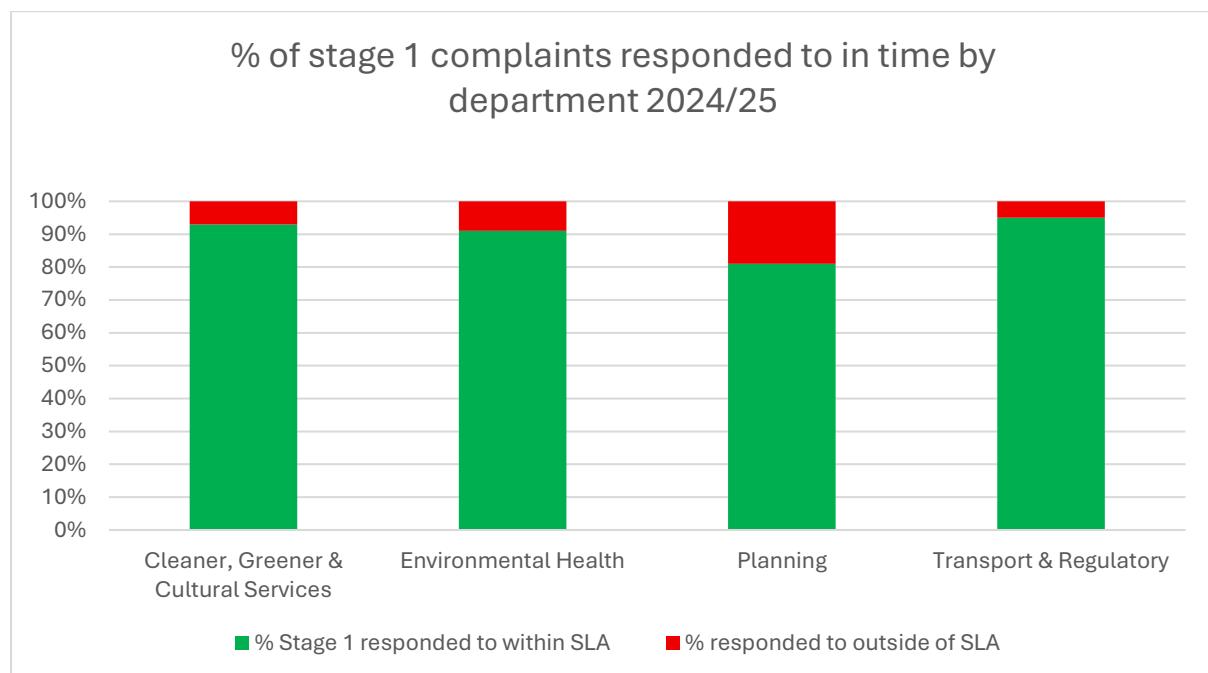
4.48. Analysis of Environmental Health data shows that complaints regarding the Street Enforcement Team have increased by 246% from 13 cases in 2023/34 to 45 cases in 2024/25. Of the complaints accepted for stage 1 investigation, the majority of these cases are associated with the issue of Penalty Charges Notices (PCNs) and Fixed Penalty Notices (FPNs).

Complaints mirror the introduction of a new Street Enforcement Team in 2024.

*Indicator Two: Timeliness*

4.49. 92% of complaints were responded to within the SLA at stage one and 86% at stage two. This demonstrates a marked improvement in performance across the directorate, with the SLA for responding in time at stage 1 being achieved for the first time in five years.

4.50. The table below shows the percentage of stage 1 complaints responded to in time by department 2024/25



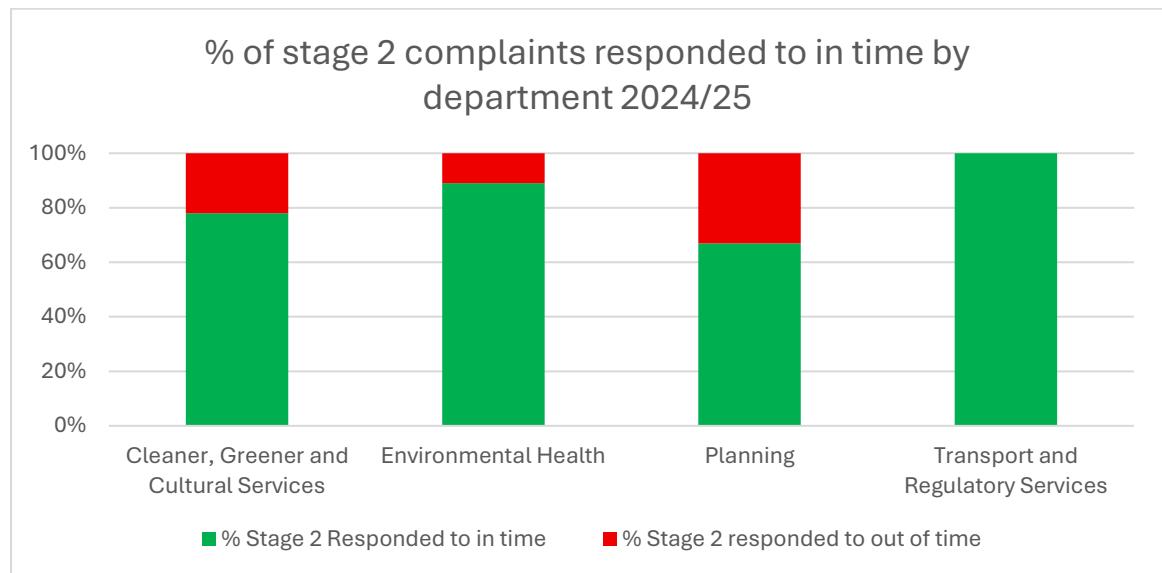
4.51. In 2024/25, 36 cases escalated to stage 2. This is a slight reduction on the previous year when 39 cases escalated. 86% of these cases were responded to within the corporate timeline of 20 working days.

4.52. The Environmental Health Team has improved their response time performance from 78% to 91%, in the past year. However, the number of cases escalating has also increased from 7 cases in 2023/24 to 19 cases in 2024/25.

4.53. Transport & Highways have also seen an improvement in performance with 95% of stage 1 complaints and 100% of stage 2 complaints answered in time during 2024/25.

4.54. The other departments have seen dips in the proportion of stage 2 complaints answered in time when compared with 2023/24.

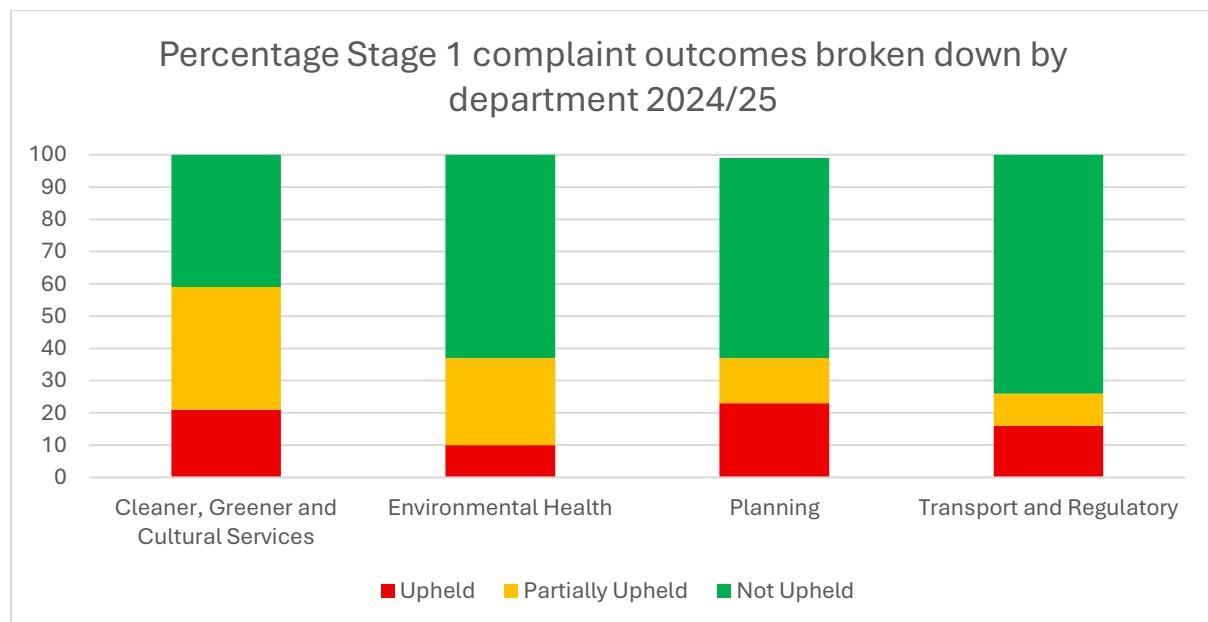
4.55. The table below shows the percentage of complaints responded to in time by department 2024/25



*Indicator Three: Outcomes*

4.56. In 2024/25, of the 204 complaints cases accepted for stage 1 investigation, 17% were upheld and 25% were partially upheld, with 58% not upheld. This shows an overall improvement from 2023/24, when 238 complaint cases were accepted for stage 1 investigation with 18% being upheld and 27% being partially upheld.

4.57. The number of complaints cases investigated, and their outcomes are shown below and broken down into departments.



4.58. In upheld cases across the directorate, communication has consistently emerged as a key theme in upheld cases.

4.59. Although the introduction of the Street Enforcement Team has given rise to an increase in complaints, the majority of complaints were not upheld (71%), 13% were upheld, and 16% were partially upheld.

4.60. Of the complaints made against the Street Enforcement Service, 22% (10 cases) escalated to stage 2. None of the cases escalated were upheld.

4.61. In 2024/25, the Local Government and Social Care Ombudsman has advised that thirteen cases were referred to them, and fourteen decisions were issued. Eleven cases were closed after initial enquiries. Of the three cases that went to full investigation, two were upheld and one was not upheld.

4.62. Unreasonable delays in dealing with a case of anti-social behaviour were the cause of the case being upheld.

*Indicator Four: Learning from complaints & remedies*

4.63. To address complaints, departmental Power BI dashboards have been implemented to provide teams with clear visibility of logged complaints, enabling timely review and response. Complaints are a regular agenda item at the Directorate's Senior Management Team meetings, and the corporate complaints team holds daily stand-up meetings to monitor and address any outstanding issues.

4.64. A total of 34 stage 1 complaints were fully upheld and a further 50 were partially upheld across the directorate in 2024/25 at stage 1. At stage 2, two cases were fully upheld, and 8 cases were partially upheld. These have led to a total of 101 corrective actions being undertaken. These are broken down as follows:

<b>Corrective Action</b>	<b>Stage 1</b>	<b>Stage 2</b>	<b>Total</b>
Arrange staff training/coaching or discuss at team meeting	30		30
Provide additional information or service	18	5	23
Change or review process, policy or procedure	14	2	16
Arrange inspection or assessment	10	4	14
Change or review service literature/web content	7		7
Review contract of partner arrangements	6		6
Take action against a contractor or partner	1	2	3
Change or review equipment	2		2
<b>Total</b>	<b>88</b>	<b>13</b>	<b>101</b>

4.65. As a result of upheld complaints, processes have been refined to improve clarity and responsiveness. Additional staff training has also been delivered, focusing on communication, complaint handling, and service standards to ensure continuous improvement.

4.66. Customer-facing teams receive regular training in call handling and conduct service reviews to support learning and respond effectively to feedback.

Public-facing teams have also strengthened their communication to improve service delivery.

4.67. Services have introduced customer surveys to gather insights and feedback, helping to implement proactive measures that prevent issues from escalating into formal complaints. All teams are actively working to enhance the quality of the services they deliver. Enhancing communication regarding the services delivered by the department. Overall, there are now further visits or direct contacts with the residents making the complaints to deal with the root causes of their concerns.

## **Housing and Social Investment**

4.68. This section of the report looks at the performance of the Housing and Social Investment Directorate. It does not cover complaints from residents who permanently reside in properties owned by and managed by RBKC as they fall under the Housing Management complaint type and can be reported on in a separate category later in the report.

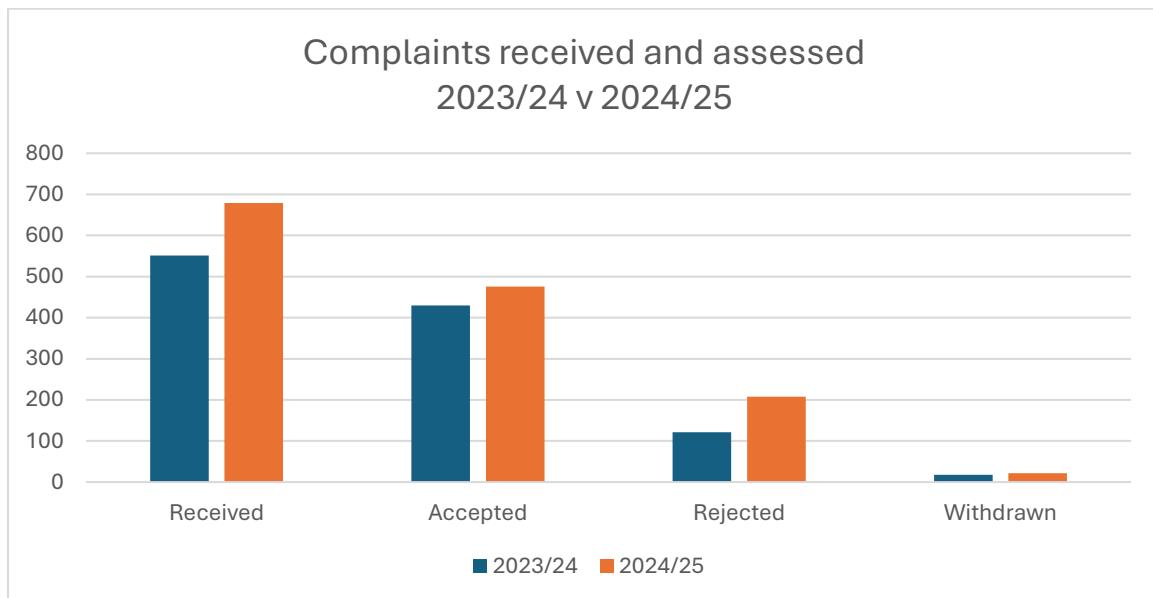
4.69. There has been an increase in approaches made to the Council for housing assistance and a growing demand for social housing within the borough. This has placed a heightened demand on the teams within the service, in particular, with regards to temporary accommodation. In some cases, this has directly impacted service delivery, contributing to an increase in complaints.

4.70. Additionally, the Council has made a concerted effort to increase residents' awareness of their rights to raise concerns as well as issuing proactive guidance on how they can do this, which aligns with the increase in complaints.

### *Indicator One: Number of complaints received*

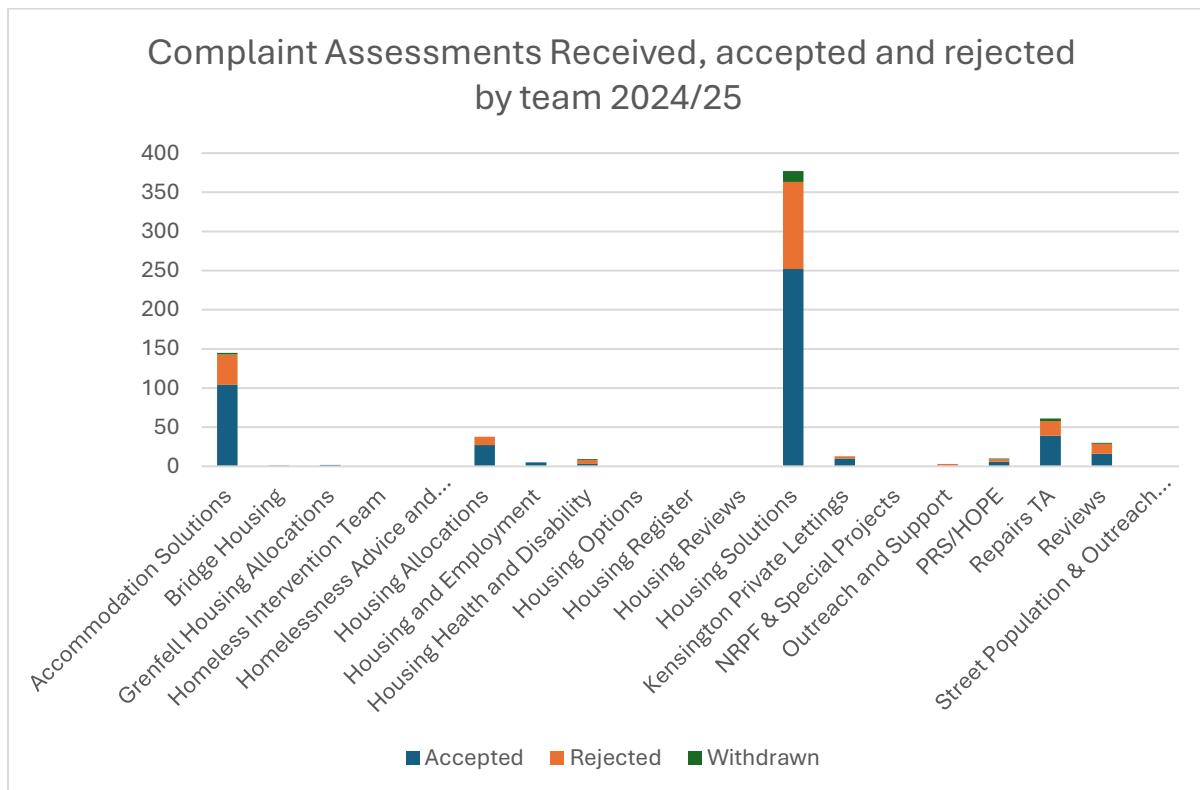
4.71. There has been a sharp increase in complaints received over the last year, from 551 in 2023/24 to 679 in 2024/25. This equates to a 21% increase in complaint submissions. However, the increased submissions have not translated to such a dramatic increase in cases accepted for investigation at stage 1. Of those complaints submitted, 476 cases were accepted at stage 1, compared with 430 in 2023/24. Therefore, the increase in complaints investigated at stage 1 is 10.15%

4.72. The chart below shows a comparison of the complaints received and assessed in 2023/24 compared to those received in 2024/25.



4.73. Accommodation Solutions and Housing Solutions have both seen increased complaints activity in the past year. These teams have seen a 16% increase in the number of complaints accepted for investigation at stage 1.

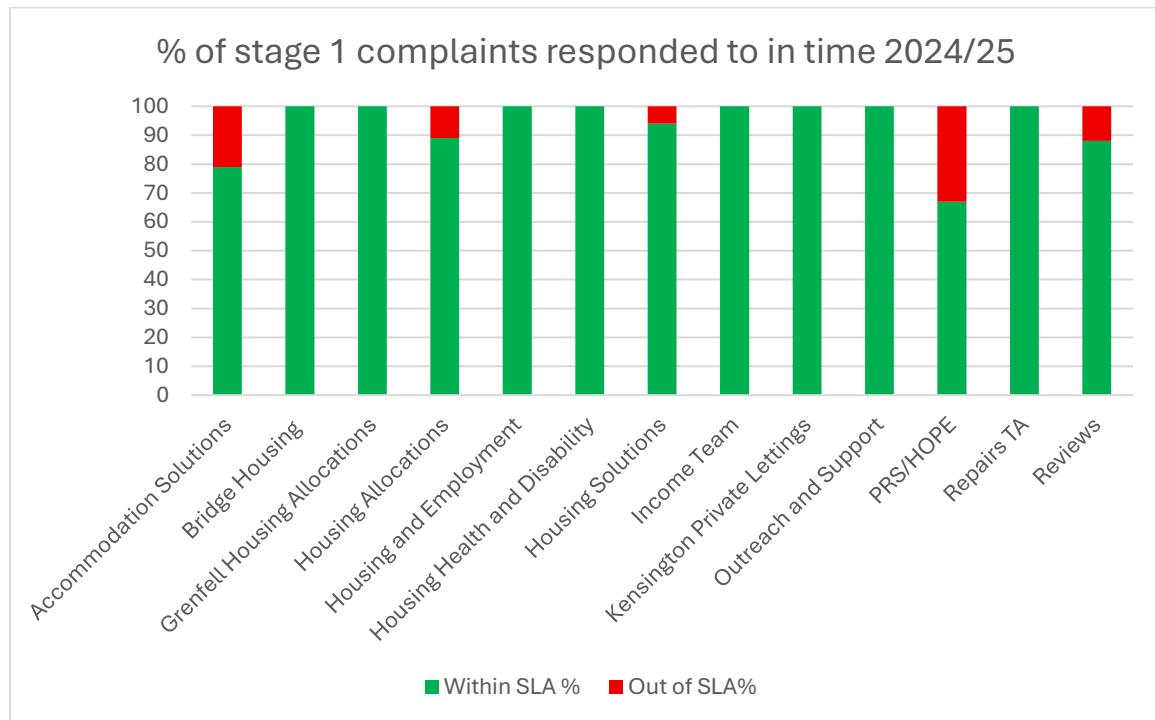
4.74. The spread of complaints across the Housing and Social Investment Directorate can be seen in the graph below.



*Indicator Two: Timeliness*

4.75. Despite an overall increase in complaints accepted for stage 1 investigation since the last annual report, there has been a marked improvement in the time taken to respond to complaints from 69% responded to within ten working days in 2023/24 to 90% in 2024/25. This meets the corporate target of 90% of complaints being responded to within ten working days.

4.76. The graph below shows the percentage of stage 1 complaints responded to in time 2024/25.



4.77. Stage 2 complaints have also seen improvements in both the number of escalations and the numbers of stage 2 complaints responded to in time. In 2023/24, 143 complaints escalated to stage 2 and 62% of them were responded to in time. In 2024/25, 127 complaints escalated to stage 2 and 84% were responded to on time.

4.78. Whilst there has been a notable increase in performance for both stage 1 and stage 2 complaint handling, the performance regarding cases referred to the LGSCO has not been so positive, and this has been noted in the Ombudsman's letter of 9 July 2025, where it is noted that:

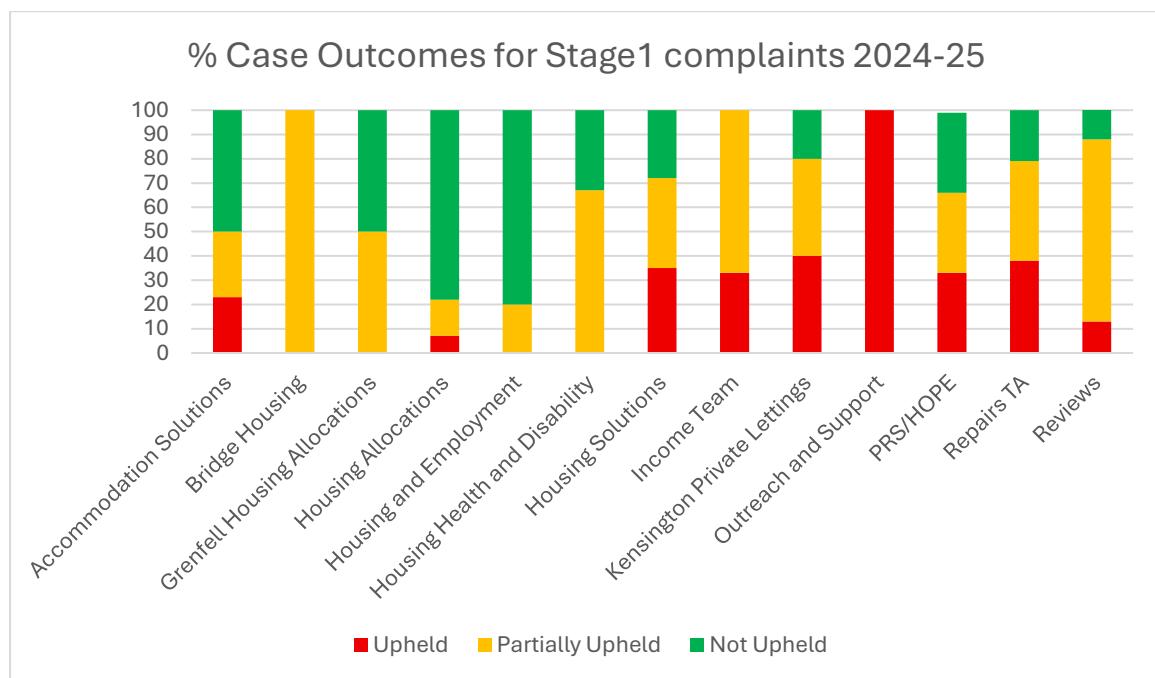
- Four-fifths of the enquiries made of the Council during the year related to housing complaints.
- In many of these cases officers waited until our deadlines had passed before asking for extensions.
- The Council agreed to, and carried out, the recommendations we made in 21 cases during the year. However, in ten of those cases the recommendations were not completed within the agreed timescales.

### *Indicator Three: Outcomes*

4.79. In 2023/24, an element of fault was found in 62% of cases investigated at stage 1. This was made up of 44% of complaints that were fully upheld and 18% of complaints that were partially upheld. In 2024/25, the proportion of complaints that have fully upheld has increased by 3% to 65%, this is made up of 29% of cases that were upheld and a further 36% of cases were partially upheld.

4.80. The slight increase in the uphold rate reflects a more transparent and learning-focused approach, as investigating officers are encouraged to uphold complaints where service failings are identified. By accurately recognising these issues, the Service can better understand areas for improvement and implement meaningful changes to enhance service delivery.

4.81. The graph below shows the stage 1 outcomes for complaints 2024/25



4.82. The majority of complaints relate to poor service delivery with the primary issue being a lack of effective communication. However, this is also linked to the context of the communication, i.e. if the matter has not been resolved in line with the complainants' expectations.

4.83. Although less cases have escalated in 2024/25 compared with 2023/24, the rate of escalation remains high at more than a quarter of cases being escalated to stage 2.

4.84. Housing Needs saw 63 cases being referred to the LGSCO, accounting for 80% of all the cases that were referred in 2024/25. To date, 55 decisions have been issued with 22 cases going to full investigation. Out of the 22

cases investigated, 20 cases were upheld. Summaries of the escalated cases and their outcomes are listed in Appendix 4.

4.85. Whilst it is acknowledged that there is a general shortage of temporary housing, particularly in the South-East, the uphold rate compares poorly with other Local Authorities in London. Some of the consistent themes are poor communication, service delays and ineffective case management.

*Indicator Four: Learning from complaints & remedies*

4.86. At stage 1, Housing Needs saw 138 cases fully upheld and 167 cases partially upheld in 2024/25. These led to 362 corrective actions. Insufficient responses or updates was the most common cause of complaint and therefore most corrective actions involved providing additional information.

4.87. A full breakdown of corrective actions carried out at stage 1 and 2 of the complaints process is given below:

Corrective Actions	Stage 1	Stage 2	Ombudsman	Total
Provide additional information or service	130	32	16	178
Arrange inspection or assessment	111	10	1	122
Arrange staff training/coaching or discuss at a team meeting	36	7	4	47
Change or review process, policy or procedure	4		1	7
Change or review service literature/web content	2	2	1	3
Review contract or partner arrangements	3			3
Change or review equipment	1			1
Take action against contractor or partner	1			1
<b>Total</b>	<b>288</b>	<b>288</b>	<b>23</b>	<b>362</b>

4.88. The Housing Needs Directorate recognise that there is a clear instruction regarding the need to strengthen engagement and information-sharing practices to improve residents' experience and reduce dissatisfaction.

4.89. They are reviewing the structure and approach to complaints to get assurance that learning is identified and embedded into service delivery in line with Council's commitments.

4.90. Senior Management will have increased visibility of complaints to ensure greater accountability and intervention where necessary. Training will be broadened beyond complaints handling to include effective case management, with a focus on proactive communication, timely updates, and resolution tracking. These steps aim to embed a culture of responsiveness

and consistency across teams, ultimately improving the experience for residents and applicants.

- 4.91. No formal changes have been introduced at present. However, there is increased oversight from Senior Management to ensure that existing policies and processes are being adequately followed. This heightened scrutiny aims to reinforce accountability and maintain service standards as the Service continues to monitor performance and identify areas for improvement.
- 4.92. Heads of Services across the relevant areas are exploring training initiatives aimed at improving case management and ensuring timely, appropriate communication with applicants and residents. Bespoke training has been commissioned and is being delivered to staff, focusing on effective case management, clear and proactive communication, and ensuring that agreed actions are followed through. These measures are designed to improve service consistency and enhance the overall experience for residents and applicants.
- 4.93. In addition, a dedicated team has been established to focus specifically on delayed housing applications. This is to ensure cases are being progressed in line with the expected housing legislation to minimise further disruption to service users.
- 4.94. The Housing Needs Complaints Team will introduce greater scrutiny through enhanced quality assurance checks prior to issuing Stage One complaint responses. This is to ensure that replies are robust, well-evidenced, and that all recommended actions are properly followed up. Strengthening the quality of Stage One responses is important, so cases that progress to Stage Two support a fair and defensible outcome. We are also sharing best practice by considering the approach by housing management complaints to see if we can make further changes to improve the response rates.
- 4.95. A number of cases escalated to the Ombudsman were impacted by poor case management, often due to staff departures or cases not being adequately progressed. To address this, teams are arranging targeted training and have already circulated the correct protocol for when an officer leaves the service, helping to ensure continuity and reduce the likelihood of similar issues occurring in future.
- 4.96. In response to recommendations made by the Ombudsman, a weekly update to the services has been introduced. This to ensure that remedies are completed in a timely manner and that all actions are properly recorded on file. The purpose of these updates is to reduce the risk of unresolved issues, improve oversight, and ensure full compliance with Ombudsman deadlines. By embedding regular monitoring and clear documentation into

our workflow, the Housing Needs Team aim to strengthen accountability and deliver a more consistent and transparent service.

## **Resources**

4.97. The Resources Directorate covers a number of corporate support services, which provide a back-office function. The Departments include:

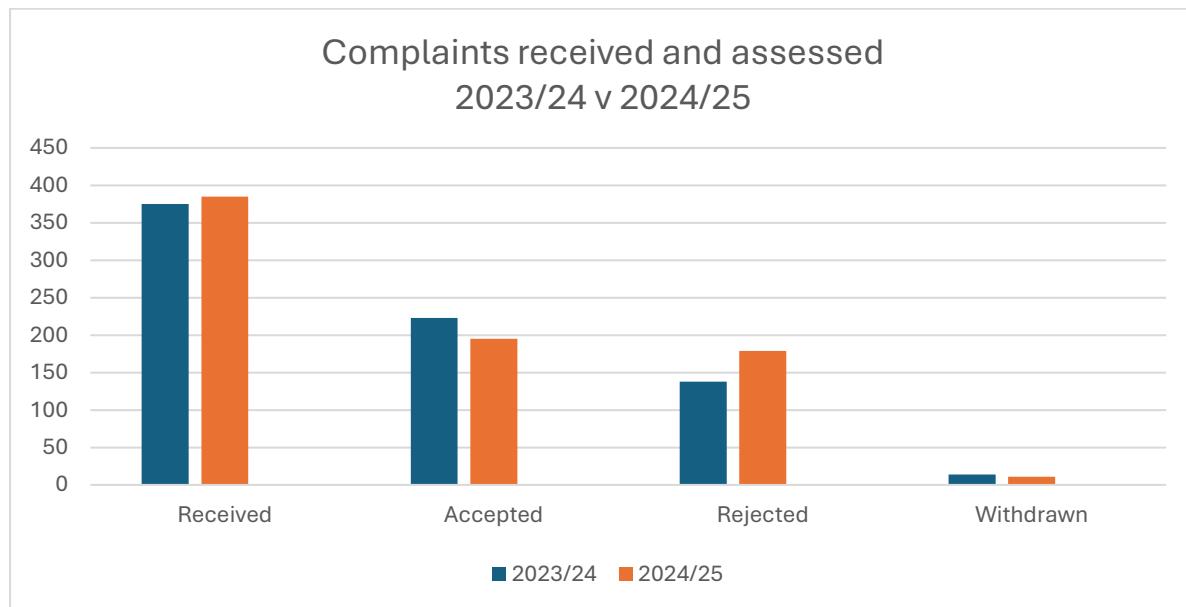
- Audit, Fraud, Risk and insurance
- Customer Delivery
- Finance
- Human Resources
- IT
- Legal Services

4.98. Also, within the Directorate there are a number of customer-facing functions. These fall under Customer Delivery and include Accessible transport, Benefits, Council Tax, Direct Payments, Discretionary Payments and the Customer Service Centre and Contact Centre. The Complaints, Learning and Improvement Team also sit with in the directorate and manage multi-service complaints.

### *Indicator One: Number of complaints received*

4.99. In 2024/25, the Resources Directorate experienced a 24% reduction in Stage 1 complaints, decreasing from 180 in 2023/24 to 137 in 2024/25. There was also a 43% reduction in Stage 2 complaints, falling from 28 in 2023/24 to 16 in 2024/25. The number of Ombudsman cases remained unchanged compared to the previous year, holding steady at 5.

4.100. The graph below shows a comparison the complaints received and assessed in 2024/25 compared to 2023/24.



4.101. Revenues and Enforcement continued to receive the highest volume of complaints within the directorate. Enforcement saw a small increase in Stage 1 complaints, rising from 46 in 2023/24 to 49 in 2024/25. This increase was not linked to any changes in processes or policies, but instead reflects the nature of the service, which often involves recovery of charges that residents dispute. Most complaints concerned summons and enforcement fees, as well as concerns about a lack of communication before recovery actions were taken. A number of complaints related to disagreements over liability or the appropriateness of enforcement, even when action was taken in line with statutory requirements. Some cases referenced earlier stages of the process, outside of Enforcement's control, where residents challenged the legitimacy of action taken for late payment despite clear legislative backing under the Local Government Finance Act. All complaints received by Enforcement in both years were responded to within the required timeframes.

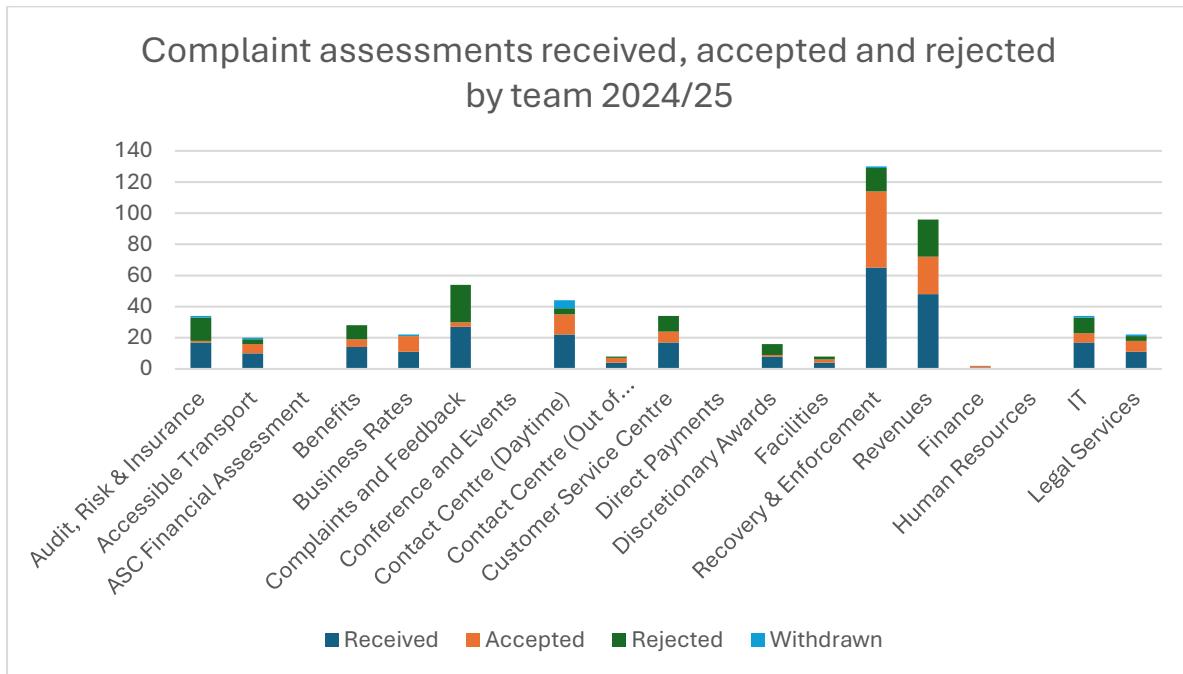
4.102. In Business Rates, Stage 1 complaints rose from 5 in 2023/24 to 10 in 2024/25. The rise was largely attributed to a higher number of customers objecting to recovery actions taken against them.

4.103. Conversely, the Revenues team recorded a substantial reduction in Stage 1 complaints, from 40 in 2023/24 to 24 in 2024/25, following targeted service improvements. These included the introduction of pre-reminder SMS messages and pre-summons emails, which encouraged earlier engagement and helped reduce avoidable disputes.

4.104. Customer Services also reported a positive trend, with Stage 1 complaints falling from 34 in 2023/24 to 20 in 2024/25. This improvement is largely credited to the successful integration of newly recruited staff during the

previous year, which resulted in fewer complaints about incorrect advice or information.

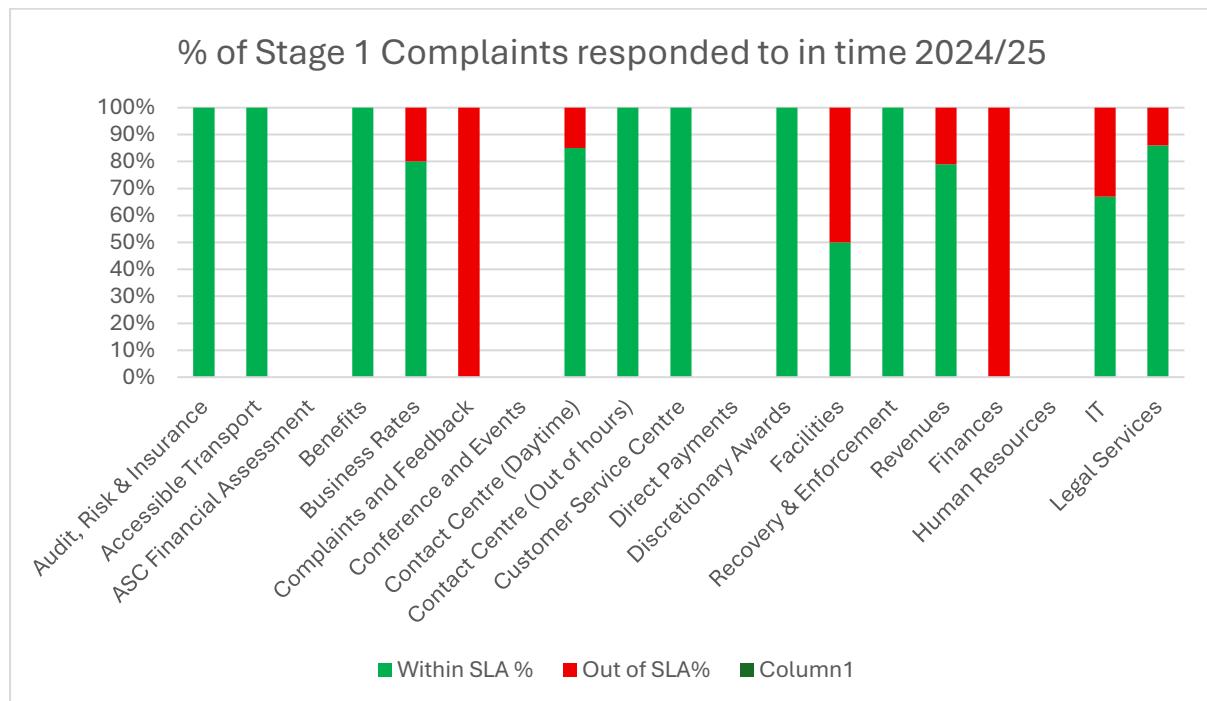
4.105. The table below shows a breakdown of complaints assessments by service team



#### *Indicator Two: Timeliness*

4.106. Response times improved significantly across both stages, with 88% of Stage 1 complaints and 94% of Stage 2 complaints responded to within target timeframes. Although the directorate fell slightly short of the 90% target for Stage 1 by 2%, measures have been put in place to address this. The Director of Customer Delivery is monitoring automated complaint reports daily and actively following up where necessary to ensure continued focus on meeting the target.

4.107. The graph below shows the percentage complaint of stage 1 complaints responded to in time in 2024/25



4.108. Customer Services have reported a marked improvement in response times. In 2023/24, 55% of Stage 1 complaints were responded to on time across the contact centre and in-person customer service centre, compared to 93% in 2024/25. This progress was supported by targeted training from the Corporate Complaints Team for Team Leaders responsible for managing Stage 1 complaints, along with the introduction of daily operations meetings that enhanced oversight, encouraged timely investigations, and provided real-time support. Stage 2 complaints reduce from 5 in 2023/24 to 1 in 2024/25: an 80% reduction, demonstrating better resolution at Stage 1.

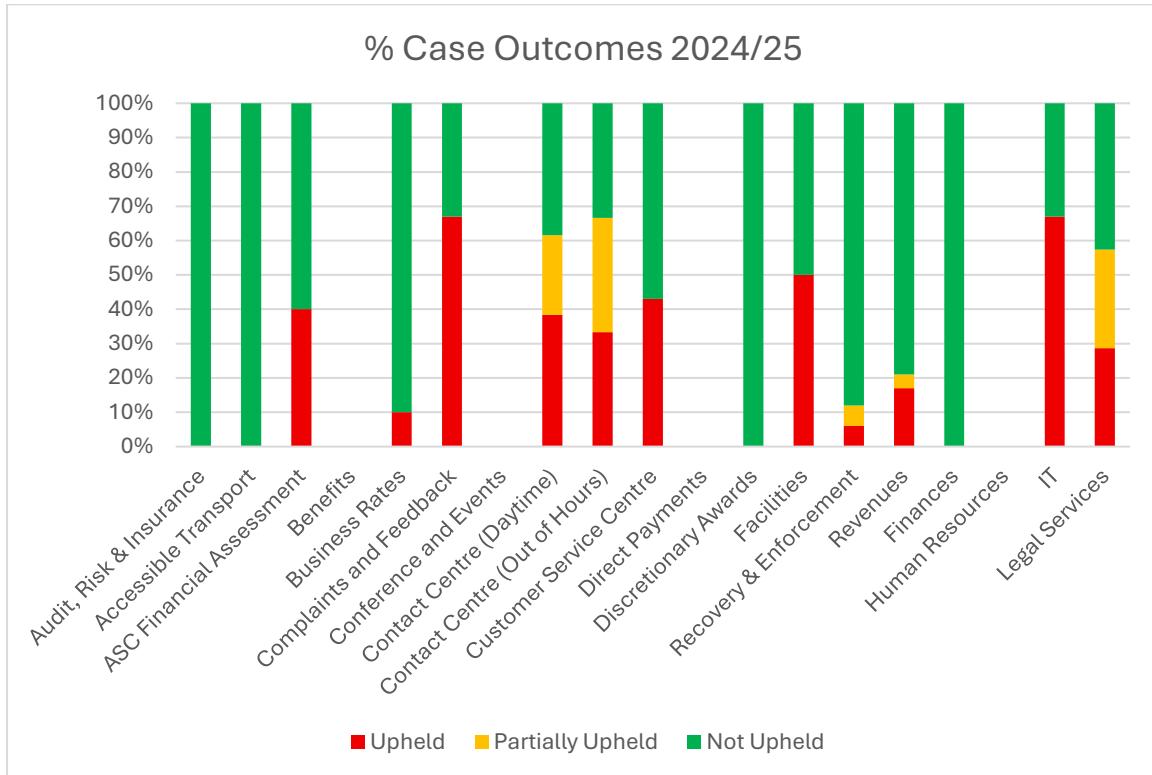
4.109. There was a temporary drop in Stage 1 response timeliness in Revenues, which fell from 95% in 2023/24 to 79% in 2024/25. This was due to a structural change within the team but has since been addressed, with strengthened internal monitoring now in place. Enforcement experienced no such delays in response times. Going forward, the Council plans to continue proactive communication efforts, such as pre-reminder texts and pre-summons emails to further reduce complaint volumes and improve the overall resident experience within the bounds of statutory frameworks.

#### *Indicator Three: Outcomes*

4.110. Across the Directorate, Resources has seen an increase, from 14 to 20% in the proportion of complaints upheld in 2024/25 when compared with 2023/24. In case numbers this is an increase of two cases. However, the number of partially upheld cases has dropped from 26 to 11. Therefore, overall, the number of cases where a fault has been found has dropped

from 57 to 39. The number of not upheld cases has increased from 99 to 123.

4.111. The graph below shows the stage 1 case outcomes by service team for 2024/25.



4.112. Five cases were referred to the LGSCO. Only one proceeded to full investigation and it was upheld.

*Indicator Four: Learning from complaints & remedies*

4.113. At stage 1, Resources saw 28 cases fully upheld, and 11 cases partially upheld in 2024/25. In response, 43 corrective actions were carried out at stage 1 and a further 7 at stage 2. Staff attitude and behaviour was the most common cause of complaint and therefore most corrective actions involved staff training or coaching.

4.114. A full breakdown of corrective actions carried out at stage 1 and 2 of the complaints process is given below:

<b>Corrective Actions</b>	<b>Stage 1</b>	<b>Stage 2</b>	<b>Total</b>
Arrange staff training/coaching	25	4	29
Provide additional information or service	10	2	12
Change or review process or procedure	3	1	4
Arrange inspection or assessment	1		1
Change or review service literature/web content	1		1
Review contract or partner arrangements	1		1
Take action against contractor or partner	1		1
<b>Total</b>	<b>43</b>	<b>7</b>	<b>50</b>

4.115. To address the recurring themes identified in complaint trends, staff attitude and behaviour, staff received additional guidance on tone, empathy, and how to manage challenging queries.

4.116. The Delivering Excellence programme also played a key role by broadening staff knowledge across multiple service areas, reducing the need for residents to be redirected or repeat their concerns, and increasing the confidence of advisors to resolve matters independently.

4.117. The Council also implemented a series of improvements to strengthen how complaints are managed and responded to at the first stage. Revised templates were issued to ensure responses clearly and accurately explained decisions in plain language. A Team Leader and Management training programme, delivered in partnership with the Corporate Complaints Team, equipped senior staff with the skills to mentor their teams through complex complaint cases and to assess the appropriateness of responses before they were finalised. These efforts were supported by the introduction of a new Quality Assurance framework, designed to monitor the content and handling of complaints and general customer contact.

4.118. Operationally, the introduction of daily team meetings gave Team Leaders live visibility of active cases and complaints, allowing earlier intervention, direct coaching, and effective triage. The impact of these changes was most evident in the Contact Centre, where better coordination, clearer scripts, and ongoing support led to fewer service failures and, subsequently, fewer complaints. These improvements also significantly enhanced timeliness: the proportion of Stage 1 complaints responded to on time rose from 55% in 2023/24 to 93% in 2024/25.

## **5. Statutory Complaints Performance Analysis 2024/25**

### **Adult Social Care**

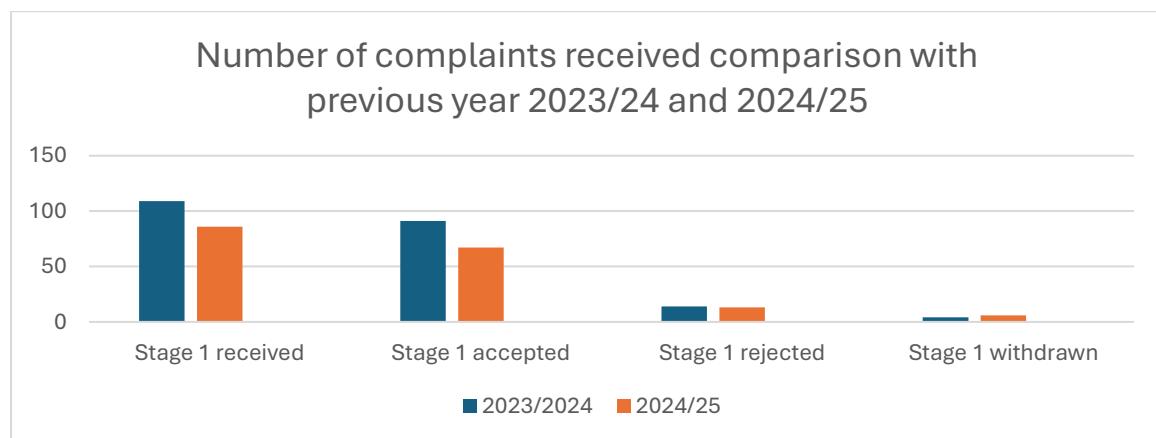
5.1. Complaints concerning statutory Adult Social Care services are handled under the framework of The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, rather than the

Council's standard complaint procedure. This legislation applies to all Adult Social Care services, so we would reasonably expect all complaints regarding issues such as homecare providers, statutory care assessments and related decisions to follow this statutory process.

- 5.2. The complaints process is different from the others as there is no internal escalation process; if complainants are dissatisfied with the way their complaints have been addressed, they can escalate their complaint to the LGSCO.
- 5.3. Guidance for the Adult Social Care statutory complaint process, is in a document that was issued by the Department of Health titled 'A guide to better customer care'. The emphasis is on responding to the complaint holistically and in a single stage. The timeline is vague, but the guidance states that complaints should be completed within six months.
- 5.4. Most Councils have set their own timelines for answering complaints falling under the remit of Adult Social Care. RBKC has decided to use the same timeframe as the corporate complaints process, that is two working days to acknowledge complaints and 10 working days to respond.

*Indicator One: Number of complaints received*

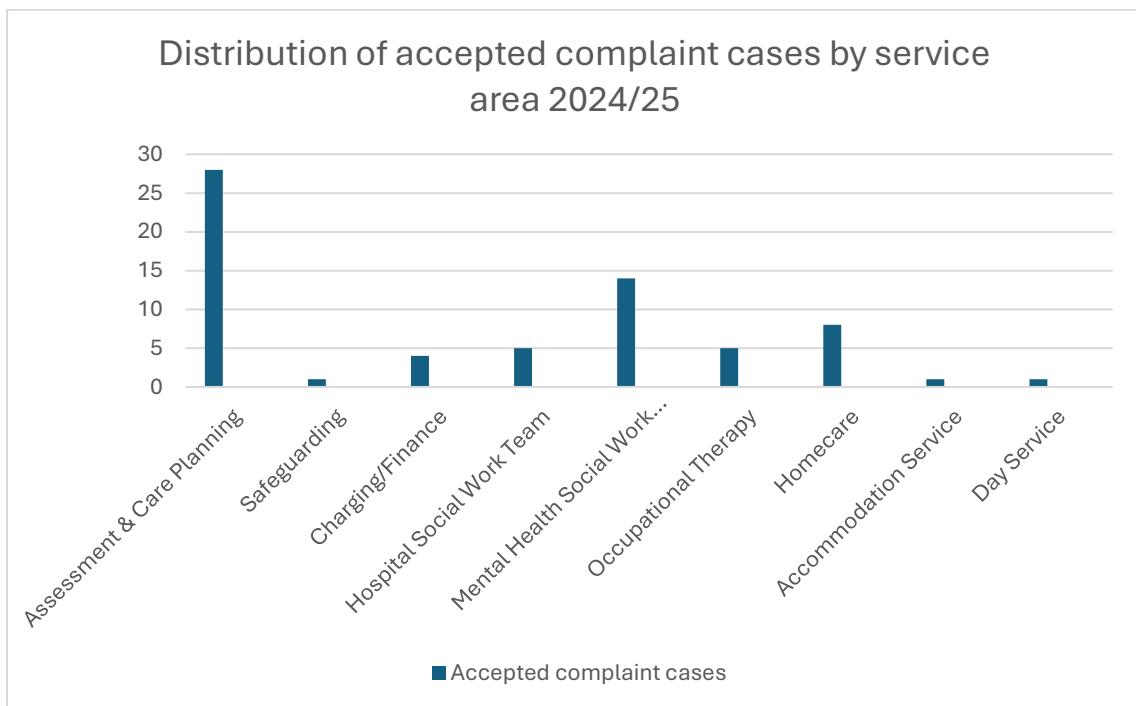
- 5.5. Adult Social Care has had a positive year in terms of complaints handling, as is reflected across all parameters. The number of complaints submitted has reduced from 109 in 2023/24 to 86 in the year 2024/25. This translated to a total of 67 complaints accepted in 2024/25, a decrease of 25% from the 91 cases accepted in the year 2023/24.
- 5.6. The table below shows the number of complaints received in comparison with the previous year.



- 5.7. There has been a slight increase in the number of complaints withdrawn from the process. This indicates resolution outside of, or in the early stages of the complaint process.
- 5.8. The reduction in complaints is attributed to a number of factors including fewer reports concerning our commissioned partners for community

equipment, improved responsiveness to low level informal issues before they become complaints

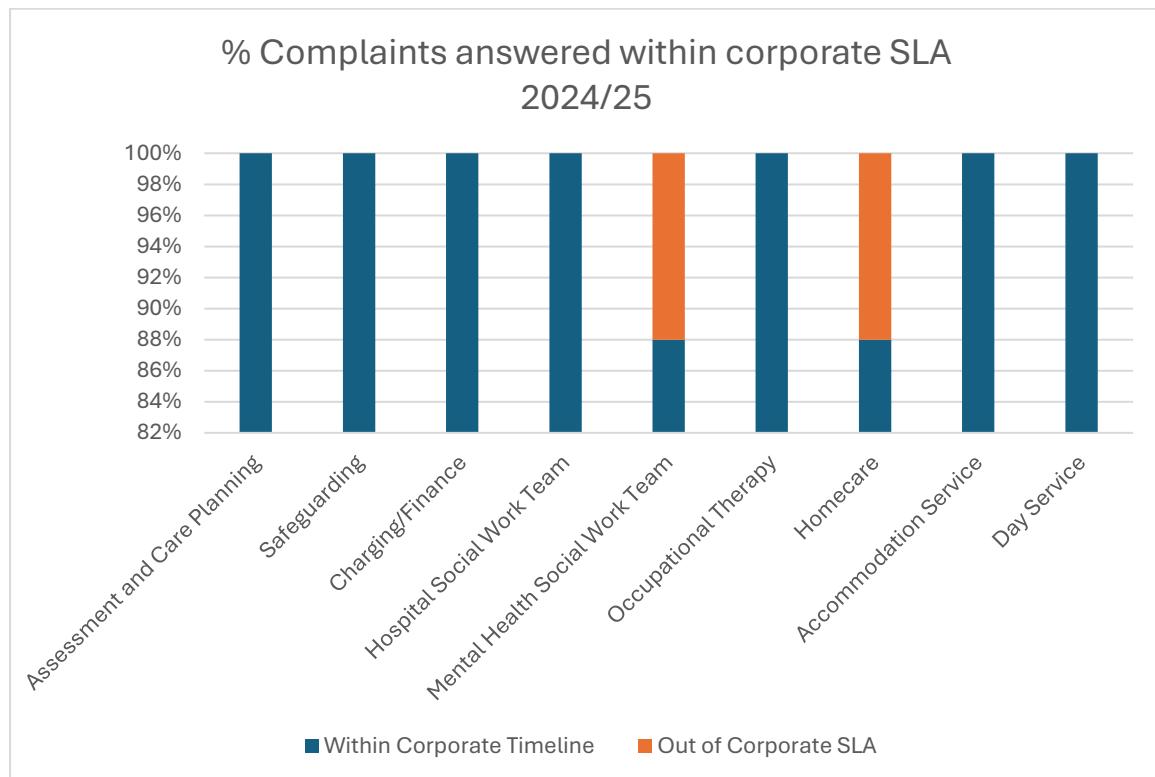
- 5.9. The majority of complaints came from the Assessment and Care Planning Service Area which consists of information and advice, complex social work teams, learning disability and review teams.
- 5.10. The graph below shows the distribution of accepted Adult Social Care complaints by service team.



#### *Indicator Two: Timeliness*

- 5.11. Of the 67 complaints accepted at stage 1, 94% were answered within the corporate timeline of ten working days. This is a significant improvement from 2023/24 when 73% of complaints were answered within the corporate deadline.
- 5.12. Complaints were responded to within an average of 8 working days. This is well within the corporate target of 10 working days, and well in advance of the statutory target. All complaints were responded to within the statutory timeline.

5.13. The graph below shows the percentage complaint of stage 1 complaints responded to in time in 2024/25

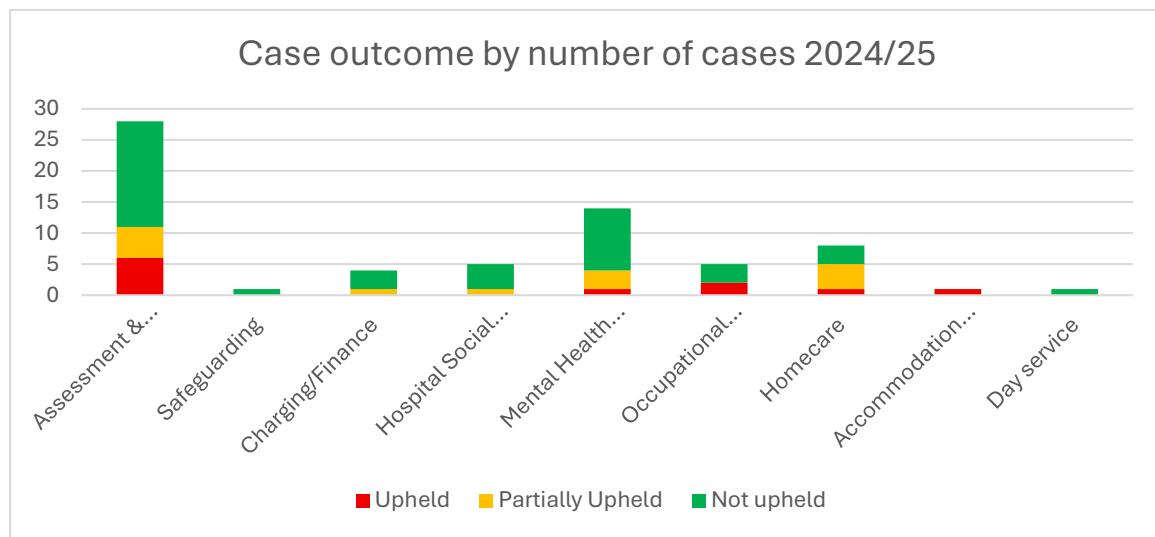


#### *Indicator Three: Outcomes*

5.14. Due to the very low numbers of complaints received, reporting in percentages can give a very distorted view. It is generally not recommended that percentages are used where there are less than ten cases per category. Therefore, this section is reported in case numbers.

5.15. There have been just 8 upheld and 17 partially upheld complaints across Adult Social Care services in 2024/25. With such small numbers, there are no identifiable themes. However, upholds were mainly attributed to disagreements with assessment decisions and information provided being inaccurate or insufficient. These causes accounted for four cases.

5.16. The graph below shows the stage 1 outcomes for complaints 2024/25



5.17. As there is no internal escalation in the Adult Social Care complaints process, if complainants are dissatisfied with the way their complaints have been addressed, they have to escalate their complaint to the LGSCO.

5.18. In 2024/25, the Local Government and Social Care Ombudsman has advised that seven cases were referred to them. It is acknowledged that one of these cases was regarding another local authority, but RBKC was asked to provide information about the case.

5.19. Only one of the cases was assigned an outcome. It is noted that the Ombudsman agreed that the Council had remedied the injustice and therefore the matter was not pursued further, with the complainant's agreement and did not proceed to formal investigation. A formal apology was issued and along with a redress payment of £100.

#### *Indicator Four: Learning from complaints & remedies*

5.20. Complaints are performance managed on a monthly basis with oversight of key performance indicators at a director's level. All outcomes from complaints are discussed in team meetings and relevant training is provided where necessary. An evaluation process will be put in place for 2025/26.

5.21. The majority of complaints received in this area are from the Assessment and Care Planning service areas. These cover information and advice, complex social work teams, learning disabilities and review teams.

5.22. Of the 67 cases that were investigated, 8 cases were upheld. The most common reason for complaints upholding was that timescales were not made clear or expectations were not managed. A total of 28 corrective actions were carried out as a result of complaints.

#### **Children's Social Care**

5.23. Complaints about statutory Children's Social Care services are governed by the Children Act 1989, covering issues like children in need. Complaints that

fall outside the statutory framework, such as those related to special educational needs, foster carer registration or those that relate to Early Help Services are addressed through the Council's corporate complaints procedure. Children's Services response to corporate complaints is covered in Section 4.4 of this report.

- 5.24. Complaints dealt with under the auspices of the Children Act 1989 follow a similar process to corporate complaints at stage 1. The investigation and response are conducted by the relevant service team and should be answered within 10 working days. This time can be extended to 20 working days. At stage 2, the process is very different, and the investigation is carried out by an independent team consisting of an Independent Person and Independent Investigator. Upon receipt of a report from the independent team, a response to the complaint must be written by an adjudicating officer who is a senior manager reporting to the Director responsible for Children's Services.
- 5.25. In view of the requirement for an independent team at stage 2, the guidance allows up to 65 days to complete the stage 2 process.
- 5.26. Unique to Children's statutory complaints, complainants may request an escalation to a third stage which is a review panel formed of three independent people. The Independent person employed at stage 2 cannot be included on the panel. Once the third stage has been completed the complainant can escalate their case to the LGSCO.

*Indicator One: Number of complaints received*

- 5.27. Children's Services accepted 14 cases into the statutory complaints process in 2024/25. This is a 100% increase on the number of complaints accepted in the year 2023/24 which was 7 cases.
- 5.28. There has been a notable increase in complaints from fathers. Complaints from fathers typically allege a bias in favour of an ex-partner. There is an expectation that social workers will intervene in matters between former partners.
- 5.29. Care leavers have also complained about not being supported to access the final stage of their accommodation.

*Indicator Two: Timeliness*

- 5.30. At stage 1, all (100%) of the 14 complaints dealt with under that statutory process were responded to within the statutory timeframe. 71% met the more stringent corporate timeline of 10 working days.
- 5.31. Two complaints were escalated to stage 2 of the procedure. Of those, one case was dealt with within the Council's timescale of 20 working days. The

other was dealt with in 63 working days which is within the statutory timeline of 65 working days.

- 5.32. Under the statutory process, stage 2 complaints are investigated by any independent team consisting of an independent person and independent investigator.
- 5.33. No complainants were escalated to the third stage of the Children's statutory complaints process.

*Indicator Three: Outcomes*

- 5.34. Just one of the 14 complaints accepted into the statutory process was upheld, this equates to 7%. The other 13 (93%) were not upheld.
- 5.35. Two cases escalated to stage 2 where one was partially upheld and the other was not upheld.
- 5.36. No statutory complaints were escalated beyond stage 2 to either stage 3 or the Ombudsman.

*Indicator Four: Learning from complaints & remedies*

- 5.37. Although only one complaint has been upheld, it is recognised that there is a need to better manage the expectations of families and what they can expect from the service. The role of Social Workers in parental relationship breakdowns doesn't always match expectations, and complaints process should not be used in parental disputes.

## **Housing Management**

- 5.38. Housing Management complaints are handled within the service from assessment and acknowledgement through to responses and escalations. The complaint process shares common timelines, with the corporate (non-statutory) process. However, the Housing Management complaints process is statutory. Once the internal process has been completed, complainants may refer their case to the Housing Ombudsman Service.
- 5.39. In line with the Housing Ombudsman Complaint Handling Code, it is acknowledged that a high number of complaints is not necessarily negative, as it can indicate that the complaints process is well-publicised and accessible. Conversely, very low complaint volumes may suggest residents are unable or discouraged from raising concerns. The Council continues to ensure that the complaints process in Housing Management remains open, visible and easy to use.
- 5.40. Housing Management have seen an overall improvement in service performance which is reflected in the key performance indicators for 2024/25 when compared with the previous year. Performance also compares favourably against National and London-Wide peers.
- 5.41. Although there are indications of improved performance, escalations are high with more than 26% of complaints escalating to stage 2. Also, the

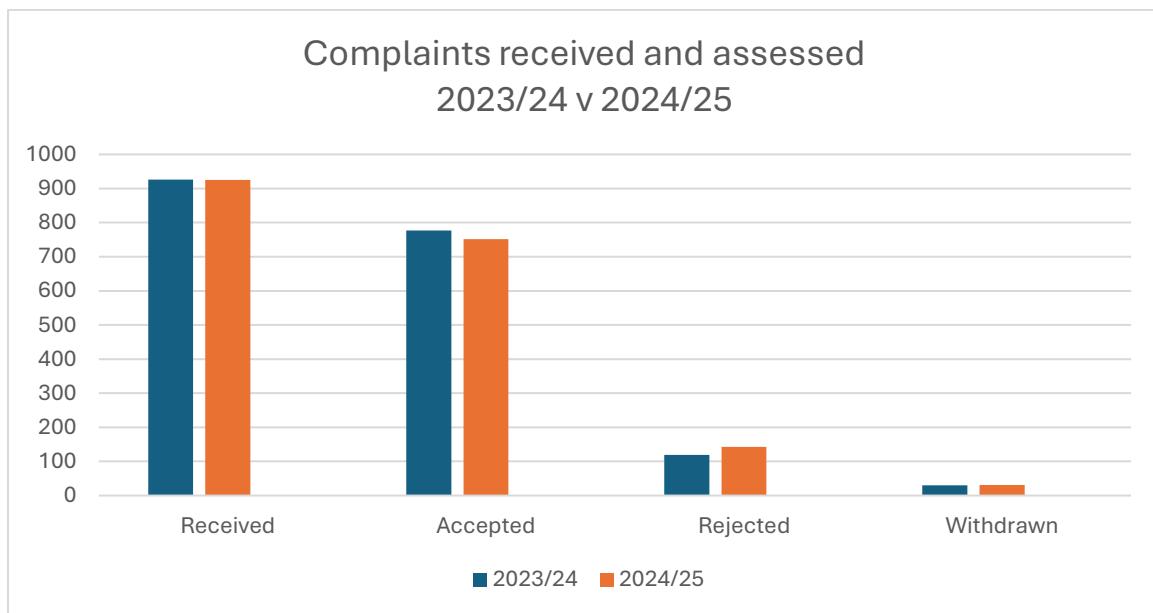
Housing Ombudsman Service reports increases in compensation payments over the last three years.

Year	Determinations	Orders Made	Maladministration Rate (%)	Compensation (£)
2022/23	23	26	38	4,200
2023/24	26	52	54	13,047
2024/25	19	61	58	25,752

*Indicator One: Number of complaints received*

5.42. Although the numbers of complaints received remain the same as in 2023/24, for 2024/25 there has been an overall decrease of 3% in the number of Housing Management complaints accepted for investigation. This is likely due to the assessment process being better understood by staff, as the definitions of what can be accepted as a complaint are clearly set out in the Housing Ombudsman's Complaints Handling Code.

5.43. The graph below shows a comparison between complaints received and assessed in 2023/24 and 2024/25.



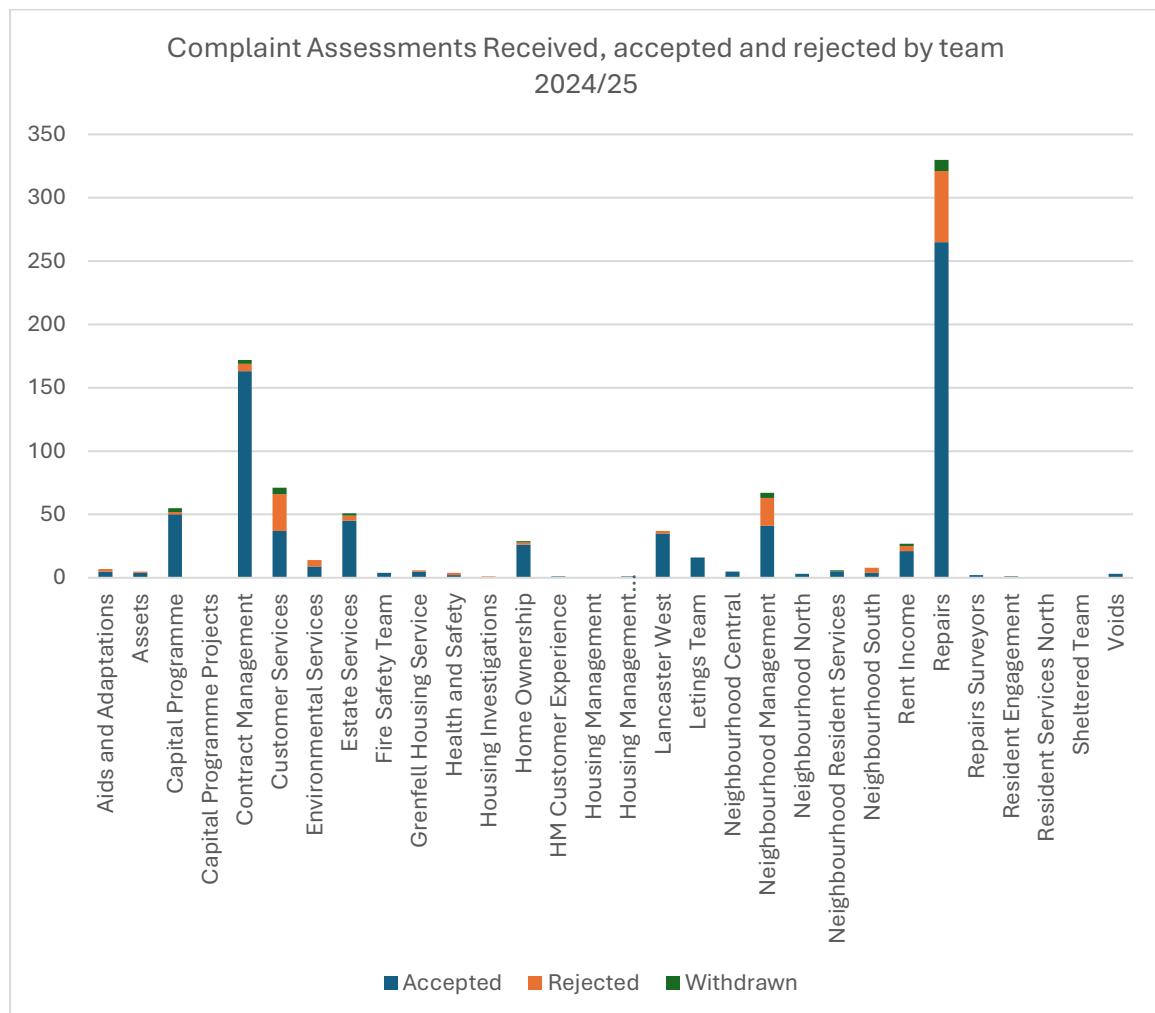
5.44. For 2024–2025, RBKC has seen an overall decrease in Housing Management complaints, particularly within Responsive Repairs. Previously this area accounted for around half of all complaints each month, but the figure now averages closer to one-third. The overall decrease reflects the work that has gone into service improvements, including better use of data to identify trends and efforts to address issues before they generate complaints.

5.45. There has been an increase in complaints for the Capital Programme Team, where complaints climbed from 11 last year to 50, which equates to a 354% increase. A significant proportion of complaints were regarding works carried out by United Living under the Kitchens & Bathrooms programme. This is

being closely monitored to prevent it from becoming a sustained trend. The delivery of new kitchens and bathrooms should be a positive experience for residents rather than a source of dissatisfaction.

5.46. Senior meetings have already taken place between United Living and our management team to review specific complaints, identify the causes, and agree improvements. United Living has also been required to compensate residents directly where failings have occurred.

5.47. The graph below shows complaint assessments received, accepted and rejected by team for 2024/25



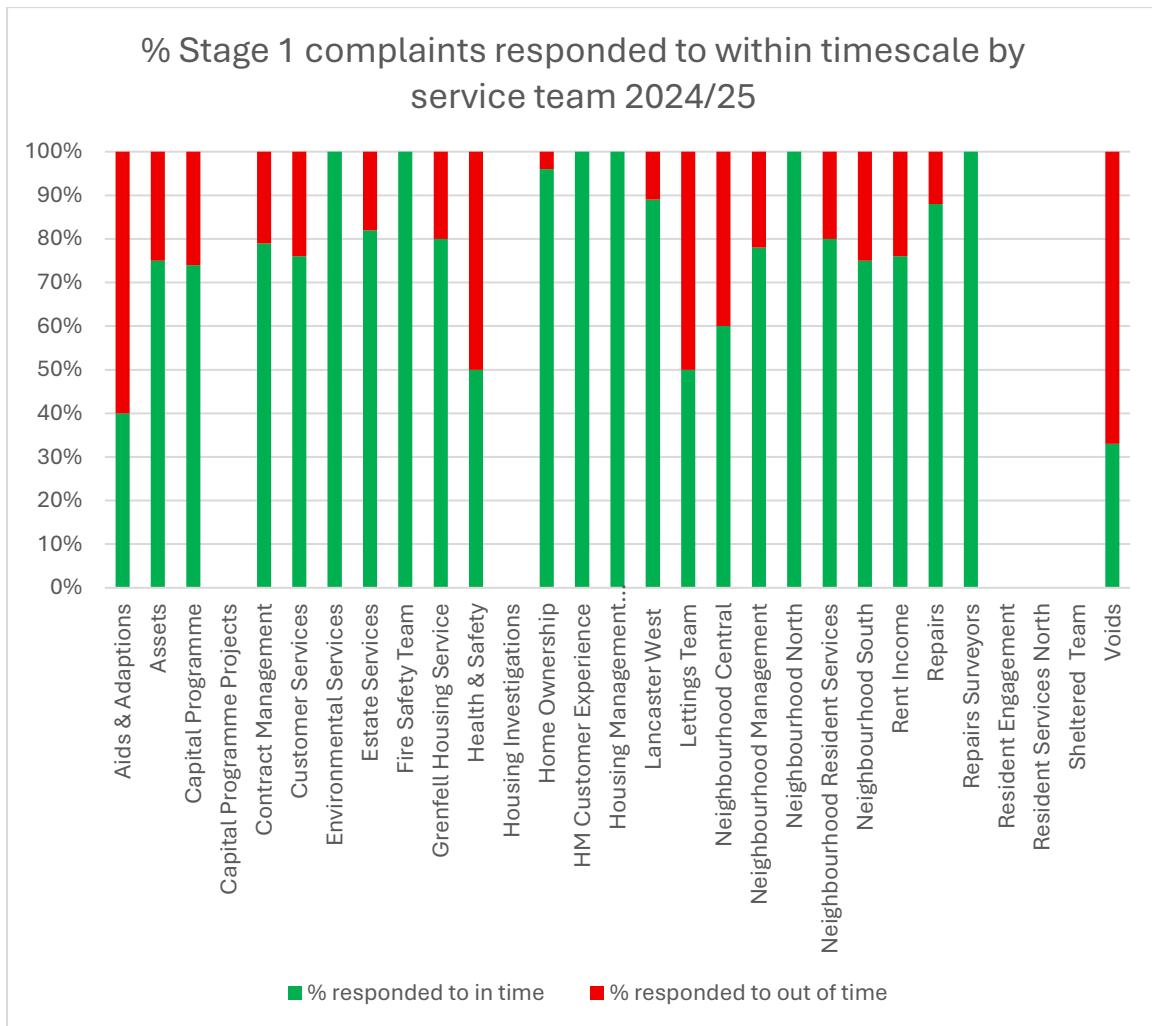
5.48. Most complaints during the 2024/25 period related to leaks. This is partly due to the unusual design of some buildings, which can make investigations complex and time-consuming. For example, a leak originating on the 5th floor may not show on the 3rd or 4th floors but instead appear on the 2nd floor, as water tracks through the structure.

#### *Indicator Two: Timeliness*

5.49. Stage 1 response performance has improved, with 82% of cases meeting the published response times compared with 77% in 2023/24. This does not meet the corporate target but represents a significant improvement. There is

considerable variation across the directorate with some teams reporting 100% of cases responded to with 10 working days. However, in some areas the respond in time rate is as low as 33%.

5.50. The graph below shows the percentage of stage 1 complaints responded to within timescale by service team for 2024/25

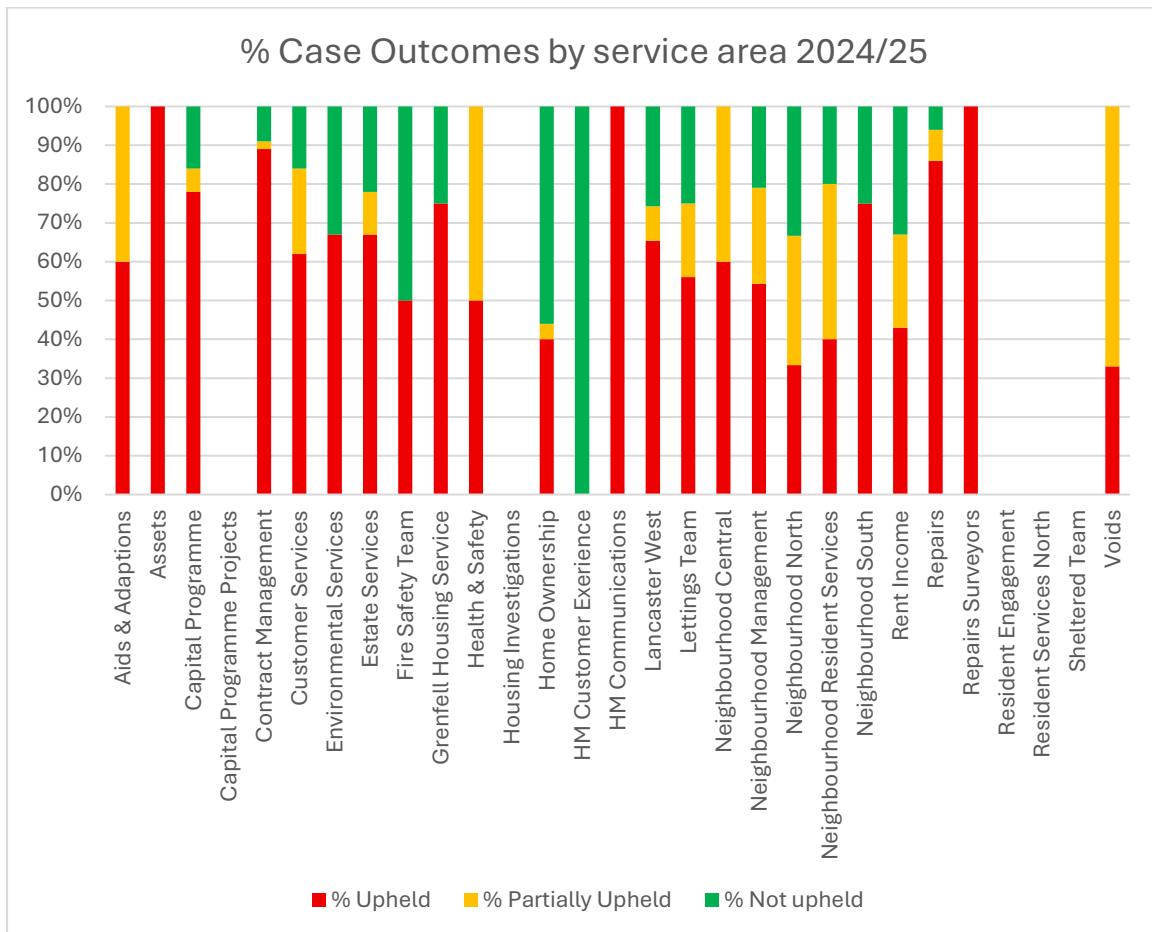


5.51. At stage 2 the respond in time rate is 96% for 2024/25 as it was for 2023/24. This is well within the corporate target for responding in time.

5.52. There has been a slight decrease in the uphold rate from 2023/24 to 2024/25. This is against an overall increase in complaints across those periods, 569 reported in 2023/4 to 708 2024/25. This suggests that teams

are working to effectively assess service failures and where needed, challenge customer expectations and compensation requests.

5.53. The graph below shows stage 1 outcomes by service area for 2024/25



5.54. Around 70% of the total annual Stage 1 complaints are regarding services delivered by the teams forming the Property Services Department. These teams are responsible for delivering day-to-day responsive repairs, boiler repairs and gas checks and also the capital delivery programme which are planned maintenance to residents' homes and estates.

5.55. Some of the main themes identified were:

- Internal / External Leaks: Roofs, guttering, balconies account for a high proportion of all complaints for the Housing department. Residents who complained about damp, leaks or plumbing issues also described themselves as having a vulnerability or were being advocated for due to delays.
- Planned / Minor Works: Delays to start remedial works following leaks, due to orders going out of target or residents not being informed of the 90-day priority featured in many of the complaints analysed. The Capital delivery team also received complaints for poor communication and liaison during the course of more complex and invasive repair works.

- Carpentry Issues: Poor workmanship and delays in replacement of key components such as doors and windows is reported by residents, including a lack of communication about whether the work will be approved or declined.
- Boiler Repairs: Delays identified where communal boilers were affected, including difficulties in sourcing issues / parts, pressurising system and resolving airlocks. For individual heating within residents' homes, a high percentage of complaints were due to misdiagnosis of issues and missed appointments. Inadequate resourcing contributed to delays in many of the complaints analysed, particularly over the winter and holiday period.

5.56. At Stage 2, 67% of cases were fully upheld and 4% were partially upheld. This represents a reduction in upheld cases from 2023/34 when fault was found in 77% of cases (74% fully upheld and 3% partially upheld).

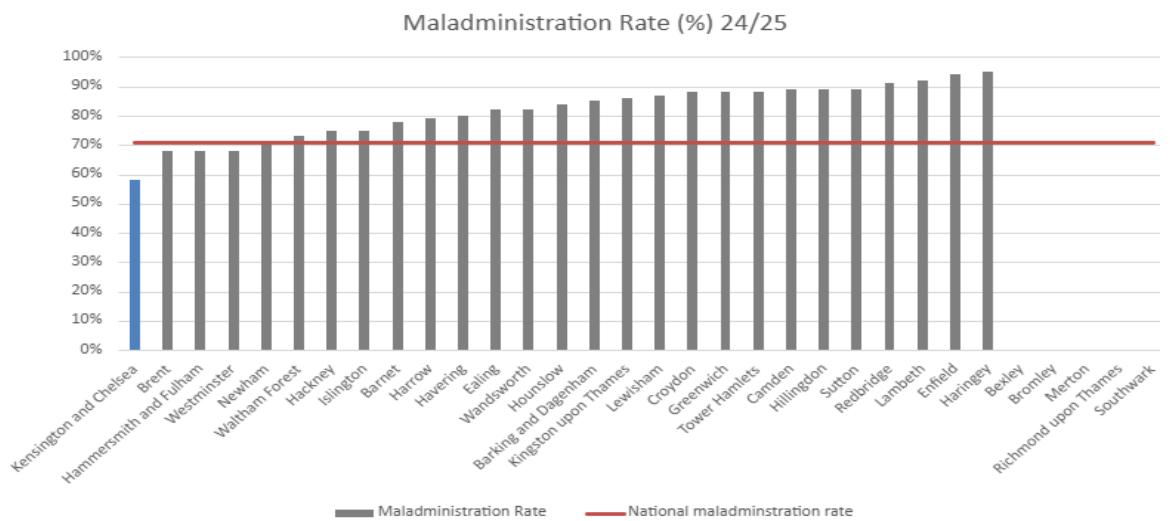
5.57. There has been a 22% increase in the number of complaints escalating from Stage 1 to Stage 2 from 2023/24 to 2024/25. Complaints typically escalate from Stage 1 to Stage 2 as a result of commitments made not being consistently tracked. Further, where delays do occur, customers are not proactively updated.

5.58. If unsatisfied with the Council's handling of their complaint, residents can escalate their complaint to the Housing Ombudsman Service (HOS). A full report from HOS included in the Appendix to this report. HOS report that 23 cases were escalated to them. Four cases were rejected as they were not in jurisdiction or did not meet the eligibility criteria.

5.59. HOS made 19 determinations in 2024/25. This is slightly less than in the previous year when determinations were issued on 22 cases.

5.60. There can be multiple outcomes from a single case. HOS reports 41 findings, 22 maladministration findings, 61 orders made and 19 recommendations. A maladministration rate of 58% has been calculated for 2024/25. This is an increase of 4% from the previous year when compared to RBKC's maladministration rate in 2023/24 but is below the national maladministration rate of 71% or the adjusted national administration rate adjusted for landlords of similar size and type which is 77%.

5.61. Below is a table comparing the maladministration rates with the other London Borough councils.



\*No figures are available for London Boroughs of Bexley, Bromley, Merton, or Richmond-Upon-Thames as they are not stock-holding authorities. No HOS report has been made available for Southwark at the time of writing.

#### *Indicator Four: Learning from complaints & remedies*

5.62. In 2024/25, 561 complaints were upheld and a further 71 complaints were partially upheld. In response to these outcomes 697 corrective actions have been identified.

5.63. Corrective actions have most commonly been providing additional information or services; the second most frequent action has been to arrange an inspection or assessment.

5.64. A full breakdown of corrective actions is shown below:

Corrective Action	Stage 1	Stage 2	Total
Provide additional information or service	285	139	424
Arrange inspection or assessment	173	24	197
Arrange staff training/coaching	42	1	43
Change or review process, policy or procedure	15	6	21
Take action against contractor or partner arrangements	6		6
Change or review equipment	4		4
Change or review service literature/web content	1		1
<b>Total</b>	<b>527</b>	<b>170</b>	<b>697</b>

5.65. Within Housing Management, complaints are examined for learning and development opportunities. Complaints are regularly discussed as the

departmental senior management meeting, where strategies are worked on as to how to operationalise these lessons.

5.66. Several changes have been implemented as a result of complaints, particularly within Repairs, which contributed to a clear reduction in new Stage 1 complaints. Key improvements included:

- Missed appointments: Upgrades to the job-tracking system (Service Connect) with clearer case ownership and accountability improved completion rates.
- Delays from staff turnover/absence: Stronger handover processes, refresher training, and more robust record keeping were introduced. Integration between CRM and Service Connect helped prevent jobs or information from being lost.
- Contractor delays: Availability is now checked alongside value for money before assigning works, with performance monitored through regular review meetings.
- Quality assurance: More in-person post-inspections are carried out, with before-and-after photos required. Payment is withheld until satisfactory evidence of completion is provided.

5.67. Service areas with a high number of complaints and reoccurring themes, have been supported with service improvement workstreams. For example, in-depth quality assurance assessments of the teams' systems and procedures have been carried out. Full-service reviews for departments where multiple areas of failure demand were identified are being carried out. This further step of analysis has helped to identify areas of training, management over-sight, data analysis and policy and procedures that need to be reviewed. For example, the leaks and damp and mould procedures had gaps around aftercare to residents which have now been improved. Overdue repairs are also being highlighted through weekly reporting.

5.68. Oversight of deadline extensions has been strengthened: all requests are monitored by the Resident Engagement and Complaints Manager and reported to the Director.

5.69. Additional staff have been allocated in key services to match complaint volumes more effectively.

5.70. Weekly reports are issued to managers highlighting open cases and any breaches, and the Customer Experience Team holds regular meetings with high-volume services to address issues causing or risking delays.

5.71. Each time a determination of maladministration or severe maladministration is received from the Ombudsman, a director-led case conference is held for the purpose of going through each determination on a line-by-line basis to identify learning and discuss how this can be implemented. At least one of

these has been attended in the past by the Council's Corporate Complaints Manager, to provide further objective input into the review process.

5.72. Key learning from the 2024-2025 Director-led case conferences were as follows:

- Record keeping

Recent Ombudsman decisions have highlighted record keeping as a recurring issue, particularly where actions were taken but not supported by clear evidence. This underlines the importance of robust record keeping across all services, as the Ombudsman considers an action complete only where there is documented evidence showing what was done, by whom, when, and where.

- Repayment agreements

The Ombudsman has emphasised that we should be issuing standalone written statements of repayment agreements once an amount has been finalised.

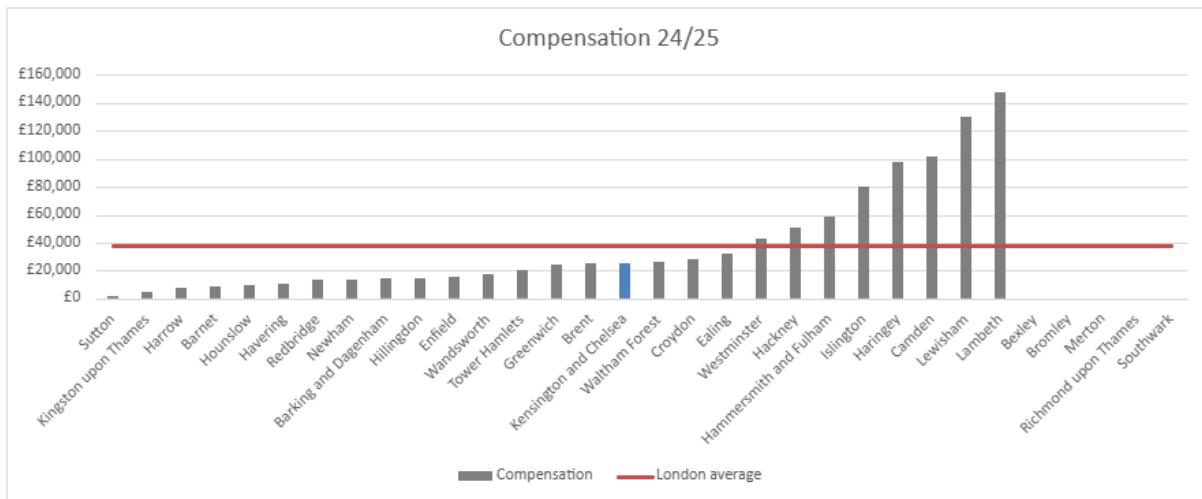
- Transfers

A recent Ombudsman determination highlighted the need to ensure that repairs continue to be progressed even where a resident has been approved for a transfer. In the case reviewed, a repair was not completed before the move, resulting in the same issue being raised by the incoming tenant.

- The Customer Experience Team has recommended that the process for handling repairs alongside mutual exchanges be reviewed to prevent similar occurrences in future.

5.73. The Ombudsman report on the amount of compensation payments in respect to cases where maladministration is found. The amount of compensation paid out has increased over the past three years, and in 2024/25 the figure was £25,752.

5.74. Below is a graph comparing the compensation paid by RBKC compared with the other London Boroughs



### *Compliments*

5.75. Housing Management received 119 compliments and leads the Council's services in terms of compliments received. Many compliments are in praise of works to decorate properties and carry out repairs. Customers also praise the team for listening to them and taking action on suggestions they have made.

## 6. Progress against priorities for identified for 2024/25 in the last annual report

- 6.1. In the last annual report, the following priorities, written in bold, were proposed to enhance complaints management for 2024/25. Updates are written alongside them:
  - 6.2. **Officers handling complaints must take greater responsibility to ensure complaints are resolved in accordance with the organisation's response times, all issues raised are thoroughly addressed, and opportunities for learning and improvement are actively pursued.**
  - 6.3. Feedback from Service Team Managers and responding officers across the Council suggested that they were unsure of the function of the Complaints, learning and Improvement Team. They saw the team as carrying out a compliance/performance role, engagement was low.
  - 6.4. The LGSCO guidance issued in February 2025 sets out the expectations for complaints handling. Clearly setting out models for complaints services and the responsibilities for those involved in the process.
  - 6.5. In order to provide support to service teams across the Council, and to improve the level of service to residents making complaints, the Complaints, Learning and Improvement Team have better defined their role. Clear responsibilities have been identified and communicated with service teams.

6.6. Since quarter 4 2023/24, the Complaints Team have been assessing incoming corporate complaints in most areas. The assessment function includes:

- i. Checking whether a complaint may be a service request
- ii. Checking whether the person is someone who can complain
- iii. Checking whether it is a matter that can be complained about
- iv. Checking whether there are opportunities to resolve the complaints quickly
- v. Identifying the most appropriate person to handle the complaint.

6.7. The complainant and the responding officers are advised of the outcome of the assessment in a tailored acknowledgement letter. Where a complaint is eligible, the Complaints Team will summarise the complaint into complaint points that form the basis of the investigation. This saves the service teams time and enables consistency and structure in the complaints handling process.

6.8. The complainant is given the opportunity to amend the complaint points or add any further points in the initial stage of the investigation. The complainant is also given a single point of contact, independent of the service teams, where they can discuss their case.

6.9. The Grenfell Inquiry and the Council's response to the Inquiry were issued in quarter 3 of 2024/25. There was a clear call from residents for more independence and oversight over the complaints process.

6.10. Where a complaint does not meet the criteria for investigation through the formal complaint process, the complainant is signposted to a more suitable route to resolve the issue.

6.11. Although this process is still being implemented and embedded, early feedback has been positive from service teams and residents.

6.12. To stabilise the Corporate Complaints Team; ensuring that there is a permanent manager in place and a full complement of complaints officers in post.

6.13. A permanent manager of the Complaints, Learning and Improvement Team was appointed and started in the role at the beginning of quarter 3 of 2024/25. The vacancy for a Complaints Officer was filled at the beginning of quarter 4 completing the team.

6.14. In response to resident feedback, efforts will concentrate on raising awareness of the Corporate Complaints Team as an independent entity, enhancing visibility and access to the complaints process, and ensuring the process and policy are accessible to individuals with protected characteristics or for whom English is not their first language. This will include updating a leaflet first designed in 2021 and adding it to the

Council's electronic noticeboard in its local libraries, community centres and places of worship.

- 6.15. A number of initiatives have taken place to raise awareness of the Complaints, Learning and Improvement Team. The team has featured in an internal communications campaign, "Meet the Team". This article was shared with all of the Council's staff.
- 6.16. We have now daily complaints surgeries to support responding officers in handling complaints and understanding the updated guidance. More than 50 responding officers are registered to use the service provided by the Complaints, Learning and Improvement Team.
- 6.17. How the Council raises awareness of the Complaints, Learning and Improvement Team with residents has been postponed until after the End-to-End Review of the complaints gets underway, and residents will be offered the opportunity to shape the way this looks.
- 6.18. A review of the structure, roles and responsibilities of the Housing Needs and Housing Management Customer Experience Team and the Corporate Complaints Team. This will include identifying any duplication of activity or effort which is taking place in other complaints functions which should be addressed to ensure consistency (in line with our commitment to being a competent Council) and drive efficiencies.
- 6.19. There have been a number of staff changes in the Housing Needs and Housing Management Customer Experience Team. However, now the Housing Needs and Housing Management Customer Experience Team Manager and Complaints, Learning and Improvement Managers' positions have been filled, meetings take place on a weekly basis.
- 6.20. The Complaints, Learning and Improvement Team have taken on the responsibility of logging and acknowledging all Housing Needs complaints. This will relieve some of the pressure on the service teams within Housing Needs.
- 6.21. The Housing Needs and Housing Management complaints functions are being audited as part of the Internal Complaints Audit. Outcomes and recommendations are due to be finalised in early 2025/26.
- 6.22. Further review will take place during the End-to-End Review of the Council's complaints service.
- 6.23. The Corporate Complaints Team will ensure compliance with the Local Government and Social Care Ombudsman's Complaints Handling Code, using the self-assessment form issued by the Ombudsman to facilitate this process.**
- 6.24. The LGSCO self-assessment form has been completed, and RBKC is largely in-line with the Code having carried out changes in-line with previous guidance from the Ombudsman. These include the two-stage complaints

process and 10-day target for responding to stage 1 complaints and 20-day target for responding to stage 2 complaints. The guidance issued to Councils on how to develop an effective complaints service is comprehensive and will provide a solid framework for complaints handling.

- 6.25. An updated complaints policy has been drafted taking into account the changes required and will be escalated for approval in early 2025/26.
- 6.26. **The Corporate Complaints Team will better support services with LGSCO cases to ensure consistent and efficient handling, offer expert guidance, streamline communications, mitigate reputational risk, and promote service improvements based on lessons learned. This will include sharing of LGSCO outcomes and deep dives into cases that have escalated with upheld outcomes.**
- 6.27. The Corporate Complaints, Learning and Improvement Manager is also the Council's LGSCO Link Officer and is responsible for all interactions the Council makes with the Ombudsman Service. Now that the position has been filled, the Link Officer can oversee LGSCO cases and quality check information sent to the Ombudsman in response to their enquiries.
- 6.28. The Link Officer can also respond to LGSCO outcomes, challenging them where appropriate to ensure outcomes are fair.
- 6.29. The Complaints, Learning and Improvement Team have weekly development meetings that are designed to drive positive change. These were introduced in quarter 4 2024/25 and looking at the reasons for complainants escalating their complaints is an important part of the meetings, including deep dives in to upheld cases.
- 6.30. **A corporate complaints dashboard has been developed and will be shared with the organisation to provide a centralised, consistent view of complaints, ensuring improvements in accountability, decision making and service delivery across all departments. This dashboard will ensure complaints are handled consistently and uniformly across services, increase transparency and accountability, offer a council-wide perspective to identify broader issues, and enable better resource allocation. Additionally, it will enhance decision-making with real-time data, improve efficiency and timeliness in resolving complaints, and ensure compliance with regulatory reporting requirements.**
- 6.31. The Complaints Dashboard has been made available via PowerBI. The dashboard has been further enhanced to work with the recommended key performance indicators prescribed by LGSCO. The dashboard allows for in depth analysis of complaints across all sorts of variables.
- 6.32. It is disappointing that uptake was low, with few services actively logging on to check performance. However, with support during morning surgeries and the re-commencement of the Complaint Leads' meeting the data is being shared with teams and more managers are beginning to log in.

- 6.33. **The Corporate Complaints Team will monitor changes to the complaints sign-off process and provide targeted training and support as needed. This effort aims to reduce stage two escalations and uphold rates by resolving issues early and making any necessary adjustments to ensure complaints are handled effectively.**
- 6.34. In quarter 4 2024/25, officers responding to complaints were invited to Complaints Handling Training as delivered by LGSCO. Four sessions were delivered and all were fully subscribed.
- 6.35. The Complaints, Learning and Improvement Team continue to offer daily support to responding officers with a morning complaints surgery taking place each day.
- 6.36. The Complaints Officers also provide ad-hoc training on using the case management system, writing outcome letters and providing regular performance reporting.

## **7. Complaints process – key activity for 2025/26**

- 7.1. The Council is aware that complaints handling has fallen short in the past and there are areas for improvement. The Grenfell Inquiry made clear that residents do not feel they are being heard, and there were calls for independent oversight of complaints, assurances that all complaints are logged and lessons learned.
- 7.2. As part of the Grenfell Commitments, RBKC has said:
- 7.3. **Inquiry Commitment 35: We will conduct a full, end-to-end review of the Council's complaints process**, focusing on resident experience, enforcement of service standards and forms of compensation and redress. It should include exploration of options for independent oversight of complaints and concerns about residents being penalised for complaining.
- 7.4. **Inquiry Commitment 6: Improve support for tenants, leaseholders and residents in temporary accommodation to make complaints.**
- 7.5. Most important is developing a better understanding of our service users. A co-design project with residents will cover access to the complaints service and how we interact with residents during the complaints process. It will also cover how we collect feedback from service users and scrutiny of the complaints function.
- 7.6. As well as residents' views of the complaints process, we will be looking at our own Internal Audit of the Complaints Service that took place in Quarters 2,3 and 4 2024/25. The outcomes are due in early 2025/26.
- 7.7. The LGSCO guidance issued in February 2025 will also be included in the review to ensure the Council is following best practice. The case management system will be reviewed to ensure it meets the reporting requirements of the Complaint Handling Codes with particular attention

being paid to monitoring of service improvements and learning from complaints

## 8. Appendices

- 8.1. [LGSCO Annual Letter](#) can be viewed on its website.
- 8.2. [Housing Ombudsman Service Annual Report](#) can be viewed on its website.
- 8.3. Cases upheld by the Ombudsman Services are listed below and can be viewed on the [LGSCO website](#) in full.

### 8.4. Cases Upheld by Ombudsman Services

#### *Corporate*

##### Environment and Neighbourhoods

**Summary:** Mr X complains the Council did not take adequate action against his neighbour's antisocial behaviour. We have found fault with the Council for delays during the antisocial behaviour case review process which caused Mr X avoidable distress.

A full report of the case can be found on the LGSCO website here: [SearchResult - Local Government and Social Care Ombudsman](#). The case reference number is 23 017 008.

**Summary:** Ms X complained about a Traffic Regulation Order and how the Council enforces this. Ms X said this puts her at a disadvantage as a disabled person. We do not find fault with how the Council responded to Ms X's concerns about how it enforces the Traffic Regulation Order.

A full report of the case can be found on the LGSCO website here: [SearchResult - Local Government and Social Care Ombudsman](#). The case reference number is 23 021 040.

**Summary:** Mr X complained the Council wrongly issued him with a Fixed Penalty Notice for littering. He said the Council failed to follow the correct enforcement procedure and had insufficient evidence he committed the offence. We did not find fault in the way the Council issued Mr X a Fixed Penalty Notice.

A full report of the case can be found on the LGSCO website here: [SearchResult - Local Government and Social Care Ombudsman](#). The case reference number is 23 020 685.

#### *Housing Needs*

##### Allocations

**Summary:** there was fault in the way the Council considered Ms X's homelessness and Housing Register applications. The delay in making key decisions, and the failure to make a review decision, caused Ms X significant anxiety and uncertainty over a prolonged period. The Council has agreed to provide a suitable remedy for the injustice caused by these faults.

A full report of the case can be found on the LGSCO website here: [SearchResult - Local Government and Social Care Ombudsman](#) The case reference number is 23 010 780.

**Summary:** Ms X complained about how the Council handled her homelessness and housing case. She also complained about the Council's delays and failure to resolve all the disrepair issues at her temporary accommodation. There were some faults by the Council which caused injustice to Ms X. The Council will take action to remedy the injustice caused.

A full report of the case can be found on the LGSCO website here: [23 014 464 - Local Government and Social Care Ombudsman](#) The case reference number is 23 014 464.

**Summary:** Ms X complained the Council had failed to provide suitable temporary accommodation for her and her family since 2021. We found the Council is at fault. This fault has caused injustice to Ms X and her family as they have been living in unsuitable accommodation which is impacting their health. The Council will apologise and make a payment to Ms X in acknowledgement of the impact this has had.

A full report of the case can be found on the LGSCO website here: [23 014 872 - Local Government and Social Care Ombudsman](#) The case reference number is 23 014 872.

#### Domestic Abuse

**Summary:** Ms X complains about how the Council dealt with her homelessness complaint. The Council is at fault as it delayed in considering if it owed a homelessness duty to Ms X and then did not notify her of its decision. It also did not take sufficient action to offer interim accommodation to her. As a result, Ms X has lived in unsuitable accommodation for longer than necessary. The Council has agreed to remedy Ms X's injustice by apologising to her, making a symbolic payment of £2100, accepting the main housing duty and offering temporary accommodation to her.

A full report of the case can be found on the LGSCO website here: [23 013 715 - Local Government and Social Care Ombudsman](#). The case reference number is 23 013 715.

**Summary:** We will not investigate this complaint about Miss X's homelessness. The Council has agreed a proportionate remedy for the injustice caused to Miss X by its delay offering alternative temporary accommodation. It is reasonable to expect Miss X to use the statutory review procedure to challenge the Council's decisions about the suitability of the alternative property and ending the homelessness duty.

A full report of the case can be found on the LGSCO website here: [23 017 391 - Local Government and Social Care Ombudsman](#). The case reference number is 23 017 391.

**Summary:** Miss X is homeless after fleeing domestic abuse. Miss X complained about the Council's delay in processing her homelessness application and for leaving her in

unsuitable accommodation for over a year. We have found fault with the Council which caused Miss X avoidable distress and uncertainty.

A full report of the case can be found on the LGSCO website here: [23 020 204 - Local Government and Social Care Ombudsman](#). The case reference number is 23 020 204.

**Summary:** When Ms X was homeless the Council housed her in unsuitable bed and breakfast accommodation, failed to properly investigate her reports of a rodent infestation and significantly delayed accepting housing duties to her. There was no fault in how the Council considered her priority points on its housing register or her location requirements for long-term housing. The Council has recently taken relevant action to improve its services. However, to recognise the personal injustice caused to Ms X, the Council has also agreed to apologise and pay Ms X £1,500.

A full report of the case can be found on the LGSCO website here: [24 002 584 - Local Government and Social Care Ombudsman](#). The case reference number is 24 002 584.

#### Homelessness

**Summary:** Ms X complained about the Council's handling of her homelessness application and complaint. We find fault which caused Ms X avoidable uncertainty and distress. The Council should apologise to Ms X, make a symbolic payment and provide staff reminders to prevent recurrence.

A full report of the case can be found on the LGSCO website here: [23 011 382 - Local Government and Social Care Ombudsman](#) The case reference number is 23011382

**Summary:** We found no fault on Ms B's complaint about the Council failing to process her and Ms C's homeless applications properly, about it charging rent for a previous property, or charging hotel costs. There was at fault on Ms C's complaint about the provision of alternative accommodation following eviction. She was placed in unsuitable accommodation for 13 weeks with her child. They remained in unsuitable accommodation. The Council agreed to make a payment, provide an apology, and bring its failings to the attention of relevant staff to avoid repetition.

A full report of the case can be found on the LGSCO website here: [23 015 497 - Local Government and Social Care Ombudsman](#). The case reference number is 23 015 497.

**Summary:** Miss B says the Council failed to move her from unsuitable temporary accommodation despite agreeing to do so and failed to act on antisocial behaviour from another resident. The Council left Miss B in what it accepted was unsuitable temporary accommodation for 18 months longer than it should have and failed to follow its antisocial behaviour policy. An apology, payment to Miss B, reminder to officers and training is satisfactory remedy.

A full report of the case can be found on the LGSCO website here: [23 016 416 - Local Government and Social Care Ombudsman](#). The case reference number is 23 016 416.

**Summary:** The complaint concerns the Council declining to review its decision to end its legal duty to provide the complainant housing. These types of housing decisions carry a legal right for the person affected to request a review within a set timeframe and the Council considered the request the complainant submitted had been made late. We informed the Council about likely fault with its decision to decline the review request and in response it agreed to resolve the complaint by providing a suitable remedy for the injustice caused.

A full report of the case can be found on the LGSCO website here: [23 016 979 - Local Government and Social Care Ombudsman](#). The case reference number is 23 016 979.

**Summary:** We shall not investigate Miss X's complaint about homelessness matters. Much of the complaint is late without a reasonable prospect of reaching a clear enough view now. Miss X could reasonably have used her review rights about any temporary accommodation offers she considered unsuitable. Miss X seeks compensation for personal injury, which is more appropriately for the courts to decide. There is not enough evidence of fault depriving Miss X of an offer of social housing. The Council has offered a suitable remedy for failing to reply to Miss X after May 2023.

A full report of the case can be found on the LGSCO website here: [23 018 731 - Local Government and Social Care Ombudsman](#). The case reference number is 23 018 731.

**Summary:** Ms X complained about the way the Council has handled her homelessness application. She said the Council has discharged its duty unlawfully and has failed to confirm whether she is on the Council's housing register. We find the Council was at fault for the initial delay in assessing Ms X's application and delay in confirming whether she is on the housing register. This caused significant distress to Ms X. To remedy this injustice caused by fault, we make several recommendations.

A full report of the case can be found on the LGSCO website here: [24 000 486 - Local Government and Social Care Ombudsman](#). The case reference number is 24 000 486.

**Summary:** The Council was at fault for failing to address ongoing issues of damp and mould and anti-social behaviour in Miss X's temporary accommodation. The Council was also at fault for poor communication, delay acting on actions identified by its complaint process, and failure to keep the suitability of the accommodation under review. As a result, Miss X spent 19 months in unsuitable accommodation. To remedy this injustice, the Council has agreed to apologise, make payments to Miss X, and act to improve its services.

A full report of the case can be found on the LGSCO website here: [24 001 508 - Local Government and Social Care Ombudsman](#). The case reference is 24 001 508.

**Summary:** Mr X complained the Council did not take appropriate action to resolve reports of disrepair in the temporary accommodation it provided. Mr X also complained the Council declined his request to review its decision to discharge its duty to accommodate him. He says the Council's actions caused him avoidable stress and worry. We found some fault by the Council. The Council has agreed to provide an apology and a financial remedy to Mr X.

A full report of the case can be found on the LGSCO website here: [24 001 739 - Local Government and Social Care Ombudsman](#). The case reference is 24 001 739.

**Summary:** Mr D complained how the Council handled his case when he approached it for homelessness assistance. He says the Council delayed assessing his case and issuing decisions, it failed to communicate with him properly and there was a lack of action to resolve his homelessness. We find the Council was at fault for its significant delays in dealing with Mr D's homeless application. The Council has agreed to our recommendations to address the injustice caused by fault.

A full report of the case can be found on the LGSCO website here: [24 002 981 - Local Government and Social Care Ombudsman](#). The cases reference is 24 002 981.

**Summary:** The complainant, Mr X, complains about the significant delays by the Council in progressing his homelessness application. He also said the Council has failed to consider whether he should be placed on the housing register and delayed responding to his complaint. We find the Council was at fault for the delay in progressing his homelessness application and delay in responding to his complaint. This caused significant distress to Mr X. The Council has agreed to make several recommendations to address this injustice caused by fault.

A full report of the case can be found on the LGSCO website here: [24 004 197 - Local Government and Social Care Ombudsman](#). The case reference is 24 004 197.

**Summary:** Miss X complained that the Council failed to move her from her unsuitable temporary accommodation since December 2023. The Council was at fault for its failure to provide Miss X with suitable temporary accommodation and its poor communication with her. The Council was also at fault in how it dealt with Miss X's review request and its complaint handling. These faults caused distress and uncertainty to Miss X, and she continues to live in unsuitable accommodation. The Council will take action to remedy the injustice caused.

A full report of the case can be found on the LGSCO website here: [24 007 494 - Local Government and Social Care Ombudsman](#). The case reference is 24 007 494.

**Summary:** Mr X complained about the Council's handling of his homelessness application. We found fault by the Council causing Mr X distress, uncertainty and frustration. The Council agreed to apologise to Mr X, make him a payment in recognition

of the injustice caused to him and decide his homelessness and housing register applications.

A full report of the case can be found on the LGSCO website here: [24 008 693 - Local Government and Social Care Ombudsman](#). The case reference is 24 008 693.

**Summary:** Mr X complained about the way the Council handled his homelessness and housing register applications. We have found the Council at fault for delaying in deciding Mr X's housing register application, delays processing his homelessness application and for not providing temporary accommodation. This caused Mr X avoidable distress and meant he spent time in unsuitable accommodation. To remedy the injustice caused the Council agreed to apologise, make a payment to Mr X, offer him temporary accommodation and issue him with a decision on his housing register application.

A full report of the case can be found on the LGSCO website here: [24 009 703 - Local Government and Social Care Ombudsman](#). The case reference is 24 009 703.

#### *Resources*

**Summary:** Ms X complained that the Council failed to investigate her concerns that her former partner was receiving funding for their child but was not using it for the child's benefit. She also says the Council failed to act on her request to remove the child from the funding programme. We found the Council investigated Ms X's concerns but failed to act promptly on her request to remove the child from the funding programme. The Council has provided a satisfactory remedy for the injustice caused.

A full report of the case can be found on the LGSCO website here: [24 007 908 - Local Government and Social Care Ombudsman](#). The case reference is 24 007 908.

#### *ASC*

**Summary:** We will not investigate Mrs X's complaint about the behaviour of a staff member at a group she attended. She says the staff member was unprofessional and verbally abused her. This is because the Council has agreed to resolve the complaint early by providing a proportionate remedy for the injustice caused.

A full report of the case can be found on the LGSCO website here: [Search Result - Local Government and Social Care Ombudsman](#). The case reference number is 24003328.

#### *CSC*

In 2024/25, the Ombudsman issued nine decisions, three of which were upheld. These were:

**Summary:** There was fault by the Council in failing to review and amend an Education, Health and Care (EHC) Plan in time for a transition between post-16 placements, so Mr Y had no setting to attend for the 2023/24 academic year. As a result, Mr Y missed out

on education in his EHC Plan, and the family was caused unnecessary distress. The Council will apologise, reimburse the family, make a symbolic payment and service improvements. The complaint is upheld.

**Summary:** Miss X complains the Council deliberately delayed arranging contact with her children. We find fault with the Council for delay in arranging extra contact days. We have agreed a symbolic payment for the frustration and distress caused to Miss X as a result.

**Summary:** Miss X complained that the Council failed to provide alternative education when her son was unable to attend school, that it delayed in completing the annual review process of her son's Education, Health and Care Plan and the communication with her was poor. This meant that her son missed out on education, and she was caused avoidable distress and unnecessary legal costs. The Council had already found some fault, but the complainant was dissatisfied with the remedy offered for the injustice caused. The Council has agreed to make an increased symbolic payment for the lost education.