

**From:** Dan Watkins, Cabinet Member for Adult Social Care and Public Health  
Richard Smith, Corporate Director Adult Social Care and Health

**To:** Adult Social Care Cabinet Committee - 23 November 2023

**Subject:** **ADULT SOCIAL CARE AND HEALTH ANNUAL COMPLAINT'S REPORT 2022/2023**

**Classification:** Unrestricted

**Previous Pathway of Paper:** None

**Future Pathway of Paper:** None

**Electoral Divisions:** All

**Summary:** This report provides Members with information about the operation of the Adult Social Care and Health Complaints and Representations' Procedure between 1 April 2022 and 31 March 2023.

**Recommendation:** The Adult Social Care and Health Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the content of this report.

## 1. Introduction

1.1 This report provides an overview of the operation of the complaints and representation procedure for Adult Social Care and Health during 2022/2023. The report includes summary data on the complaints, enquiries and compliments received during the year with additional information in Appendices 1-6. It also provides examples of the actions taken and improvements made from complaints which are used to inform future service delivery.

## 2. Policy Context and Procedures

2.1 The "Local Authority Social Services and National Health Service Complaints (England) Regulations 2009" places a duty on local authorities to have arrangements in place for dealing with complaints.

2.2 Associated with the Regulations, guidance was issued which outlines the three key principles of the procedure:

1. **Listening** – establishing the facts and the required outcome
2. **Responding** – investigating and making a reasoned decision based on the facts/information and
3. **Improving** – using complaints data to improve services and inform the business planning and commissioning processes.

2.3 The feedback provided via complaints, enquiries, informal concerns and compliments allows us to increase our understanding of a person’s journey of the service they experience. Investigations into the concerns provide the opportunity to put remedies in place if an error has occurred. It is important that we have a procedure that is flexible and puts the person at the heart of the investigation.

### 3. Total Representations received by Adult Social Care and Health (ASCH)

3.1 A total of **958 complaints** were logged during 2022/2023 about services delivered or commissioned in relation to ASCH. Further information about the number and type of complaints can be found in Appendix 1.

3.2 The number of **complaints** received during 2022/2023 has increased by 29% from the previous year. The rise in numbers is generally consistent across all service areas however the top three areas of increase were in relation to the Blue Badge Service, Strategic Commissioning and Finance. The Community Operational Teams saw an overall increase of 20% whilst the 16-25 Team had a similar level to the previous year. Service Provision and County Services both had a decrease in complaints.

3.3 Following initial assessment by the Customer Care and Complaints Team, **273 complaints were rejected**. These include where people raised concerns about services that were not for Kent County Council (KCC) and, where possible, people were signposted to appropriate organisations.

3.4 The percentage of people raising a complaint remains consistent from previous years at 1% in relation to those people who receive a service from adult social care.

Year	Complaints received	% increase/ decrease on previous year	People we have supported	% of people or their representative raising a complaint
2022/2023	958	+ 29%	80,723	1%
2021/2022	744	- 1%	74,723	1%
2020/2021	754	- 30%	67,212	1%

- 3.5 A total of **530 Enquiries** were received in 2022/2023 which is a significant increase of 43% on the previous year. The majority of these Enquiries were from MPs or Members on behalf of a constituent about an aspect of the service they received.

Year	Enquiries received	% increase / decrease
2022/23	530	+ 43%
2021/22	370	-2%
2020/21	381	0%

- 3.6 In 2022/23, **439 compliments** were received about the service provided which represents a 17% increase from the previous year. Compliments provide useful feedback of a person's journey and the experience of our services.

Year	Compliments received	% increase / decrease
2022/2023	439	+ 17%
2021/2022	375	- 27%
2020/2021	512	- 1%

A few examples of the compliments received can be found in Appendix 2.

- 3.5 In 2022/2023, **247 informal concerns** were received which represents an 18% increase from the previous year. Informal concerns are locally resolved, within a short period of time, usually within 24 hours, by the Customer Care and Complaints Team, in consultation with the operational service. Someone raising an informal concern is happy for it not to be progressed via the formal complaint route and is informed of the formal process.

- 3.6 An example of an informal concern, is a call made from a person's son raising concerns and frustration as the family is supporting their mother who has dementia and her care was becoming challenging with carer breakdown likely. The family was waiting for a care needs assessment and were now desperate. Contact was made with the Team Manager who arranged for a practitioner to contact the family as a matter of urgency and organise an assessment for the following day.

Year	Informal concerns	% increase / decrease
2022/2023	247	+ 18%
2021/2022	210	- 13%
2020/2021	242	- 18%

#### 4. Coroner's Inquest Requests

- 4.1 In 2022/2023 we managed **33** Coroner's requests. This is a decrease of 23% on the requests received in the previous year.

Year	Coroner Enquiries
2022/2023	33
2021/2022	43
2020/2021 (6 months)	23

- 4.2 The Customer Care and Complaints Team manages the process to ensure effective communication, tracking and sign off between the Coroner's Office, adult social care operational teams and Invicta Law.

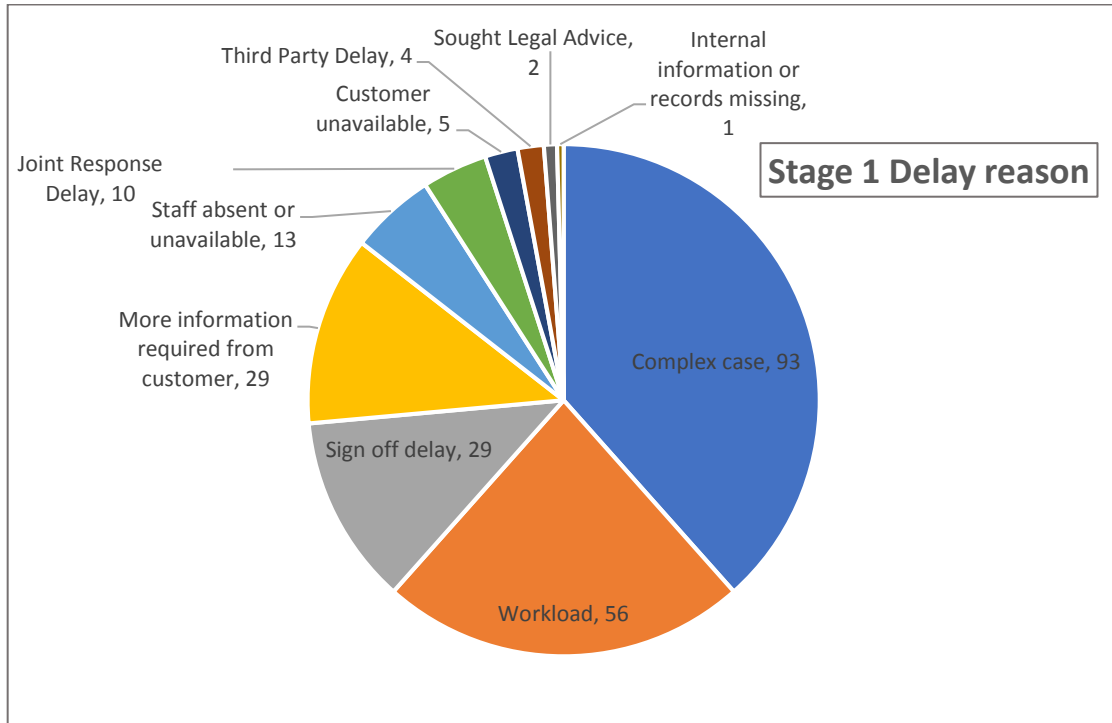
#### 5. Compliance with standards

- 5.1 KCC aims to respond to 85% of complaints within KCC's Key Performance target of 20 working days. ASCH complaints can be complex and therefore additional time is sometimes required to either meet with the complainant or liaise with other agencies. When this happens, and with the agreement of the complainant, an extension to the deadline is agreed; 41 complaints had their timescales extended during the year.
- 5.2 The response time achieved within the 20 day target was **71%** which was a 1% decrease from the previous year.

Year	Complaints closed	% responded to within 20 days
2022/2023	906	71%
2021/2022	743	72%
2020/2021	783	60%

- 5.3 99% of complaints were acknowledged within three working days.

5.4 Delay reasons - The table below shows the overall delay reason cited in not meeting the 20-day standard.



Stage 1 delay reason	Total	%
Complex case	95	38%
Workload	56	23%
Sign off delay	29	12%
More information required from customer	29	12%
Staff absent or unavailable	13	5%
Joint Response Delay	10	4%
Customer unavailable	5	2%
Third Party Delay	4	2%
Internal information or records missing	1	<math><1\%</math>
<b>Total</b>	<b>243</b>	

## 6. Listening to complainants and Methods of engagement

- 6.1 The Customer Care and Complaints Team make an initial telephone call to the complainant to acknowledge and clarify the complaints to be investigated and check on any adjustments to be made during the course of the investigation. A further opportunity to discuss the complaint is offered as part of the investigation and, within a two-month sample of responses, 77% of complainants were telephoned by the manager. This discussion creates the opportunity to understand the impact of the complaint on the person and supports the preparation of the response to ensure all areas are covered.
- 6.2 Feedback is encouraged and accepted in a variety of formats which allows people to complain in the way they feel most comfortable.
- 6.3 The most popular way to make a complaint was via email at 38%, followed by telephone and self-service at 24%, via the Contact Centre at 8% and by letter at 5%.

Method	Total	%
Email	366	38%
Telephone	235	24%
Self service/ online	230	24%
Contact Centre	73	8%
Post	52	5%
Comment Card	2	0%
<b>Total</b>	<b>958</b>	

## 7. Complaint outcomes

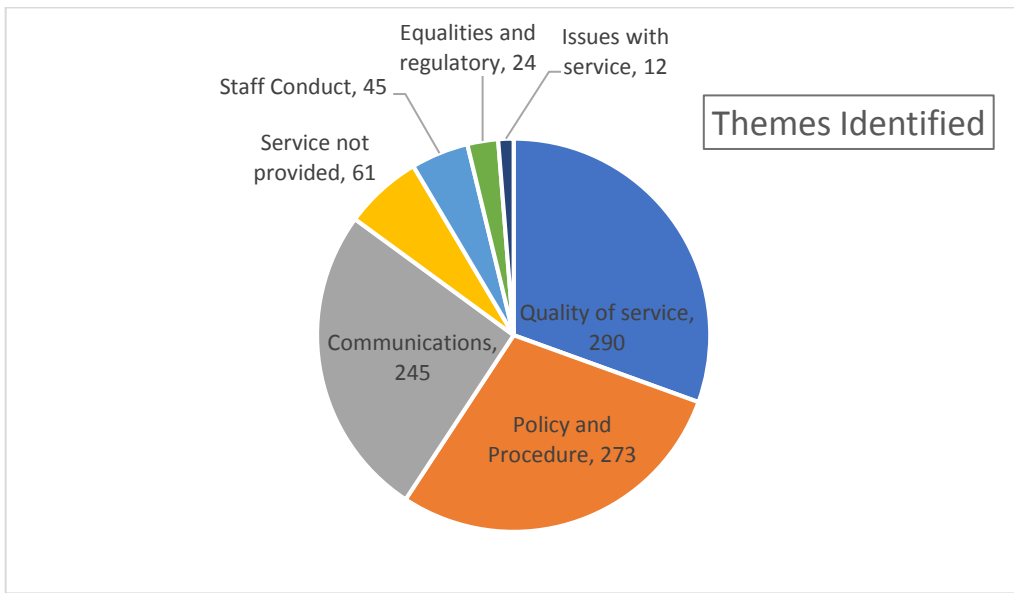
- 7.1 Each complaint is fully investigated, and a response letter sent to the complainant with the findings, outcomes and details of what has been done to put things right and offer an apology. Some complaints lead to lessons being identified for the individual practitioner or wider service which offers reassurance that the issue has been taken seriously. A summary of the outcome of the complaints is recorded in the table below.

Year	Complaints closed	Upheld + partially Upheld	Not upheld	Resolved upon receipt/ withdrawn/suspended/ another procedure
2022/2023	906	44%	27%	29%
2021/2022	743	49%	28%	23%
2020/2021	783	48%	31%	21%

- 7.2 The number of complaints upheld or partially upheld is 44% which is a reduction from previous years.
- 7.3 29% of complaints or concerns raised were “resolved upon receipt” which demonstrates that flexibility is applied by the Customer Care and Complaints Team if a concern raised can easily be rectified without progressing to a full investigation.

**8. Themes identified arising from complaints**

8.1 The reasons for complaints are shown below and categorised under the following main Corporate headings:-



Problem	Total	Upheld/partly upheld
Quality of service	290	102
Policy and Procedure	273	137
Communications	245	103
Service not provided	61	31
Staff Conduct	45	18
Equalities and regulatory	24	8
Issues with service	12	8

- **Communication** remains one of the top issues raised during investigations with people calling, often repeatedly, to try and resolve issues and this not being followed up. This leaves people feeling exhausted and frustrated and progressing to raise a complaint, examples include:-
  - Repeat callers trying to resolve issues, including those relating to charging
  - Staff lacking empathy and understanding in their communications
  - Not informing family members of changes to someone's care.
  
- There were a number of complaints received about the **quality of service** relating to services provided by a third party. KCC is responsible for these commissioned services that are delivered on behalf of adult social care. Examples include:
  - Repeated missed calls to provide care at home
  - Care provision being of poor standard in respect of personal hygiene and cleanliness of rooms
  - Confusion over medication issues
  - Carers taking numerous breaks and making personal calls during visits
  - Loss of personal items taken into the residential home.
  
- Complaints received, logged under **Policy and Procedure** not being followed incorporate issues about **case management** and **assessments** which included the following issues:-
  - Delays in the completion of assessments and care plans
  - Delays in Direct Payments progressing and Kent Card being issued
  - Delays in progressing carers' assessments
  - Not involving family over assessments or care arrangements
  
- Other complaints logged under **Policy and Procedure** related to **Charging**, with the most common issue being that people were not aware that the service received is chargeable or that they dispute how the charge is calculated. People have cancelled their care package because they have been unable to pay. Delays in confirmation of funding have also left people unsure whether their funding would run out causing anxiety.

There have also been several complaints about the Disability Related Expenditure Assessments (DREA) where practitioners have not correctly taken into account someone's expenses to support their disabilities.

## 9. Putting things right and Improving– creating opportunities

- 9.1 Feedback from complaint investigations provides a vital source of insight about people's experiences of adult social care and gives us the opportunity to put things right.



- 9.2 When a complaint is upheld often lessons or corrective actions are identified to remedy the specific complaint. Sometimes these actions relate to an individual practitioner and the person is supported through supervision and training and other times the issue is wider and needs to be shared across all teams.
- 9.3 The lessons are also shared with the Strategic Safeguarding, Practice and Quality Assurance Team so that Key Messages are cascaded to all staff and policies reviewed if appropriate.
- 9.4 A selection of some of the corrective actions are below, and further detail on the corrective actions and improvements/lessons learnt can be found in Appendix 3.

**You said** – That there were significant delays in accessing an assessment from the specialist Autism Service

**We did** – we listened to the views of those requiring an assessment from the Autism Service and incorporated the service into the Community Teams to distribute the resources and demands for assessments. We provided training to staff to increase the awareness of Autism and the need for clear, concise and consistent information to be provided through the assessment, planning and review process.

**You said** – that ASC and other agencies , including Health, did not provide adequate care and did not communicate effectively or take into account the views of families in the planning of care

**We did** – we set up regular meetings with other agencies to improve partnership working. Training was provided to staff in respect of engaging with families and reviewing their approach to strengths-based assessments. We also signed up to the Kent and Medway Care Record which allows practitioners easy access to vital health information.

**You said** – that you wanted to know the cost of your care before the service commenced.

**We did** – we developed an interactive financial estimator calculator on our website. In addition, we updated our Charging Policies to ensure people have as much information as possible prior to their care commencing. Other improvements are also being developed.

**You said** – that you were receiving poor quality of care from external providers within the community.

**We did** – where appropriate, we waived the fees for the care provided and practitioners were reminded to obtain feedback from people about commissioned services, so that any identified issues could be addressed promptly with the provider.

**You said** – that following a safeguarding enquiry there was a missed opportunity to advise a vulnerable person of their right to request an assessment of need for care and support.

**We did** – a reminder was sent to staff about the need to offer an assessment where appropriate when someone might benefit from social care support as part of a safeguarding enquiry. A webcast on recording procedures and other good practice issues was also produced and circulated to all staff.

**You said** - that we had not responded to your complaint thoroughly and you did not feel that we had listened to all the issues raised.

**We did** - an escalation stage to the complaints process was introduced to ensure thorough consideration and review takes place of ongoing concerns by a senior manager.

**You said** – that the invoices you were receiving were still incorrect and did not show itemised care charges so you did not know if they were correct

**We did** – improvements continue to be made to the Kentcare invoice system to show charges broken down by week to show a total cost of the care as well as the actual contribution to the person. A waiver of fees is applied where incorrect charges are made.

**You said** – that the care home had not informed you when your mother's end of life medication had been administered. You also said that several of her personal items could not be found.

**We did** – the Commissioning team supported the home to deliver training for staff to ensure they were aware of the need to contact family members when there were significant changes made to care plans. The home was also supported to introduce an inventory to ensure all items of value were documented. Payment was made for the lost personal items.

**You said** – that there were discrepancies in care provided and what you had been charged for the care.

**We did** – We introduced a provider portal for completion by care providers to ensure records and subsequent invoices are as accurate as possible. We have a dedicated Provider Portal team to ensure the smooth running of the process and to swiftly resolve any queries.

**You said** – that you wanted to know if a Student Social Worker was visiting you or involved in supporting you.

**We did** – We have amended our initial contact form to ensure the status of the person making contact is recorded and also details of the supervisor are provided.

#### Top remedy actions undertaken:-

Action taken	Total
Discuss at team meeting	108
Arrange staff training or guidance	105
Change or review communications	86
Formal apology	82
Provided service requested	38
Financial remedy	35
Change or review service	32

## 10. Financial implications

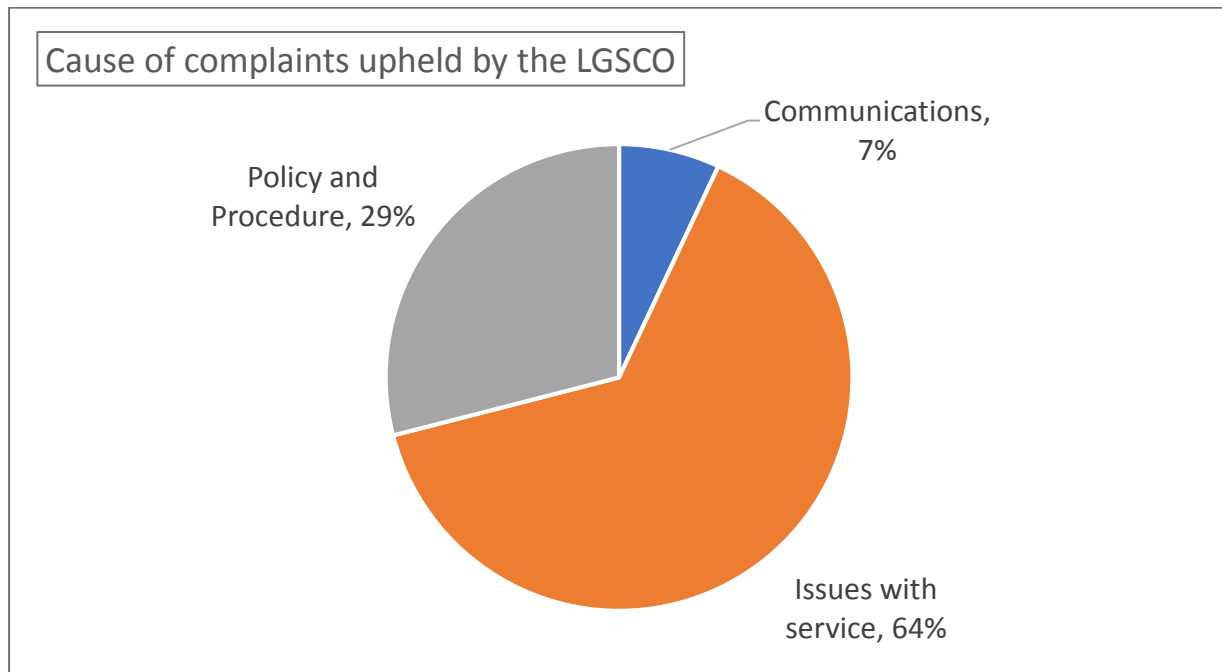
- 10.1 In 2022/2023 a total of £116,960 was paid to complainants as gesture of goodwill payments, financial settlements or adjustments. This figure has decreased by 20% from the previous year and includes £2,950 paid as a result of Local Government and Social Care Ombudsman (LGSCO) investigations during this period.
- 10.2 Gesture of goodwill payments made up £6,564 of the total amount which was paid in recognition of the impact of errors or where a delay had occurred that resulted in some injustice to the person we support or their family. The majority of the gesture of goodwill payments were under £500 and were in line with the financial remedy guidance set out by the LGSCO as part of complaint resolution.
- 10.3 The financial adjustments relate to where errors occurred over charges, either where families were not informed about the need to pay for a service or a lack of communication about a charge, an overpayment or where services did not meet the required standard.

## 11. Complaints received via the Local Government and Social Care Ombudsman (LGSCO)

- 11.1 The second stage of the complaints process is to contact the LGSCO. The LGSCO gives the council four weeks to respond to a full investigation request and we have responded to all enquiries within timescale.
- 11.2 The table below shows that the LGSCO considered and made a decision on 48 cases, this represents 5% of the total complaints Adult Social Care received for 22/23 (958) that progressed to the LGSCO and is a decrease from last year. The LGSCO found fault and upheld 14 of these cases, 3 were not upheld, 25 were closed because they required no further action after our initial submission or were out of jurisdiction and 6 were premature and were progressed as new complaints. Further detail on the closed cases can be found in Appendix 4.

Year	Upheld maladministration / injustice/ no further action	Not upheld no further action/ no maladministration	Closed: out of jurisdiction/ no further action/ withdrawn/	Premature	Total
2022/23	14	3	25	6	48
2021/22	22	16	14	3	55
2020/21	20	6	14	0	40

The diagram below demonstrates the top three causes of the upheld complaints:-



11.3 The LGSCO issues an Annual Letter to KCC which summarises the activity with them and highlights any issues for the coming year. There has been a change in approach over the past two years with the LGSCO selecting cases where it is considered to be more in the public interest to investigate. This has resulted in the overall number of upheld complaints increasing nationally, 80% across all services.

11.4 The Adult social care upheld rate is 82% for Kent County Council. It is worth noting however that 25 of the 48 cases were closed because there was no further action or out of jurisdiction. This is likely to be because a robust reply has been provided to initial enquiries from the LGSCO and they have considered that a further investigation is not necessary or appropriate.

11.5 Adult social care has taken forward the agreed remedies set out by the LGSCO which need to be implemented and include sending apology letters to the person we support or their family, offering financial remedies, reviewing policies or procedures in recognition of the error and staff training. All recommendations have been taken forward in a timely manner.

11.7 Information about each decision can be found in Appendix 5 and a summary of each decision can be found in Appendix 6.

## 12. Improvements to the process

- 12.1 The Customer Care and Complaints Team is implementing a case closure form to ensure operational teams take ownership of the accurate recording of their complaints to identify the key themes from the complaint as well as actions and lessons to be taken forward.
- 12.2 The lessons learned identified will be shared with the Senior Management Team and Quality Assurance Board on a County-wide basis and with local Area Management Teams for their respective services at quarterly intervals. This will ensure that lessons and themes are shared at all levels and an opportunity for discussions at a local level given to embed the learning and share good practice.
- 12.3 A training programme is continuing to be offered for staff on the complaints process, conducting a complaint investigation and writing a response. There are two further sessions planned for 2023/24 and training for Community Team Managers is also being organised on an Area basis.

## 13. Report Conclusion

- 13.1 The level of activity has increased significantly in all areas during this period, with complaints rising by 29%, enquiries by 43%, compliments by 17% and informal concerns by 18%. The increased level of activity is varied across services.
- 13.2 The Customer Care and Complaints Team has worked with operational teams to ensure a thorough investigation and response is sent whilst adopting flexibility where concerns are more appropriately dealt with on an informal basis. An effective method of escalating issues has been developed for complainants requiring a further response or additional clarity.
- 13.3 The response rate has been maintained at a similar level to last year at 71% within the 20-day timescale, 1% below last year's rate.
- 13.4 We have liaised effectively with the LGSCO to respond to questions and information requests within timescale and implemented all remedies.

## 14. Recommendations

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| 14.1 Recommendations: The Adult Social Care and Health Cabinet Committee is asked to <b>CONSIDER</b> and <b>COMMENT ON</b> the content of this report. |
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**15. Background Documents**

None

**16. Report Author**

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