

From: Diane Morton, Cabinet Member for Adult Social Care and Public Health
Sarah Hammond, Corporate Director Adult Social Care and Health

To: Adult Social Care and Public Health Cabinet Committee – 12 November 2025

Subject: **ADULT SOCIAL CARE AND HEALTH ANNUAL COMPLAINTS REPORT 2024/2025**

Classification: Unrestricted

Summary: This report provides Members with information about the operation of the Adult Social Care and Health Complaints and Representations Procedure between 1 April 2024 and 31 March 2025

Recommendation: The Adult Social Care and Public 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 2024/2025. The report includes summary data on the complaints, enquiries and compliments received during the year. 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, **Listening** – establishing the facts and the required outcome; **Responding** – investigating and making a reasoned decision based on the facts/information and **Improving** – using complaints data to improve services and inform the business planning and commissioning processes.

- 2.3 Customer feedback provides an opportunity to improve our understanding of someone's journey into the service they experience. Investigations provide the opportunity to resolve concerns by putting remedies in place if an error has occurred. The procedure 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 **1064 complaints** were logged during 2024/2025 about services delivered or commissioned in relation to ASCH.
- 3.2 The number of **complaints** received during 2024/2025 has increased by 7% from the previous year. Enquiries saw a similar increase of 7% and Compliments also rose by 9%.
- 3.3 **375 complaints were rejected** following the initial assessment by the Customer Care and Complaints Team, these include where people raised concerns about services which were not for Kent County Council (KCC), 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 the number of people receiving support from adult social care.

Year	Complaints received	% increase/ decrease on previous year	% of people or their representative raising a complaint
2024/2025	1064	+7%	1%
2023/2024	992	+4%	1%
2022/2023	958	+ 29%	1%

- 3.5 A total of **503 Enquiries** were received in 2024/2025, which is an increase of 7% on the previous year when we saw a significant increase. The majority of these Enquiries, (66%), were from MPs or Members on behalf of a constituent about an aspect of the service they received:

Year	Enquiries received	% increase / decrease
2024/2025	503	+7%
2023/2024	471	-11%
2022/2023	530	+ 43%

- 3.6 In 2024/2025, **604 compliments** were received which represents a 9% increase from the previous year. Compliments are equally useful in helping to identify areas of excellent service or good practice.

Year	Compliments received	% increase / decrease
2024/2025	604	+9%
2023/2024	553	+ 26%
2022/2023	439	+ 17%

- 3.7 In 2024/2025, **175 informal concerns** were received which represents a 39% decrease 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. In all cases we ensure people are aware of the right to escalate it through the formal route should they wish to at a later date.

Year	Informal concerns	% increase / decrease
2024/2025	175	-39%
2023/2024	286	+ 16%
2022/2023	247	+ 18%

- 3.8 An example of an informal concern, a neighbour raised concerns with us regarding the care of an elderly neighbour and the level of care they were receiving. Whilst we cannot let the neighbour know the outcome of our investigation, we referred it to the local team to investigate and take appropriate action.

4. Coroner's Inquest Requests

- 4.1 In 2024/2025 we managed **34** Coroner's requests. This is a decrease of 11% on the requests received in the previous year.

Year	Coroner Enquiries	% increase / decrease
2024/2025	34	-11%
2023/2024	38	+ 15%
2022/2023	33	- 25%

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

5. Compliance with standards

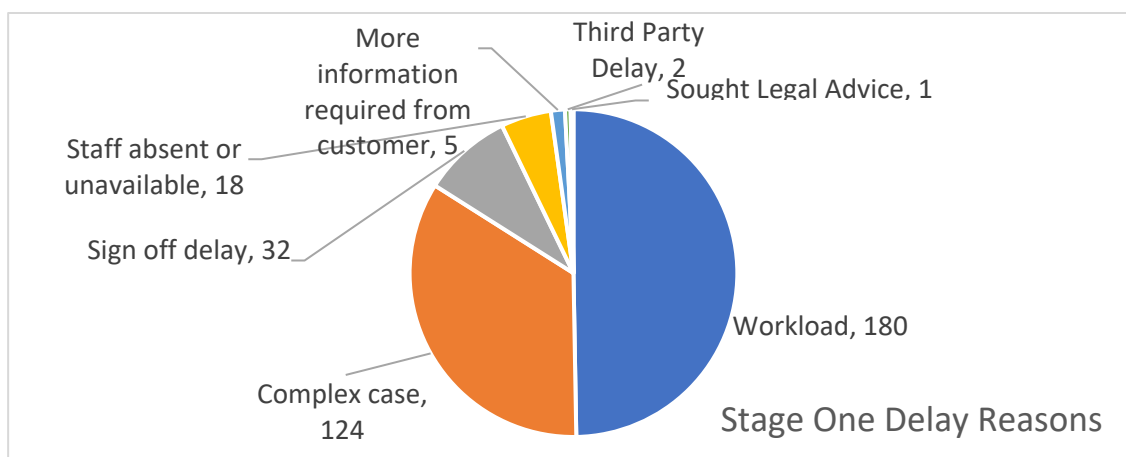
5.1 KCC aims to respond to 85% of complaints within KCC's Key Performance target of 20 working days. Some complaints can be complex due to a variety of reasons, this can include the need to consult with another team or a partner agency. Additional time is sometimes required to either meet with the person making the complaint or liaise with other agencies. When this happens, and with the agreement of the person making the complaint, an extension to the deadline is agreed; 21 complaints had their timescales extended during the year.

5.2 The response time achieved within the 20-day target was **60%** which was a 2% increase from the previous year.

Year	Complaints closed	% responded to within 20 days
2024/2025	641	60%
2023/2024	942	58%
2022/2023	906	71%

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

Stage 1 delay reason	Total	%
Workload	180	17%
Complex case	124	12%
Sign off delay	32	3%
Staff absent or unavailable	18	2%
More information required from customer	5	0%
Third Party Delay	2	0%
Sought Legal Advice	1	0%
Total	362	



6. Listening to people making complaints and methods of engagement

- 6.1 Managers investigating complaints within ASCH will routinely ring the person making the complaint to discuss their complaint. 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. It also provides a contact person for the person making the complaint should further communication be required during the investigation.
- 6.2 Feedback is accepted in a variety of formats which allows people to complain in the way they feel most comfortable. The most popular way to make a complaint was via email at 50%, followed by self-service at 25%, then telephone at 19%. There has been an increase in take up of using email with small decreases in self-service and telephone.

Method	Total	%
Email	533	50%
Self service	263	25%
Telephone	197	19%
Contact Centre	39	4%
Post	28	3%
Online	2	0%
Social Media	2	0%
Total	1064	

7. Complaint outcomes

- 7.1 Each complaint is fully investigated, and a response letter sent to the person making the complaint with the findings and outcomes. Where complaints are upheld, the details of what has been done to put things right and an apology is offered. Some complaints lead to lessons being identified, both for the individual practitioner, or the wider service which offers reassurance the issue has been

taken seriously. A summary of the outcome of the complaints is recorded in the table below:-

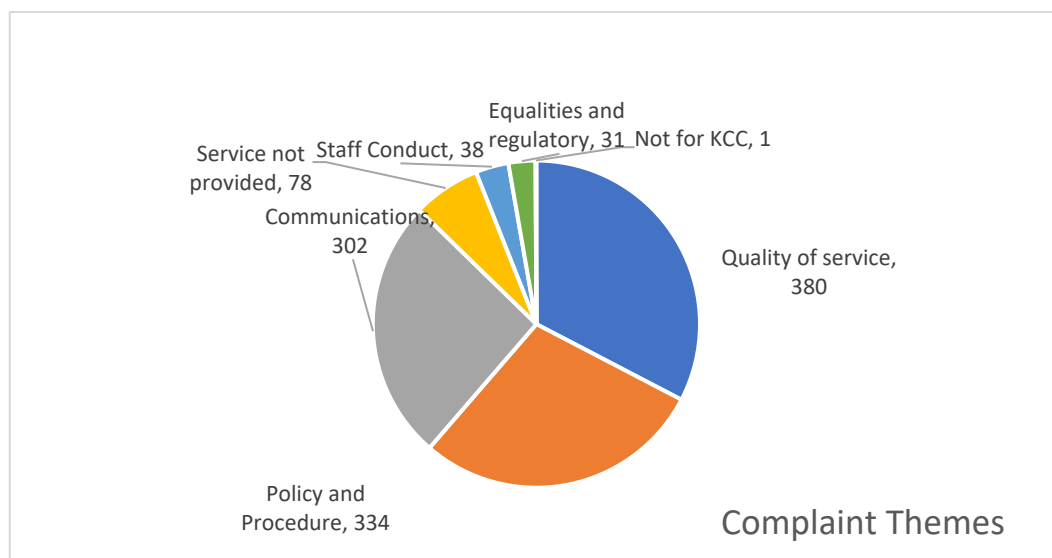
Year	Complaints closed	Upheld + partially Upheld	Not upheld	Resolved upon receipt/ withdrawn/suspended/ another procedure
2024/2025	1072	49% (520)	23% (242)	29% (310)
2023/2024	946	51% (481)	28% (264)	21% (201)
2022/2023	906	44%	27%	29%

7.2 Whilst the volume of complaints increased this year, the percentage of complaints upheld or partially upheld is 49% resulting in a decrease of 2% from the previous year.

7.3 There was an increase of complaints or concerns (29%) raised which were “resolved upon receipt” and which demonstrates flexibility is applied by the Customer Care and Complaints Team if a concern raised can easily be resolved without progressing to a full investigation, in agreement with the person making the complaint.

8. Themes identified arising from complaints

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



Primary cause	Total	%
Quality of service	380	33%
Policy and Procedure	334	29%
Communications	302	26%
Service not provided	78	7%
Staff Conduct	38	3%
Equalities and regulatory	31	3%
Not for KCC	1	0%
Total	1164	

- 8.2 There were three main areas for complaints last year, these being issues with the quality of service delivered, issues arising from disagreements with policy and/or procedure and communications.
- 8.3 Complaints re communications cited issues such as unreturned calls, unanswered emails, and lack of updates on cases. People making a complaint explain this has caused frustration for them and their families, particularly in urgent situations.
- 8.4 In respect of complaints logged as policy and procedure, many complaints revolved around financial assessments, backdated charges, and disputed invoices. Common concerns include unexpected bills, incorrect calculations, and a perceived lack of transparency in financial processes. People and families cite they felt unsupported, and left in uncertainty about care plans, financial matters, and service changes.
- 8.5 Those complaints identified as matters relating to quality of service, highlighted delays in processing applications, such as Blue Badge renewals, care needs assessments, and financial assessments. Where people have felt the need to complain, they feel these delays often exceed the stated timelines, causing inconvenience to individuals who rely on these services.
- 8.6 Quality of service complaints also addressed issues with the quality of care provided, such as allegations of inappropriate behaviour by caregivers, and perceived unmet care needs.

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 corrective actions relate to issues

which are appropriate to share across all teams and other times they relate to an individual practitioner and the person is supported through supervision and training.

- 9.3 The lessons are shared with the Strategic Safeguarding, Practice and Quality Assurance Team so Key Messages are cascaded to all staff and Policies are reviewed and updated if appropriate.

9.4 A selection of some of the corrective actions are below:-

<p>You said: That you wanted people's preferred method of communication to be captured and used by the service to contact you.</p>	<p>We did: We have asked practitioners to ascertain people's preferred method of communication at all stages of their support and intervention</p>
<p>You said: That you were not contacted regarding support for a relative, that the social worker was away and that you were getting no responses.</p>	<p>We Did: We have taken steps to improve case handover to ensure that when people leave the service their cases are transferred to new workers to maintain case progression.</p> <p>We reminded staff to update family members on the progress of cases, changes of worker and when plans change. And to document the reasons for case reallocation.</p>
<p>You said: That you had an assessment but you disagreed with the outcome, you felt that you were not listened to with regards to your reasoning. You were left without care an support for several weeks whilst we identified a suitable provider</p>	<p>We did: We continue to review our waiting times and seek to be proactive in ensuring that our residents' are assessed in a timely manner and care and support provided in a timely manner where care and support needs have identified following assessment.</p> <p>We reminded all staff of the importance of keep in regular contact to explain to them any difficulties we are encountering in terms of identifying suitable care providers for them.</p>
<p>You said: That when an emergency placement organised for your son, the social worker did not visit him for several weeks to check on him.</p>	<p>We did: We now have put in place guidance for staff that if young people need to move into emergency accommodation that has not been viewed/inspected prior to the move, the social worker or a member of the commissioning team must visit the property before the young person moves in.</p> <p>We have also issued guidance that when moving to new accommodation in an emergency situation, the young person will be visited in person at the property by the allocated social worker within one week of moving.</p>

<p>You said: That you were not informed of your right to request a Disability Related Expenditure Assessment (DREA) which meant that your relative would have received some additional assistance towards his care.</p>	<p>We did: Whilst there is no evidence that we miscalculated charges, we acknowledged that we did not provide information relating to DREAs and due to the oversight we waived charges.</p>
<p>You said: You were struggling with our lack of communication whilst you were also responsible for your mother's care</p>	<p>We did: We apologised for your experience. We also provided you with some information that may support you, including the option for a carer's assessment.</p>
<p>You said: You said there was a lack of communication and that the support plan had not been reviewed. Furthermore no one attended a multi-agency meeting.</p>	<p>We did: We reviewed our processes in relation to our overdue reviews and reflect on how we communicates when there is a delay in being able to respond to a request for a review into a change of needs.</p> <p>A review team was created to focus on overdue reviews. The team also reviewed risk management and prioritisation of cases.</p>
<p>You said: That your mother was entitled to financial support for her care and that due to her particular needs she is entitled to care under Section 117 as per KCC's policy.</p>	<p>We did: On reviewing your mother's case we recognised that the policy had not been applied correctly. The complaint highlighted that there was a lack of knowledge in this team's understanding of the S.117 policy. A training session will be arranged to address this.</p>

Top 10 remedy actions undertaken:-

Action	Total	%
Formal apology	207	26%
Discuss at team meeting	114	14%
Arrange staff training or guidance	97	12%
Provided service requested	94	12%
Change or review communications	80	10%
Financial remedy	66	8%
Explanation	51	6%
Change or review policy or procedure	32	4%
Review contract or partner arrangements	12	2%
Change or review service	11	1%

10. Financial implications

- 10.1 In 2024/2025 a total of £239,680.60 was paid to people making a complaint as gesture of goodwill payments, financial settlements or reimbursement. This figure includes £161,337.38 paid as a result of Local Government and Social Care Ombudsman (LGSCO) investigations during this period. This increase is due to an historical case closing with a remedial cost of £114,721.36.
- 10.2 Gesture of goodwill payments made up £15,452.69 of the total amount which was paid in recognition of the impact of errors or where a delay had occurred which resulted in some injustice to the person we support or their family, time and trouble and distress and uncertainty caused. 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 reimbursements, waivers and other payments (without the above historical case) made up £55,218.73 and relate to where errors occurred over charges, where someone was charged incorrectly, where families were not informed about the need to pay for a service, a miscommunication about a charge, or where services did not meet the required standard.
- 10.4 The majority of payments relate to waive fees rather than payments. The payments without the historical case saw an increase of 53% on the previous year. The service has been more proactive in identifying issues early on in the process at stage one. This has included reimbursing people for care not received, waiving charges or where charges should not have been applied.
- 10.5 Time and trouble payments which are frequently applied by the Ombudsman, are often now applied by the service where appropriate. This helps to resolve issues earlier and avoid unnecessary escalation of issues. Time and trouble payments are

typically in between £100 and £500 and are issued in line with the LGSCO's guidance.

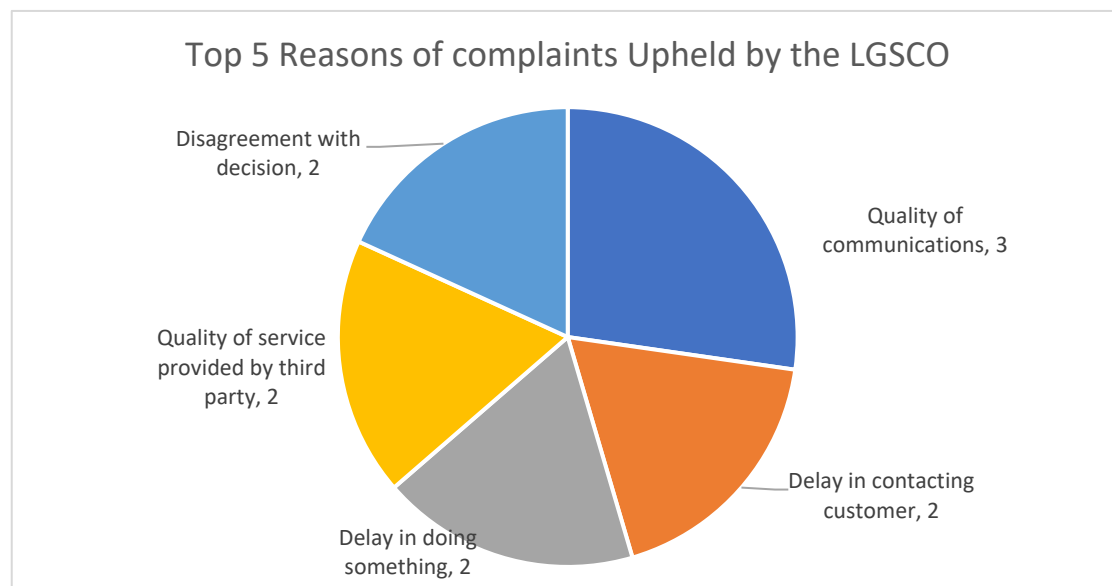
11. Complaints received via the Local Government and Social Care Ombudsman

11.1 The second stage of the complaints process is the Local Government and Social Care Ombudsman (LGSCO). Following an Initial Enquiry and request for documents, the LGSCO then gives the Council four weeks to respond to a Full Investigation request and we have responded to all enquiries within agreed timescales.

11.2 A total of 47 complaints, (4%), of all complaints received, were progressed to the LGSCO. The table below shows 18 cases were fully investigated by the LGSCO and a decision was issued. This is a decrease of 33% on the previous year. Of those investigated, the LGSCO found fault and upheld 13 cases, five were not upheld. 23 were closed because, following initial enquiries and explanation or information provided, the LGSCO felt there would be no wider public benefit to a full investigation and required no further action or they were out of jurisdiction. six were premature to the Ombudsman and were progressed as new complaints by KCC.

Upheld	Not upheld	Closed: out of jurisdiction/no further action or withdrawn	Premature	Total
13	5	23	6	47

11.3 The diagram below demonstrates the top five causes of the upheld LGSCO complaints



Causes of Upheld Complaints	Total	%
Quality of communications	3	23
Delay in contacting customer	2	15
Delay in doing something	2	15
Quality of service provided by third party	2	15
Disagreement with decision	2	15

- 11.4 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 in recent 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 across all services. The upheld rate for KCC adult social care is 72% of complaints, in comparison to 78% nationally for Adult Social Care complaints.
- 11.5 ASCH 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.
- 11.6 A summary of each Decision can be found on the LGSCO's website at the following link [SearchResult - Local Government and Social Care Ombudsman](#)

12. Improvements to the process

- 12.1 A training programme has been offered for staff on the complaints process, conducting a complaint investigation and writing a response. We have continued to roll these out over the course of the year, supporting the service in conducting robust investigations.
- 12.2 The customer feedback team has begun to review processes to identify how we can best support services in responding to feedback in a timely manner. This work has continued into 2025/2026.

13. Compliments

- 13.1 Compliments have increased by 9% in the last year and cover a wide range of topics. The below table demonstrates the themes compliments are categorised as.

Row Labels	Count of Primary cause
Delivery	423
Customer care	125
Good Staff Attitude	27
Quality	18
Availability of staff	5
Prompt response	2
Accessibility	1
Quality of communication	1
Other	2
Grand Total	604

- 13.2 Those compliments related to **Delivery**, covered exceptional support and assistance, compassionate and caring staff, teamwork and collaboration, actions which made a difference and professionalism.
- 13.3 Those categorised as **Customer care**, included expressions of gratitude and appreciation for staff, the support received for relatives and their families, the quality of care received, positive impact on lives and professionalism.
- 13.4 Compliments relating to **good staff attitude**, covered thanks for compassion and support received, support and assistance in various scenarios, communication with families, positive impact on individuals and welcoming environments created by staff.

14. Recommendations

- 14.1 Recommendations: Adult Social Care and Public Health Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the content of this report.

15. Background Documents

None

16. Report Author

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