From:	Georgia Foster, Cabinet Member for Adult Social Care Helen Woodland, Corporate Director, Adult Social Care and Health
To:	Adult Social Care and Public Health Cabinet Committee – 18 November 2026
Subject:	**ADULT SOCIAL CARE AND HEALTH ANNUAL COMPLAINTS REPORT 2025/2026**
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 2025 and 31March 2026

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 2025/2026. 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.

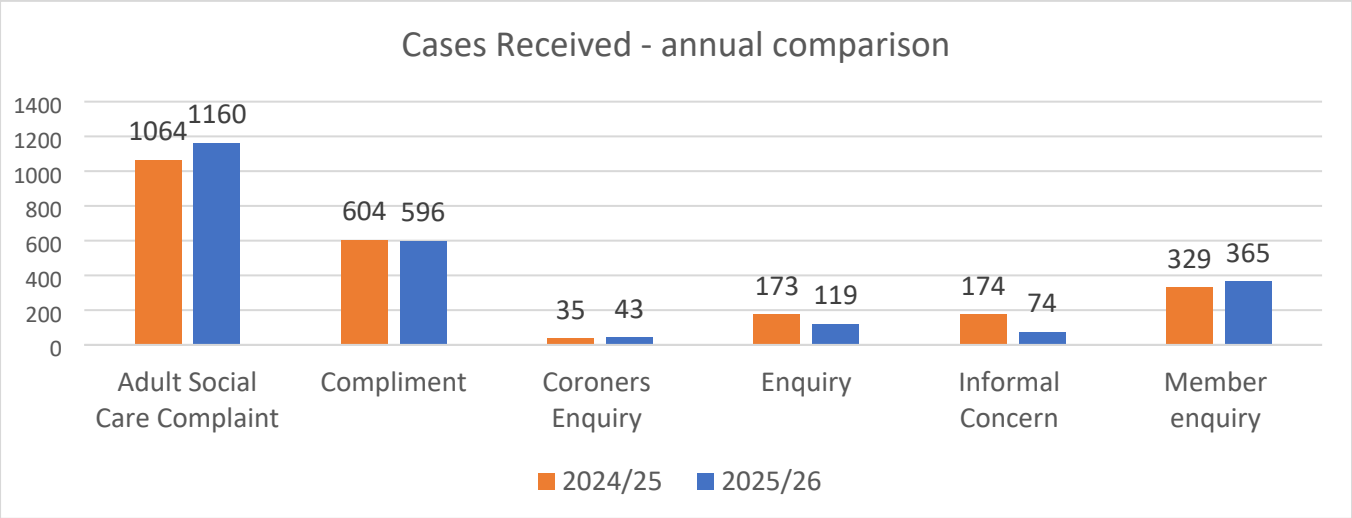
2.2 The Regulations also require the Council to monitor the operation of its complaints arrangements and to prepare an annual report. This report fulfils that requirement for Adult Social Care and Health for 2025/2026.

2.3 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.

2.4 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 **1160 complaints** were logged during 2025/2026 about services delivered or commissioned in relation to ASCH.

3.2 The number of **complaints** received during 2025/2026 has increased by 9% from the previous year. Enquiries saw a decrease of 4% and Compliments were down by 1%.

3.3 The percentage of people raising a complaint rose to 3% last year, in relation to the number of people that we support from adult social care. This figure is taken from the total number of people open to the directorate, any of which have the potential to raise a complaint.

	Complaints Received	% increase/decrease on previous year	% of people or their representative raising a complaint
2025/26	**1160**	**9%**	**3%**
2024/25	1064	7%	1%
2023/24	992	4%	1%

3.4 **602 complaints were rejected** following the initial assessment by the Customer Feedback Team, these include where concerns are raised about services that are not for Kent County Council (KCC). Where possible, people are signposted to the appropriate organisations.

3.5 The table below provides information on why cases were rejected.

Returned reason	**Total**
Service Request not a complaint	235
Complaint not for this organisation	103
Duplicate complaint	93
Representative not authorised to act on behalf of client	67
Customer declined to provide sufficient information to be able to investigate	37
Appeal not a complaint - Housing, Parking, School Admissions, Social Care etc	19
Ongoing Assessment	15
Withdrawn	11
Complaint about an issue more than 12 months old	9
Complaint subject to legal proceedings	4
Signposted to Ombudsman	4
Communication restrictions in place	3
Complaint about personnel matters	2
Total	**602**

3.6 The Directorate continues to see an increase year on year in the volume of complaints begin received.

3.7 A total of **484 Enquiries** were received in 2025/2026, which is a decrease of 4% on the previous year when we saw a significant increase. The majority of these Enquiries, (68%), were from MPs or Members on behalf of a constituent about an aspect of the service they received:-

Year	Enquiries received	% increase / decrease
2025/2026	**484**	**-4%**
2024/2025	503	+7%
2023/2024	471	-11%
2022/2023	530	+ 43%

3.8 In 2025/2026, **596 compliments** were received which represents a 1% decrease from the previous year. Compliments are equally useful in helping to identify areas of excellent service or good practice.

Year	Compliments received	% increase / decrease
2025/2026	**596**	**-1%**
2024/2025	604	+9%
2023/2024	553	+ 26%
2022/2023	439	+ 17%

3.9 In 2025/2026, **74 informal concerns** were received, marking a 58% decrease from the previous year. This reduction is partly due to changes in logging cases, such as categorising resolvable customer issues as service requests.

Year	Informal concerns	% increase / decrease
2025/2026	**74**	**-58%**
2024/2025	175	-39%
2023/2024	286	+ 16%
2022/2023	247	+ 18%

3.10 Informal concerns are locally resolved, 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. Where relevant, customers are aware of the right to raise a formal complaint at a later date.

3.11 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 are receiving. These concerns are raised formally with the local team; however, the neighbour cannot follow the complaints process as they are not eligible to represent their neighbour, and we cannot let the neighbour know the outcome of our investigation.

4. Coroner's Inquest Requests

4.1 In 2025/2026 we managed 43 Coroner's requests. This is an increase of 23% on the requests received in the previous year.

Year	Coroner Enquiries	% increase / decrease
2025/2026	**43**	**+23%**
2024/2025	34	-11%
2023/2024	38	+ 15%
2022/2023	33	- 25%

4.2 The Customer Feedback 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 complainant or liaise with other agencies. When this happens, and with the agreement of the complainant, an extension to the deadline is agreed; 31 complaints had their timescales extended during the year.

5.2 The response time achieved within the 20-day target was **49%** which was a 12% decrease from the previous year.

Year	Complaints closed	% responded to within 20 days
2025/2026	**1119**	**49%**
2024/2025	1078	61%
2023/2024	942	58%
2022/2023	906	71%

5.3 When a complaint is late the advisor logs a reason for the delay. The table below shows the overall delay reasons cited for not meeting the 20-day standard. A total of 534 cases were recorded as late.

Stage 1 delay reason	**Total**	**%**
Workload	212	19%
Complex case	187	17%
Sign off delay	51	5%
Staff absent or unavailable	43	4%
More information required from customer	23	2%
Customer unavailable	7	1%
Third Party Delay	5	0%
Internal information or records missing	2	0%
Joint Response Delay	2	0%
Sought Legal Advice	2	0%
Total	534	

6. Listening to complainants and methods of engagement

6.1 Managers investigating complaints within ASCH will routinely ring customers 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 complainant should further communication be required during the investigation.

6.2 Feedback is accepted in a variety of formats which allows people to contact us in the way they feel most comfortable. The most popular way to make a complaint was via email at 57%, followed by telephone at 19%, then online at 18%. Email remains the most popular choice when raising a complaint.

Method	Total	%
Email	656	57%
Telephone	219	19%
Self-service/Online	212	18%
Contact Centre	39	3%
Post	28	2%
Contact via Member	2	0%
Face to face	2	0%
Comment Card	1	0%
Contact via Corporate Director	1	0%
Total	1160	

7. Complaint outcomes

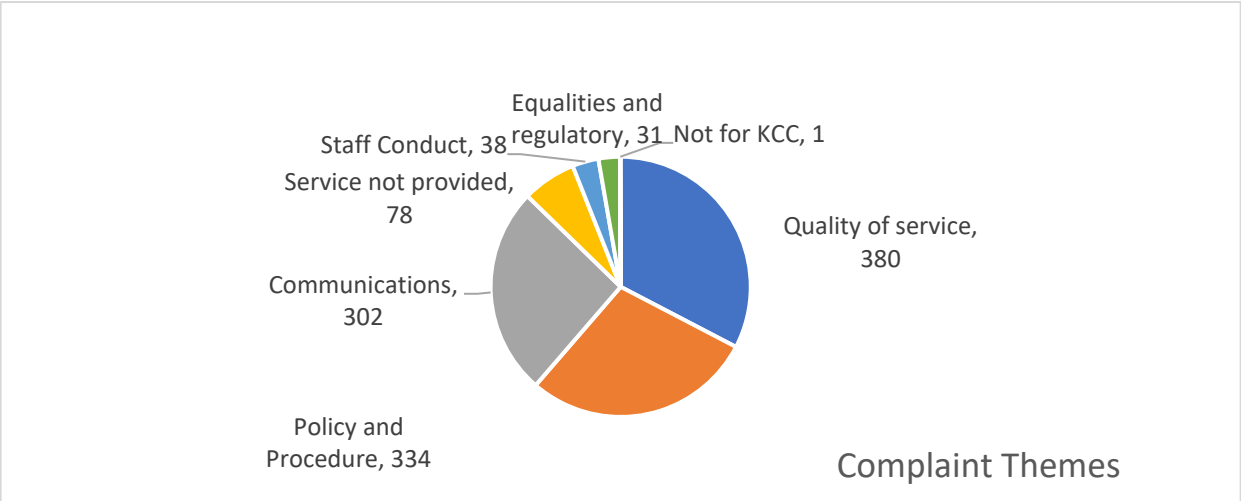
7.1 Each complaint is fully investigated, and a response letter sent to the complainant with the findings and outcomes. Where complaints are upheld, an apology is offered along with details of what has been done to put things right. Some complaints lead to lessons being identified, both for the individual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

7.2 A summary of the outcome of the complaints at stage one is recorded in the table below:-

Year	Complaints closed	Upheld/ Partially upheld	Not upheld	Resolved upon receipt/ withdrawn/suspended/ another procedure
2025/2026	**1119**	**55% (615)**	**29% (322)**	**16% (181)**
2024/2025	1072	49% (520)	23% (242)	29% (310)
2023/2024	946	51% (481)	28% (264)	21% (201)

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	%
Policy and Procedure	362	30%
Quality of service	339	28%
Communications	292	24%
Service not provided	114	9%
Staff Conduct	56	5%
Equalities and regulatory	47	4%
Comment/Enquiry use only	2	0%
Value for money	2	0%
Total	1214	

8.2 The number of complaint reasons logged may be more than the volume of cases closed as the customer feedback team may choose to record more than one reason against a complaint.

8.3 Policy and Procedure, quality of service and communication issues remain the top three reasons for raising complaints.

8.4 Complaints recorded as Policy and Procedure were mainly about financial assessments, backdated charges and disputed invoices. Common issues included unexpected bills, concerns about calculations, and requests for clearer information about financial processes. Some customers and families said they felt unsure about care plans, financial matters and service changes, and would have welcomed clearer support and information.

8.5 Complaints identified as relating to Quality of Service included delays in processing applications such as Blue Badge renewals, care needs assessments and financial assessments. Some customers said these delays affected them, particularly where they were relying on the service or waiting for an update.

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.

8.7 Complaints regarding Communications included concerns about calls not being returned, emails not being answered and a lack of updates on cases. Some complainants said this was difficult for them and their families, particularly where the matter felt urgent.

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 that 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 that 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:-

You Said	We Did
People said they were not always involved in decisions about care and support for their relatives or kept informed when changes were made.	We reminded managers and practitioners of the importance of involving family members in decisions about a person's care and support, particularly where they hold lasting power of attorney. We also reinforced the need to keep people and their families informed about changes in responsibility or service involvement, provide clear and timely updates at key stages of care planning and safeguarding, and involve them in discussions and decisions to support transparency and shared understanding.
People said it was difficult to get support,	We identified the need to strengthen business

You Said	We Did
particularly when there were system issues, and that this caused unnecessary distress.	continuity arrangements to reduce disruption when services are unavailable. We also said that links in communications should be checked before they are issued, and that service providers should use instructions that are clear, in plain English and suitable for people with different communication needs. We also recognised the importance of contacting residents promptly when there is a service issue and explaining what will happen next.
People said communication between council teams and care providers should be improved.	We said staff should check progress with the relevant team before giving updates to providers about authorisation requests or the search for an agency. We also identified the need for better communication with care agencies so they can plan ahead more effectively.
People raised concerns about delays in offering a care needs assessment and occupational therapy assessment.	We found that, once the referral had been received, there had not been a delay in progressing the care needs assessment. However, we acknowledged that some of the communication did not provide the clarity or reassurance that was needed at a difficult time. We apologised for this and reminded staff of the importance of giving clear, accurate and consistent information about expected timescales, prioritisation and what happens after a referral is received, so people feel informed even where exact timescales cannot be confirmed.
People raised concerns that an existing care package was not meeting needs and that a reassessment had not taken place.	We introduced a waiting well system in Adult Social Care so that everyone waiting for a care needs assessment is risk assessed. This helps teams identify and prioritise urgent cases.

Top 10 remedial actions undertaken:-

Action	Total	%
Formal apology	167	19%
Discuss at team meeting	147	16%
Arrange staff training or guidance	135	15%
Change or review communications	102	11%
Provided service requested	96	11%
Financial remedy	79	9%
Explanation	51	6%
Change or review policy or procedure	43	5%
Change or review service	26	3%
Performance management - staff member	23	3%

10. Financial implications

10.1 In 2025/2026 a total of £123,972.78 was paid to complainants as gesture of goodwill payments, financial settlements or reimbursement. This figure includes £28,663.25 paid as a result of Local Government and Social Care Ombudsman (LGSCO) investigations during this period.

10.2 Gesture of goodwill and time and trouble payments made up £13,392.41 of the total amount paid. This recognises the impact of errors or delays that resulted in injustice to the person we support or their family. The majority of the payments were under £500 which is 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 made up £88,035.14. These may relate to errors in charges, 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 Payments made under Cost of Service supplied accounted for £22,545,23. These are instances where a charges are waived to a customer following for example, issues with delivery of service.

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 (LGSCO)

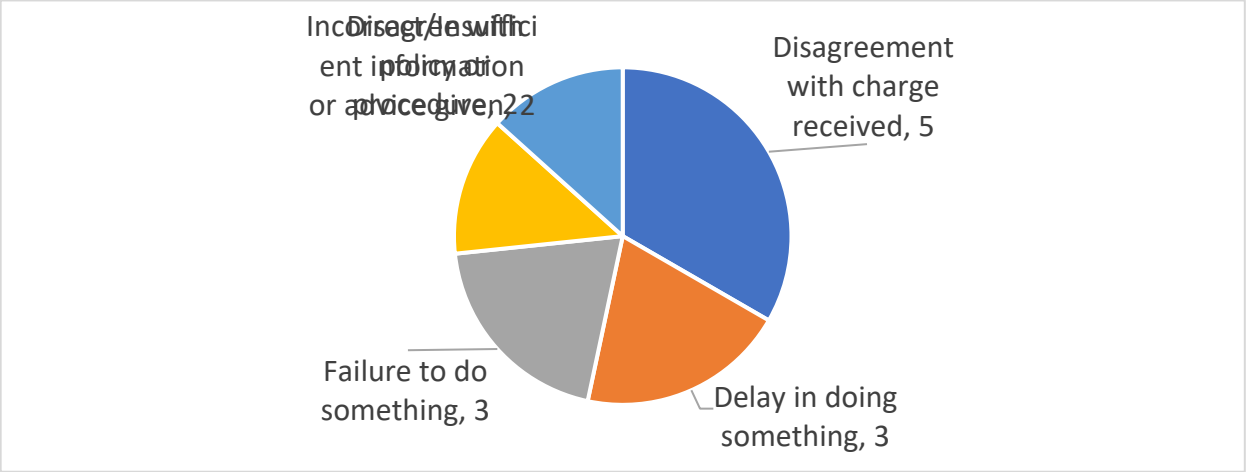
11.1 The second stage of the complaints process is the Local Government and Social Care Ombudsman (LGSCO). Following an Initial Enquiry and request for documents, the LGSCO then gives the Council four weeks to respond to a Full Investigation. 41% of cases were responded to within agreed timescales.

11.2 A total of 66 complaints were progressed to the LGSCO. The table below shows that 23 cases were fully investigated by the LGSCO and a decision was issued. 32 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.

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 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 adult social care upheld rate is 72% of complaints, in comparison to 78% nationally for Adult Social Care complaints.

	Upheld	Not upheld	Closed: out of jurisdiction/no further action or withdrawn	Premature	Total
2025/2026	18	5	32	11	66
2024/2025	13	5	23	6	47

11.4 The diagram below demonstrates the top five causes of the upheld LGSCO complaints:-



Causes of Upheld Complaints	Total	%
Disagreement with charge received	5	33%
Delay in doing something	3	20%
Failure to do something	3	20%
Disagree with policy or procedure	2	13%
Incorrect/Insufficient information or advice given	2	13%

11.5 ASCH has taken forward the agreed remedies set out by the LGSCO that 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 continues into 2026/2027

13. Compliments

13.1 Compliments volumes remain in line with previous years. When logged the customer feedback team selects a reason for the compliment, the below table shows how the 596 compliments were recorded.

Reason	Total	%
Delivery	281	47%
Customer care	188	32%
Good Staff Attitude	109	18%
Quality	5	1%
Availability of staff	4	1%
Service knowledge	4	1%
General	2	0%
Prompt response	1	0%
Quality of communication	1	0%
Supervision	1	0%
Total	596	

13.2 Those compliments related to Delivery covered exceptional support and assistance, compassionate and caring staff, teamwork and collaboration, actions that 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: The Adult Social Care and Public Health Cabinet Committee is asked to **CONSIDER** and **COMMENT ON** the content of this report.

15. Report Author

Pascale Blackburn-Clarke
Head of Customer Experience and Relationships
03000 417025
Pascale.blackburn-clarke@kent.gov.uk

Lead Director

Helen Woodland
Corporate Director, Adult Social Care and Health
03000 415726
Helen.woodland@kent.gov.uk