

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 – 13 November 2024

Subject: **ADULT SOCIAL CARE AND HEALTH ANNUAL COMPLAINTS REPORT 2023/2024**

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 2023 and 31 March 2024

Recommendation: The Adult Social Care 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 2023/2024. The report includes summary data on the complaints, enquiries and compliments received during the year with additional information in Appendices 1 to 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, **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 The feedback provided via customer feedback provides an opportunity to improve our understanding of someone’s journey into the service they experience. Complaint 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 **992 complaints** were logged during 2023/2024 about services delivered or commissioned in relation to ASCH. Appendix 1 contains information about the number and type of complaints.

3.2 The number of **complaints** received during 2023/2024 has increased by 4% from the previous year.

3.3 **299 complaints were rejected** following the initial assessment by the Customer Care and Complaints Team, these include where people raised concerns about services that 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 that we support from adult social care.

Year	Complaints received	% increase/ decrease on previous year	Number of people supported	% of people or their representative raising a complaint
2023/2024	992	+4%	82,755	1%
2022/2023	958	+ 29%	80,723	1%
2021/2022	744	- 1%	74,723	1%

3.5 A total of **471 Enquiries** were received in 2023/2024, which is a decrease of 11% on the previous year when we saw a significant increase. The majority of these Enquiries, (72%), were from MPs or Members on behalf of a constituent about an aspect of the service they received:-

Year	Enquiries received	% increase / decrease
2023/2024	471	-11%
2022/2023	530	+ 43%
2021/2022	370	-2%

- 3.6 In 2023/24, **553 compliments** were received which represents a 26% increase from the previous year. Compliments provide useful feedback of a person’s journey and experience of our services. A few examples from compliments received are found in Appendix 3.

Year	Compliments received	% increase / decrease
2023/2024	553	+ 26%
2022/2023	439	+ 17%
2021/2022	375	- 27%

- 3.7 In 2023/2024, **286 informal concerns** were received which represents an 16% 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.

Year	Informal concerns	% increase / decrease
2023/2024	286	+ 16%
2022/2023	247	+ 18%
2021/2022	210	- 13%

- 3.8 An example of an informal concern, is where the mother of a person we support contacted us to complain that her son was not receiving additional support required following a hospital stay; he had complex needs associated with his severe learning disability. The local team made prompt contact with the mother and arranged an urgent re-assessment and increased the support required which resolved the mother’s complaint by taking action to provide the support required.

4. Coroner’s Inquest Requests

- 4.1 In 2023/2024 we managed **38** Coroner’s requests. This is an increase of 15% on the requests received in the previous year.

Year	Coroner Enquiries	% increase / decrease
2023/2024	38	+ 15%
2022/2023	33	- 25%
2021/2022	43	+ 87%

- 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.

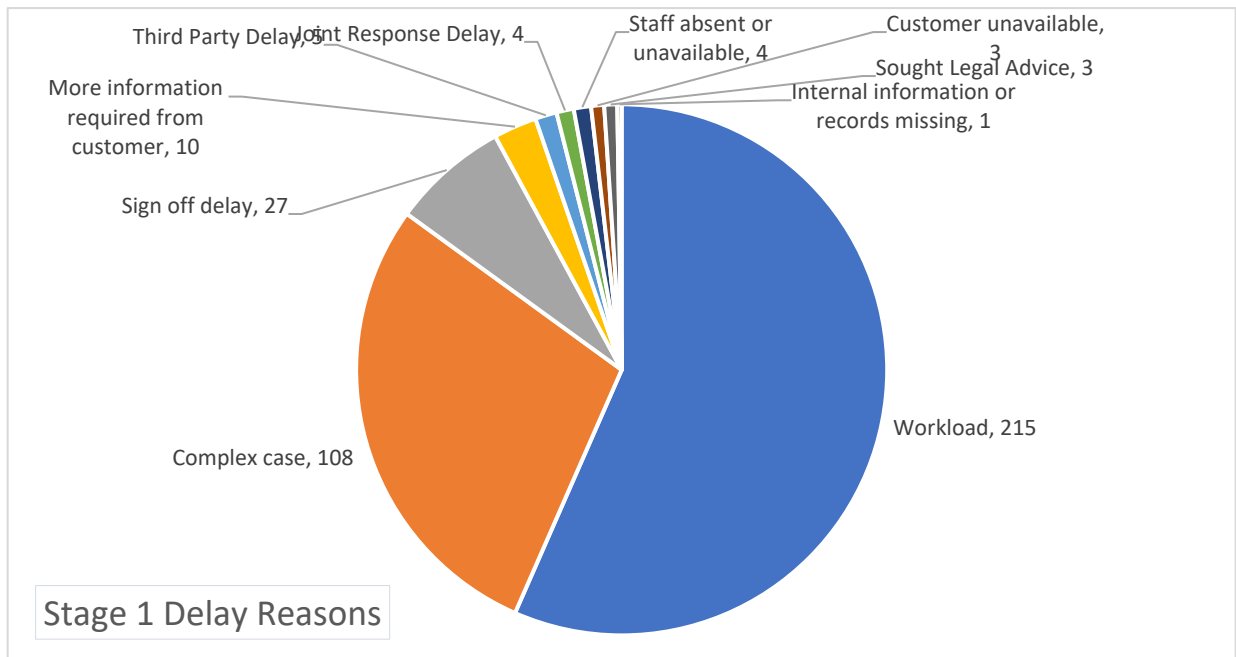
5. Compliance with standards

- 5.1 KCC aims to respond to 85% of complaints within KCC's Key Performance target of 20 working days. 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; 21 complaints had their timescales extended during the year.
- 5.2 The response time achieved within the 20 day target was **58%** which was a 13% decrease from the previous year.

Year	Complaints closed	% responded to within 20 days
2023/2024	942	58%
2022/2023	906	71%
2021/2022	743	72%

- 5.3 99% of complaints were acknowledged within three working days.
- 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	215	57%
Complex case	108	28%
Sign off delay	27	7%
More information required from customer	10	3%
Third Party Delay	5	1%
Joint Response Delay	4	1%
Staff absent or unavailable	4	1%
Customer unavailable	3	1%
Sought Legal Advice	3	1%
Internal information or records missing	1	0%
Total	380	



6. Listening to complainants and methods of engagement

- 6.1 The Customer Care and Complaints Team make initial contact with the person making the complaint by telephone, where possible, to acknowledge and clarify the complaints to be investigated and check on any adjustments that might be required to support the person during the investigation.
- 6.2 A further opportunity to discuss the complaint is offered as part of the investigation and, within a two month sample of responses, 61% 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. It also provides a contact person for the person making the complaint should further communication be required during the investigation.

6.3 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 44%, followed by self-service at 27%, then telephone at 22%.

Method	Total	%
Email	439	44%
Self-service/ online	266	27%
Telephone	221	22%
Post	39	4%
Contact Centre	20	2%
Online	3	0%
Social Media	2	0%
Face to Face	1	0
Premature Ombudsman	1	0
Total	992	

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, 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 that the issue has been taken seriously. A summary of the outcome of the complaints is recorded in the table below:-

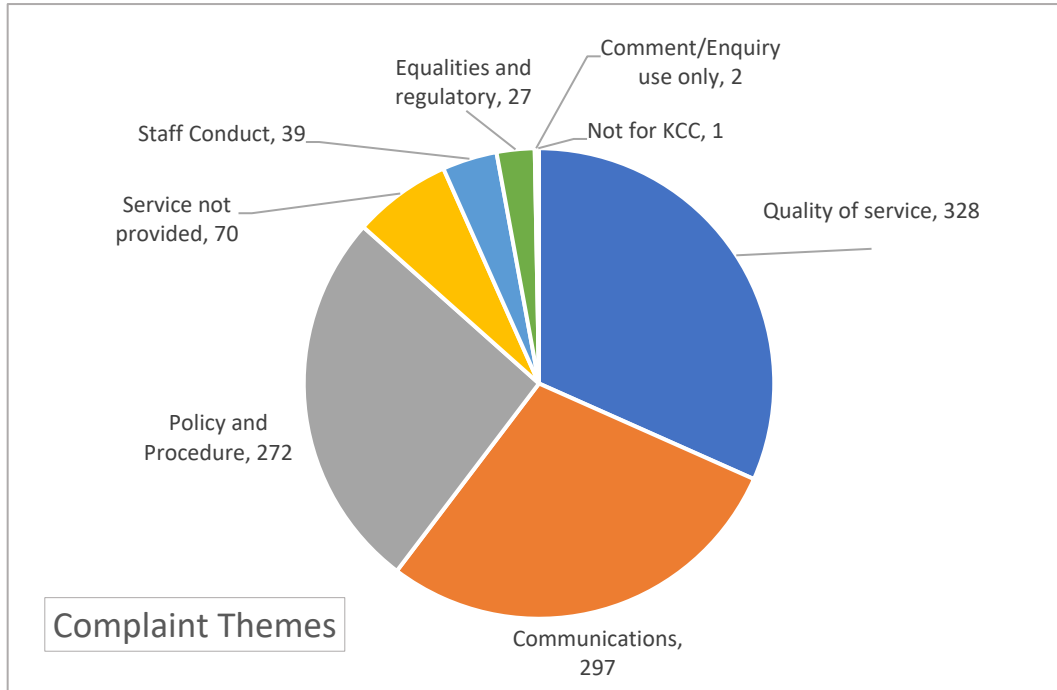
Year	Complaints closed	Upheld + partially Upheld	Not upheld	Resolved upon receipt/ withdrawn/suspended/ another procedure
2023/2024	946	51% (481)	28% (264)	21% (201)
2022/2023	906	44%	27%	29%
2021/2022	743	49%	28%	23%

7.2 The number of complaints upheld or partially upheld is 51%, which is an increase of 7% from the previous year.

7.3 19% 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 resolved without progressing to a full investigation, in agreement with the complainant.

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	328	153
Communications	297	139
Policy and Procedure	272	133
Service not provided	70	40
Staff Conduct	39	26
Equalities and regulatory	27	18
Comment/Enquiry use only	2	0
Not for KCC	1	0
Total	1,036	509

- **Communication** remains one of the top issues raised during investigations with people calling for updates on issues in order to try and resolve issues and this not being followed up. Poor communication leaves people feeling frustrated and stressed, examples include:-
 - Repeat callers trying to resolve issues including those relating to charging, Care Needs assessments, Occupational Therapy (OT) assessments and Blue Badge applications
 - People frustrated that they do not have a named worker to be able to communicate with
 - Lack of information provided and support offered about deferred payment process
 - Not informing family members of changes to someone's care
 - Communications not being followed up when staff are absent
 - Lack of information and support being offered
 - Not following through instructions not to make contact with a family member
 - Inappropriately contacting the family of a deceased person about their Blue Badge application.
 - Lack of response to several requests for call back
 - Lack of communication throughout the process of submitting a Blue Badge application, a delay of six months and having to send the form in four times.

- There were a number of complaints received about the **quality of service** relating to services provided by a third party. The Council is responsible for these commissioned services that are delivered on behalf of adult social care. Examples include:
 - Missed calls to provide care at home
 - Care staff being threatening and rude
 - Carers disrespecting the home of a client, leaving stains and blocking drains
 - Someone being placed in an unsuitable residential home, 55 miles away from family
 - Care provision inadequate, including poor personal care, an unhygienic environment and no food preparation.

- Under the general headings of **Quality of Service/Policy and Procedure**, we received complaints which raised issues about:
 - **Case management and assessments** which included the following issues:-
 - Delays in the completion of assessments and care plans
 - Not attending assessment as arranged and not responding to calls to rearrange
 - Delays in completing care needs assessment resulting in a prolonged hospital stay for someone with mental health needs

- Repeating information about son's needs as no record is made
 - Not involving family over assessments or care arrangements
 - Delays in Blue Badges being issued and people complaining that their badge has expired before their application is considered.
- **Charging and Finances**, with examples being:-
 - That people were not aware that the service received was chargeable
 - People disputing how the charge is calculated
 - People have cancelled their care package because they have been unable to afford the charges
 - Delays in confirmation of funding have also left people unsure whether their funding would run out, causing anxiety
 - People raising concerns because they are charged for care that had been cancelled.

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 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: That you were still awaiting information about your mother's financial assessment, despite chasing this and as the debt now exceeded £20,000 the care home has advised a Notice of Eviction would be served which is causing the family anxiety.

You said: That you disagreed that you were required to pay for your care

You said: That your mother had been wrongly charged for her residential care fees for 19 years when she should have had free care

You said: That you had sent in ten emails to us without receiving a response about

You said: That you did not receive any contact in relation to a safeguarding enquiry being undertaken regarding concerns about your daughter

We did: We arranged an urgent care needs assessment to be undertaken and as long term support was required the funding was agreed and backdated to resolve the debt that had accrued. The current allocation process will be reviewed to prevent future delays in assessments that could lead to debts occurring.

We Did: Staff were reminded that people who receive care under Section 117 of the Mental Health Act are not required to contribute to their care. Staff were also required to undertake training to correctly identify and record a person's care needs under Section 117. The procedures were updated and a new workflow has been included on our client recording system to ensure that staff appropriately consider and record a person's entitlement to free aftercare services in these circumstances. A full refund of the incorrect charges was provided.

We did: Staff were reminded of the importance to respond to emails in a timely manner and a local system put in place for managers to deal with enquiries if staff are absent

We did: Managers were reminded of their responsibility to ensure contact is regularly made and that the appropriate protocols are followed in relation to a Section 42 safeguarding enquiry.

You said: That you did not receive timely updates on your mother's care and support despite requests for contact, communication has not been forthcoming

You said: That you received a letter advising the amount you would need to pay for your mother's care but the invoices received were for higher amounts. You have requested an explanation with no success.

You said: That you disagreed to move your mother to a different care home as this would be detrimental to her health and that you could not afford a third party top up fee

You said: That your mother was receiving care from lots of different carers and the times and duration of the calls varied.

You said: That you have had to wait over three months for your daughter's Blue Badge application to be considered and as she has serious health issues this is paramount

We did: The importance of good communication and prioritising care needs assessments in a timely manner were raised with the individual practitioner and also shared with other staff.

We did: An explanation was provided and staff have been reminded of the importance to finalise care and support plans and to discuss changes in circumstances with families, and the implications that this could have on resultant charges.

We did: We undertook an urgent "detrimental to move" risk assessment and confirmed that your mother could remain in her current care home. We also requested that staff attend relevant training on Finance and charging to ensure that correct advice is provided for people.

We did: We liaised with the provider who introduced an improved process to ensure clients are kept informed of changes to call arrival times.

We did: We reviewed the process to be able to identify applications for children under three years old in order to fast track these where appropriate.

You said: That a six weekly placement review had not taken place following your son's transition into Adult Services and that you had not received a copy of his care and support plan

You said: That you had received an invoice when you had been told you would not need to pay for care for the period of assessment as the costs would be funded by KCC

You said: That we had not returned your son's bank statements in relation to setting up his Direct Payment and were concerned about their whereabouts

You said: That no contact was made to you prior to your brother's discharge to the family home

You said: That it was totally unacceptable to offer a placement to your daughter and then withdraw it following her transition to Adult Social Care. This has caused immense distress and anxiety for your daughter as she was planning the move and a financial cost to us as we had purchased furniture to put into the new supported living home.

We did: Staff were reminded to ensure that transfers from other teams are properly explained to families and a joint meeting or discussion takes place with the new worker about the transfer and effective planning is organised including having an updated care and support plan that is shared with the family.

We did: Staff have been reminded of the need to suspend someone's care on the system when they are aware someone is admitted to hospital so that invoices will be correctly generated

We Did: The process for returning documents was reviewed by the Direct Payments team and a new system has been implemented to ensure each document is appropriately tracked.

We did: We raised the importance of a multi-agency approach with hospital staff to ensure appropriate planning so that discharge arrangements are made in a timely manner and families are informed of the arrangements.

We did: We offered to pay the storage of new furniture purchased. Staff were reminded of the new system for the transfer of responsibility to ASC should be followed where a transitional panel is set up to consider someone's ongoing care and support needs and consider which placement is best suited for their needs.

You said: That we did not inform you of a planned visit to your mother when you hold Power of Attorney and requested to be involved in any visits

You said: That you received a care package that you were unable to afford and had to end it as you had not been advised that you were required to pay for the care provided

You said: That the services we had provided did not appropriately met your needs and you felt ignored and your voice was not heard. You also found the Direct Payment system confusing (35707249)

We did: Staff were reminded during team meetings of the importance to include family members in visits to discuss care and support needs.

We did: We cancelled the charges applied to your care, offered an apology and reminded teams of the need to discuss the charging process with people before arranging a package of care and to offer support with understanding how this works if necessary.

We did: Staff were reminded of the importance of the person's voice being at the centre of all care planning. Staff were also reminded of the need to communicate effectively with Health services to provide a co-ordinated response for the person.

Top 10 remedy actions undertaken:-

Remedial Actions	Total
Formal apology	183
Arrange staff training or guidance	139
Discuss at team meeting	113
Provided service requested	81
Financial remedy	60
Change or review communications	54
Explanation	40
Change or review policy or procedure	16
Review contract or partner arrangements	16
Change or review service	14

10. Financial implications

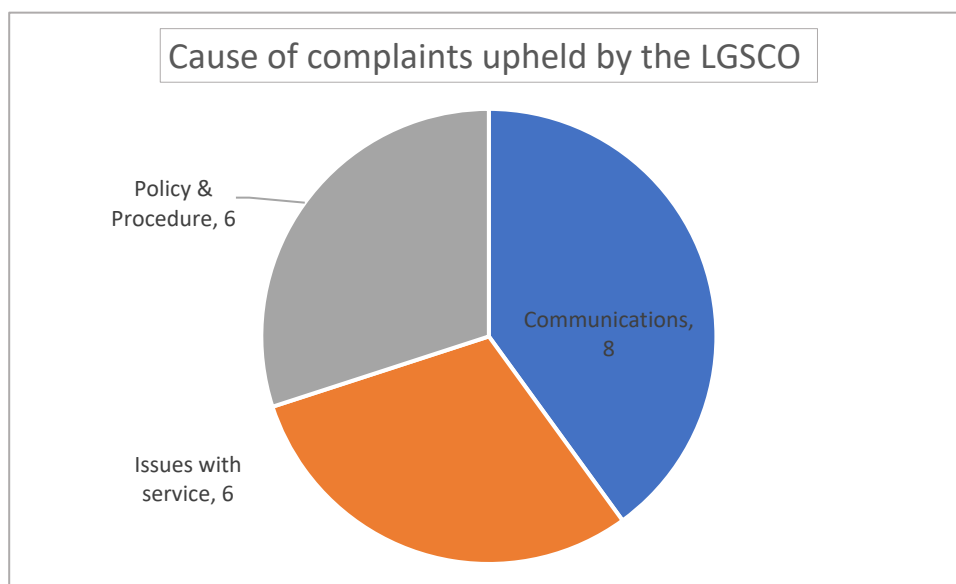
- 10.1 In 2023/2024 a total of £81,676 was paid to complainants as gesture of goodwill payments, financial settlements or reimbursement. This figure includes £8,706 paid as a result of Local Government and Social Care Ombudsman (LGSCO) investigations during this period. This is a decrease of 30% on the previous year.
- 10.2 There was a complaint in which there was a substantial reimbursement that was awarded in this financial year, however this is not reflected in this year's figures as the case was finally closed in the financial year 2024/2025. The total sum awarded will be reflected in next year's totals.
- 10.3 Gesture of goodwill payments made up £10,842 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, 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.
- 10.4 The financial reimbursements, waivers and other payments made up £70,834 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.

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 request and we have responded to all enquiries within agreed timescales.
- 11.2 A total of 65 complaints (7%), of all complaints received were progressed to the LGSCO. The table below shows that 27 cases were fully investigated by the LGSCO and a decision was issued, this is an increase of 59% on the previous year. Of those investigated, the LGSCO found fault and upheld 20 cases, seven 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. 15 were premature to the Ombudsman and were progressed as new complaints by KCC.

Upheld	Not upheld	Closed: /no further action/ out of jurisdiction or withdrawn	Premature	Total
20	7	23	15	65

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



Causes of Upheld Complaints	Total	%
Communications	8	40%
Issues with service	6	30%
Policy & Procedure	6	30%

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 KCC adult social care upheld rate is 74% of complaints, in comparison to 80% nationally for adult social care complaints.

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 and 84% of these were completed within timescale.

11.6 Information about each Decision is found in Appendix 5 and a summary of each Decision is found in Appendix 6.

12. Improvements to the process

12.1 The case closure form is currently in the pilot stage with two operational Areas trialling this from July 2024. Once the feedback is complete, the process will be extended to all services which will improve the quality of the data collected as well as identify the key themes from the complaint and lessons to be taken forward.

12.2 An escalation process has been implemented to ensure that when a person raises continued concerns these are appropriately reviewed and addressed and responded to by a senior manager.

12.3 A training programme has been offered for staff on the complaints process, conducting a complaint investigation and writing a response. There were five sessions delivered throughout 2023/2024 and further sessions have already been delivered and are planned for 2024/2025.

13. Report Conclusion

13.1 The level and spread of activity has remained fairly similar to last year, with just a slight increase in complaints, a slight decrease in enquiries and an increase in compliments received.

13.2 The Customer Care and Complaints Team has worked with operational teams to ensure a thorough investigation and response is produced, 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 We have liaised effectively with the LGSCO to respond to questions and information requests within timescale and implemented all remedies.

14. Recommendations

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

None

16. Report Author

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