Barnet Council
Adult Social Care
Annual Complaints Report

2025-2026

Contents

1. Introduction
2. Adult social care Statutory Complaints Procedure
3. Accessing the complaints procedure
4. Overview
5. Compliments
6. Complaints
7. Learning from complaints
8. Local Government Ombudsman (LGSCO)
9. Responding to complaints and concerns relating to external service providers
10. Demographic Overview

1. Introduction

Barnet Council's Adult Social Care Service, part of the Communities, Adults and Health Directorate, delivers a range of statutory social care functions. These include individual care and support, safeguarding, information and advice, preventative services, and assessments under the Care Act 2014, Mental Health Act 1983 (as amended) and the Mental Capacity Act 2005. Social Care Direct serves as the first point of contact for adult social care enquiries.

The service actively welcomes comments, complaints, and compliments as valuable tools for continuous improvement. Feedback provides opportunities to learn from mistakes, make necessary changes, and recognise areas of good practice.

In line with statutory requirements, Barnet Council is obligated to report annually to the relevant Council Committee on complaints relating to adult social care. This report covers the period from 1 April 2025 to 31 March 2026 and includes complaints managed under both the Statutory Adult Social Care Complaints Procedure and the council's Corporate Complaints Procedure, where applicable.

2. Adult Social Care Statutory Complaints Procedure

Barnet Council is required to operate a separate Statutory Complaints and Representations Procedure for adult social care, in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and the associated Amendment Regulations. These regulations set out the legal framework for handling complaints about adult social care services provided or commissioned by the Council.

Complaints that do not fall within the scope of these statutory regulations are managed under the Council's Corporate Complaints Procedure, ensuring that all concerns are addressed appropriately, regardless of their nature.

All individuals who have exhausted both the Statutory and Corporate Complaints Procedures retain the right to escalate their concerns to the Local Government and Social Care Ombudsman (LGSCO). The LGSCO operates independently and impartially, serving as the final stage for complaints relating to the Council, social care providers, care homes, and home care agencies.

3. Accessing the complaints procedure

The service continually seeks to encourage people who draw on social care and their carers, to provide feedback (positive or negative) on the services and customer care that they have received.

The process is publicised through the following means:

- Comments, Compliments and Complaints booklets are widely distributed to public offices in the Borough.
- The Easy Read version of the booklet 'Comments, Compliments and Complaints' is also widely distributed. This is aimed at people with Learning Disabilities and others who would find a simplified version easier to understand.
- Information about making a comment, compliment or complaint in relation to Adult Social Care is published on the council website www.barnet.gov.uk/comments-and-complaints-adult-social-care.
- Individual staff and managers advise people who draw on social care, their family, carers and relevant organisations of the procedures during their interactions with them, as appropriate.
- Managers are asked to feature compliments and complaints as a standing item in their team

meetings and briefing sessions.

- Historic complaints reports are published on Open Barnet, the council's data portal, a valuable tool in pushing forward Barnet's transparency agenda.
- Compliments are shared with staff and promoted internally through the staff newsletter, senior manager briefings and staff awards.
- Information about complaints and the learning from them is shared with the Management Team and with staff, to improve practice.

The council has commissioned Barnet Citizens' Advice Bureau as the local lead provider for specialist information and advice. This ensures that the Council has a dedicated support service in place for people who require access to independent information and advice. Staff are trained in accordance with the Care Act 2014.

4. Overview

The following complaints and compliments were received in 2025/26 from individuals, carers and/or their representatives.

- 116 compliments
- 138 statutory complaints
- 3 corporate complaints
- 15 Local Government Ombudsman enquiries

Complaint volumes should be considered in the context of the activity level in Adult Social Care services. There were 7,408 new requests (contacts and hospital notifications) in 2025/26 (2,769 resulting from a hospital discharge). 5,729 people were receiving a long-term service. Of these, 4,468 were receiving a community service & 1,261 were receiving residential/nursing services.

In addition, the council responded to 2,292 safeguarding concerns and carried out 620 section 42 safeguarding enquires and a further 46 other safeguarding enquiries. 1,566 people received reablement services. 521 statutory carers assessments were carried out (some of these by Barnet Carers Centre on the council's behalf). 3400 individuals received a care technology service. 9000 pieces of equipment to support individuals were provided.

Of the 138 statutory complaints, 119 resulted in an outcome, 19 were withdrawn. Of the 119:

- 56 were not upheld (47%)
- 23 were upheld (19%)
- 40 were partially upheld (33%)

The main themes of complaints were:

- **Decision** – disagreement with the outcome of a care assessment; or with the outcome of a financial assessment under the charging policy; or a decision made as a result of a statutory duty or national policy.
- **Quality** - quality of service from care homes, home care agencies, care assessments and process.
- **Communication** - concerns about the timeliness, clarity, or effectiveness of communication, including delays in responses, lack of updates or difficulties contacting

staff.

5. Compliments

Compliments provide valuable insight into the aspects of Adult Social Care that residents, carers and people who draw on support services value most. Alongside complaints, they help the Council understand service performance, recognise good practice and identify opportunities to further strengthen service delivery.

Many compliments are received informally through conversations, telephone calls and direct feedback to staff and are therefore not routinely captured within formal reporting mechanisms. During 2025/26, the Council received 116 formal written compliments, an increase of 2.7% from the 113 received in 2024/25, demonstrating continued positive feedback across Adult Social Care services.

Feedback received throughout the year reflected high levels of satisfaction with both the support provided and the approach taken by staff. Several recurring themes emerged:

Compassionate and person-centred practice – individuals valued being treated with dignity, respect and empathy, particularly during difficult or stressful circumstances.

Clear communication and responsiveness – people appreciated staff taking the time to listen, explain processes clearly and provide timely updates.

Reliability and professionalism – compliments frequently recognised staff who followed through on commitments, advocated on behalf of individuals and worked proactively to resolve issues.

Positive outcomes – feedback highlighted effective care planning, successful hospital discharges, support to maintain independence and coordinated multi-agency working.

The feedback received highlights the importance residents place on compassionate, reliable and responsive support. Compliments consistently recognised staff who took time to listen, communicate clearly, advocate on behalf of individuals and support people to achieve positive outcomes.

The highest number of compliments in 2025/26 were received by the Safeguarding, Access (social care direct) and Occupational Therapy Service (43 compliments) and Hospitals and Health Partnerships (36 compliments). Feedback received by these services frequently recognised staff for supporting people through significant life events, including hospital discharge, care planning and maintaining independence within the community.

The increase in compliments received by Hospitals and Health Partnerships, from 20 in 2024/25 to 36 in 2025/26, is particularly noteworthy and may reflect the positive impact of partnership working, effective discharge arrangements and a continued focus on person-centred support.

Overall, the compliments received during 2025/26 demonstrate the positive impact Adult Social Care services continue to have on residents and their families. The feedback provides assurance that services are delivering support in a way that residents value, while recognising the commitment, professionalism and dedication shown by staff across the directorate.



Examples of compliments received in 2025-2026

"I am incredibly grateful for XXX who oversaw the smooth transition of my mum from Barnet General Hospital to her home. She ensured she had all the necessary support and care. Barnet Council is very lucky to have a team member like XXX who has an incredible ability to understand and explain everything clearly. Her dedication and care truly made a difference."
Compliment regarding a member of the Hospitals & Health Team

"Thanks to you and all your Barnet colleagues for being such a fabulous partner in everything we've done together. You are a superb team and you do more for your community that will ever be known."
Compliment for the Care Quality Service from a care provider

"I wanted to take a moment to express my heartfelt gratitude for all the support, care, and dedication you've shown XXX over the years. Your guidance has made a meaningful difference in her life, and your kindness and professionalism have always been deeply appreciated. You've helped us a lot and I am truly thankful." *Compliment regarding a member of the Learning Disabilities Service*

"I know I have thanked you for your help and support many times over the phone during this process of setting up care for Mum but I really want to thank you now in writing to acknowledge the amazing help and support you have provided. You were so diplomatic and supportive when you met Mum and Dad and really listened. You have worked tirelessly to get Mum the help she so desperately needs and you have understood what this is right from the start. Your gentle manner and extraordinary efficiency mean that every time you say you will look into something you follow it through in great detail. And every time you say you will phone with an update, you do."
Compliment regarding a member of the Localities team

"I would like to express my deepest gratitude, from the bottom of my heart and soul, for the help and support you have given to my wife. We feel truly blessed to have you, and I am profoundly thankful for the care and compassion you have shown her. Your service and dedication mean so much to us, and they have given me immense peace of mind. we are sincerely grateful for your amazing service and unwavering commitment."
Compliment regarding a member of the Mental Health social work Team

"This is a short note to say how much I appreciated the input of xxx in my management. I am an 87-year-old male with mobility problems, who has recently been widowed and was in need of advice in respect of improving the day-to-day care-routine of persons in my situation. XXX is an extremely kind and personable individual and I can highly recommend her. I thank Barnet Council for their generosity and concern for people like me."
Compliment regarding a member of the Occupational Therapy service.

Table1 outlines compliment numbers by year and service area.

Table 1.

Service Area	2022-23	2023-24	2024-25	2025-26
Care Quality	7	3	2	1
Customer Financial Affairs	0	2	2	1
Hospitals & Health Partnerships	14	18	20	36
Integrated Learning Disabilities	2	8	10	7
Localities (Older People & Physical Disabilities)	12	26	22	19
Mental Health	4	12	1	8
Safeguarding, Access and Occupational Therapy	46	68	49	43
Other	4	5	7	1
Total	89	142	113	116

Although compliment volumes remain below the peak of 142 recorded in 2023/24, the Council received more compliments in 2025/26 than in the previous year and 30% more than 2022/23. This suggests that positive experiences continue to be reported across Adult Social Care services.

6. Complaints

Between 1 April 2025 and 31 March 2026, Adult Social Care received 141 complaints. Of these, 138 were considered under the statutory Adult Social Care complaints procedure and three were managed under the Council's corporate complaints procedure.

Complaints continue to represent a small proportion of Adult Social Care activity. During 2025/26, fewer than 1% of people drawing on care and support, or someone acting on their behalf, submitted a formal complaint. Given the volume of assessments, reviews, safeguarding enquiries, financial assessments, visits, phone calls and other interactions undertaken during the year, complaints remain a relatively infrequent outcome. A proportion of complaints received relate to services commissioned by the council.

Formal complaint data should also be considered alongside concerns resolved at an early stage. During 2025/26, 12 complaints were resolved within 24 hours and a further 26 concerns were successfully resolved outside the formal complaints process. While these cases are not recorded as statutory complaints (in accordance with statutory guidance), they demonstrate the service's commitment to responding quickly to concerns and resolving issues at the earliest opportunity wherever possible.

Key Themes and Trends

Analysis of complaints received during 2025/26 identified a number of key themes across Adult Social Care services.

- Quality of service remained the largest complaint category, accounting for 37 complaints. Complaints within this category covered a broad range of issues, including assessments, provider services, equipment provision and financial processes.

- Complaints relating to decisions increased compared with the previous year. This increase was largely driven by concerns about care assessment outcomes and financial assessments. However, most of these complaints were not upheld, indicating that dissatisfaction often related to disagreement with decisions rather than service failure. This trend also appears to only have been for a short period of time with complaints in this category reducing to levels seen in previous years in the last 12 months.

- Delays continued to have a significant impact on people's experience of services. Although the number of complaints relating to timeliness reduced, the vast majority were upheld or partially upheld, reflecting ongoing challenges associated with assessment and review timescales.

- Communication remained a theme across several service areas. While many complaints were not upheld, investigations demonstrated the continued importance of maintaining regular contact with residents, managing expectations and providing timely updates.

Of the 119 complaints concluded during the year, almost half (56, 47.1%) were not upheld, many complaints related to differing expectations, challenges to decisions, or complex individual

circumstances rather than service failure. The complaints received provided valuable insight into the experiences of people who draw on care and support. The themes identified continue to inform service improvements, helping Adult Social Care strengthen practice, improve communication and enhance the quality of services delivered to residents.

Root Cause

Understanding the root causes of complaints is essential to identifying patterns, learning from feedback and driving continuous service improvement. Analysing complaint outcomes alongside the underlying causes helps Adult Social care understand why concerns arise and target improvement activity where it will have the greatest impact for people who draw on care and support and carers

Analysis of root causes shows that complaints continue to be concentrated in a relatively small number of themes. Quality of service and decision-making accounted for over 60% of all complaints concluded during the year. Communication and delays also remained significant contributors, highlighting the importance of maintaining timely engagement with residents and managing expectations throughout the assessment and care planning process.

Table 2 sets out the root causes identified through complaint investigations and the corresponding outcomes, providing insight into the key themes and issues raised during the year.

Table 2

	Category	Upheld	Partially upheld	Not upheld	Total
Decision	Care Assessment - Assessment disagreement (including unhappy with decision)	1	5	16	22
	Finance - Assessment disagreement (including unhappy with decision)	2	3	9	14
	Care Assessment - General policy decision	0	1	0	1
	Total	**3**	**9**	**25**	**37**
Conduct	Staff conduct - Conduct of council employed staff (attitude/ behaviour)	0	4	4	8
	Care agency - Conduct of staff (attitude/behaviour)	1	0	0	1
	Total	**1**	**4**	**4**	**9**
Quality	Care Agency - Quality of service	1	2	1	4
	Care Assessment - Quality of service	2	8	3	13
	Equipment provision/ Installation	2	2	2	6
	Care Home - Quality of service	0	0	1	1
	Hospitals – Quality of service	0	0	4	4
	Finance - Quality of service	4	2	3	9
	Total	**9**	**14**	**14**	**37**

Timeliness & Delays	Care Assessment – Assessment delay (including delay in making a decision)	3	4	1	8
	Care agency – Timeliness	1	0	0	1
	Finance – Timeliness	1	1	0	2
	Total	**5**	**5**	**1**	**11**
Communication	Care Assessment - Lack of communication	3	3	5	11
	Finance - Lack of communication	1	2	3	6
	Total	**4**	**5**	**8**	**17**
Other	Hospitals - Discharge Process	0	2	2	4
	Care Assessment - Request (process)	1	1	0	2
	Other	0	0	**2**	**2**
	Total	**1**	**3**	**4**	**8**
	Total	**23**	**40**	**56**	**119**

Complaint Trends by category

Decision

Complaints relating to decisions increased from 24 in 2024/25 to 37 in 2025/26 (an increase of 54.2%), making this the second largest complaint category during the year. The increase was largely driven by concerns regarding care assessment outcomes, which rose from 15 complaints to 22, alongside an increase in complaints relating to financial assessment decisions, which rose from 9 to 14 complaints. Despite this increase in volume, the overall proportion of complaints that were not upheld remained high at 67.6% (25 complaints) and was even higher for care act assessment decisions with only 1 complaint upheld from the 22. This suggests that many complaints arose from disagreement with professional judgement, resident expectations, eligibility decisions or charging arrangements rather than faults in service delivery. Where individuals remain dissatisfied with assessment outcomes, the Council continues to offer reassessments and reviews where there has been a change in circumstances or where new information becomes available.

Staff Behaviour

Complaints relating to conduct increased from five in 2024/25 to nine in 2025/26, although they remained one of the smallest complaint categories, accounting for less than 10% of all complaints received. While four complaints were partially upheld, almost half of complaints were not upheld, indicating that concerns regarding staff behaviour are relatively infrequent when considered alongside the volume of contact Adult Social Care has with residents. Where learning was identified, this was addressed through supervision, reflective practice and targeted development activity to support professional standards and positive interactions with residents.

Quality

Quality of service remained the largest complaint category during 2025/26, increasing from 32 complaints in 2024/25 to 37 complaints in 2025/26. These complaints covered a broad range of service areas and issues.
Of the 37 complaints received, 9 (24.3%) were upheld, 14 (37.8%) were partially upheld and 14 (37.8%) were not upheld. The proportion of upheld and partially upheld complaints has provided valuable opportunities to identify learning, strengthen service delivery and further enhance the experience of residents who access care and support services. Feedback received through the complaints process continues to play an important role in driving service improvement and ensuring that services remain responsive to residents' needs.

Six complaints relating to equipment provision and installation arose during a period of sector-wide disruption following the collapse of the 22-borough London Consortium equipment service. Learning from these and other quality-related complaints has informed a range of improvement activity, including targeted staff training, learning events, enhanced auditing arrangements and revisions to operational procedures. Where concerns related to commissioned care providers, these were addressed through established contract management and provider assurance processes, supporting ongoing service quality, accountability and continuous improvement.

Timeliness and Delays

This category relates to the time taken to conduct assessments or provide services, with waiting times for care assessments and financial reviews remaining the primary source of complaints. Although overall complaint volumes reduced from 13 in 2024/25 to 11 in 2025/26, concerns relating to delays continued to represent an area where residents experienced the greatest impact.

The high proportion of upheld and partially upheld complaints reflects the ongoing pressures across Adult Social Care services and the impact these pressures can have on the timeliness of service delivery. While demand and workforce pressures continue to affect waiting times, the service remains focused on prioritising those with the greatest levels of need and risk whist keeping service performance and processes under regular review.

Communication

Complaints relating to communication increased during 2025/26. However, the previous year's figure was notably low compared with historical levels, suggesting a return to a more typical pattern rather than a sustained deterioration in performance.

Whilst 47.1% of complaints were not upheld, nine complaints were upheld or partially upheld, demonstrating that there remain opportunities to strengthen communication particularly during periods of waiting, assessment activity or uncertainty about outcomes. In response, Adult Social Care continues to emphasise the importance of proactive communication, managing expectations and providing regular updates, particularly where service demand may affect response times and delivery timescales.

Statutory Complaints by Service Area

The following section provides an overview of complaints received across Adult Social Care service areas during 2025/26. Although complaint volumes vary between services, the data provides valuable insight into the experiences of residents and helps identify areas for learning and

service improvement.

Table 3 Statutory complaints concluded by service area and outcome, 2025/26

Table 3

Service Area	2025-26 Complaints	Annual Change	Upheld	Partially Upheld	Not Upheld
Localities (Older People & Physical Disabilities)	26	+ 7	0	11	15
Safeguarding, Access and Occupational Therapy	6	- 3	2	0	4
Integrated Learning Disabilities	15	+ 4	7	4	4
Mental Health	18	+ 2	2	10	6
Customer Financial Affairs	30	+ 13	8	8	14
Care Quality	7	+ 2	4	2	1
Hospitals & Health Partnerships	13	- 1	0	3	10
Other Services	4	+ 2	0	2	2

Table 4 provides a five-year overview of complaint volumes across Adult Social Care and highlights changes in demand and areas where complaint activity has increased over time.

Customer Financial Affairs, Localities, and Mental Health have experienced the largest growth in complaint numbers, with Customer Financial Affairs recording the largest increase over the five-year period from 9 in 21/22 to 30 in 25/26 an increase of 233%. In contrast, Hospitals & Health Partnerships experienced a significant peak in 2023/24, followed by a reduction in subsequent years. Other service areas have remained comparatively stable.

Monitoring trends over time helps identify emerging issues, target improvement activity and assess the impact of service changes across Adult Social Care.

Table 4

	2021/22	2022/23	2023/24	2024/25	2025/26
Customer Financial Affairs	9	9	11	19	30
Localities (Older People & Physical Disabilities)	19	16	17	25	26
Mental Health	12	10	9	19	18
Safeguarding, Access and Occupational Therapy	6	5	9	9	6
Integrated Learning Disabilities	12	15	18	12	15
Hospitals & Health Partnerships	7	14	26	15	13
Care Quality (care provider/ equipment)	5	9	9	6	7
Other Services	2	0	2	1	4

Localities

Of the 26 complaints received, 15 were not upheld, 0 were upheld and 11 were partially upheld, indicating that while elements of the concerns raised were substantiated, the overall complaint was

not fully upheld.

Complaints were received across seven categories, reflecting the varied nature of the service. The most common issue related to disagreements with assessments and decisions about care and support needs. Ten complaints were received in this area, with three partially upheld. These complaints generally concerned care fees, differing views about the most appropriate care and support arrangements. the level of care provided and changes to assessed needs.

The service supports older people and adults aged 18 and over with physical or other disabilities. It primarily undertakes long-term work, involving careful assessment and review of care and support needs, with a focus on working collaboratively with individuals to achieve their personal goals through a strengths-based approach.

Safeguarding, Access and Occupational Therapy

The service received six complaints. Four were not upheld and two complaints were upheld, relating to the care assessment request process and delays in completing an assessment.

Bringing together Social Care Direct, Adult Safeguarding and Occupational Therapy functions, the service plays a key role in supporting adults at the earliest point of contact with Adult Social Care. Responsibilities include responding to safeguarding concerns, undertaking occupational therapy assessments, managing referrals and enquiries, and providing support to people at risk. The breadth and urgency of this work require the service to manage a diverse range of complex cases, often involving timely assessment, intervention and coordination with partner agencies.

Integrated Learning Disabilities

In 2025/26, the service received 15 complaints, 4 were not upheld, seven complaints were upheld and four partially upheld.

Due to the complex nature of the work undertaken, complaints were received across seven different categories. The most common themes among substantiated complaints were Care Assessment – Assessment delay (including delay in making a decision), communication and quality of service.

The Learning Disabilities Team is an integrated NHS and social care team comprised of psychiatrists, social workers, psychologists, physiotherapists, occupational therapists, speech and language therapists, and nurses. They support people with severe learning disabilities and complex needs.

Mental Health

Since 2021/22, the service has seen a gradual increase in the number of complaints. While most complaints have historically not been upheld, there has been a rise in partially upheld complaints in recent years. The complaints received covered a variety of issues, reflecting the diverse support provided by the service to adults with complex mental health needs.

The complaints received reflected the complexity of supporting individuals with a wide range of mental health needs, from early intervention through to longer-term support and recovery planning. These complaints often reflect differing expectations about support arrangements and the challenges involved in delivering services to people with complex and changing needs.

Customer Finance

In 2025/26, the Customer Finance team received 30 complaints. The largest area of dissatisfaction related to financial assessments and charging for care services. Thirteen complaints were received in this category, with 62% not substantiated. These complaints typically reflected disagreement with the outcome of financial assessments, complaints about billing and invoicing and the

contribution individuals were required to make towards the cost of their care and support.

The second most common theme was quality of service, with eight complaints received. Six of these complaints were either upheld or partially upheld. Quality-related complaints were linked to ongoing challenges associated with the implementation of Oracle Cloud, which affected aspects of billing and customer communication. Work continues to improve processes and minimise disruption to residents.

The increase in complaints likely reflects the complexity of financial assessment processes at a difficult time for families, cost of living pressures and a reluctance to contribute to the cost of care. While most complaints concerning financial assessments were not upheld, the volume of complaints received indicates the importance of ensuring residents clearly understand charging policies, assessment outcomes and their financial contributions towards care

Care Quality

In 2025/26, the Care Quality team received seven complaints, compared to five in 2024/25. Four complaints were upheld, two were partially upheld, and one was not upheld.

Three substantiated complaints related to equipment provision and installation following the collapse of the London Consortium framework, while a further three concerned domiciliary care providers. As these complaints involved commissioned services, investigations were initially undertaken by the relevant provider, with Adult Social Care reviewing cases where further action was required.

The predominance of complaints relating to commissioned services highlights the importance of monitoring provider performance and working collaboratively to address concerns and improve outcomes for people who draw on care and support.

Hospitals and Health Partnerships

Hospitals and Health Partnership service received 13 complaints, continuing the downward trend from 24 complaints in 2023/24 and 14 complaints in 2024/25.

No complaints were fully upheld, three complaints were partially upheld and ten were not upheld. The partially upheld complaints related to hospital discharge arrangements and staff conduct.

The most common themes concerned the discharge process and quality of service. Given the complexity of coordinating support across health and social care organisations, complaints often reflected differing expectations regarding discharge planning, responsibilities and timescales.

Commissioning

The Commissioning service is responsible for developing, procuring and monitoring a range of services that support adults with care and support needs, ensuring commissioned services deliver quality, value for money and positive outcomes for residents.

During 2025/26, four complaints were received within the service, none were fully upheld. Two related to Disabled Facilities Grants (DFGs), while the remaining complaints concerned fees and charges for equipment and a commissioned deep-cleaning service. The complaints received highlighted issues relating to grant processes and charging arrangements.

Although complaint numbers remain low, the issues raised highlight the importance of clear communication regarding grant eligibility and charging arrangements.

Escalated complaints

Adult Social Care complaints are managed through a single-stage statutory complaints process. In some cases, after receiving a response, a complainant may remain dissatisfied and request that their concerns are reviewed further. While there is no formal second stage within the statutory process, the Council may undertake a senior management review to ensure all issues raised have been fully considered and addressed. These cases are referred to as escalated complaints.

Escalated complaints provide an important opportunity for the Council to review the quality and consistency of complaint investigations, identify learning, and ensure that responses have been fair, proportionate and evidence based. Where a complainant remains dissatisfied following the Council's response, they are advised of their right to refer their complaint to the Local Government and Social Care Ombudsman (LGSCO) for independent consideration.

During 2025/26, 31 complaints were escalated for further review by a senior manager, compared with 14 in 2024/25 and 27 in 2023/24. Whilst the number of escalations increased during the year, they represented a small proportion of the overall complaints received by the service.

Most escalated complaints (77.4%) did not result in a change to the original outcome, demonstrating the overall quality and robustness of initial complaint investigations. Where outcomes were amended following escalation, this was typically due to additional information being provided, clarification of the issues raised or a review identifying that aspects of the complaint should be partially or fully upheld. Analysis of escalation themes indicated that assessment disagreements and concerns regarding service quality remained the most common reasons for complaints being escalated.

Timeliness of responses to statutory complaints

Adult Social Care complaints are managed in accordance with the statutory complaints' regulations. The statutory guidance provides for six months from the date a complaint is received for resolution. This timeframe is intended to ensure complaints are investigated thoroughly and fairly, while providing flexibility where cases are particularly complex.

Adult Social Care remains committed to resolving complaints as promptly and constructively as possible. The complaints process is designed to be resolution-focused and includes opportunities for face-to-face meetings, family discussions and mediation, where appropriate, to help achieve satisfactory outcomes.

To support timely resolution, the service operates internal target timescales of 20 working days for straightforward complaints and 25 working days for more complex cases, with extensions agreed where necessary.

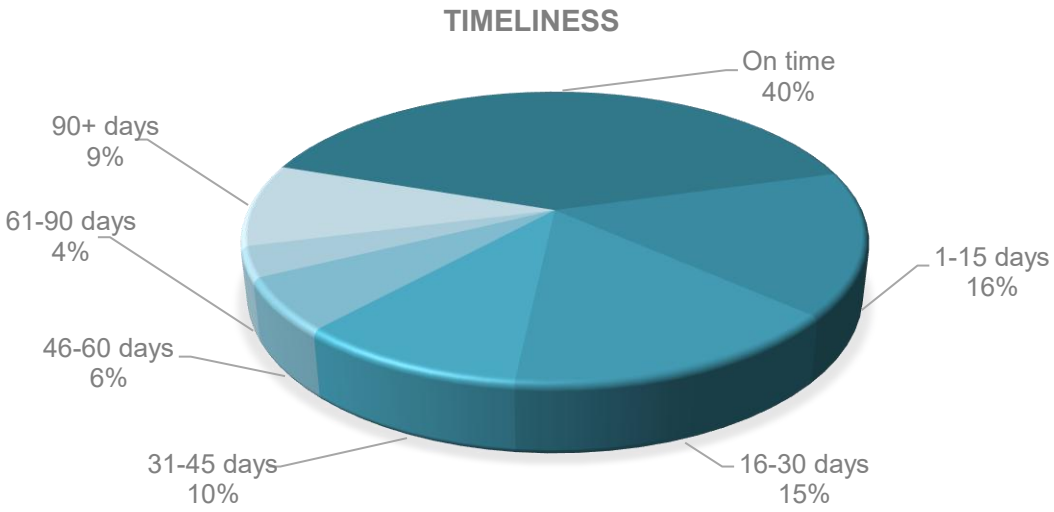
In 2025/26, two complaints exceeded the statutory six-month deadline for resolution:

Case 1
The complaint exceeded the statutory timescale due to ongoing efforts to achieve resolution through meetings and discussions with the complainant. Director-level involvement was required before actions with the person could be agreed and the complaint concluded. The availability of key individuals also contributed to the delay.

Case 2
Initially the complaint experienced some delay due to operational pressures. Subsequent enquiries identified the need for additional investigation by another Adult Social Care service. The complaint required a complex and detailed review of historical financial records and assessments before a final response could be issued which took longer than the allowed time.

Overall, 40% of complaints were resolved within the service's internal target timescales. The chart below summarises performance against these targets, showing the proportion of complaints concluded within timescale and the additional time taken to resolve those that exceeded the target.

Chart 2



Cases Concluded Beyond the Internal Service Timescale

In 2025/26, 71 complaints were responded to outside of the service's internal timeframe, compared with 50 in 2024/25. Although this represents a decline in timeliness performance, it should be viewed in the context of increasing complaint volumes and the complexity of investigations undertaken during the year.

Delays were most commonly associated with complaints requiring detailed investigation across multiple teams or partner organisations, where additional evidence needed to be gathered and reviewed before a response could be finalised. In some cases, the progress of an investigation was dependent on the completion of other processes, including the completion of safeguarding enquiries, receipt of specialist or legal advice, or the emergence of new information that required further consideration.

Whilst these factors extended response times, they were necessary to ensure investigations were comprehensive, balanced and informed by all relevant evidence. The service continues to monitor performance closely and identify opportunities to improve timeliness while maintaining the quality and robustness of complaint investigations.

7. Learning from Complaints

Learning from complaints provides valuable insight into where services may not have met expectations and creates opportunities for continuous improvement. By understanding what has gone wrong, we can take meaningful action to improve outcomes and reduce the likelihood of similar issues occurring in the future.

Not all complaint outcomes identify learning that requires changes to policies, procedures, or service delivery. In some cases, the issues raised are specific to individual circumstances and are best addressed through targeted actions at an individual or team level. This may include reflective practice, supervision, team discussions and additional training to support learning and development.

Table 5 summarises the key learning themes identified through complaints, together with the number of associated learning points. It also highlights the actions taken by Adult Social Care management, providers, and partner organisations in response to these findings. The themes are intentionally broad to support the identification and monitoring of trends over time, although the specific actions taken under each theme may vary according to the circumstances of individual cases.

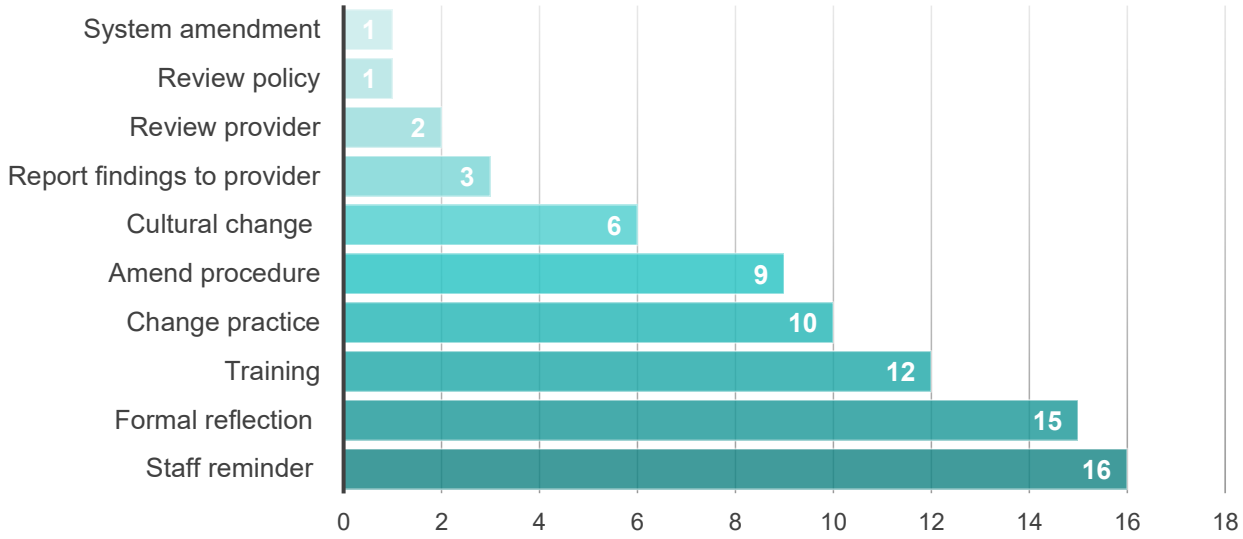
Table 5

Theme	No of lessons identified	Action
People Staff knowledge, skills, communication, decision-making, conduct	43	Formal reflection Training Staff reminder
Policy Review or amendment of a formal policy to reflect the need for change	1	Reflection Audit Amend policy
Systems Preventative updates /amendments to system/s, staff training on systems or applications	1	Amend system Change working practice
Procedure Changes to ways of working or current procedures as a preventative measure	25	Change working practice Amend procedure Cultural change
Provider Work with a provider to review working practices, procedures, policies and contract compliance	5	Report findings (to provider) Review contract Suspend provider

Analysis of the learning identified through complaints shows that workforce-related issues were the most common theme, accounting for 43 learning actions. These primarily related to communication, decision-making, knowledge, and staff development. Improvements to ways of working were also a significant area of learning, with 25 lessons leading to changes in working practices, amendment of procedures and operating models or cultural change. In comparison, relatively few complaints identified the need for changes to formal policies or systems, indicating that most learning related to how services are delivered rather than shortcomings in organisational frameworks.

The below chart (chart 3) provides an overview of the actions taken as a result of learning from our complaints. In lots of cases there were several actions identified in the complaint that were addressed to mitigate further complaints of a similar nature.

Chart 3



Customer Finance and Hospitals and Health Partnerships implemented the highest number of learning actions arising from complaints during 2025/26. This demonstrates a strong commitment to using customer feedback as a catalyst for service improvement, with complaints being actively reviewed to identify learning opportunities, strengthen processes, and improve the experience of people who draw on care and support and their families. The range of actions taken reflects a proactive approach to addressing concerns and embedding continuous improvement across these services.

Communication was a recurring theme across many complaint investigations and featured prominently within the learning identified. Improvements included strengthening communication, improving handover arrangements, clarifying information about care processes and financial responsibilities and ensuring timely responses to enquiries. A substantial number of actions also focused on training, supervision and reflective practice, highlighting the importance of supporting staff to continually develop their skills and confidence.

Examples of some of the learning from our complaint investigations:

Lesson Identified	Outcome
The complaint highlighted the importance of providing clear and timely information to families about supported living placement options, commissioning arrangements, provider costs and circumstances where top-up funding may be required.	Strengthened discharge planning discussions to ensure placement sourcing, cost considerations and commissioning constraints are explained at an earlier stage. Staff reminded to clearly communicate available options and funding implications to support informed decision-making.
Delays and gaps in communication during case transfers, staff absence, and support with financial management highlighted the need for more robust communication processes and improved staff understanding of Mental Capacity Act responsibilities, appointeeship and deputyship arrangements	Reviewed handover and communication protocols to ensure families are informed of staff availability and case responsibility changes. Additional training provided on the Mental Capacity Act, financial decision-making and safeguarding. Learning incorporated into staff supervision and performance management processes.

Failures in Direct Debit administration, communication and system processes demonstrated the need for stronger controls between operational and financial systems, alongside improved customer communication and follow-up.	Introduced additional monitoring and reconciliation processes between Mosaic and Oracle to identify payment discrepancies. Improved liaison between Customer Finance and Income Recovery teams, strengthened quality assurance checks, and reviewed communication arrangements to ensure customers receive timely updates and responses.

While many complaints resulted in service-wide improvements, other learning was addressed through individual supervision, reflective practice or case-specific actions. Together, these approaches help ensure that feedback continues to inform both operational practice and wider service development across Adult Social Care.

8. Complaints and enquiries dealt with by the LGSCO 2025/26

The Local Government and Social Care Ombudsman (LGSCO) is an external body that looks at complaints relating to councils and Adult Social Care providers. The LGSCO investigates matters where there is an alleged or apparent maladministration or service failure.

Complainants are entitled to refer their concerns to the Local Government and Social Care Ombudsman (LGSCO) at any stage. However, where a matter has not yet been considered through the Council's complaints procedure, the Ombudsman will generally refer it back to the Council for local resolution before deciding whether to investigate.

During 2025/26, the LGSCO received 15 enquiries and complaints concerning Adult Social Care services, a reduction compared with 21 enquiries and complaints in 2024/25.

7 concerns were not taken forward by the Ombudsman. Of the 8 cases considered by the Ombudsman:

- **5 cases were upheld**:
  - 3 related to assessments and care planning
  - 1 related to charging
  - 1 related to other Adult Social Care matters
- **3 cases were closed after initial enquiries**:
  - 2 related to assessments and care planning
  - 1 related to charging

The remaining enquiries were either closed at an earlier stage, did not proceed to a published decision, were withdrawn, fell outside the Ombudsman's jurisdiction, or were referred back to the Council for local resolution.

In 100% of the upheld cases the Ombudsman were satisfied that Adult Social Care had successfully implemented their recommendations.

9. Responding to complaints and concerns about quality relating to external service providers

The Service is responsible for ensuring its contracted providers meet the quality and performance standards they have been set.

Adult Social Care requires all external providers of care and support services to operate a complaints procedure. For services regulated by the Care Quality Commission under the Care Standards Act 2000 (Homecare, Residential Care and Supported Living and Extra Care), this is a statutory requirement. For services that are not regulated, there is no statutory requirement but all contracts for services commissioned by the council include a requirement to have a complaints procedure. This is also examined during the procurement process.

Where a person who used social care services or their representatives raises a concern about the quality of an external provider with the council, the Care Quality Service logs the matter and passes it to the provider to investigate, in line with their complaint's procedure. If the outcome of their investigation is not satisfactory to the complainant or to the Care Quality Service, Adult Social Care may take further action, through the complaints process if this is the most appropriate route.

The Service takes complaints about providers very seriously, both to ensure individuals and their carers receive high-quality services and to learn lessons and make improvements more widely where necessary.

If it is found that a provider regulated by the Care Quality Commission (CQC) does not meet the CQC's fundamental standards, the Service will inform the CQC, acting primarily to ensure the safety of individuals and, once this is established, working with the provider to improve their standards.

Monitoring Care Quality

The Care Quality Service monitors the quality and safety of care and support services through a range of contract compliance and quality assurance mechanisms. These include:

- **Contract Compliance and Quality Assurance Visits** to assess service delivery and contractual performance, including reviews of providers' complaints management processes.
- **Annual Provider Self-Assessments**, which gather standardised information to support ongoing monitoring and assurance of contractual compliance.
- **Quality Alerts**, received through written, telephone, or electronic communication, which notify the Council of concerns or shortcomings in service delivery.
- **Oversight and support of safeguarding and whistleblowing investigations**, ensuring that recommendations and lessons learned are effectively implemented, embedded in practice, and sustained over time.
- **Collaboration with the Care Quality Commission (CQC)** where appropriate, particularly when providers fail to meet the Fundamental Standards of quality and safety that underpin regulated care activities.

- **Review and response to other significant events**, including safeguarding incidents, regulatory concerns, and service failures, where there is evidence that a provider may not be fully complying with contractual requirements.

This approach enables the Care Quality Service to identify risks, monitor performance, promote continuous improvement, and ensure that people receive safe, effective, and high-quality care

The table below (Table 6) provides a breakdown of concerns about quality that were passed to providers to investigate

Table 6

	2022-23	2023-24	2024-25	2025-26
Care Homes & Extra Care	9	45	48	64
Homecare	79	70	79	69
Supported Living	15	20	34	59

Care Homes and Extra Care

The key themes identified for 2025/26 were:

- Governance and management oversight.
- Falls, fractures and moving and handling practices.
- Poor care, dignity and respect.
- Medication management and medication errors.
- Accident and incident management.
- Environmental and infection prevention and control (IPC) concerns.
- Person-centred care planning and risk management.

Homecare

The key themes identified for 2025/26 were::

- Missed/late calls
- Poor communication/Field staff not reporting feedback to the office
- Staff not always following the care and support plan
- Poor records management
- Poor monitoring of electronic call data

- Poor quality assurance processes

Supported Living

The key themes for 2025/26 were:

- Medication management
- Managing finances
- Leadership and management
- Poor quality assurance processes

Based on the emerging themes the Care Quality Team have facilitated a number of workshop and training events, to support providers in improving their services.

The Care Quality Team delivered targeted support and training through provider forums, managers' networks and specialist workshops, including Dementia Awareness, Mental Capacity Act (MCA), Words and Phrases, Herbert Protocol and activities-based training, reaching almost 300 care staff and nurses.

The withdrawal of NHS/ICB-funded clinical support to care homes, including pharmacy and infection prevention and control (ICB) resources, may be contributing to some of the emerging trends, particularly in relation to medication management and clinical oversight. However, the team continues to work closely with providers, Skills for Care and system partners to promote good practice and support quality improvement.

The Care Quality team have been working closely with Learning Disabilities (LD) and Mental Health (MH) teams and through regular engagement and communication we are now receiving feedback about LD and MH commissioned services we work with. Hence, we are now receiving more alerts than before about supported living.

10. Demographic Overview

We use data available from our Mosaic case management system to cross reference complaints information with other demographic information on ethnicity, age and primary support reason. We use these groups as the quality of the data is good enough to provide statistically relevant data. In the future we hope to include other data from other protected characteristics to obtain further insights into complaint proportionality.

Race and ethnicity

People identifying as White accounted for 62% of complaints, slightly higher than their representation among people drawing on care and support (60.8%). Those from Mixed or Multiple Ethnic Groups were also over-represented, making up 4% of complaints compared with 2.9% of the cohort.

In contrast, Black/African/Caribbean/Black British people accounted for 9% of complaints despite representing 11.1% of those receiving support. Asian/Asian British people made up 13% of complaints compared with 16.4% of those receiving support. Individuals from Other Ethnic Groups

accounted for 6% of complaints versus 6.75% of those drawing on care and support. These groups were therefore under-represented in complaints relative to their proportion the supported population.

The departments engagement team holds regular proactive engagement sessions out in the community as well as quarterly people voice groups both online and in person. The team work closely with residents to ensure that everyone's voice is heard including information from compliments and complaints.

Ethnic Group	Difference (Complaints/Service User %)
White	+1.20%
Mixed / Multiple	+1.10%
Asian/Asian British	-3.40%
Black/African/Caribbean/Black British	-2.10%
Other	-0.75%

Age

In 2025/26, 44% of complaints received related to individuals drawing on care and support aged 18–64. Within this age group, the majority of complaints were associated with Mental Health services (29%), followed by Learning disbilities (26%). This age group represents 34.7% of all individuals receiving support, indicating a higher proportion of complaints from this cohort relative to their overall representation.

Primary Support Group

In 2025/26, a higher proportion of complaints were received from individuals receiving Mental Health Support and Support with Memory and Cognition compared to their representation among all people drawing on care and support. Mental Health Support accounted for 21.6% of complaints while representing 12.8% of people drawing on care and support, and Support with Memory and Cognition accounted for 19.0% of complaints compared with 9.9% of people drawing on care and support.

In contrast, a lower proportion of complaints were received from individuals receiving Physical Support and Learning Disability Support. Physical Support accounted for 40.5% of complaints but 58.8% of people drawing on care and support, while Learning Disability Support accounted for 11.2% of complaints compared with 16.3% of people drawing on care and support.

Complaints from individuals receiving Sensory Support (4.3% vs. 1.6%) and Social Support (3.5% vs. 0.7%) were also proportionately higher than their representation among people drawing on care and support, although the numbers involved were relatively small.