Lancashire County Council

Statutory Adult Social Care Annual Report

Complaints and Customer Feedback

For the period 1 April 2024 to 31 March 2025

Contents

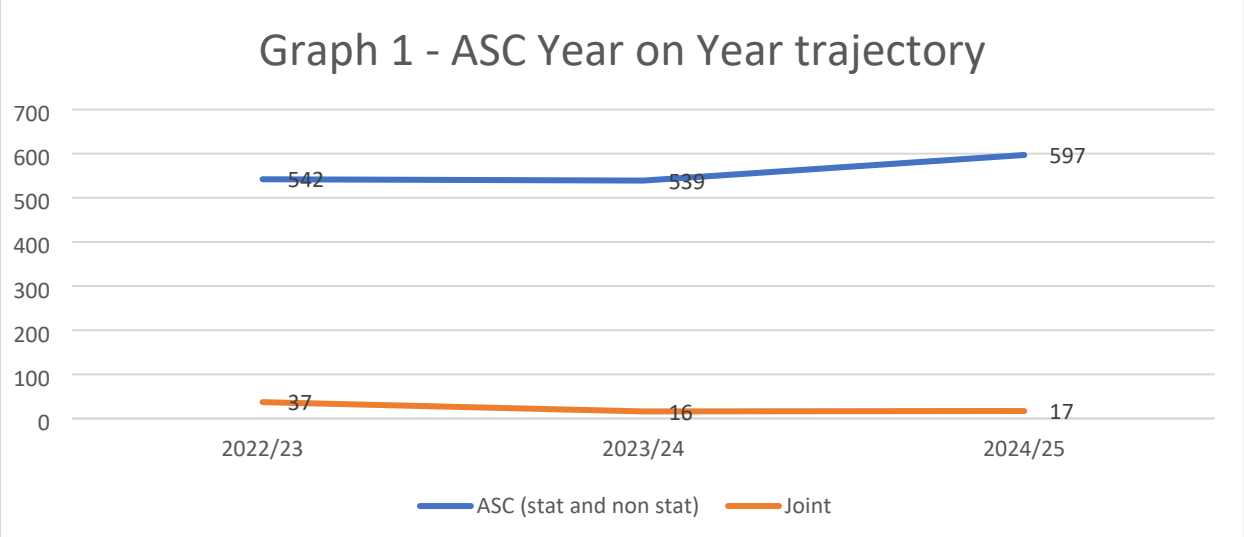
1 Executive Summary

Complaints and feedback are used by the council to better understand the needs of our customers and offer an opportunity to learn and improve. As a direct result of complaints in 2024/25 adult social care services have improved communication with customers and their families, made changes to policy and processes and staff and managers have attended specific training sessions. Many complaints can be avoided by providing regular communication with customers and by being empathetic, clear, factual, and honest in our interactions, as well as doing what we say we will do.

Only 1% of active cases result in a complaint being made and customers are more likely to compliment us than to complain. There are more compliments than complaints and compliments have decreased by 2% on 2023/24 figures.

Graph 1 below shows:

- Closed ASC complaints remain broadly stable, although increasing from 539 in 2023/24 to 597 complaints for 2024/25.
- Joint complaints with the NHS were broadly the same for 2024/25 as they were for the previous year. Continuing healthcare, discharge planning and finance were the biggest themes.

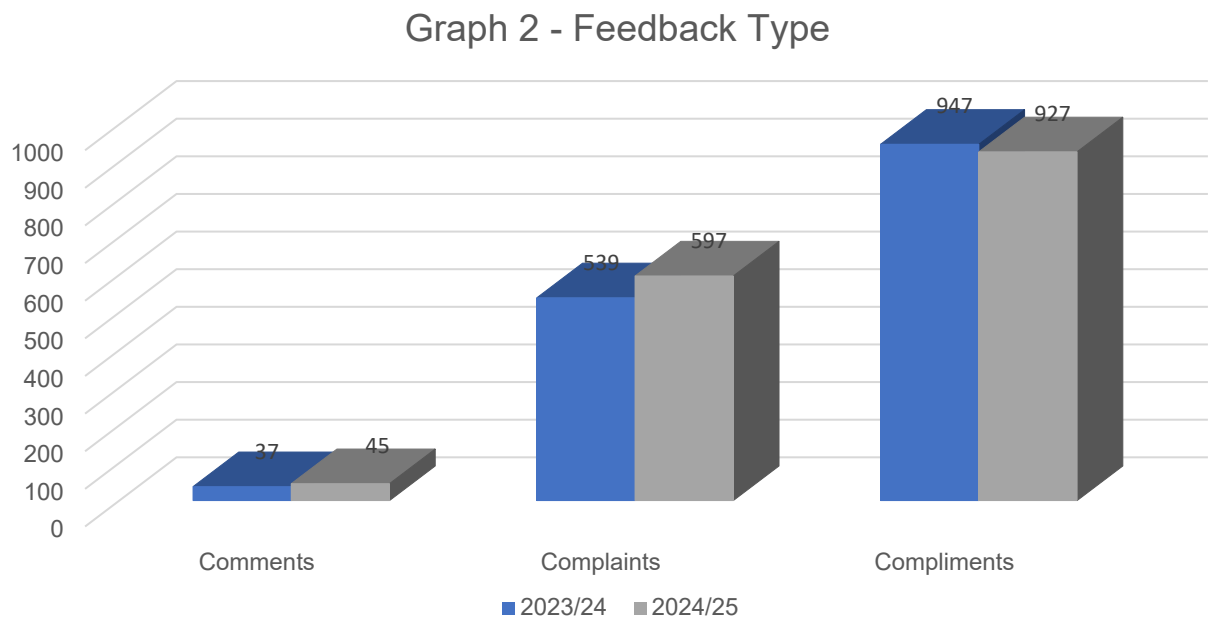


Total complaints received by the Local Government and Social Care Ombudsman has decreased by 21%, from 56 in 2023/24 to 44 in 2024/25. Total cases upheld have reduced by 29% from 17 in 2023/24 to 12 in 2024/25. These reductions are due to the introduction of a more proactive approach to offering financial remedies for late complaints in final letters, before complainants approach the Ombudsman.

2 Background

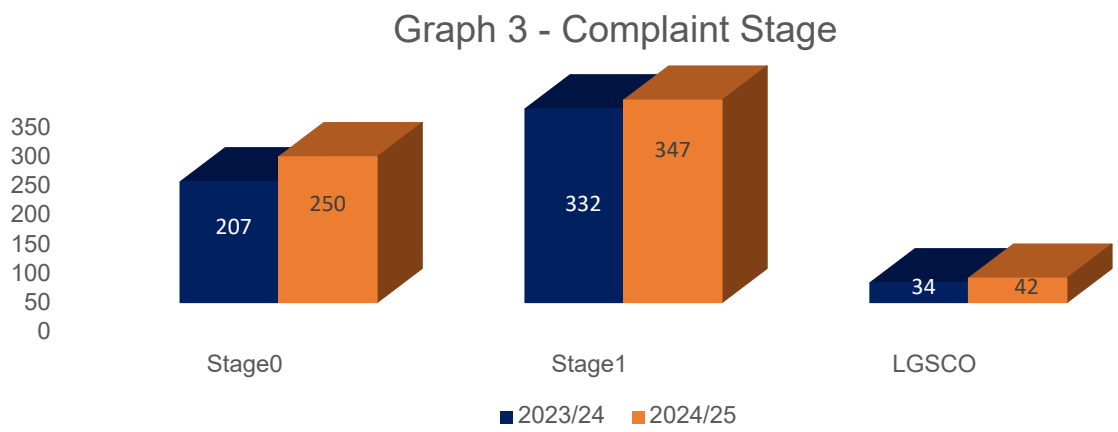
The complaints procedure for adult social care and this report are produced in accordance with the requirements of the Local Authority Social Services and National Health Service Complaints Regulations (2009).

Graph 2 shows a breakdown of Adult Social Care (ASC) by feedback type. A total of 597 complaints were closed in 2024/25 which is an increase from the previous financial year (539). It should be noted that people are more likely to compliment adult social care rather than to complain. Compliments slightly decreased from 947 in 2023/234 to 927 in 2024/25. Comments increased slightly in 2024/25 to 45 (from 37 in 2023/24).



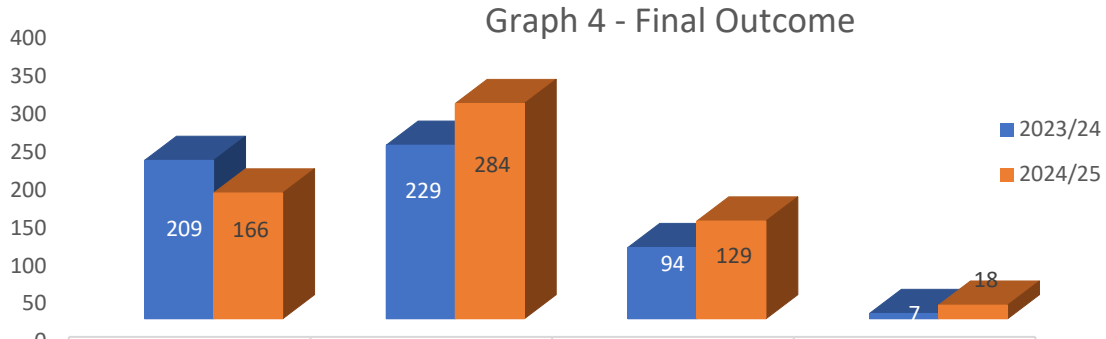
3. Breakdown of complaints by stage

The breakdown of ASC complaints is shown in Graph 3. Stage 0 is the early resolution of complaints, so a significant proportion of complaints (42%) continue to be resolved at the first point of contact with council officers. 93% of complaints are resolved locally at Stages 1 or 2 and a further 7% are resolved by a Local Government and Social Care Ombudsman (LGSCO) investigation. The LGSCO figures in graph 3 show total numbers of complaints decided in year.



3.1 Breakdown of complaints by outcome

The outcomes of the 597 complaints that closed in this financial year are shown in Graph 4. Of all closed complaints, nearly half (48%) were either withdrawn, resolved early or signposted (284). 166 (28%) had at least one aspect upheld and only 129 (22%) were not upheld. In 2023/24 42% of complaints were either withdrawn, resolved early or signposted and more complaints (39%) had at least one aspect upheld.



	Upheld/Partly Upheld	Withdrawn/Early Resolution/Signposted	Not Upheld	Blank
2023/24	209	229	94	7
2024/25	166	284	129	18

A total of 347 internal complaint investigations were undertaken (Stage 1). The breakdown of these was 48% upheld/partly upheld (166), 10% withdrawn/early resolution/signposted (34) and 37% not upheld (128). Blank fields account for the difference. So, most complaints are found to be justified, with very few complaints having no aspect upheld.

The amount written off or waivered as a direct result of complaints during 2024/25 was £70,237.71. This is an increase of 22% from £57,712.23 in 2023/24. We also paid a total of £5,650 in time and trouble payments.

3.3 Timescales

39 complaints exceeded the statutory timescales of 6 months (6.5%). This is broadly the same as in 2023/24 when it was 37 complaints (7%). As a result, senior managers must improve the focus and prioritisation of complaints to resolve them according to the local target timescales as set out in our policy and procedure. The Principal Social Worker has sent out reminders to all staff about ensuring that complaints are prioritised and undertaken according to local target timescales.

3.4 What do people complain about?

For 2024/25, the most frequent subject of complaint was support planning (174) which received about a third of the total number of complaints. (In 2023/24 this category was a quarter of all complaints.) The second largest category was about the assessment process, with 25% of complaints (151). The third largest category was home care/domiciliary with 41 (7%) of all complaints, which is a similar proportion to 2023/24.

The most common themes include:

- Poor Communication - This is the most frequently cited issue across complaints, highlighting gaps in how staff communicate with service users and families.
- Financial Assessments - Complaints revealed that individuals were not always informed about the need for financial assessments when receiving care.
- Care Quality and Delays in Health Involvement - Specific cases involved concerns about the standard of care in care homes and delays in seeking necessary health input

Four examples of case studies are outlined in Appendix 1.

3.5 Internal learning processes

Team managers attend complaints training to enhance their ability to handle customer concerns effectively and treat customer feedback with the importance it deserves. The

complaint team reviews complaints and learning alongside social care mangers. A subgroup for adult social care complaints meets monthly to consider upheld complaints in more detail and breakdown learning into meaningful information.

A Shared Learning Panel then examines recurring themes and underlying causes to identify broader lessons. This learning or information goes out to social workers monthly and forms part of the training delivered by the social care academy. This ensures that the training for new social care staff is constantly updated and stays on topic and relevant.

The Shared Learning Panel works with internal partners in shaping service improvements for the people we support. The Quality Assurance and Practice Improvement Team receives these insights, which are then reviewed quarterly, to ensure accountability. Shared learning is embedded across ASC using a variety of methods. Best Practice Forums across all community teams share information and improve practice. The Principal Social Worker is also central to supporting the quality of social care practice.

3.6 Summary of lessons learnt, and improvements made

Appendix 2(a) outlines continuous improvement as a result of upheld complaints as thematic learning.

The following lessons have been drawn:

- Communication is critical to service user experience and must be clear, timely, and consistent.
- Human factors are the root cause of many faults leading to financial payouts. Staff need a better understanding of their responsibilities in explaining financial processes and implications.
- Proactive provider engagement is essential to ensure care quality and timely health interventions.
- Systematic review of complaints helps identify recurring issues and target improvements effectively

To address these issues and reduce the likelihood of recurrence, the following actions have been taken:

a. Improving Communication:

Managers have developed a “Top Tips” guide for staff, delivered three reflective practice sessions, shared learning through the “Monday Message”. Result: Communication dropped from the top complaint theme to second within three months.

b. Clarifying Financial Assessment Processes:

Training sessions have been delivered to ensure that social care staff understand and communicate the need for financial assessments more effectively.

c. Addressing Care Quality Issues:

In one case, managers worked with a care home to implement an action plan following a complaint about care standards and delays in health involvement.

d. Embedding Learning Across the Workforce:

Managers issued learning briefs, 7-minute briefings, and reflective sessions via the Monday Message (from the Executive Director), Heads of Service, and the Policy Portal.

Managers also introduced monthly themed discussions at the Principal Social Worker's drop-in sessions, and published a staff bulletin, "Focus in Practice," aligned with these themes.

Best Practice Forums managed by Senior Social workers within teams discuss lessons learnt with staff.

A complaints workshop is being planned for adult social care Heads of Service in October 2025

This structured approach ensures that lessons from complaints lead to tangible improvements in practice and service delivery.

3.7 Joint Complaints

A Joint Complaints Protocol has been agreed with the NHS. Joint Complaint investigations increasingly involve many different parts of the council as well as contracted service providers therefore adding much more complexity, which the complaints team coordinates.

There were 17 closed joint complaints during 2024/25 which remains almost the same as the previous year (16).

These complaints generally take longer to resolve as they involve ASC and the NHS, typically Hospital Trusts and/or Integrated Care Boards (ICB's). A further 16 joint complaints were still open at the close of 2024/25. Of the closed complaints, 1 was upheld, 6 were not upheld and 10 were partly upheld. Continuing Healthcare, support planning and finance were the biggest themes.

Learning and service improvements from joint complaints is detailed in Appendix 2(b). As a result of this learning, we will conduct thematic reviews of complaints related to continuing healthcare, discharge planning, and finance. We will also collaborate with NHS partners to address systemic issues in joint processes. We will also review public information during discharge planning and service transitions, to improve understanding and reduce complaints about these themes.

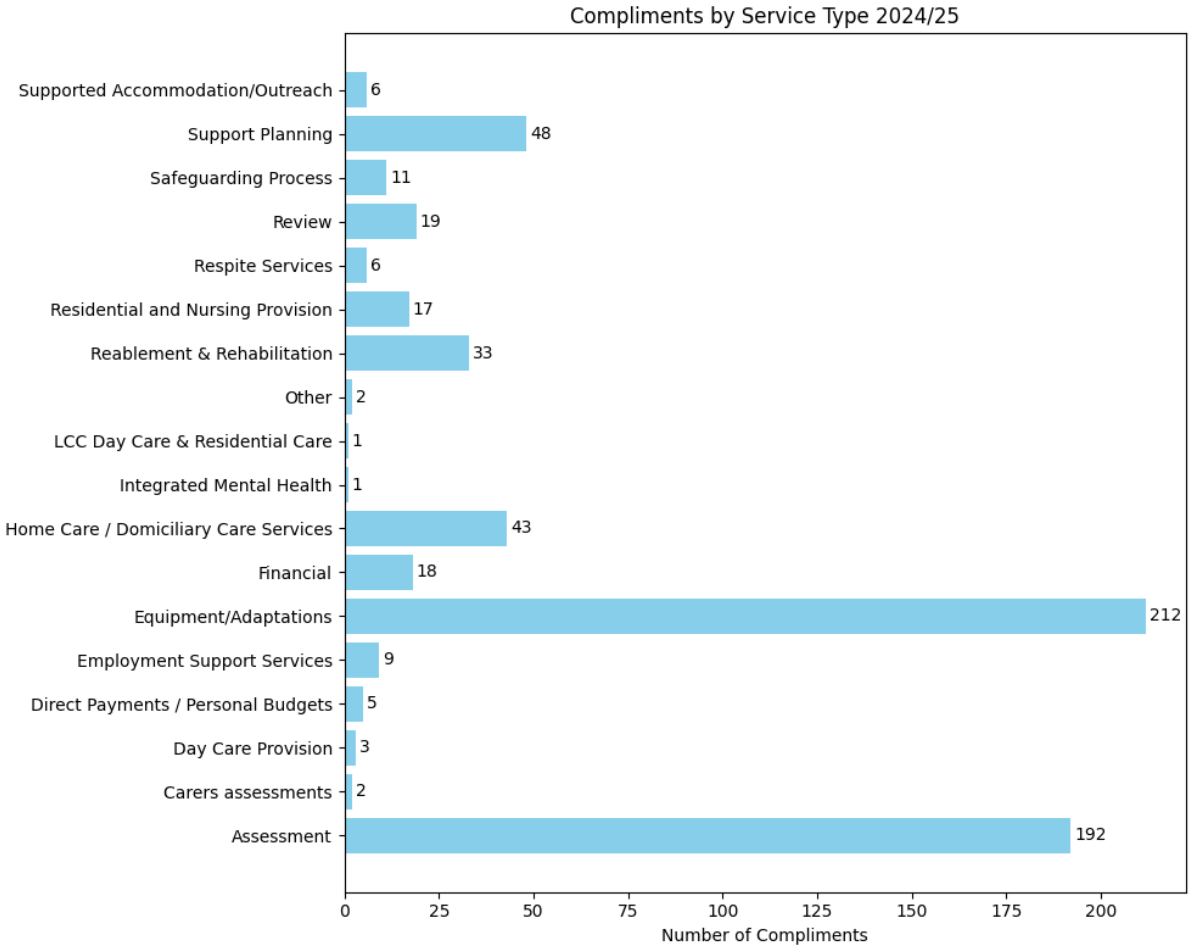
4. Compliments

Compliments are mainly captured via 'Your Views Count' leaflets mainly from service users themselves although we also receive them from carers and professionals. The total number of all compliments has decreased slightly from 947 in 2023/24 to 927 in 2024/25. In total 628 compliments were made via 'Your Views County feedback and a further 299 compliments were sent to the council in an unstructured way via emails, cards, and letters by service users / and their families and submitted by LCC managers.

Unfortunately, the further compliments captured via other methods cannot be broken down into the same categories to allow an overall breakdown of the total compliments. A new recording system for the public to record compliments is being considered as a future development.

A breakdown of the 628 complaints received through 'Your Views Count' leaflets is shown in Graph 3 below.

Graph 3: Compliments by Service Type



4.1 Themes

The most frequent reasons for a compliment in 2023/24 were for Equipment & Adaptations and Assessment and respectively, accounting for 64% of all compliments.

The themes are:

• Timely and appropriate interventions that meet people's needs when it matters most

• Staff knowledge, values and ethics, which underpin trust and confidence in the support provided

• Staff doing what they say they will do, particularly when coordinating effectively with other services

• Staff going the extra mile, showing dedication beyond expectations

• The personal qualities of staff, especially their kindness, empathy and caring nature

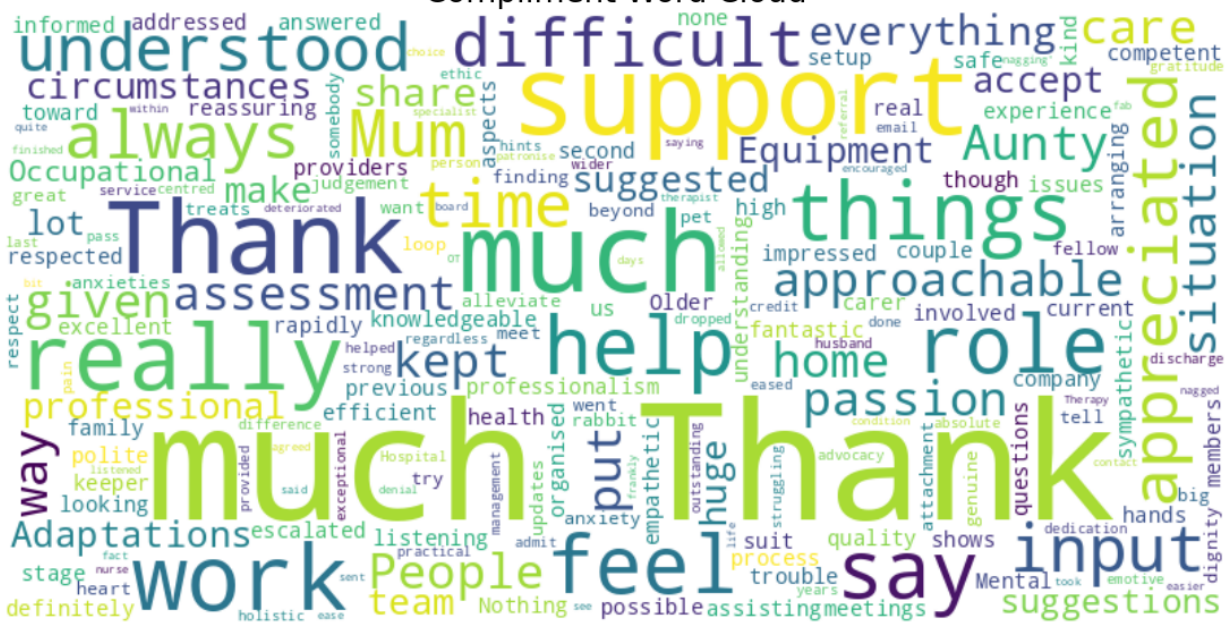
4.2 Future developments

Compliments are reported on every month through the Shared Learning Panel and word clouds are now being produced and shared across the service.

4.3 Word Cloud

Please see Appendix 3 for examples of compliments. A word cloud on the following page is taken from the compliments included on page 23 of this report.

Compliment Word Cloud

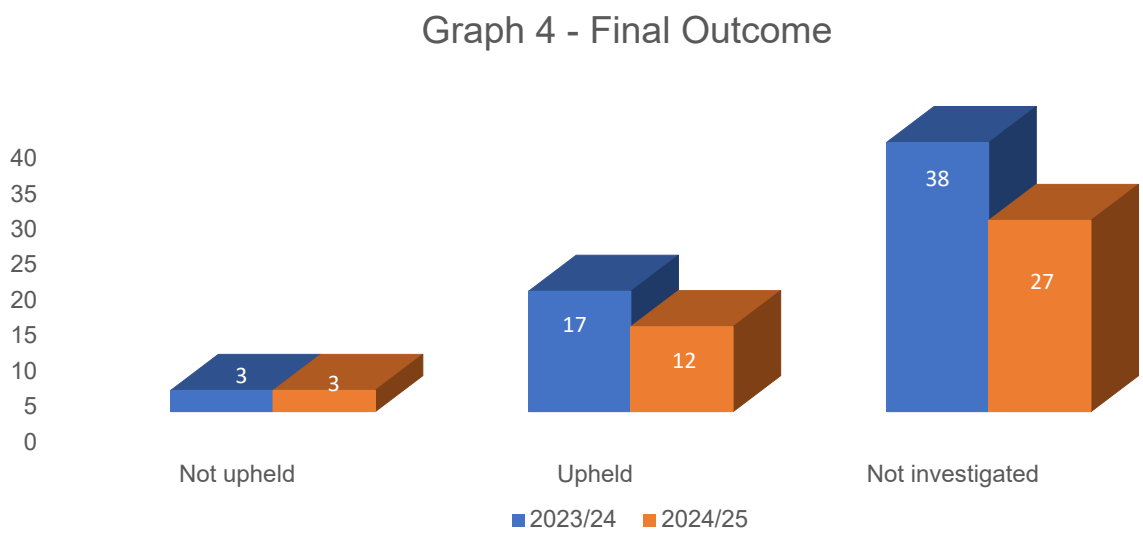


5. Ombudsman Complaints

The Local Government and Social Care Ombudsman provides the final stage for complaints about local authorities and some other organisations providing local public services. Their service is provided free of charge. Complainants approach the Ombudsman when all other options for pursuing their complaint are closed by the council, after it is considered that a proportionate response has already been provided. The Ombudsman will only consider complaints that have already been through the council's complaints procedures, although sometimes an early referral will be made to the Ombudsman when complainants continue to be dissatisfied and the council considers that it has not done anything wrong, or it has done all it can to resolve the matter.

In 2024/25, the Ombudsman received a total of 44 separate enquiries in relation to ASC complaints in Lancashire (in 2023/24 it was 56).

Graph 4 below shows of the 42 Ombudsman ASC final decisions decided in 2024/25, 7% were not upheld, 64% were not investigated and 29% were upheld.



It should be noted that the Ombudsman will also uphold complaints that the council has already upheld. Of the 12 complaints that were upheld, 4 were not upheld (or investigated) by ASC originally.

The final decisions resulted in a total of £19,607.20 being paid out by the council. There were not any ASC public reports in 2024/25.

Some examples of continuous improvement and learning as a result of Ombudsman investigations are outlined in Appendix 2(c).

6. Next Steps and recommended actions

As a result of the findings in this annual report as well as in response to the findings of our recent inspection by the Care Quality Commission, we will be targeting the following actions in 2025/26 for improvement:

- Responding to complaints more quickly,
- Keeping people informed when things take longer than expected,
- Development of a new electronic recording system to log complaints and gather themes more accurately,
- Better planning and tracking of complex complaints,
- Clearer public information about discharge and charges,
- Avoiding making promises we can't keep.

Additionally, ASC senior managers will be prioritising the following strategic actions:

a) Strengthen early resolution mechanisms

- Expand training for frontline staff on complaint handling and early resolution.
- Promote the use of 'Your Views Count' leaflets and other feedback tools to capture all feedback and concerns early.

b) Target improvement in high-risk areas

- Conduct thematic reviews of complaints related to continuing healthcare, discharge planning, and finance.
- Collaborate with NHS partners to address systemic issues in joint processes.

c) Enhance compliments and feedback capture

- Improve categorisation and analysis of compliments received via non-leaflet methods to better understand service strengths.

d) Ombudsman escalation review

- Review cases escalated to the Ombudsman to identify patterns and missed opportunities for local resolution.
- Share learning from upheld cases across teams to prevent recurrence.

e) Performance monitoring and reporting

- Integrate complaints data into the new ASC dashboard being developed as part of corporate performance reporting.
- Ensure red-rated indicators (e.g. unresolved complaints) are accompanied by strong narrative and improvement plans.

f) Governance and assurance

- Include complaints performance in quarterly risk and assurance reviews, linking to the ASC Risk Register and Forward Plan
- Ensure visibility at executive officer and Cabinet level, especially where complaints indicate reputational or financial risk

Appendix 1: Case studies

Case Study A

We received a complaint from parents of a young adult, when the council decided to place a person with disabilities in a day care setting that was not their parents' choice. The parents considered that another place was better able to meet their son's needs than the day care chosen by the council. The complaint was upheld, and we agreed to fund the day care of choice for the person who has now settled in well.

Case Study B

A person complained about an unannounced assessment which was carried out with his advocate. He also complained about the wrong information on the report and not being made aware of an increase to his care hours. He asked for these hours to be returned. The complaint was upheld. Over £2,500 was paid back into his Direct Payment account. The learning relating to the issue of support plans not being sent out in a timely manner, was shared with the relevant managers, as had it been sent out in a timely way, the person would have been aware of the situation much sooner.

Case Study C

A person complained about how her financial assessment was handled in relation to her disability and the support she requires. She also complained about the conduct of staff, and environment of the assessment meeting itself. She stated that the meeting was not adjusted to accommodate her needs, which put her at a disadvantage. She also complained that the financial assessor making inappropriate jokes about the number of emails previously sent, implying that she should refrain from sending any more. The complaint was upheld, and a formal apology was provided. The manager agreed that the financial assessment process had failed the individual on this occasion, and that this would be addressed as part of ongoing internal training

Case Study D

An older man complained that he was not informed that would be a charge for domiciliary services. He complained that he was informed by 'care navigation' that he was receiving an 'LCC funded package, so costing wouldn't be factor'. He asked for the invoice to be cancelled. The investigation found that the allocated worker had not provided the financial implications as per our policy or discussed this prior to the care starting. The complaint was upheld and charges totalling almost £1,000 were written off by the council. The learning for the service involved the team manager reminding staff that it is not for their service to have conversations about funding as these discussions need to be directed to the allocated worker.

Appendix 2(a). Listening and Improving Themes

In response to listening and learning from complaints in 2024/2025, improvements have been made in the following thematic areas:

1. Communication

You said:

- Poor communication is a recurring issue.
- Communication should be clear, avoiding jargon and acronyms.
- Staff should respond promptly and use clear language.
- Deaf service users need British Sign Language (BSL) interpreters.
- Communication breakdowns must be addressed to prevent gaps in care.
- Call backs and messages should be responded to promptly.
- Families and service users need clearer updates on care and financial matters.

We did:

- Social workers have worked to simplify language and reduce the use of jargon and acronyms.
- Social workers have enhanced communication with service users and keep families informed throughout the process.
- Staff have been reminded to return calls and emails promptly.
- Managers reallocate cases quickly when staff are absent.
- Social workers have been reminded that British Sign Language interpreters are available to support deaf service users.
- Managers have strengthened processes to prevent communication breakdowns.
- Response times to messages and call backs by staff have improved.

2. Social Care and Support Planning

You said:

- Allocation to social workers should be quicker.
- Early contact with people in hospital is important.
- Assessments and transitions from hospital need to be timely and smooth.
- Case notes and visit plans should be updated promptly.
- Joint working with health and external partners needs improvement.

We did:

- Managers have reviewed and streamlined allocation processes.
- New working methods now support earlier engagement with hospital patients.
- Managers ensure that transitions from hospital to short-term discharge beds are more efficient.
- Social workers now record case notes and planned visits more promptly.

- Collaboration with health colleagues and external partners has been strengthened.

3. Financial processes

You said:

- Financial discussions should be thorough and well-documented.
- Issues with financial assessments and charges for respite care need resolving.
- Families should be informed about financial policies and implications.
- Incorrect charges must be prevented and reviews completed on time.

We did:

- Managers ensure that financial conversations are now more detailed, and recording has improved.
- Managers have addressed concerns around assessments and respite care charges with social workers.
- Service users and families are better informed about financial policies.
- New processes are in place to prevent incorrect charges and ensure timely reviews.

4. Equipment and Adaptations

You said:

- Equipment and adaptations should be delivered and delays in provision must be addressed.
- Coordination between occupational therapists and social care workers should improve.

We did:

- Managers have worked with staff to improve timeliness of equipment and adaptation delivery.
- Delays are being actively monitored and resolved.
- Coordination between occupational therapists and social care teams has been strengthened.

5. Reablement

You said:

- Reablement services are essential for recovery and must be timely and effective.
- Coordination and delivery of these services need improvement.

We did:

- Managers have reinforced the importance of reablement across teams.
- Managers monitor services to be delivered more promptly and effectively and co-ordinate reablement support.

6. Safeguarding Processes

You said:

- Safeguarding is everyone's responsibility.
- Concerns should be addressed quickly and investigated thoroughly.
- Communication and documentation in safeguarding cases need improvement.
- Staff require more training and support.

We did:

- Managers have embedded safeguarding responsibilities across all teams.
- Managers have worked with staff to improve response times and investigation quality.
- Communication and record-keeping in safeguarding cases have been enhanced.
- Staff are receiving additional training and support on safeguarding procedures.

7. Mental Capacity Act

You said:

- The Mental Capacity Act must be followed in all decisions.
- Staff need training on the Act.
- Families should be informed about their rights.

We did:

- Managers have reinforced adherence to the Mental Capacity Act in all assessments.
- Staff have received training on its principles and application.
- Staff now provide clearer information to families about their rights under the Act.

8. Care Providers

You said:

- Care providers need clear information about care end dates and notice periods.
- Communication and service delivery must improve.
- Feedback should be used to improve care quality.
- Providers must follow financial and care policies.

We did:

- Care providers are now informed about care end dates and notice requirements.
- Managers have addressed communication issues and improved service delivery.
- Feedback is regularly shared with providers to help improve practices.
- Providers are reminded to follow all relevant policies.

Appendix 2(b) Learning from Joint Complaints with the NHS

1. Communication and Information Sharing

Several cases highlighted gaps in communication, particularly during discharge planning and service transitions.

To address this:

- Staff should clearly explain financial assessments and potential care costs during discharge.
- Weekly multidisciplinary meetings should be introduced to improve coordination among professionals.
- A new discharge leaflet is provided to families before a care home placement, to set expectations. This should become consistent practice.
- Staff should communicate reablement service start and end dates clearly and ensure this information is properly recorded.

2. Communication and Information Sharing

Concerns about staff capability and oversight led to targeted improvements:

- Care agencies now ensure that a senior staff member accompanies less experienced staff until they are fully trained.
- Refresher training on Continuing Health Care (CHC) checklist criteria has been implemented.
- Staff involved in CHC processes have completed Information Governance training to reinforce responsibilities around data handling and confidentiality.

3. Process and System Improvements

Operational delays and coordination issues prompted the following changes:

- Staff were reminded to update internal systems promptly during discharge planning to avoid funding delays.
- Weekly meetings among professionals involved in discharge planning were introduced to ensure clarity and timely decision-making.

4. Data Accuracy and Governance

Errors in data entry and record-keeping led to strengthened governance measures:

- Accuracy standards have been reinforced across relevant teams.
- Staff have received training on data protection and correct record-keeping practices to prevent future breaches.

Appendix 2(c): Learning from complaints with the Ombudsman.

Mr L's complaint

Mr L complained about the way we and the Trust dealt with his late mother's discharge from hospital to a care home and then, subsequently, her discharge home. He also complained about the lack of clarity around the financial implications. In response, we apologised to Mr L for the injustice, paid him £100 to reflect the frustration he experienced and prepared a briefing note to all staff about the importance of inviting those involved to discharge to assess review meetings.

Mrs E's complaint

Mrs E complained about how a Care Provider treated her late father. In response, we apologises and paid £100 as a symbolic payment. We also checked how the Care Provider keeps care records and handles complaints. We trained our social work staff, including those in adult safeguarding, to make sure they challenge Care Providers who try to end care placements without proper notice or warning. Finally, we updated our contract with Care Providers to make our expectations about complaint handling clearer.

Mrs A's Complaint

Mrs A complained about how a hospital and the council handled her mother, Mrs B's, move to a care home and the fees she was charged.

To fix the problem, we:

- Wrote to Mrs A to apologise for the upset and frustration our mistakes caused.
- Agreed to either pay the care home directly or repay Mrs A for the care home fees from March 2022 (when NHS funding ended) to June 2022 (when a new care assessment was done).
- Also agreed to pay the difference in care home fees if the new home was more expensive than what Mrs B was charged, from April 2022 to July 2023 — whichever amount was higher.
- Paid Mrs A £500 for the stress caused.

Mr X's Complaint

Mr X complained about how the Council handled his adult son Mr Y's care, how they checked if Mr Y could make decisions about his own care, and how they supported Mr X and Mr Y's mother as carers.

To respond to the complaint, the Council: apologised to Mr X, paid £1,300, considered again at how to meet Mr Y's care needs, offered and carried out a new assessment of Mr X and Mrs X's needs as carers. We also explained to Mr X and Mr Y our view on Mr Y's ability to make decisions.

We also then referred the issue to the Court of Protection.
Mrs X's Complaint Mrs X made some serious complaints about neglect during her late mother's eight week stay at the Council's commissioned care provider before she died. As a result of the Ombudsman's investigation, we apologised, paid £350 and ensured that appropriate care records were clearly documented in the care home, including fluid intake records.

Appendix 3: Compliment examples

Assessment and Review Process

"X was very efficient, organised and competent in all aspects of the work. Most of all though I was impressed with how X involved Mum as much as possible in the process and made Mum feel respected and understood at each stage.

Thank you so much for such high-quality input – much appreciated at this difficult time."

"I just wanted to say are you thank you to A. Her support and professionalism have been second to none. A was always listening, sympathetic, understanding very approachable and knowledgeable. Nothing has been too much trouble. She has been very approachable at all times and reassuring. "

"N really understood my situation and has been fantastic with assisting the setup of home care providers she's definitely a keeper, as her previous experience as a carer really shows through"

Older People

"K has given my Aunty excellent help and support. She has kept us informed all the way and answered any questions as they came up. She has put herself out arranging meetings to suit family members. We have had a couple of issues with the care company, which she rapidly escalated and addressed.

We all feel that my Aunty is in safe hands, with K looking out for her."

Mental health

" …K is always so polite, kind and has a real passion for her role. She came and did the assessment and was so empathetic toward P and her current situation, there was no judgement, and you could tell she just wanted to help and try and alleviate any anxieties P had during the assessment.

She also went above and beyond her role to support P with finding a home for her rabbit, which was a big anxiety for P as she has an attachment to her pet and has kept me in the loop with everything so that I can share updates with P.

I just want to say, it was great to meet a fellow professional with such a huge heart, a genuine passion for her role and somebody who treats people with dignity and respect regardless of their circumstances. She is an absolute credit to your service, and I just wanted to share this with yourself. "

Hospital discharge

" This is just an email to say a huge thank you to T for her exceptional work ethic, strong person-centred advocacy, dedication, and holistic support of both the wider management team and T; she was outstanding in what were difficult and emotive circumstances."

Equipment and Adaptations:

"I just wanted to pass on my gratitude for the support that L has given to my husband, the work she has done for him has really made a difference. The adaptations and equipment she provided have eased both his pain and helped with the practical things he has been struggling with but wouldn't admit. I have, for the last few years, dropped hints, encouraged and quite frankly nagged him to accept a bit more support or suggested things to make his life easier as his condition has deteriorated. When his specialist nurse suggested OT input, he listened to him and then when L came, he took on board everything she said and agreed to the suggestions. The fact that she came in as a professional and wasn't me 'nagging' :-) allowed him to accept a lot of things he has been in denial about since he was finished from work. L didn't patronise him or make him feel like he didn't have a choice in what she was saying which he really appreciated."

Occupational Therapy

"My referral was sent through to the occupational therapist team. You made contact and came within a few days to see me. S was fab, she put me at ease straight away and made a lot of suggestions of the ways to helps me "