



DARLINGTON

Borough Council

Adult Social Care
Complaints, Compliments and Comment
Annual Report
2023/24

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Introduction

1. The purpose of this annual report is to inform service users, carers, the public, Council Members and staff of the effectiveness of the Adult Social Care Complaints, Compliments and Comments Procedure (the procedure).
2. On 1 April 2009 the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 (the regulations) came into force following the consultation 'Making Experiences Count' by the Department of Health. The consultation found that the complaints processes for people receiving both health and social care services were overly complex and inflexible.
3. As a result, the legislation introduced altered the way in which complaints are handled introducing a single joint complaints process for both social care and health services, with one stage as opposed to the previous three stage process used in relation to adult social care services. The regulations also introduced a duty for health and social care services to cooperate.
4. The Council implemented a new procedure on the 1 April 2010 providing a local framework to ensure complaints are handled effectively and in line with the regulations. This procedure was reviewed on 1 April 2024.
5. The procedure aims to:
 - (a) Make it as easy and accessible as possible for service users and their carers to raise complaints;
 - (b) Foster an organisational culture in which complaints are accepted, owned and resolved as efficiently as possible;
 - (c) Ensure high levels of customer satisfaction with complaints handling;
 - (d) Resolve individual issues when they arise and reduce the number of complaints referred to the Local Government and Social Care Ombudsman; and
 - (e) Enable the Council to identify topics and trends in relation to adult social care complaints and improve services as a result.
6. The Assistant Director Adult Services is the responsible person for ensuring that the Council complies with the arrangements made under the regulations. They act as the 'Adjudicating Officer', which means they make decisions on complaints and decide what action should be taken in light of the outcome of a complaint.
7. The Complaints and Information Governance Manager (Complaints Manager) is the responsible person for managing the procedure for handling and considering complaints in accordance with the agreements made under the regulations.

Local Government and Social Care Ombudsman (Health Services Ombudsman)

8. Although complainants can refer their complaints to the Local Government and Social Care Ombudsman (LGSCO) from the outset, the LGSCO will not normally investigate until the Council has conducted its own investigation and provided a response. Where it has not been possible for the complaint to be resolved to the satisfaction of the complainant they may refer the matter to the LGSCO (and the Health Services Ombudsman for some joint complaints).

Information and Accessibility

9. We are committed to making sure that everyone has equal access to all our services, including the complaints procedure. To help make sure the Council's complaints procedures are easily accessible we have produced two leaflets (one for children and young people and one for adults) covering all Council services, to reflect the single point of access for complainants within the Council. The leaflets are available in all Council buildings. They have been written in line with the Plain English Campaign standards. The title is written in the most commonly used community languages and it contains details on how to access the information in other formats, for example, large print, audio and Braille.
10. Information is available on the Council's website. There is also an electronic form which people can use to make a complaint, pay someone a compliment or pass comment on Council services. People may make a complaint in any format they wish. This can be in writing, by email, via the web, over the phone, in person or by any other reasonable means.
11. The Complaints Manager can arrange advocates and interpreters (including British Sign Language interpreters) where appropriate.

Advocacy

12. During 2023/24 the Council commissioned an advocacy service which provides RPRs (Relevant Persons Representatives), IMCAs (Independent Mental Capacity Advocates), IMHAs (Independent Mental Health Act Advocates), Care Act Advocates, Representative Deprivation of Liberty authorised by the Court of Protection (COP10DOLS), general advocacy and advocacy for people with a hearing impairment. This was provided by Darlington association on Disability (DAD).

Summary

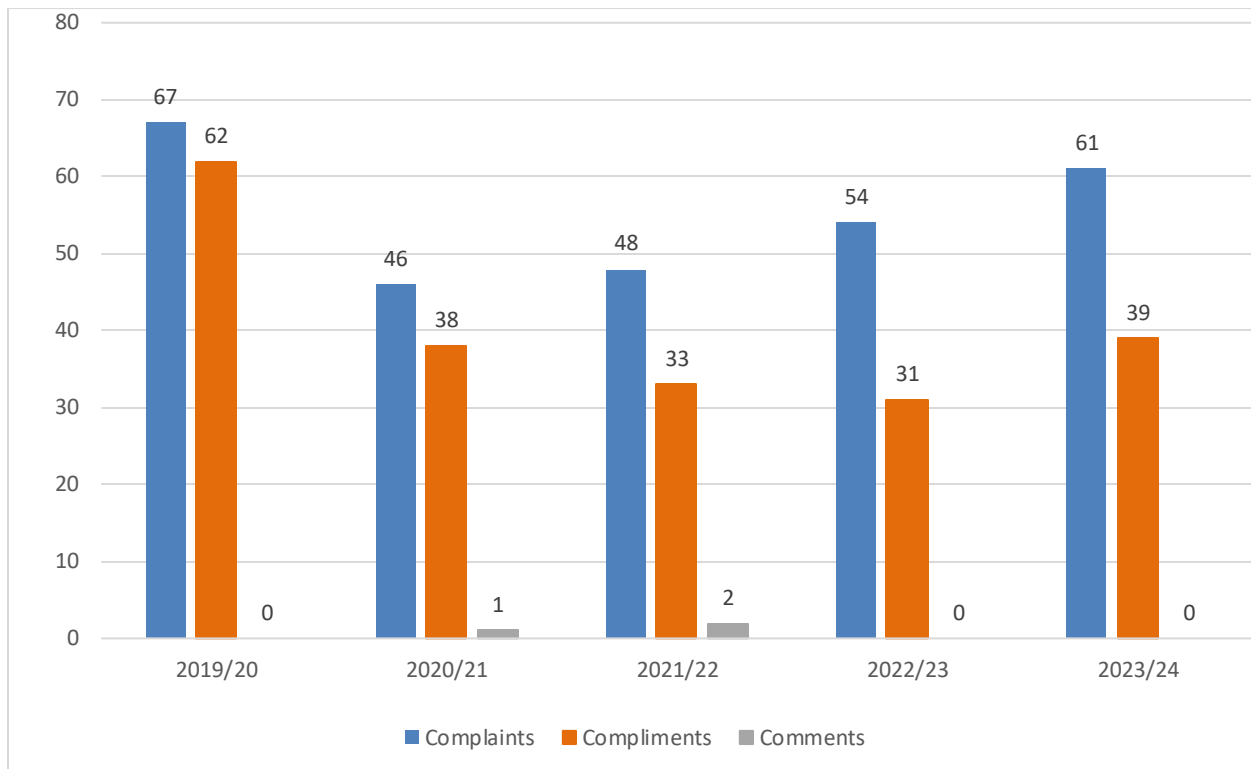
13. There has been an increase in overall feedback, 101 representations in 2023/24, compared to 86 in 2022/23, 83 representations in 2021/22 and 85 in 2020/21. While the overall number of representations continued to rise, they remain lower than pre-pandemic levels, with the Council receiving 134 representations in 2019/20.
14. The Council received 61 complaints during 2023/24, an increase from 54 in 2022/23 and 48 in 2021/22 and 46 in 2020/21. While complaint number have continued to rise, they remain lower than pre-pandemic levels, with the Council receiving 67 complaints in 2019/20.
15. The Council received 39 compliments under the procedure during 2023/24, an increase from 31 in 2022/23, 33 in 2021/22 and 38 in 2020/21 and 62 in 2019/20. Similarly compliment number remain lower than pre-pandemic levels, with the Council receiving 62 compliments in 2019/20.
16. The Council did not receive any comments under the procedure during 2023/24, 2022/23, a decrease from two in 2021/22, one in 2020/21. The Council did not receive any comments 2019/20.
17. The Council received one complaint which did not qualify for investigation under the procedure during 2023/24, the same as in 2022/23, an increase from zero in 2021/22, a decrease from six in 2020/21 and five in 2019/20.
18. 10 adult social care complaints were progressed to the LGSCO during 2023/24, an increase from nine in 2022/23, three in 2021/22, six in 2020/21 and two in 2019/2020.
19. The LGSCO reached a decision on nine complaints during 2023/24, the same number as in 2022/23, an increase from four in 2021/22 and 2020/21 and three in 2019/20.

Review of the Year

Breakdown of all Representations

20. A total of 101 representations (including one non-qualifying complaint) were handled under the procedure during 2023/24. This does not include those representations responded to directly by social care providers i.e. care homes and home (domiciliary) care providers.

Total Complaints, Compliments and Comments Received

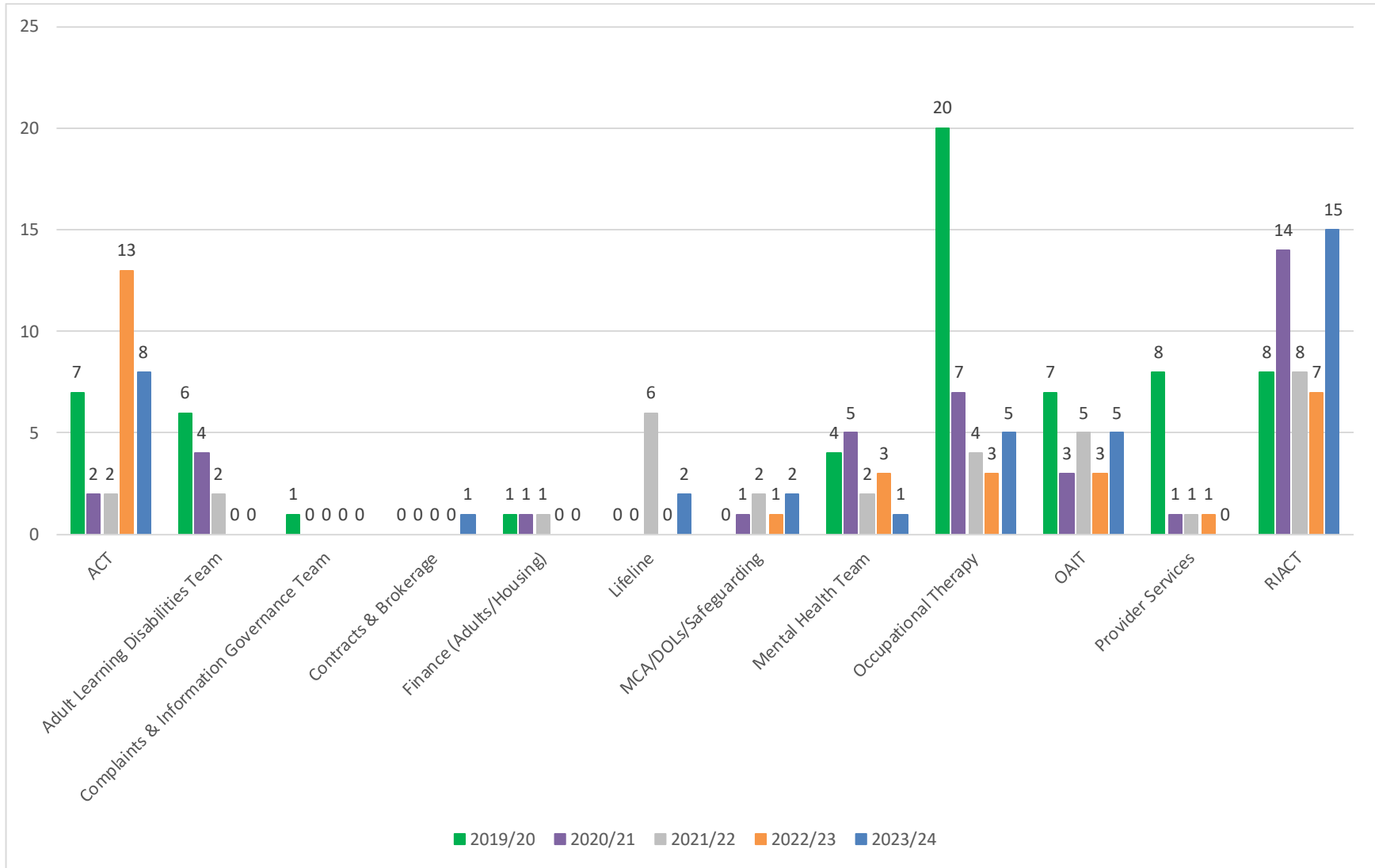


21. There was an increase in the number of complaints investigated, 61 compared to 54 in 2022/23, 48 in 2021/22 and 46 in 2020/21. Complaints remain lower than in 2019/20.

22. There was an increase in the number of compliments received, 39 compared to 31 in 2022/23, 33 in 2021/22 and 38 in 2020/21. Compliments remain significantly lower than in 2019/20.

23. No comments were received in 2023/24 or 2022/23, a decrease from two 2021/22 and one in 2020/21. The number of comments received has historically remained low. The Council did not receive any comments in 2019/20.

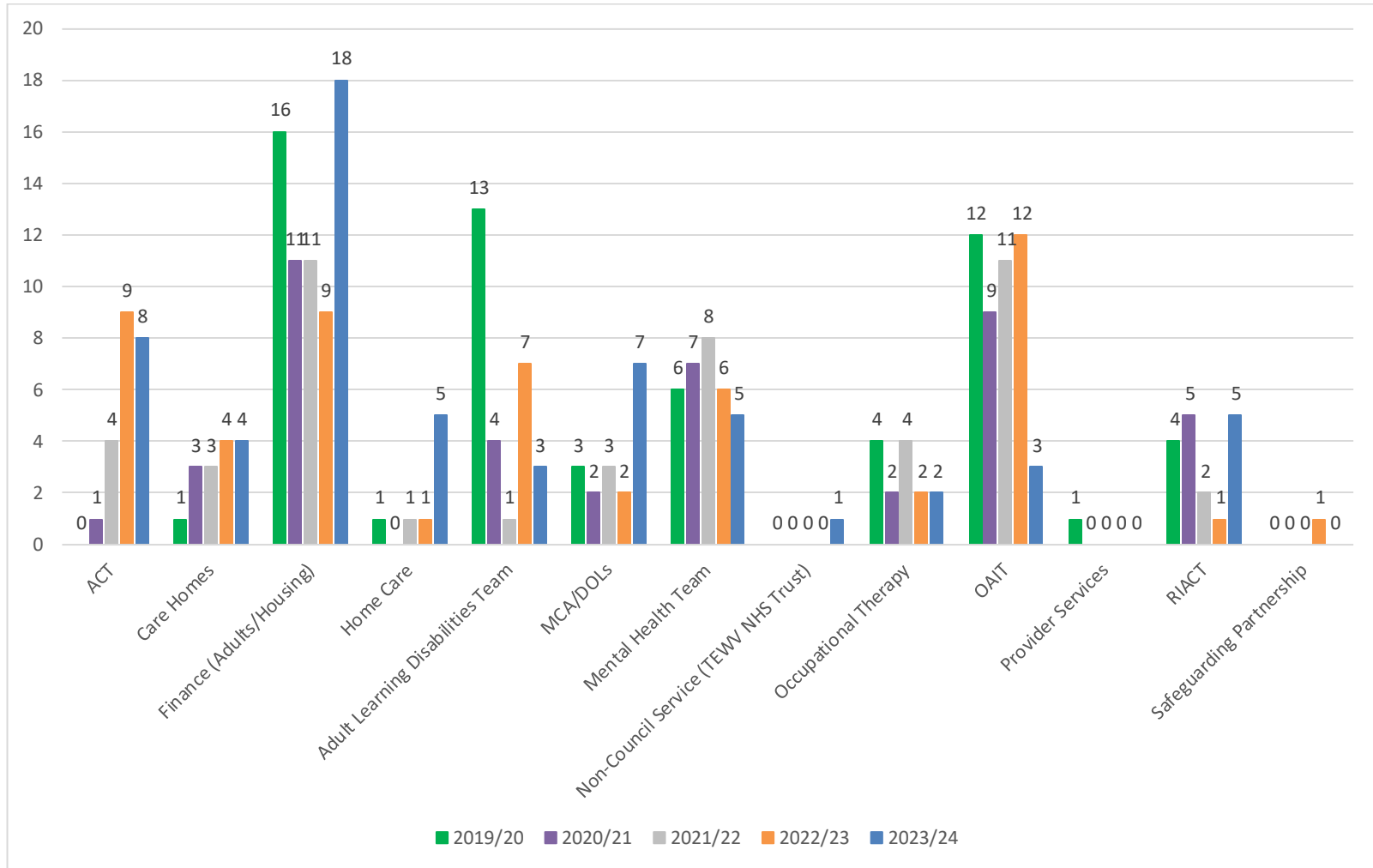
Breakdown of Compliments Received by Service Area/Team



*ACT = Adult Contact Team, MCA/DOLS = Mental Capacity Act/Deprivation of Liberty Safeguards, OAIT = Ongoing Assessment and Intervention Team, RIACT = Responsive Integrated Assessment Care Team, STAR = Short Term Assessment and Review

N.B. Those teams that do not appear in the graph did not receive any compliments

Breakdown of Complaints Received by Service Area/Team



*ACT = Adult Contact Team, MCA/DOLS = Mental Capacity Act/Deprivation of Liberty Safeguards, OAIT = Ongoing Assessment and Intervention Team, RIACT = Responsive Integrated Assessment Care Team.

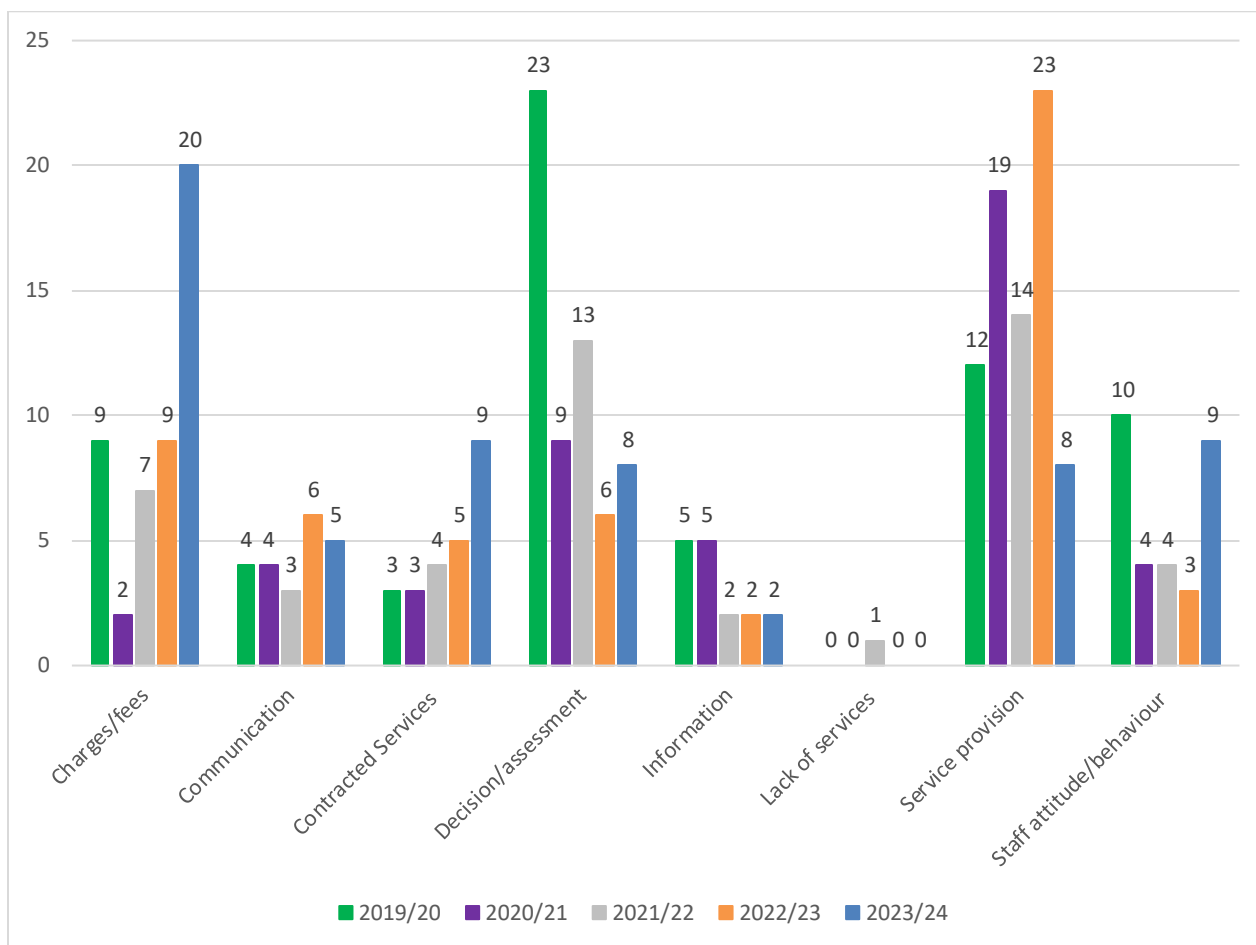
N.B. Those teams that are not listed did not receive any complaints.

24. The Council investigated eight complaints about ACT, a decrease from nine in 2022/23, an increase from four in 2021/22, one in 2020/21 and zero in 2019/20. The identifiable themes arising from these complaints were communication and issues surrounding care charges.
25. The Council investigated four complaints about care homes (contracted service), the same number as in 2022/23, an increase from three in 2021/22 and 2020/21 and one in 2019/20. These complaints primarily concerned the standard of care provided. Communication was also an issue.
26. The Council investigated 18 complaints about Finance (Adults/Housing), an increase from nine in 2022/23, 11 in 2021/22 and 2020/21 and 16 in 2019/20. Complaints concerned delays, poor communication, inaccurate information and dissatisfaction with decisions.
27. The Council investigated five complaints about a home (domiciliary) care provider (contracted service), an increase from one in 2022/23 and 2021/22, zero in 2020/21 and one in 2019/20. The most common theme was dissatisfaction with the standard of care provided.
28. The Council investigated three complaints about the Adult Learning Disabilities Team, a decrease from seven in 2022/23, an increase from one in 2021/22, a decrease from four in 2020/21 and a decrease from 13 in 2019/20. Two complaints concerned care charges and one the outcome of an assessment.
29. The Council investigated seven complaints about MCA/DOLS (Mental Capacity Act/Deprivation of Liberty Safeguards), an increase from two in 2022/23, three in 2021/22, two in 2020/21 and three in 2019/20. Six complaints related to the handling of safeguarding investigations, while one concerned a DoLS decision and capacity assessment.
30. The Council investigated five complaints about the Mental Health Team, a reduction from six in 2022/23, eight in 2021/22, seven 2020/21 six in 2019/20. Complaints primarily concerned the outcome of decisions/assessments.
31. Occupational Therapy received two complaints, the same number as in 2022/23, a decrease from four in 2021/22, the same number as in 2020/21 and a decrease from four in 2019/20. Both complaints concerned the attitude of the Occupational Therapist.
32. Ongoing Assessment & Intervention Team (OAIT) received three complaints, a significant decrease from 12 in 202/23, 11 in 2021/22 and nine in 2020/21 and 2019/20. There were no identifiable themes.
33. Provider Services did not receive any complaints in 2023/24, 2022/23, 2021/22 or 2020/21, a decrease from one in 2019/20.
34. Responsive Integrated Assessment Care Team (RIACT) received five complaints, an increase from one in 2022/23, two in 2021/22, the same number as in 2020/21 and an increase from four in 2019/20. Three complaints concerned care charges.

Breakdown of Comments Received by Service Area/Team

35. Adult Services did not receive any comments, as was the case in 2022/23. This was a decrease from two in 2021/22 and one in 2020/21. Adult Services did not receive any comments in 2019/20.

Breakdown of Complaints Received by Issue



36. The most common cause of complaint was charges/fees, overtaking service provision. The Council received 20 complaints about this issue, an increase from nine in 2022/23, seven in 2021/22, two in 2020/21 and nine in 2019/20.
37. The joint second most common cause of complaints were contracted services and staff attitude/behaviour, both also overtaking service provision. Contracted services received nine complaints, an increase from five in 2022/23, four in 2021/22 and three in 2020/21 and 2019/20. Staff attitude/behaviour also received nine complaints, an increase from three in 2022,23, four in 2021/22 and 2020/21, although a decrease from nine in 2019/20.
38. The joint third most common cause of complaints were dissatisfaction with the outcome of a decision/assessment and service provision. The Council received eight complaints about dissatisfaction with the outcome of a decision/assessment, an increase from six in 2022/23, a decrease from 13 in 2021/22, nine in 2020/21 and a significant decrease from 23 in 2019/20. The Council also received eight complaints about service provision, a significant decrease from 23 in 2022/23, 14 in 2021/22, 19 in 2020/21 and 12 in 2019/20.
39. Adult Services received five complaints about communication, a decrease from six in 2022/23, an increase from three in 2021/22 and four in 2020/21 and 2019/20.

40. Information was again the least complained about issue. The Council received two complaints about this issue during 2023/24, as was the case in 2022/23 and 2021/22. This was a decrease from five in both 2020/21 and 2019/20.

Complaint Outcomes

41. 56 complaint investigations were concluded during 2023/24. The outcomes of these complaints are detailed in the chart below.

Service Area/Team	Upheld	Partly Upheld	Not Upheld	Inconclusive	Withdrawn	Total
Adult Contact Team (ACT)	3	3	1	0	3	10
Adult Learning Disabilities Team	1	2	0	0	0	3
Care Homes (contracted service)	2	4	0	0	0	6
Finance (Adults)	4	8	2	0	0	14
Home Care (contracted service)	0	4	1	0	0	5
MCA/DOLS	1	1	1	0	0	3
Mental Health	0	1	4	0	0	5
Non-Council Service	0	0	0	0	1	1
Occupational Therapy	0	0	1	0	0	1
Ongoing Assessment & Intervention Team (OAIT)	0	2	2	0	1	5
Responsive Integrated Assessment Care Team (RIACT)	0	2	1	0	0	3
Total	11	27	13	0	5	56

Local Government and Social Care Ombudsman (LGSCO) Complaints Received 2023/24

42. 10 adult social care complaints were progressed to the LGSCO during 2023/24, an increase from nine in 2022/23, three in 2021/22 and five in 2020/21 and 2019/20.

Local Government and Social Care Ombudsman (LGSCO) Complaint Outcomes 2023/24

43. Nine adult social care complaints were determined by the LGSCO during 2023/24, the same number as in 2022/23, an increase from four 2021/22 and 2020/21 and five in 2019/20.

44. Full details of those complaints determined by the Local Government and Social Care Ombudsman are included in the Cabinet reports of 5 December 2023 and 10 September 2024 entitled [Review of Outcome of Complaints Made to Ombudsman](#).

Organisational Learning

45. All resolution and organisational learning actions identified as a result of complaints are assigned to a responsible manager and progress against those actions is monitored by the Complaints Manager. In addition to those actions taken to resolve individual complaints, a number of service improvements were made following complaint investigations during 2023/24, some of which are detailed below.

Adult Contact Team (ACT)

46. ACT ensured the level of knowledge around DoLS within the team was adequate to ensure that service users are provided with the correct advice at the point of contact.
47. Social workers were reminded that assessments should be shared with the service user at the point of completion of the assessment
48. ACT agreed to undertake a review of communications and record keeping within the team.
49. Social workers were given additional training in hospital discharge procedures.

Adult Learning Disabilities 18+

50. Consideration was given to reviewing the process to ensure service users are advised at the earliest opportunity of changes in cost to their care package. These costs do not have to be an accurate or precise calculation but should be offered in line with Care Act expectations that financial costs are calculated and communicated with service users in an open and clear way.
51. The Council agreed to ensure that where a service user has assessed needs requiring support of a PA to assist with finances and correspondence, that any kind of financial assessment is only undertaken with the required support in place.
52. The Council agreed to consider making appropriate literature available in a variety of formats, in relation to financial assessments and contributions.
53. It was recommended a social worker attend direct payment training and update their knowledge of Darlington Borough Council charging policies.

Care homes (Contracted Services)

54. The Council agreed to consider conducting regular audits and inspections to assess compliance with regulatory standards in a care home, including record-keeping practices, falls protocol adherence, and communication procedures in order to address any

identified deficiencies promptly and implement corrective actions to ensure ongoing quality improvement.

55. The Council also considered reviewing the care home's training requirements, to ensure staff feel confident in their approach to end-of-life planning.
56. The Council agreed to remind social workers that support plans should be specific to the individual's needs.
57. The Council agreed that, in conjunction with another care home it would review existing safeguarding protocols to ensure that incidents are promptly reported and addressed.
58. The Council also agreed to consider partnering with the home to thoroughly review their medication management protocols, to identify the root causes of the repeated missed medication incidents and promptly take remedial actions to address any systemic issues contributing to medication lapses.
59. Furthermore, the Council agreed to consider working with the home to ensure the continuous availability of prescribed medications, by working with reliable suppliers, maintaining an adequate inventory of essential drugs and ensuring a robust system for monitoring medication stock levels was in place.

Finance

60. The Financial Assessment Team were reminded of the importance of answering telephone calls and responding in a timely manner to emails.
61. It was recommended the contracts section should review the wording of the contract around the backdating of the actuals when the contract is to be retendered.
62. The Council agreed to review the Direct Payments system to ensure there is a robust process and prevents young adults, parents and their carers accruing large levels of debt in unpaid financial contributions.
63. The Council agreed to make explicit reference to Disability Related Expenditure as a potential allowance within any annual financial assessment process.
64. The Council agreed to look to improve people's experience of the use of Direct Payments by Survey/Feedback/User groups to receive feedback, understand peoples experience and actions to improve/learn.
65. The Council agreed to providing basic written details of the potential costs linked to proposed residential care and have service users sign to confirm they understand, to support individuals to make informed decisions about the type of support they receive, who might provide this support, what the costs may be and how that support might be delivered.
66. The Council agreed to ensure the residential and non residential charging policies and the deferred payment policy are reviewed annually or sooner where necessary.

Home Care (Contracted Service)

67. The Council agreed to ensure that written advice and guidance outlining the implications of the cost of care is always provided to service users at the time of undertaking a care and support needs assessment and that a written record is made that the information has been provided.
68. The Council agreed to ensure there is a process in place, which ensures that service users are informed of the contractual requirements of any care package i.e. 24 hours' notice to cancel a care call as part of their pre-service assessment/service agreement.
69. The Council agreed to consider how it could implement focused medication audits with a home care provider, similar to those undertaken by the NHS in care homes, to allow for a more effective, informed deep dive of the repeated issues resulting in medication errors and to satisfy itself the issues are not more prevalent across the provision.

MCA/DOLS/Safeguarding

70. It was recommended that all written correspondence shared with CQC, is shared via the central e-mail address, not directly to an inspector in isolation.
71. The Council considered developing processes to ensure that any future audits and dip sampling of Safeguarding Strategy Meetings outcomes/progress are used to inform annual contracts monitoring and quality assurance arrangements pertaining to specific nursing homes.

Occupational Therapy

72. It was recommended occupational therapists discuss the expectations of a home visit in their pre-visit phone call.
73. It was also recommended the Council consider how adult occupational therapy assessments are recorded and give consideration to when and how they should be shared with individuals.

Ongoing Assessment & Intervention Team (OAIT)

74. It was agreed the Council would ensure steps are taken to assess team capacity at the earliest opportunity, particularly at handover between teams, to avoid delays.

Responsive Integrated Assessment Care Team (RIACT)

75. It was recommended the Brokerage team email the allocated worker to advise when a care plan has been sent out, and that the allocated worker record this information on the electronic record for clarity.

76. It was recommended all service users be given the financial leaflet and link to the online predictive financial tool verbally and in writing at the first visit by the RIACT and Community Teams.
77. It was also recommended that the Council considers what action is necessary to remedy the delay in financial assessments as a priority, as this is causing worry and distress to people at an already difficult time.
78. Furthermore, it was recommended the information as stated in the Care Act 2014 below is added to the care and support needs assessments as this is provided to the service users. *'That only people with assets of less than £23,250 and low incomes receive any help from the State with their care and support costs. To decide what a person can afford to pay, a local authority will carry out a financial assessment. The local authority will consider the person's income and any assets they own, like a house or other investments. The local authority will then calculate how much the person can afford to pay towards their care and support costs'.*

Performance against the Procedure

79. The target for acknowledging receipt of complaints under the procedure is 3 working days.
80. 80% of complaints received during 2023/24 were acknowledged within the 3 working day timescale, a decrease from 81.13% in 2022/23.
81. There are no longer any statutory timescales for complaint responses, except that complainants should receive a response within the 'relevant period' i.e. six months or longer where an extension is agreed in advance. Where the Local Authority is unable to respond within the relevant period it must write to the complainant explaining why and respond as soon as reasonably practicable after the relevant period. The procedure sets out a 30 working days timescale for dealing with complaints solely about the Council's services, although there are circumstances in which the investigator may agree an extension with the complainant up to a maximum of six months. It also states that for joint health and social care complaints, the complaints managers from the different organisations will work together to decide a reasonable timescale and agree this with the complainant. This is to ensure investigations are completed in a timely manner and within the maximum time allowed in the regulations.
82. 7.14% of complaints were responded to within 30 working days, a decrease from 8.2% in 2022/23.
83. 10.7% of complaints exceeded the maximum six month time limit set in the procedure, a decrease from 12.9% in 2022/23.

Performance Indicator for 2023/24

84. In relation to Adult Social Care complaints the Council's key performance indicator is the number of upheld decisions received from the Local Government and Social Care Ombudsman. Adult Services received four upheld decisions during 2023/24, an increase

from two in 2022/23, the same number as in 2021/22, an increase from one in 2020/21 and a decrease from five in 2019/20.

85. Full details of those complaints determined by the Local Government and Social Care Ombudsman are included in the Cabinet reports of 5 December 2023 and 10 September 2024 entitled [Review of Outcome of Complaints Made to Ombudsman](#).