



DARLINGTON

Borough Council

Adult Social Care

Complaints, Compliments and Comment

Annual Report

2024/25

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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 in April 2025.
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 2024/25 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

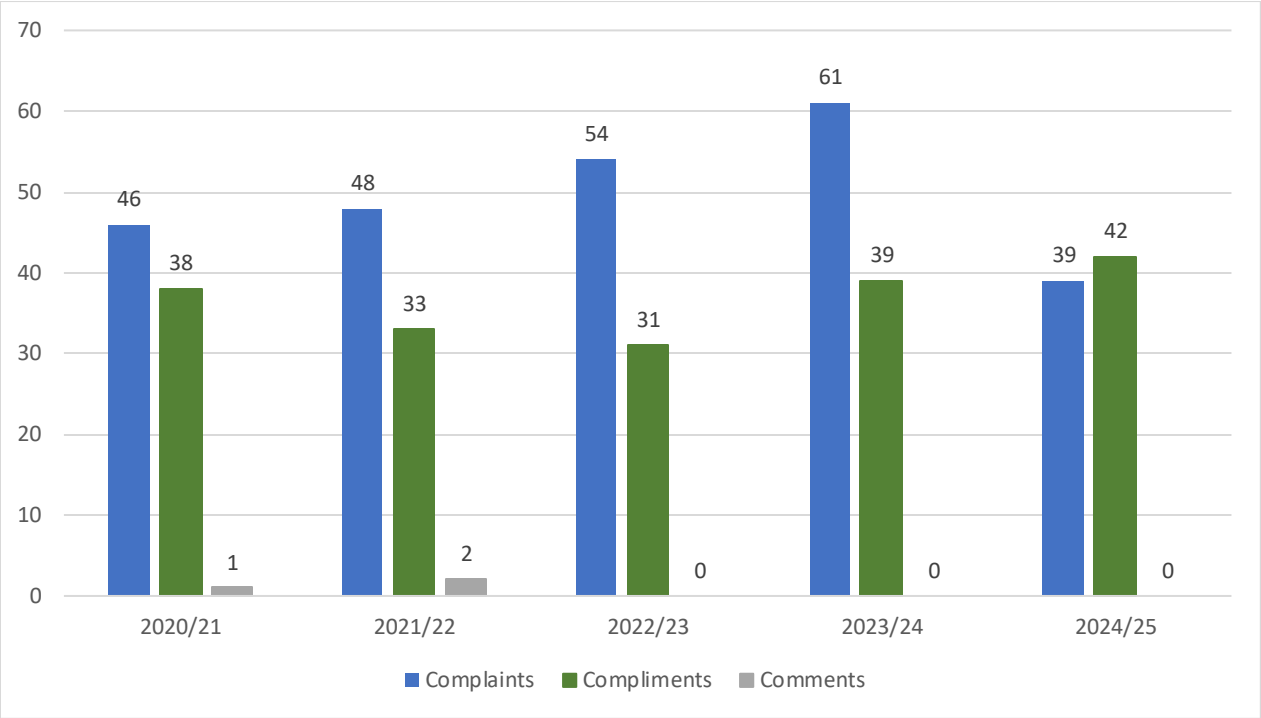
13. There has been a decrease in overall feedback during 2024/25, 84 representations were received compared to 101 in 2023/24.
14. The Council received 39 complaints, a significant reduction from 61 complaints in 2023/24. This reduction follows a change to the complaints procedure, whereby Team Managers now usually investigate complaints about their team, rather than having the complaint investigated by someone independent of the service. Following training, staff have reportedly been more responsive, resolving issues at the point of contact, which has reduced the overall number of complaints.
15. The Council received 42 compliments under the procedure during 2024/25, an increase from 39 in 2023/24.
16. The Council did not receive any comments under the procedure during 2024/25, as was the case in 2023/24.
17. The Council received three complaints which did not qualify for investigation under the procedure during 2024/25, an increase from one in 2023/24.
18. Six adult social care complaints were progressed to the LGSCO during 2024/25, a decrease from 10 in 2023/24.
19. The LGSCO reached a decision on seven complaints during 2024/25, a decrease from nine in 2023/24.

Review of the Year

Breakdown of all Representations

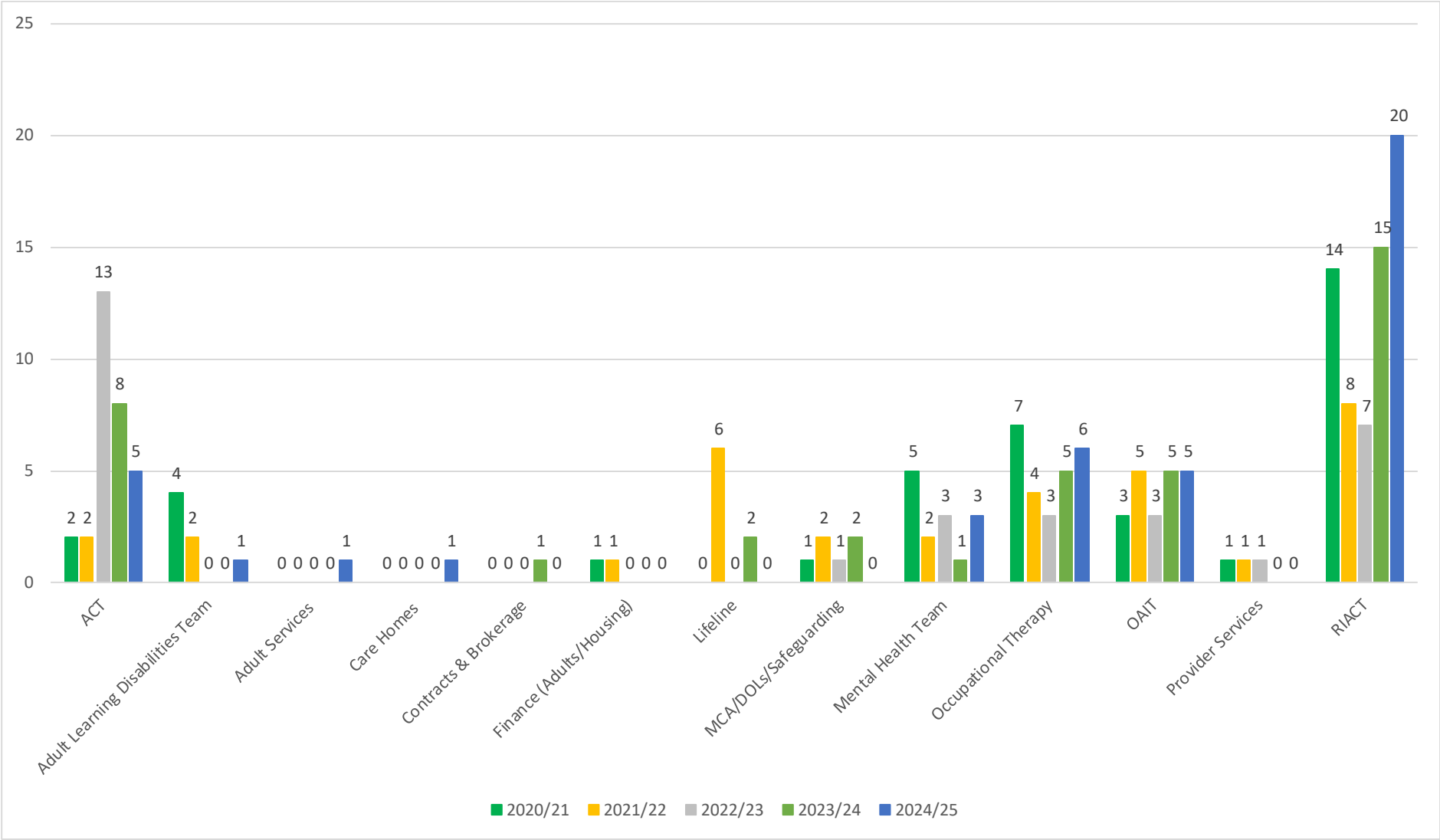
20. A total of 84 representations (including three non-qualifying complaints) were handled under the procedure during 2024/25. This does not include those representations responded to directly by social care providers i.e. care homes and home (domiciliary) care providers.

Total Complaints, Compliments and Comments Received



- 21. There was a significant decrease in the number of complaints investigated, 39 compared to 61 compared in 2023/24.
- 22. There was an increase in the number of compliments received, 42 compared to 39 in 2023/24.
- 23. No comments were received in 2024/25, as was the case in 2023/24. The number of comments received has historically remained low.

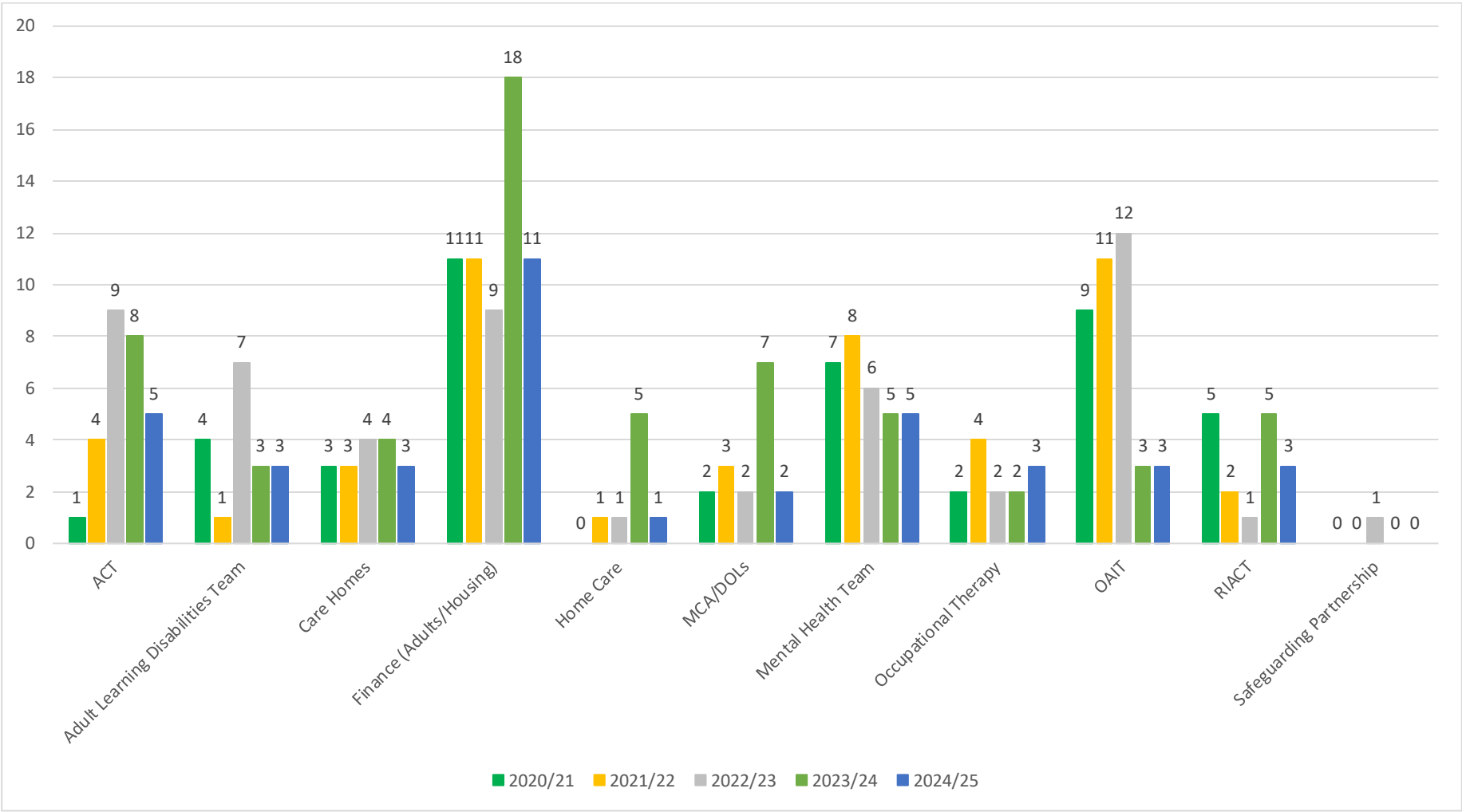
Breakdown of Compliments Received by Service Area/Team



*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

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.

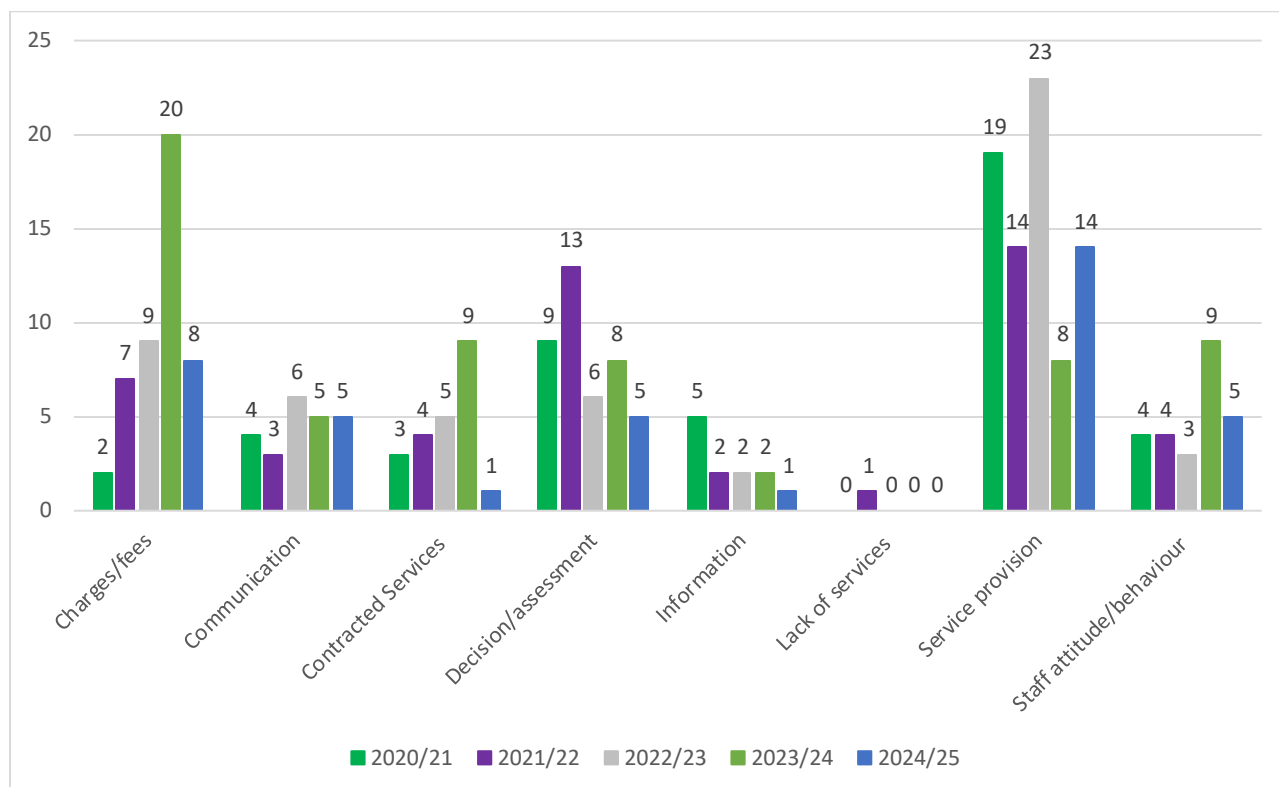
N.B. Those teams that are not listed did not receive any complaints.

24. The Council investigated five complaints about ACT, a decrease from eight in 2023/24, and there were no identifiable themes arising from these complaints.
25. The Council investigated three complaints about the Adult Learning Disabilities Team, the same number as in 2023/24, and there were no identifiable themes arising from these complaints.
26. The Council investigated three complaints about care homes, a decrease from four in 2023/24 and there were no identifiable themes arising from these complaints either.
27. The Council investigated 11 complaints about Finance (Adults/Housing), a decrease from 18 in 2023/24. Complaints concerned people's dissatisfaction with care fees, being asked to pay a top-up for day services, delays and poor communication.
28. The Council investigated one complaint about a home (domiciliary) care provider (contracted service), a decrease from five in 2023/24.
29. The Council investigated two complaints about MCA/DOLS (Mental Capacity Act/Deprivation of Liberty Safeguards), a decrease from seven in 2023/24.
30. The Council investigated five complaints about the Mental Health Team, the same number as in 2023/24. Complaints primarily concerned dissatisfaction with the level of communication and support from social workers.
31. Occupational Therapy received three complaints, an increase from two in 2022/23 and there were no identifiable themes arising from these complaints.
32. Ongoing Assessment & Intervention Team (OAIT) received three complaints, the same number as in 2023/24. Two of the complaints concerned the lack of information provided regarding care charges.
33. Responsive Integrated Assessment Care Team (RIACT) received three complaints, a decrease from five in 2023/24, and there were no identifiable themes arising from these complaints.

Breakdown of Comments Received by Service Area/Team

34. Adult Services did not receive any comments during 2024/25, as was the case in 2023/24.

Breakdown of Complaints Received by Issue



35. The most common cause of complaint was service provision, overtaking charges/fees. The Council received 14 complaints about this issue, an increase from eight in 2023/24.
36. The second most common cause of complaints was charges/fees. The Council received eight complaints about this issue, a significant decrease from 20 in 2023/24.
37. The joint third most common causes of complaint were communication, decision/assessment and staff attitude/behaviour. The Council received five complaints about communication, the same number as in 2023/24. The Council also received five complaints about decision/assessment, a decrease from eight in 2023/24. Similarly the Council received five complaints about staff attitude/behaviour, a decrease from nine in 2023/24.
38. Contracted services and Information were the least complained about issues. Contracted services received one complaint, a decrease from nine in 2023/24. One complaint was received regarding information, a decrease from two in 2023/24.

Complaint Outcomes

39. 48 complaint investigations were concluded during 2024/25. The outcomes of these complaints are detailed in the chart below.

Service Area/Team	Upheld	Partly Upheld	Not Upheld	Inconclusive	Withdrawn	Total
Finance (Adults/Housing)	2	3	5	2	2	14
Mental Health Team	2	0	4	0	1	7
Adult Learning Disabilities 18+	0	1	0	0	0	1
Adult Learning Disability Team	1	0	0	0	0	1
MCA/DOLS	1	5	2	0	0	8
Adult Contact Team	0	2	2	0	1	5
Ongoing Assessment & Intervention Team (OAIT)	0	0	0	0	1	1
Occupational Therapy	1	1	1	0	2	5
RIACT	0	3	0	0	0	3
Care Homes	1	1	0	0	0	2
Home Care	1	0	0	0	0	1
Total	9	16	14	2	7	48

Local Government and Social Care Ombudsman (LGSCO) Complaints Received 2024/25

40. Six adult social care complaints were progressed to the LGSCO during 2024/25, a decrease from ten in 2023/24.

Local Government and Social Care Ombudsman (LGSCO) Complaint Outcomes 2024/25

41. Seven adult social care complaints were determined by the LGSCO during 2024/25, a decrease from nine in 2023/24.
42. Full details of those complaints determined by the Local Government and Social Care Ombudsman are included in the Cabinet reports of 9 September 2025 entitled [Review of Outcome of Complaints Made to Ombudsman](#).

Organisational Learning

43. 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 2024/25, some of which are detailed below.

Adult Contact Team (ACT)

44. It was agreed additional training in relation to recording would be made available for social workers.

Adult Learning Disabilities 18+

45. It was agreed future respite arrangements should be clearly documented in meetings and correspondence and issues on finding appropriate respite provision clearly communicated.

Care homes (Contracted Services)

46. Following a complaint about a Care Home it was recommended the environmental risk assessment be reviewed to ensure that the tethering used for furniture continues to be fit for purpose. It was also agreed the issue of missing dentures for all care homes would be raised at the Council's Residential Provider Forum – to look at good practice and that Oral Health Promotion from County Durham and Darlington NHS Foundation Trust (CDDFT) would be invited. Furthermore, it was recommended staff undergo refresher training with respect to recording of information on incident reports and in case notes.
47. As a result of another complaint social workers were reminded that the care providers should receive a copy of the person's Support Plan prior to admission, to ensure they have all relevant information. This investigation highlighted shortfalls in the effectiveness of the provider's risk assessment and care planning process for falls and moving and handling. It was recommend the provider reflects on the findings and implemented a more effectively risk assessment for falls, which clearly identifies the level of risk and appropriate risk reduction measures. It was also agreed the provider would ensure they have a suitable process for new admissions to ensure they have appropriate walking aids in place. It was recommended the provider review their dependency assessment tool to ensure they have appropriate staffing levels to be able to meet residents needs at any given time and that where a resident is at risk of falls, appropriate interventions should be considered straight away as part of the risk assessment and care planning process.

Finance

48. The Council agreed to ensure that social work teams do not delay submission of paperwork to the Financial Protection Team.
49. Social workers were also reminded to request a financial assessment in a timely manner.
50. The Council issued a guidance note to all relevant staff advising them of the legal duty to ensure, where specific individual circumstances apply, the personal budget covers the cost of support that has been specified in the care plan, not a sum equivalent to the cost of council-run services. The Council also agreed to amend any relevant policies to reflect this.

Home Care

51. It was agreed that where services are provided that do not correspond to those set out in the Support Plan, a review of the individual's needs would be requested in a timely

manner. During the investigation the provider identified the following areas of improvement:

- Recording practices to be improved to ensure that all tasks are recorded correctly and in detail and that the Team Leader and Senior oversee the recording.
- Team Leaders/Seniors to request reviews when someone's care package changes if the change is consistent after 4 weeks.
- A traffic light system is to be set up so the provider can identify quickly whose needs are increasing/decreasing and who needs a review (Registered Service Manager to oversee).

MCA/DOLS

52. It was agreed a continued professional development session would be completed with the Safeguarding Adults Team in respect of involving adults alleged to have caused harm in safeguarding enquires.

Responsive Integrated Assessment Care Team (RIACT)

53. It was agreed social workers would fully explain brokerage process in relation to sourcing care providers and clearly document this in the case notes. It was also agreed social workers within all teams would explore direct payments when an individual's preferred choice is to pick a specific care provider and that the RIACT Team Manager would ensure at point of discharge planning from care homes that clear plans are in place and agreed by all parties. It was agreed that safeguarding minutes where possible would be sent out in a timely manner and prior to any review meetings and that should the minutes be unable to be sent out the chair of the subsequent meeting would recap the previous strategy and any outstanding actions.

Performance against the Procedure

54. The target for acknowledging receipt of complaints under the procedure is 3 working days.
55. 87.80% of complaints received during 2024/25 were acknowledged within the 3 working day timescale, an increase from 80% in 2023/24.
56. 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 40 working days timescale for dealing with complaints solely about the Council's services, although 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.

57. 21.43% of complaints were responded to within 40 working days, an increase from 7.14% respond to within 30 working days in 2023/24.
58. 14.58% of complaints exceeded the maximum six month time limit set in the procedure, an increase from 10.7% in 2023/24. The majority of these complaints were for Finance (Adults/Housing).

Performance Indicator for 2024/25

59. 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 2024/25, as was the case in 2023/24.
60. Full details of those complaints determined by the Local Government and Social Care Ombudsman are included in the Cabinet reports of 9 September 2025 entitled [Review of Outcome of Complaints Made to Ombudsman](#).

Further recommendations

61. Finance (Adults/Housing) should work to reduce the number of complaints that exceeded the maximum six month time limit set in the regulations.