



SURREY  
COUNTY COUNCIL

# Adult Social Care Complaints and Compliments Annual Report 2022 to 2023



# Introduction

This is the Adult Social Care Customer Relations' report for the business year 1 April 2022 to 31 March 2023. It covers activity in Adult Social Care relating to complaints made to the Directorate, complaints raised with the Local Government Ombudsman (regarding Adult Social Care) as well as compliments.

With regard to complaints, all Councils in England that deliver Adult Social Care have a statutory duty to investigate complaints about care under the Local Authority Social Services and National Health Service Complaints (England) Regulations, 2009. In Surrey County Council, such complaints are overseen by the Adult Social Care Customer Relations Team.

When someone makes a complaint, we aim to:

1. Act quickly to resolve the issues where possible.
2. Acknowledge their complaint within three working days.
3. Propose a plan for how we will respond to their complaint.
4. Invite their confirmation of what the complaints are and what outcome they are seeking.
5. Inform the complainant when they can expect to receive the substantive response.
6. Maintain contact with the complainant during the investigation as appropriate.
7. Respond in full within twenty working days or extend our response time if needed.

## Executive Summary

- 302 complaints were received in the period 1 April 2022 to 31 March 2023. This represents an increase of 5.2%, compared to 288 complaints received in the previous year.
- The most common causes for complaint relate to communication (18.9%), staff (15.9%), decision making (15.2%) and the assessment process (13.3%).
- 207 (92.8%) of the 223 complaints that received a response were responded to within the agreed time frame. On average, the Directorate sent responses within 24 working days, this is the same as the previous reporting year.
- A total of 134 (60.1%) complaints responded had an outcome of either upheld or partially upheld, while 89 (39.9%) had an outcome of not upheld.
- The Local Government and Social Care Ombudsman (LGSCO) issued 16 final decisions on complaints about the Council's Adult Social Care services. The number of financial settlements the Ombudsman recommended decreased substantially to £1,550.
- Ten (62.5%) of the 16 final LGSCO decisions were upheld and six (37.5%) were not upheld.
- There were also seven LGSCO complaints closed after initial enquiries.
- The Compliments recorded as received increased by 9.1% (to 492) when compared to the previous year (451).

## Section A: Complaints and Compliments activity

Table 1 provides the key activity data for compliments and complaints activity for the reporting years 2017/18 to 2022/23.

Table 1

| Complaints and Compliments     | 2017/18 | 2018/19 | 2019/20 | 2020/21 | 2021/22 | 2022/23 |
|--------------------------------|---------|---------|---------|---------|---------|---------|
| Complaints received            | 221     | 251     | 255     | 218     | 288     | 302     |
| Individuals making a complaint | 200     | 233     | 237     | 204     | 254     | 282     |
| Complaints responded to        | 224     | 249     | 261     | 182     | 203     | 223     |
| Compliments received           | 847     | 526     | 480     | 455     | 451     | 492     |

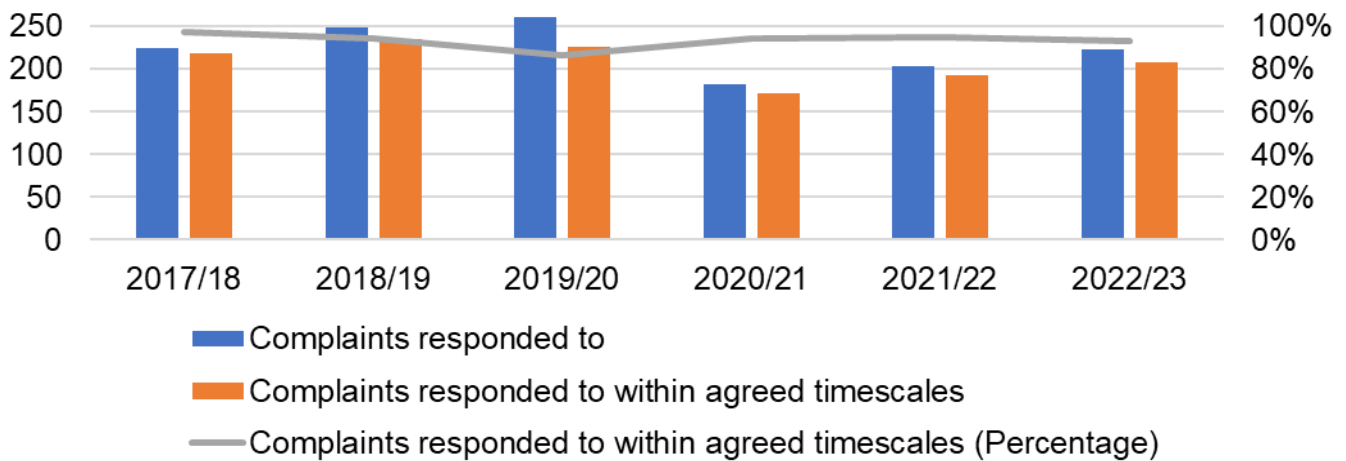
## Section B: Performance

Table 2 and Figure 1 details yearly trend for number of complaints that received a response within the reporting period, alongside the number of complaints that received a response within the agreed timeframe, over the period 2017/18 to 2022/23. Whilst the Council has adopted a best practice timescale of 20 working days as an initial response timeframe, this can be extended depending on the circumstances of the issues being investigated, which can often be complex and/or involve partners. Adult Social Care has a performance target of 90% for responding to complaints on time.

Table 2

| Complaints and Compliments                                    | 2017/18 | 2018/19 | 2019/20 | 2020/21 | 2021/22 | 2022/23 |
|---|---------|---------|---------|---------|---------|---------|
| Complaints responded to                                       | 224     | 249     | 261     | 182     | 203     | 223     |
| Complaints responded to within agreed timescales (Number)     | 218     | 235     | 226     | 172     | 193     | 207     |
| Complaints responded to within agreed timescales (Percentage) | 97%     | 94%     | 87%     | 95%     | 95%     | 93%     |
| Average response times (days)                                 | 22 days | 25 days | 24 days | 22 days | 24 days | 24 days |

Figure 1



## Time taken to respond to complaints

Table 3 shows how many working days were taken to respond to all complaints in 2022/23, providing both the number and overall percentage of the complaints responded within the reporting year.

Table 3

| Days  | Number of Complaints | Percentage |
|-------|----------------------|------------|
| 0-9   | 14                   | 6.3%       |
| 10-19 | 97                   | 43.5%      |
| 20-29 | 73                   | 32.7%      |
| 30-59 | 34                   | 15.2%      |
| 60-89 | 2                    | 0.9%       |
| 90+   | 3                    | 1.3%       |
| Total | 223                  | 100.0%     |

## Responses to complaints

Adult Social Care operates under a single stage complaints response process and in line with its own timescales typically aims to respond to complaints within twenty working days. This timescale is flexible and can be varied, where a complaint is complex and/or involves multiple agencies and more time is required for investigation, by notifying the complainant in writing.

A key performance measure is whether the response to the complaint is sent within the specified target response date. In 2022/23, Adult Social Care responded on time to 93% of

complaints (207 out of 223 completed responses). This is 2% down on the previous year but remains above the 90% target set across the Council.

In addition, 111 complaints (49.8%) received a response in under 20 working days. A further 73 complaints, (32.7%) received a response in less than 30 days. This means that the majority of complainants, 184, (82.5%) received a response within 30 working days or less.

A smaller number of complaints, 2 (0.9%) were completed within 60 and 89 days, and 3 (1.3%) took longer than 90 days. The average time to respond to a complaint in 2022/23 was 24 working days which is the same as the preceding year.

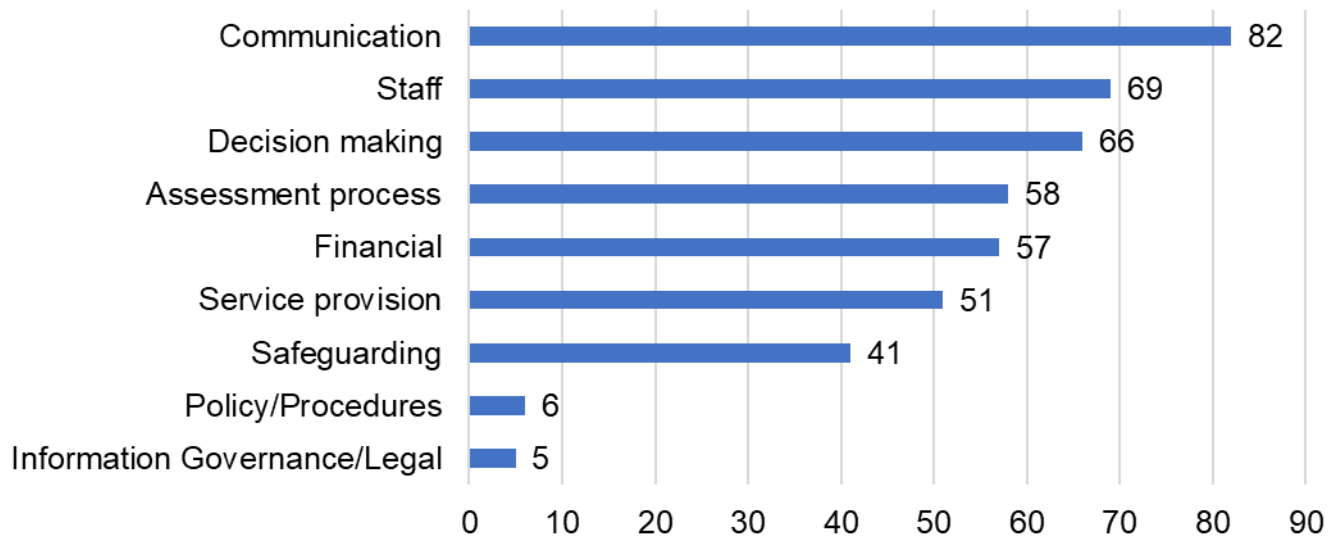
## Nature of complaints

Typically, complainants will raise more than one issue in their complaint, hence for the purposes of reporting, the nature of complaints will not match the number of complaints received. Table 4 and figure 2 detail the different nature of complaints received in 2022/23.

Table 4

| Nature of complaints         | Number | Percentage |
|------------------------------|--------|------------|
| Communication                | 82     | 18.9%      |
| Staff                        | 69     | 15.9%      |
| Decision making              | 66     | 15.2%      |
| Assessment process           | 58     | 13.3%      |
| Financial                    | 57     | 13.1%      |
| Service provision            | 51     | 11.7%      |
| Safeguarding                 | 41     | 9.4%       |
| Policy/Procedures            | 6      | 1.4%       |
| Information Governance/Legal | 5      | 1.1%       |

Figure 2



- The most common causes for complaint relate to communication (18.9%), staff (15.9%), decision making (15.2%) and the assessment process (13.3%).

## Section C: Outcome and resolution of complaints

Table 5 shows the trend by year, for the complaint outcome, by number and the overall percentage of complaints received, over the past six reporting years. Complaints resolved outside the process have been recorded since 2020/21. This will often be where a relatively simple complaint has been made verbally and can be resolved within one day to the resident's satisfaction. These complaints are still tracked but will not have a formal investigation. This approach is supported by the statutory procedure and the Ombudsman also actively encourages early resolution.

Table 5

| Outcome of complaints                   | 2017/18    | 2018/19    | 2019/20    | 2020/21    | 2021/22    | 2022/23    |
|---|------------|------------|------------|------------|------------|------------|
| Complaints upheld in full               | 32 (16%)   | 47 (20%)   | 60 (24%)   | 36 (21%)   | 52 (24%)   | 41 (18%)   |
| Complaints upheld in part               | 84 (41%)   | 81 (34%)   | 84 (34%)   | 67 (38%)   | 81 (38%)   | 93 (42%)   |
| Complaints not upheld                   | 90 (44%)   | 109 (46%)  | 101 (41%)  | 72 (41%)   | 80 (38%)   | 89 (40%)   |
| <b>Total responded to</b>               | <b>206</b> | <b>237</b> | <b>245</b> | <b>175</b> | <b>213</b> | <b>223</b> |
| Complaints withdrawn                    | 15         | 14         | 10         | 10         | 15         | 9          |
| Complaints resolved outside the process |            |            |            | 33         | 60         | 74         |
| <b>Total ended</b>                      | <b>15</b>  | <b>14</b>  | <b>10</b>  | <b>43</b>  | <b>75</b>  | <b>83</b>  |

- A pattern is emerging to reflect the work being done within the service to resolve complaints to the satisfaction of the complainant outside of the formal complaints process.
- The overall percentage share of complaints upheld in full or in part remains broadly consistent at (60%).
- The pattern of few complaints being recorded as 'not upheld' continues to decrease.

The Council has changed how we report on the resolution of Adult Social Care complaints to reflect the fact there are often multiple resolutions. In 2022/23, there were 204 actions resulting from the 223 complaints responded.

Table 6

| Resolution of Complaints                     | Number | Percentage |
|--|--------|------------|
| Advice/Information Given                     | 91     | 44.6%      |
| Apology                                      | 55     | 27.0%      |
| Service provided                             | 23     | 11.3%      |
| Staff training                               | 12     | 5.9%       |
| Service improved                             | 7      | 3.4%       |
| Support plan reviewed                        | 6      | 2.9%       |
| Communication improved internally            | 6      | 2.9%       |
| Agreement with person using service or carer | 3      | 1.5%       |
| Financial redress                            | 1      | 0.5%       |
| Review communications                        | 0      | 0.0%       |
| Process/policy review                        | 0      | 0.0%       |
| Process/policy change                        | 0      | 0.0%       |

## Section D: Local Government and Social Care Ombudsman activity

Table 7 shows how many complaints were escalated to the Ombudsman each year in the period 2017/18 to 2022/23 and the total sum of the Ombudsman's financial remedies in each year.



Table 7

| Local Government and Social Care Ombudsman Activity                | 2017/18  | 2018/19 | 2019/20       | 2020/21         | 2021/22 | 2022/23 |
|--|----------|---------|---------------|-----------------|---------|---------|
| Investigations initiated by LGSCO                                  | 27       | 23      | 30            | 26              | 12      | 16      |
| Investigations Upheld by the LGSCO                                 | 9        | 10      | 14            | 12              | 9       | 10      |
| Financial remedies recommended for upheld complaints by the LGSCO* | £7,775** | £1,200  | £6,695<br>*** | £28,069<br>**** | £14,085 | £1,550  |

- \*\* £2,475.00 a direct payments refund
- \*\*\*£3,769.72 a refund of incorrect charges for residential care and paid directly by the provider
- \*\*\*\* includes reimbursing £11,000 paid to a care provider as an unofficial third-party top up and a backdated Direct Payment of £9,603 for a separate complaint.

## Section E: Learning from complaints

Learning from complaints is an important source of information for implementing service improvement. The focus on identifying learning and putting things right and making a difference to service delivery is a key requirement across all services and monitored closely by the Customer Relations Team.

Examples of learning from complaints for this reporting year are detailed below:

**Assessment Process/ Timeliness:** complaints about time taken to receive an assessment from the point of contact or referral. In response the Council have implemented a new standard operating procedure to ensure that consistently across all our teams we meet our statutory duty when completing care act S9 and S10 assessments:

**Communication:** The Council are committed to ensuring we provide the right information related to the full cost of care including self-funding. In response to feedback the Council regularly reviews the information publicly available on our website under paying for Adult Social Care and we provide guidance on arranging and paying for care yourself.

**Financial :** redress was arranged on complaints this year to ensure that the complainant was not financially disadvantaged when a fault occurred. Typically, this included reviews of Financial Assessments or care provision records to re-establish the care contribution.



# LGSCO complaints and learning

If a complainant remains unhappy with the outcome of an Adult Social Care Complaint, they can refer their complaint to the Local Government & Social Care Ombudsman (LGSCO).

The Local Government & Social Care Ombudsman (LGSCO) have written to us with our annual summary of complaint statistics for year ending 31 March 2023. This information offers valuable insight about our organisation's approach to complaints.

The LGSCO received 39 complaints in the year (2022/23) and decisions were made on 34 complaints. 16 of which were investigations, and 10 complaints were upheld.

The issues that were identified as learning from the 10 upheld complaints are summarised below.

- The Council has amended its standard letters to ensure it notifies service users of the right to request a full financial assessment should they be unhappy with the outcome of any light touch assessment regarding their care charges.
- The Council has organised training for adult social care and finance staff about ordinary residence.
- The Council has reminded its Financial Assessment Team to include the Council's rates with care providers in its communication with individuals and their representatives when arranging care placements.
- The Council has created an action plan addressing the delays that have occurred in assessing Deprivation of Liberty Safeguards requests. The Council is implementing a plan to reduce the backlog of outstanding requests and respond to ongoing new requests in a timely manner.

The Ombudsman will recommend a remedy where there has been fault resulting in an injustice to the service user. A financial remedy is recommended only when the complaint has resulted in a quantifiable financial loss as a reimbursement and/or to acknowledge identified distress, time, and trouble.

## Section F: Compliments

Table 9 shows the total number of compliments that have been received by service areas in Adult Social Care Services in the period 2017/18 to 2022/23. To celebrate, all the compliments are shared with the senior leadership team, included in the staff newsletter and staff also receive an e-mail from the Executive Director.

Table 8

| Team                      | 2017/18    | 2018/19    | 2019/20    | 2020/21    | 2021/22    | 2022/23    |
|---------------------------|------------|------------|------------|------------|------------|------------|
| East                      | 141        | 91         | 98         | 48         | 62         | 73         |
| Guildford and Waverley    | 61         | 156        | 79         | 34         | 42         | 42         |
| Mid                       | 118        | 91         | 156        | 96         | 41         | 109        |
| North West & Surrey Heath | 123        | 175        | 116        | 86         | 77         | 91         |
| Countywide                | 18         | 13         | 31         | 3          | 8          | 13         |
| PLD, Autism & Transition  | 0          | 0          | 0          | 27         | 29         | 40         |
| Mental Health Service     | 7          | 1          | 0          | 32         | 27         | 27         |
| Service Delivery          | 379        | 259        | 180        | 129        | 165        | 97         |
| <b>Total</b>              | <b>847</b> | <b>526</b> | <b>480</b> | <b>455</b> | <b>451</b> | <b>492</b> |

## Section G: Summary of achievements

- The Council is following best practice and guidance, when providing robust responses to complainants and Ombudsman investigations.
- The Team regularly reviews provider complaints with the Commissioning and Quality Assurance Teams, to ensure effective monitoring of complaint issues and learning.
- The Team Manager is continuing to deliver training for Adult Social Care Managers and practitioners handling complaints and responding effectively. Training is provided monthly throughout the year.
- The Team has delivered learning sessions on a case study of a complex complaint and themes including communication and delays.
- The Team has a duty to co-operate and work closely with partners including the NHS to ensure we address and resolve complaints jointly when appropriate.

If you have any comments concerning the content of this report, please contact the Adult Social Care Customer Relations Team:

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- **Email:** [asc.customerrelations@surreycc.gov.uk](mailto:asc.customerrelations@surreycc.gov.uk)