

Health and Adult Social Care Overview and Scrutiny Committee

13 October 2026

Complaints and Compliments Annual Report 1 April 2025 - 31 March 2026

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Summary

This annual report sets out the position on complaints, comments, and compliments for Adult Social Care for the year, and where possible provides comparisons against previous years. It also highlights some examples of the positive things people have said about the provision of Adult Social Care in Medway over the same period.

1. Recommendations

1.1 The Committee is recommended to note the report.

2. Budget and policy framework

2.1 [The Local Authority Social Services and National Health Service Complaints \(England\) Regulations 2009](#) requires local authorities to have in place procedures for dealing with complaints relating to Adult Social Care.

2.2 There is a further statutory requirement to produce and publish an annual report specifying the number of complaints received, the number of complaints which the council decided were well-founded, and the number of complaints that the council has been informed have been referred to the Local Government and Social Care Ombudsman (LGSCO).

2.3 In accordance with the Council's constitution, paragraph 22.2 (c)(iii) of the Overview and Scrutiny rules, this Committee is responsible for the review and scrutiny of all the functions and duties of the Council under relevant legislation in force, relating to residential and day care, domiciliary care, respite care and social work for older people, adults with physical disabilities, adults with mental health problems, learning disabilities and homecare services.

3. Background

- 3.1 The Customer Relations Team, part of Customer and Business Support, provides a function which oversees how Medway Council handles compliments, comments and complaints about its services, ensuring that feedback is directed to the appropriate departments, that investigations are coordinated to provide a single, thorough response to the customer, and that fair remedies are applied where mistakes have been made.
- 3.2 The team gathers compliment and complaint data and provides regular management and performance information so that services can learn from feedback and make improvements where needed.
- 3.3 [Read about how Medway Council handles complaints about Adult Social Care.](#)

4. Summary of Adult Social Care complaint performance

- 4.1 This report reflects volumes of complaints received and responded to throughout 2025-26. Complaints may have been received in the previous period and carried over into the current period, and complaints received in this period may subsequently be carried forward and responded to in the next year. Therefore, volumes of complaints received and responded to will not necessarily be equal. The same applies for referrals received, and cases closed, by the Local Government and Social Care Ombudsman (LGSCO).
- 4.2 A combined total of 144 new complaints were accepted into the statutory and non-statutory complaints procedures. Adult Social Care responded to a total of 135 complaints within 20 working days, exceeding the Council's performance target for both statutory and non-statutory complaints.

Complaint type	Volume
Statutory complaints received	131
Statutory complaints closed	123
Statutory complaints performance	84.6%
Non-statutory complaints received	13
Non-statutory complaints closed	12
Non-statutory complaint performance	91.6%

***This figure may be greater than the total complaints received as complainants may have withdrawn their complaint**

4.3 Comparison of volumes of statutory complaints received

Number of statutory complaints received		
2025-2026	2024-2025	2023-2024
131	106	98

- 4.4 104 Statutory complaints were responded to within 20 working days, achieving a timeliness of 84.6%.

Annual overview of statutory Adult Social Care complaints																	
	April	May	June	Q1	July	Aug	Sep	Q2	Oct	Nov	Dec	Q3	Jan	Feb	Mar	Q4	Total
Complaints received	12	4	9	25	9	10	12	31	16	16	12	44	7	8	16	31	131
Complaints b/fwd.	13	13	4	13	7	12	8	7	8	13	17	8	12	9	9	12	13
Complaints withdrawn	0	1	1	2	0	0	1	1	1	0	0	1	0	0	1	1	5
Complaints c/fwd.	13	4	7	7	12	8	9	9	13	17	12	12	9	9	16	16	16
Responses issued	12	12	5	29	4	14	10	28	11	12	17	40	10	8	8	26	123
Responses within 20 days.	9	11	4	24	4	10	9	23	9	11	16	36	10	4	7	21	104
% responses within 20 days*	75%	92%	80%	83%	100%	71%	90%	82%	82%	92%	94%	90%	100%	50%	88%	81%	85%

4.5 Statutory Social Care complaints received by service

Team	Volume
Financial Assessment	24
Locality 1 – (LTC and S)	23
Locality 2 – (LTC and S)	15
Locality 3 – (EH and P)	14
Locality 3 – (LTC and S)	14
Finance Operations	12
Locality 1 – (EH and P)	12
Self-Directed Support Team	11
Occupational Therapy	8
Safeguarding	8
Transitions Team	8
Locality 2 – (EH and P)	6
Commissioning	5
Brokerage Team	4
Integrated Discharge Team	4
Quality Assurance	3
Reviews	3
Client Financial Affairs	1
DOLS Teams	1
Total*	176*

*This figure may be greater than the total complaints received as complaints may involve more than one team

- 4.6 Complainants can choose to raise their concerns electronically by email, in writing, by phone, or face to face.

Method of contact	Total
Email	124
Telephone call	3
Letter	1
Online form	1
Via LGSCO	2
Total	131

5. Adults Social Care statutory complaints performance

- 5.1 Medway Council aims to respond to Adult Social Care complaints within 20 working days where possible, although regulations allow up to six months for complex cases. Where delays occur beyond 20 working days, the Customer Relations Team apologise and keep complainants informed.
- 5.2 A total of 123 complaints were investigated and closed, 104 responses were issued within 20 working days, two were issued between 21-25 working days, 17 were issued after 26 days.

Working days	0-20	21-25	26+	Total
Volume	104	2	17	123
Performance	84.6%	1.6%	12.8%	100%

5.3 Comparison of volume of statutory complaints response performance

	2025-26	2024-25	2023-24
Complaints answered in 20 working days	104	81	82
Percentage of complaints answered in 20 working days	84.6%	85%	92%

5.4 Response performance by team

Team	% within 20 wd	Working days (wd)			Total
		0-20	21-25	26+	
Locality 1 – (LTC and S)	100%	22	-	-	22
Locality 2 – (EH and P)	100%	5	-	-	5
Brokerage Team	100%	4	-	-	4
Reviews	100%	3	-	-	3
Quality Assurance	100%	2	-	-	2
Client Financial Affairs	100%	1	-	-	1
Occupational Therapy	88%	7	-	1	8
Safeguarding	88%	7	-	1	8
Self-Directed Support Team	86%	12	-	2	14
Locality 2 – (LTC and S)	83%	10	-	2	12
Integrated Discharge Team	83%	5	-	1	6
Financial Assessment	78%	21	2	4	27
Locality 1 – (EH and P)	78%	7	-	2	9
Locality 3 – (LTC and S)	77%	10	-	3	13
Transitions Team	75%	6	-	2	8
Finance Operations	73%	8	1	2	11
Locality 3 – (EH and P)	60%	6	-	4	10
Commissioning	60%	3	-	2	5
Total	84%	139	3	26	168*

* This figure may be greater than the total complaints responded to as complaints may involve more than one team

5.5 Summary of complaint issues and their outcomes.

Type of complaint	Not upheld	Upheld	Total
Delay in Providing a Service	4	22	26
Financial	15	17	32
Quality of Service	10	14	24
Disagreeing with Decisions	10	12	22
Lack of Communication/Information	3	8	11
Attitude/Behaviour of Staff	1	6	7
Incorrect Invoice	2	3	5
Lack of Support	1	3	4
Delay in Completing Assessment	-	3	3
Standard of Residential Care	3	1	4
Lack of Service Provided	1	1	2
Withdrawal of Service	1	1	2
Inaccuracies in assessments/reports	-	1	1
Inappropriate Services Provided	1	-	1
Standard of Home Care	-	1	1
Total	52	93	145*

* This figure may be greater than the total complaints responded to as complaints may involve more than one team

5.6 45 (37%) complainants expressed their dissatisfaction with our initial response to their complaint in comparison to 30 (28%) in 2024-25. These complaints were all investigated further.

6. Non-statutory complaints

6.1 Where an issue cannot be accepted under the statutory complaint procedure, it is investigated as a Medway Council non-statutory social care complaint. If customers are still dissatisfied with the outcome of their complaint, they could ask for a further response or refer their complaint to the Ombudsman.

6.2 There were 13 non-statutory complaints received for Adults services.

Non-statutory complaints	Volume
Complaints received	13
Complaints responded to	12
Complaints dealt with within 20 working days	11
% complaints responded to within 20 working days	91.6%

6.3 Non-Statutory complaints received by team.

Service Area	Total
Commissioning	4
Brokerage Team	2
Quality Assurance	2
Finance Operations	1
Financial Assessment	1
Integrated Discharge Team	1
Locality 1 – (LTC and S)	1
Locality 2 – (EH and P)	1
Locality 2 – (LTC and S)	1
Reviews	1
Self Directed Support Team	1
Total*	16*

* This figure may be greater than the total complaints received as complaints may involve more than one team

6.4 Response performance for non-statutory Adults Social Care complaints shown in working days (wd).

Team	Total responses	0-20 wd	21+ wd	% within 20 working days
Commissioning	4	4	-	100%
Brokerage Team	2	2	-	100%
Finance Operations	1	1	-	100%
Financial Assessment	1	1	-	100%
Locality 1 – (LTC and S)	1	1	-	100%
Locality 2 – (EH and P)	1	1	-	100%
Quality Assurance	1	1	-	100%
Reviews	1	1	-	100%
Self Directed Support Team	1	1	-	100%
Integrated Discharge Team	1	-	1	0%
Total	14	13	1	92%

* This figure may be greater than the total complaints responded to as complaints may involve more than one team

6.5 12 complaints were investigated and closed, 11 of those were sent within 20 working days achieving a timeliness performance of 91.2% against the Council's target of 75%.

6.6 Summary of complaint issues and their outcomes.

Complaint theme	Not upheld	Upheld	Total
Financial	2	1	3
Delay in Providing a Service	1	1	2
Lack of Communication/Information	2	1	3
Quality of Service	2	1	3
Attitude/Behaviour of Staff	-	1	1
GDPR Issue	-	1	1
Total*	7	6	13

*This figure may be greater than the total complaints responded to as complaints may relate to more than one issue

6.7 28 complaints were rejected because they could not be considered under either the statutory or non-statutory complaints procedures.

Reason for rejection	Volume
Safeguarding	11
Insufficient Information Provided	7
Not for Medway Council	7
Outside of Complaint Process	2
GDPR Issue	1
Total	28

7. Local Government and Social Care Ombudsman (LGSCO)

7.1 Referrals increased, with 16 Adult Social Care cases raised with the LGSCO compared with nine in 2024-2025 and four in 2023-2024.

7.2 The LGSCO investigated and closed 12 Adult Social Care complaints.

Outcome	Total
Closed - No Further Action	2
Closed After Initial Enquiries – Out of Jurisdiction	1
Referred back to the Council for local resolution	1
Premature Complaint	3
Upheld – No Further Action	2
Upheld – Fault and Injustice	3
Total	12

7.3 Both referrals to the Ombudsman, and the number of cases upheld by the Ombudsman increased. This is consistent with the wider growth in complaint volumes being experienced across local government, as reported by the

Ombudsman in her [annual review of complaints 2025-26](#), and may also reflect increasing awareness of the Ombudsman process.

- 7.4 Five complaints were upheld by the Ombudsman compared with no cases in 2024-25 and 1 case in 2023-24. Medway Council applied the learning from all cases and agreed to implement all recommendations made by the Ombudsman.

- **Financial Assessment**

The Ombudsman did not investigate a complaint about the way the Council followed its charging policy for non-residential care to determine how much a person should pay towards costs. The Ombudsman made no further recommendations as the Council had already remedied the injustice during its complaint investigations and there was insufficient injustice to warrant investigation by the Ombudsman.

- **Financial Assessment**

The Ombudsman found the Council at fault when it delayed in confirming what information it needed to complete a financial assessment. The Ombudsman instructed the Council to apologise for the distress caused by the delay, to contact the complainant to discuss what information it needed to complete the financial assessment in the absence of invoices, and to remind staff, in writing, the importance of confirming what evidence is required to allow costs to be considered in financial assessments.

- **Financial Assessment**

The Ombudsman did not investigate this complaint about charging for adult social care. The Ombudsman made no further recommendations as the Council had already remedied the injustice by apologising and backdating its financial assessment, before the complaint reached the Ombudsman.

- **Commissioning**

The Ombudsman found the Council at fault for the poor standard of care provided by a Council commissioned care home which failed to carry out care in line with the care plan. The Ombudsman instructed the Council to make a symbolic payment to recognise the distress, frustration and uncertainty caused by the standard of care and for the impact to the person's dignity.

- **Integrated Discharge**

Although the Ombudsman did not find the Council at fault for how it initially considered a wish for continued care, it did find fault because a financial assessment was not completed before starting the care, and because there were delays in dealing with the complaint. The Ombudsman instructed the Council to apologise for the frustration caused and remind relevant staff of the importance of providing clear information about charging and the financial assessment process to service users, ensuring they accurately record in detail any discussions and advice given around this. The Council also committed to develop an online cost estimator tool for care and support on its website by July 2026.

- 7.5 Medway Council continues to use feedback from complaints and Ombudsman decisions to strengthen services and improve outcomes for residents. The Complaint Manager for Social Care meets with complaint handlers and Heads of Department following all upheld decisions made by the Ombudsman, to ensure that the learning from both the Ombudsman's investigation and the experience gained from handling the complaint, were used effectively to improve knowledge, skills and processes.

8. Learning from complaints

- 8.1 The Complaints Manager for Social Care reports and discusses complaint performance, emerging themes and lessons learned from complaints on a quarterly basis with senior managers and service areas. Learning is also identified and shared during the investigation and adjudication of escalated complaints with the Director of People, Assistant Directors and Heads of Service.
- 8.2 In addition, complaint learning is incorporated into service team meetings, management oversight arrangements, staff supervision, training and development activities, and provider performance discussions where appropriate. Learning from complaints also informs service reviews, process improvements and workforce development plans, ensuring that feedback from residents and their families is used to drive continuous improvement across Adult Social Care.
- 8.3 The Complaints Manager further supports organisational learning through the production of regular complaint performance reports, thematic analysis of complaint trends, and the sharing of good practice and learning outcomes across services to help prevent recurrence and improve the experience of residents.
- 8.4 Communication continues to be a key factor in customer satisfaction and a significant area of improvement. Complaints relating to communication and information accounted for 10% of complaints during 2025/26, representing a reduction of 18 percentage points over the last two years. This demonstrates the positive impact of work undertaken to improve engagement with residents and their families, including providing clearer information, regular updates and better management of expectations.
- 8.5 Complaints provided valuable insight into residents' experiences and helped identify opportunities to further strengthen Adult Social Care services. The main themes identified during the year related to financial matters (28%), delays in providing services (24%), quality of service (19%), and disagreement with decisions (15%).
- 8.6 Learning from complaints was used proactively to drive service improvements, including strengthening workflow monitoring to identify delays earlier, enhancing management oversight, improving communication standards, and using complaint themes to inform service planning and workforce development.

Feedback also informed ongoing work with providers and operational teams to improve consistency and quality of service delivery.

- 8.7 Complaints further highlighted the importance of clear explanations around financial assessments, charging arrangements and funding decisions, as well as the benefits of maintaining regular communication with residents when delays occur. These learning opportunities supported targeted staff development in communication, complaint handling, financial processes, decision-making and record keeping.
- 8.8 Adult Social Care remains committed to using complaints as a valuable source of feedback, ensuring that lessons learned are translated into service improvements and better outcomes for residents and their families.

9. Compliments and comments

- 9.1 Compliments provide feedback about what is working well, and which services are effective and valued.

Number of compliments received		
2025-26	2024-25	2023-24
36	32	61

- 9.2 There were 36 compliments about Adult Social Care, meaning that the service received one compliment for every four complaints. These are some examples of the compliments received.

- A service user thanked the Occupational Therapy team for helping their family and always showing care and compassion.
- The Financial Assessment Team received praise for being helpful, understanding, and clear, when replying to their queries.
- A service user thanked Locality 2 (Long-Term Care and Support) for being compassionate and getting things moving quickly, which they were grateful for.
- Finance Operations received praise for being such help to a service user's family during hard times.
- A service user thanked the Locality 3 team (Early Help and Prevention) for their great communication and everything they did, and how they conducted themselves during Care Needs Assessment.
- The Reviews Team received praise for listening to organisational concerns and showing care and compassion from the first meeting. The team was described as fair, knowledgeable and responsive.
- A service user's family thanked the Integrated Discharge Team for their help.
- The Community and Provider Services Lead team were thanked for their thoughtful message and for prioritising a service user's concerns.
- The Locality 2 team (EH and P) received thanks for their professional and kind approach which made the transition to having morning carers and respite carers much easier.
- A service user thanked the Self-Directed Support Team for arranging a Personal Assistant which made their life 'such fun'.

- The Quality Assurance Team were thanked for their support.

9.3 All compliments are shared with managers so that achievements can be celebrated and learning can be gained from examples of excellent practice.

10. Equality implications

10.1 Medway Council is committed to achieving equality of opportunity, access, and outcomes for all, through the delivery and commissioning of high-quality services that are accessible and fair, and mainstreaming equity and diversity across all service delivery activities. All new services commissioned are subject to a diversity impact assessment that compels service providers to think carefully about who the services are for and demonstrate how they intend to serve their needs. This gives the Council a better measure of the impact the services are having on the community.

10.2 Our service users come from many different ethnic backgrounds, and many have disabilities. The Customer Relations Team will refer vulnerable adults to an advocacy service if they need assistance making a complaint, and will make reasonable adjustments, for example by ensuring that a complainant who is visually impaired receives letters in large print. If a complainant cannot send in a written complaint, a team member will see the complainant at a venue that is convenient and accessible for them and organise a translator if the complainant's first language is not English, or an interpreter if they use British Sign Language (BSL).

10.3 Ethnicity of Complainants

10.4 The following table shows the percentage of service users who made a complaint, by ethnicity.

Ethnicity	Statutory complaint	Non statutory complaint	Total complaints	Adults using services
White British	62	3	65	6968
Black African or Black Caribbean	3	-	3	255
Asian or Asian British	5	-	5	320
Mixed or multiple ethnic groups	1	-	1	82
Another ethnic group	2	-	2	59
Information not held	37	10	47	831

11. Risk management

11.1 Risk management is an integral part of good governance. The Council has a responsibility to identify and manage threats and risks to achieve its strategic objectives and enhance the value of services it provides to the community.

Risk	Description	Action to avoid or mitigate risk	Risk rating
Not handling complaints properly and importantly not learning from complaints could put an adult at risk.	Good complaint handling, including the identification of improvement opportunities from complaints received, helps ensure that Medway Council provides services in a complete and timely way, minimising the possibility of a vulnerable adult being put at risk.	Improved management and control of complaint procedures, learning from complaint analysis, helps to identify and minimise potential risk or impact of risk to adults.	D 3

For risk rating, please refer to the following table:

Likelihood	Impact:
A Very likely B Likely C Unlikely D Rare	1 Critical 2 Major 3 Moderate 4 Minor

12. Local Government Reorganisation (LGR) implications

- 12.1 Following the announcement of the pause on 7 September 2026, officers will monitor the ongoing situation and will consider any relevant impacts as they arise.

13. Financial implications

- 13.1 There are no direct financial implications arising from this report. The cost of the Customer Relations Team who is responsible for processing corporate and social care complaints, is met within the existing Business Support Directorate budget.

14. Legal implications

- 14.1 The statutory framework for the handling of representations (including complaints) under the The Local Authority Social Services and NHS Complaints Regulations 2009 and Statutory Guidance is summarised in [Appendix A](#). Local Authorities must publish an annual report of its consideration of representations under that framework.

Lead officer contact

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Appendices

[Appendix A](#) The Local Authority Social Services and NHS Complaints Regulations 2009

Appendix B Managing Complaints

Appendix C The Role of the Local Government and Social Care Ombudsman
(LGSCO)

Background papers

None