

**1 April 2024 –
31 March 2025**

Customer Care Annual Report

**Adults, Health and
Commissioning**

Customer Care Team
CAMBRIDGESHIRE COUNTY COUNCIL

Customer Care Annual Report for Adult Social Care 2024 – 2025

Context

Cambridgeshire County Council has an open learning culture and views feedback as an opportunity to monitor performance and identify learning to improve the quality of our service provision.

Under [the Local Authority Social Services and National Health Service Complaints \(England\) Regulations 2009](#), all Local Authorities with social services responsibilities in England and Wales are required to have a complaints procedure for people interacting with social care services, and to report on how they have dealt with Adult Social Care complaints.

This report provides information about a range of feedback to include compliments, comments, representations, MP enquiries and complaints which were received and responded to between 1 April 2024 and 31 March 2025. It demonstrates the Council's commitment to transparency and our approach to being receptive and reactive to the feedback the Council received.

The Regulations require that local authorities prepare an annual report each year. This report needs to include specific information, such as:

- The number of complaints received by the responsible body.
- The number of complaints deemed well-founded by the responsible body.
- The number of complaints referred to either the Health Service Commissioner under the 1993 Act, or the Local Commissioner under the Local Government Act 1974.
- Any general issues arising from those complaints or the manner in which they were handled.
- Any actions taken or planned to improve services as a result of those complaints.

Table of Contents

EXECUTIVE SUMMARY	3
ANNUAL FEEDBACK OVERVIEW	4
COUNCILLOR ENQUIRIES	5
MP ENQUIRIES	5
Themes of MP Enquiries	6
Timescales	6
REPRESENTATIONS	6
COMPLIMENTS	7
Summary of Compliments:	7
Common Themes:	8
Learning Points and Best Practices:	8
INFORMAL COMPLAINTS	9
ENQUIRIES	9
FORMAL COMPLAINTS	10
CATEGORIES OF COMPLAINT REASONS	11
COMPLAINT OUTCOMES	15
LEARNING FROM COMPLAINTS	16
Service Improvements	17
Response Timescales	18
DISSATISFACTIONS	19
SENIOR MANAGER REVIEWS	20
Learning from Senior Manager Reviews	21
Timescales	21
LOCAL GOVERNMENT AND SOCIAL CARE OMBUDSMAN	23
LEARNING FROM LGSCO	24
LGSCO RECCOMENDATIONS	25
LGSCO ANNUAL REVIEW OF ADULT SOCIAL CARE	25
REPORT RECCOMENDATIONS	26
Appendix 1	27
Appendix 2 – Summary of LGSCO Upheld Complaints, 2024-25	30

EXECUTIVE SUMMARY

Formal Complaints



In 2024-2025, 222 formal complaints were received, and 217 formal complaints were responded to. The number of formal complaints responded to by the Council decreased, **falling by 19%**, compared to 269 in 2023–2024. This marks the first decline, after eight consecutive years of increases, in both the number of formal complaints received and responded to.

Compliments



Despite a decrease from last year, **231 compliments were received** for staff this reporting year; demonstrating that a significant number of people continue to appreciate and value the dedication and excellent service provided by the team. [Appendix 1](#) provides examples of compliments.

Local Government and Social Care Ombudsman



During the reporting year, the Local Government and Social Care Ombudsman reviewed 20 Adult Social Care complaints for Cambridgeshire. This is a 54% rise from 13 cases last reporting year. Of the 9 fully investigated, 56% were upheld, compared to a 79% national uphold rate. Appendix 2 provides a summary of cases upheld by the LGSCO in 2024-25.

MP Enquiries



This reporting year saw a notable **46% reduction** in the number of MP enquiries handled, with 50 responded to compared to 92 in the previous year.

Complaint Themes



The top three reasons for complaints were: dissatisfaction with the outcomes and communication around financial assessments and charges; concerns about the adequacy and options in care assessments; and issues with the standard and quality of care in both domiciliary and residential care settings.

ANNUAL FEEDBACK OVERVIEW

During the reporting period from 1 April 2024 to 31 March 2025, the Customer Care Team received and managed 923 pieces of feedback across Adult Social Care. This represents a 10% decrease (97) compared to the previous year. This decline is mainly due to fewer MP Enquiries, a decrease in compliments, and a reduction in complaints, which is associated with a re-categorisation of complaints data as discussed later in the report.

The feedback covered a range of types, each of which is detailed in the table below, showing figures from this year alongside those from the past three reporting periods for comparison. Further information about each category of feedback can be found in the relevant sections of this report.

Feedback type	2024-2025	2023-2024	2022-2023	2021-2022
Councillor Enquiry	22	11	20	18
MP Enquiry	50	92	72	57
Compliments	231	367	366	440
Representations	1	2	4	8
Enquiries	120	95	27	91
Informal Complaints	129	123	160	66
Formal Complaints	222	269	259	226
Dissatisfactions	92	-	-	-
Senior Manager Reviews	41	42	27	19
LGSCO	20	13	7	5
Totals	923	1020	942	930

The table shows that compliments made up the highest feedback volume with 231 received, followed by 222 formal complaints received this year.

Overall, while there was a general decline in the volume of feedback in 2024-2025, some categories experienced increases. For example, Councillor Enquiries rose from 11 in 2023-2024 to 22 in 2024-2025, and Enquiries increased from 95 to 120 during the same period. Dissatisfactions were recorded for the first time in 2024-2025, with a total of 92 instances.

A detailed breakdown of each feedback category is provided in the corresponding sections of this report. These sections offer further insights into the volume, key themes, identified learning, and service improvements that have been implemented.



COUNCILLOR ENQUIRIES

Councillors play a key role in adult social care, acting as representatives and advocates for their constituents. They help residents navigate the complaints process, offer support, and may escalate complaints on their behalf. Additionally, Councillors scrutinise the Council's handling of complaints, ensuring accountability and service improvement. Councillors can also work to address any systemic problems or issues identified through complaints to improve overall service delivery.

During this reporting year, there was a significant rise in Councillor Enquiries, with 21 being received and **22 cases being responded to**, representing a twofold increase compared to the previous period. This rise is primarily attributed to the recent introduction of a streamlined process that requires all Councillor enquiries to be routed through the adult social care Customer Care Team. This new approach ensures coordination with adult social care teams and timely responses within set deadlines. Additionally, it has enabled Adult Social Care to track and report the volume of Councillor enquiries with greater accuracy throughout the reporting cycle.

MP ENQUIRIES

Members of Parliament (MPs) contact the Chief Executive of the Council to raise enquiries on behalf of their constituents. MP enquiries can be related to a request for information, the clarification of circumstances or further information for a particular situation or constituent, or the notification of dissatisfaction with a service.

When an MP enquiry involves a complaint or complex issue on behalf of a constituent, the matter may be addressed through the formal complaints process. This method allows for a comprehensive review, formal record-keeping, and a standardised response. The formal complaints process applies established levels of scrutiny, transparency, and accountability, and outlines specific timelines and procedures. This helps ensure that constituent concerns are addressed, any systemic issues can be identified and enables the complainant to approach the Local Government Social Care Ombudsman (LGSCO) if required once the process is complete.

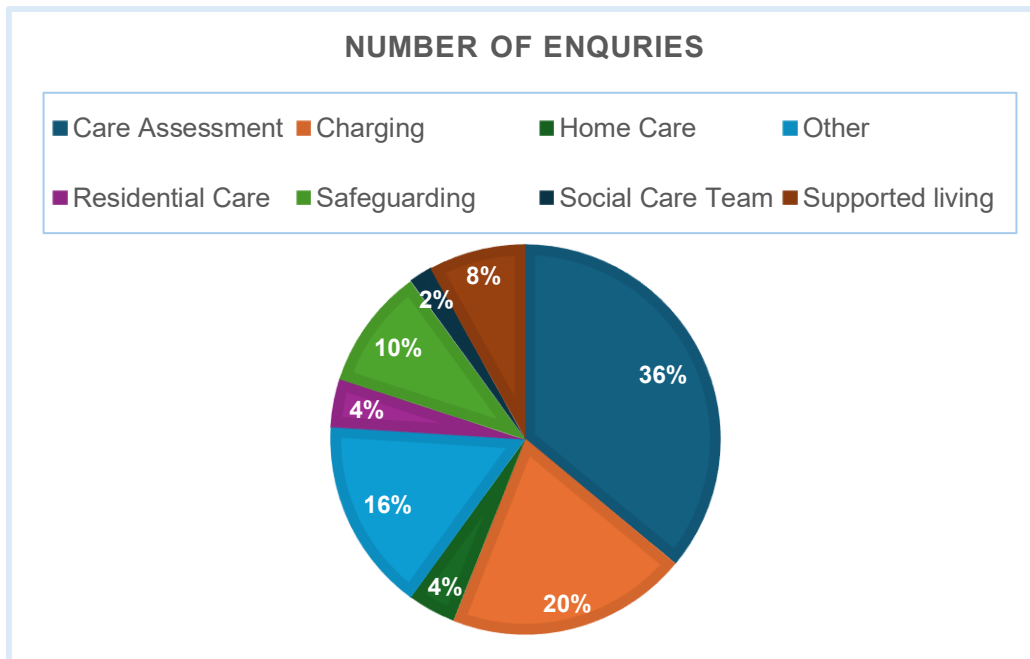
The adult social care Customer Care Team facilitates responses to MP enquiries. This reporting year, 48 MP enquiries were received, and **50 MP enquiries** were responded to (with two enquiries carried over from the previous reporting year). This is a significant decrease (46%) to the last reporting year, where 92 were responded to.

The reduction in MP enquiries this year can largely be attributed to the recent changeover of Members of Parliament, which took place around the General Election in July 2024. When Parliament was dissolved at the end of May 2024, MPs stopped representing their constituents until the new Parliament convened in July.

Most MP enquiries this year related to concerns about Care Assessments (36%) and charging related enquiries (20%).

The chart below shows the themes of enquiries made by MPs for their constituents this year.

Themes of MP Enquiries



Timescales

This year, 18 (36%) MP enquiries were answered after the 10-working day deadline; the same rate as in 2023–2024. MPs are notified of delays and their reasons, which are mainly due to complex issues needing further investigation and coordination with external organisations.

REPRESENTATIONS

A representation is a comment or complaint about the position taken in a policy or procedure owned by the Council, or about resource allocation or service availability, rather than how the Council applies its policies in specific circumstances.

During 2024–2025, the Customer Care Team oversaw one representation, where someone questioned the necessity of the Council’s annual financial assessments, especially when an individual’s income is not expected to change from year to year. They suggested that the Council could assume income remains the same unless the person being supported notifies them otherwise. The Council explained that this approach would not be compliant with the [Care and Support Statutory Guidance](#), which requires local authorities to regularly reassess a person’s ability to pay for adult social care services. This typically happens annually, so that any changes in their financial situation are considered appropriately.



COMPLIMENTS

A compliment is an expression of praise, gratitude, or positive recognition for a member of staff or the services provided by Adult Social Care. Compliments received from Council staff themselves are not included in this report.

Positive feedback is an essential element in service improvement and staff morale. Compliments not only acknowledge the dedication and professionalism of Adult Social Care staff but also highlight best practices and moments where staff have made a real difference in people's lives. This recognition helps maintain high standards, fosters a culture of appreciation, and motivates staff to continue delivering exceptional care and support services. Furthermore, sharing compliments with teams can inspire others, reinforce positive behaviours, and inform future service development. By valuing and responding to positive feedback, the Council demonstrates its commitment to learning from all forms of customer feedback, not just complaints or challenges, but successes and strengths as well.

Whenever a compliment is received, the Customer Care Team responds to thank the individual for taking the time to share their positive experience. In the 2024–2025 reporting year, **231 compliments were received** regarding staff or services within the Adults, Health and Commissioning Directorate. Notably, compliments remain the most common form of feedback the Council has received for adult social care over the past six years.

However, this year saw a significant decrease (59%) compared to the previous two years, which each saw totals of 367 and 366 compliments. While there is no clear reason for this decline, it is possible that staff may not always be forwarding compliments to the Customer Care Team, making it difficult to report the true volume of positive feedback. The Customer Care Team will remind staff of the importance of sharing positive feedback and will continue to monitor this trend to determine whether a specific cause can be identified.

Based on the compliments received, several key themes and learning points emerge that can be used to inform best practices. A summary is provided below.

Summary of Compliments:

The compliments highlight the exceptional dedication, professionalism, and empathy demonstrated by adult social care staff. Individuals have been praised for their helpfulness, effective communication, and the ability to provide support and reassurance during challenging times. The feedback often mentions specific instances where staff members went above and beyond to assist people using adult social care, showing kindness, patience, and understanding. The compliments also reflect the positive impact of staff members and teams on the lives of people and their families, emphasising the importance of personalised care and attention to detail.



Common Themes:

- **Empathy and Compassion:** Many compliments emphasise the staff member's ability to show genuine care and understanding, making the people we support and/or their representatives feel valued and supported.
- **Professionalism and Expertise:** Staff members are frequently praised for their knowledge, professionalism, and the high quality of their work.
- **Effective Communication:** Clear and compassionate communication is a recurring theme, with staff being recognised for their ability to explain complex information and provide reassurance.
- **Personalised Care:** The importance of tailoring support to meet individual needs is highlighted, with staff being commended for their attention to detail and personalised approach.
- **Teamwork and Collaboration:** Compliments often mention the collaborative efforts of the team, highlighting the positive impact of working together to provide comprehensive support.

Learning Points and Best Practices:

- **Foster Empathy and Compassion:** Encouraging staff to continue showing empathy and compassion in their interactions with people. This can be achieved through training programmes that emphasise the importance of understanding and addressing the emotional needs of the people we support and their representatives.
- **Maintain High Professional Standards:** Encouraging ongoing professional development to ensure staff members have the knowledge and skills needed to provide high-quality care. Recognising and rewarding professionalism and expertise.
- **Enhance Communication Skills:** Providing training on effective communication techniques, including active listening and clear explanations. Encouraging staff to keep the people we support informed and reassured throughout their interactions.
- **Personalise Support:** Promote a person-centred approach to care, where staff take the time to understand and address the unique needs of each person they support. Encouraging staff to be attentive to details and to tailor their support accordingly.
- **Encourage Teamwork:** Fostering a collaborative work environment where staff members support each other and work together to provide comprehensive care. Regular team meetings and collaborative projects help strengthen teamwork and improve overall service delivery.

By focusing on these themes and best practices, the Council can continue to provide high standards of support and care, ensuring needs are met with empathy, professionalism, and person-centred care.

Please see [Appendix 1](#) for examples of exceptional compliments received during 2024 – 2025.

INFORMAL COMPLAINTS

Informal complaints refer to concerns raised by people receiving support, or their representatives, that are resolved promptly without requiring a formal investigation.

These complaints are managed differently from formal complaints as they generally involve less complex issues that can be addressed through direct communication with staff or minor adjustments to service delivery. While some people may use the word 'complaint' to express their frustrations, many simply want someone to take immediate action to address their dissatisfactions rather than pursuing a formal complaints process.

Directly addressing concerns at the frontline, where interactions and issues first arise, offers several key advantages. It enables faster resolution, prevents minor issues from escalating, and demonstrates a commitment to responsive, person-centred care. Immediate responses help build trust, improve satisfaction for both the people we support and staff, and foster a culture of continuous learning. Individuals are informed that if they are not satisfied at any point with the attempts to resolve their concerns, they may escalate the issue to the Customer Care Team for review under the formal complaints process. During the reporting year, the Customer Care Team received 125 informal complaints and responded to **129 informal complaints, a 2% increase** from the 126 managed in 2023–2024. Most informal complaints were related to Care Assessments (46) or Charging (24). Of these, 19 cases progressed to formal complaints.

ENQUIRIES

A complaint is not a request for a service or a specific enquiry about a service. It may become a complaint if the Council fails to deliver services efficiently and effectively after receiving the initial enquiry. The Customer Care Team are often the first point of call for a person (or their representative) in receipt of Adult Social Care to contact and the Customer Care Team will establish what the customer would like us to do to put things right.

Examples of this can include a customer who has been unable to locate the correct contact details for a particular Adult Social Care service or who are requesting information or a request for a service provision. In these situations, the Customer Care Team will ensure that the enquiry is dealt with promptly by the appropriate service and contact is made with the customer in a timely way to resolve the enquiry. During 2024-

2025 the Customer Care Team dealt with **104 enquiries**, this is similar to last reporting year where 97 enquiries were dealt with by the Customer Care Team.

FORMAL COMPLAINTS

Cambridgeshire County Council considers every encounter between staff, people, unpaid carers and the public to be an opportunity to learn from people's experiences of its services. This learning is used to continuously improve the quality of these experiences as well as Council services and increases the organisation's accountability to those it serves.

Our approach to effective handling of concerns and complaints focuses on:

- Getting it right first time
- Being customer focused
- Being open and accountable
- Acting fairly and proportionately
- Putting things right
- Seeking continuous improvement
- Being open and honest

The Council is committed to being open and transparent in all of our work, including investigations into concerns and complaints. Where mistakes have been made or things have not gone well, responsibility will be taken by the appropriate person and a genuine apology given as soon as possible. Early meetings to discuss and address concerns in person are encouraged, and agreement will be gained regarding how best to remain in ongoing communication with those who have raised concerns.

The Council is accountable for all the services it provides, whether directly from its own resources, or through contracts with other agencies, and the Council has a duty to investigate complaints about any aspect of these services.

In line with the requirements of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, this report is required to detail the number of complaints formally received by the Council. This year, a total of **222 formal complaints were received**, which is a 27% decrease from the previous year's figure of 283 and **217 were responded to (decided)** falling by 24%, compared to 269 in 2023-2024. This is the first decrease, after eight consecutive years of increases, in both the number of formal complaints received and responded to.

The apparent decrease in complaints this year is influenced by changes in how the Council records and categorises concerns. Previously, cases where individuals were dissatisfied with a formal complaint response and needed a further reply, before escalating to a Senior Manager Review, were counted as new complaints or included in total responses. Now, these are tracked separately as 'dissatisfactions', making direct comparisons with data from prior years less accurate. Thus, the reduction may reflect classification changes rather than a true decline in concerns. This year, **92**

dissatisfactions were addressed for those seeking additional responses to their formal complaints. This is reported in further detail later in the report.

This report focuses on the number of complaints responded to, not just those received, enabling a thorough summary of outcomes, themes, and lessons learned during the reporting year.

The table below shows data relating to these different categories of complaints:

Type of complaint	No. of complaints
Complaints	217
Dissatisfactions	92
Referred to another service or organisation	16
Escalation to Senior Manager Reviews	41
Total	366

CATEGORIES OF COMPLAINT REASONS

While an individual complaint may involve several issues or concerns, the Customer Care Team record each case based on the main or most significant reason for the complaint. This approach enables us to try and ensure consistency with the categorisations used by the Local Government and Social Care Ombudsman (LGSCO) in their reporting, allowing for meaningful analysis and comparison of data. By focusing on the primary reason, we are better able to identify significant trends.

The table below shows the breakdown of the main cause for complaints being raised this reporting year:

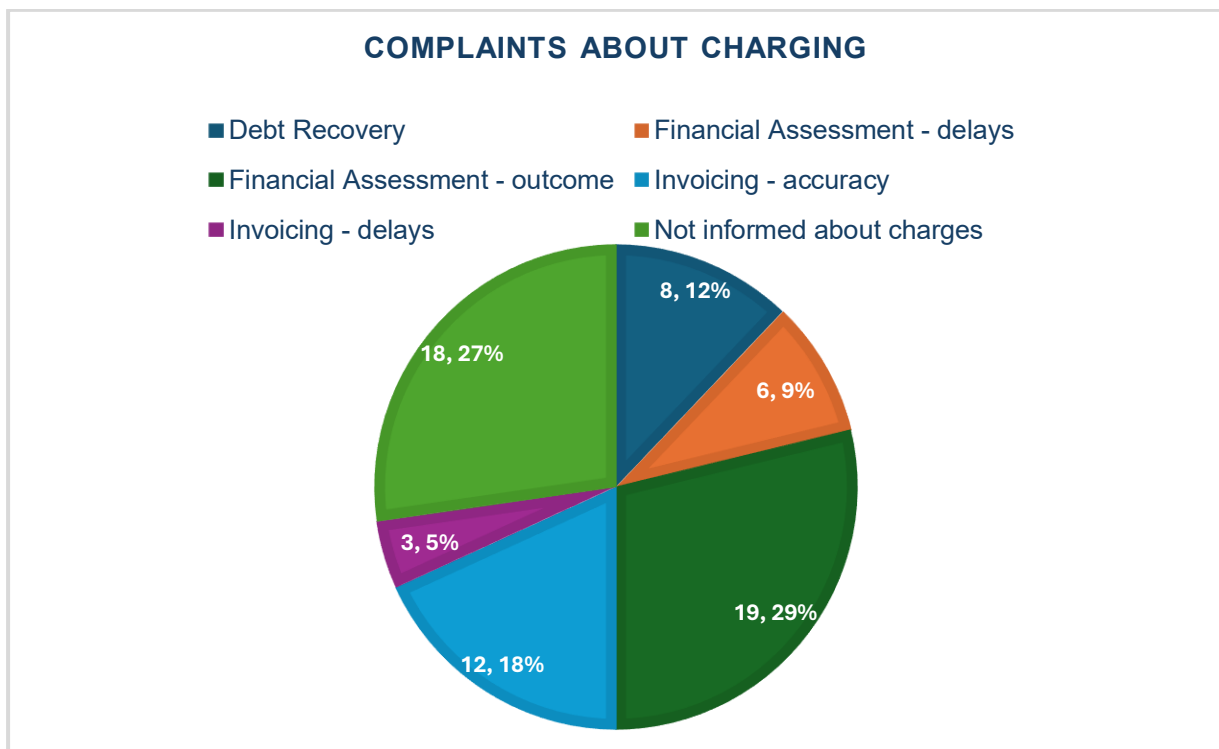
Main Reason for complaint	Total
Care Assessment	51
Unpaid Carers	4
Charging	66
Corporate	4
Direct Payments	3
Home Care	23
Other	20
Residential Care	17
Safeguarding	10
Social Care Team	11
Supported living	5
Total	217

The data in the table above presents an overview of the main sources of complaints within Adults, Health and Commissioning and are discussed in more detail next.

Charging

Of all categories, issues relating to Charging emerged as the most significant concern, accounting for **66 (30%) complaints**. This suggests that the people we support, or their representatives, encounter challenges or confusion regarding charges and financial processes. It is positive to note that the proportion of complaints related to charging has decreased from the last reporting year, where 98 (36%) complaints related to charging.

The main themes and reasons for complaints about Charging are shown in the chart below:



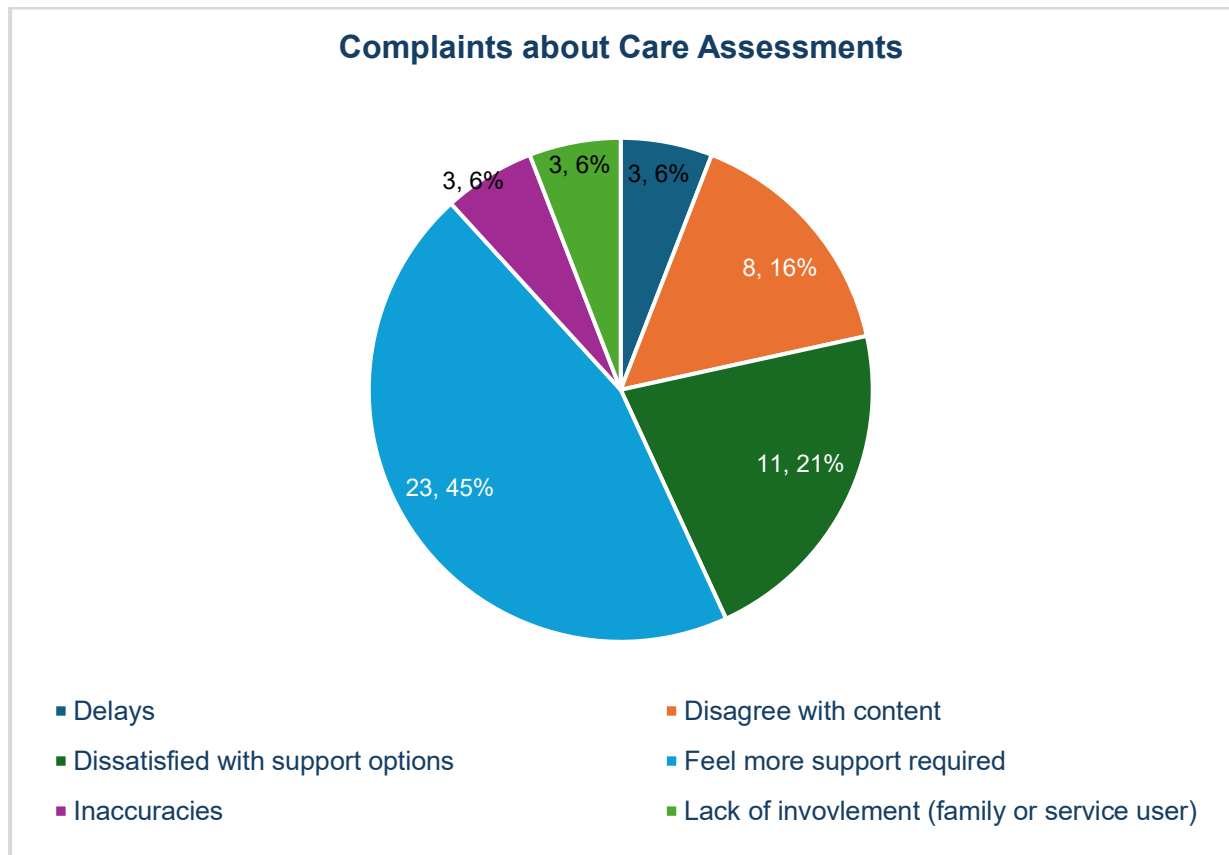
The most frequent issue is related to the outcome of financial assessments (19). This indicates that many people are dissatisfied with the results of their financial assessments, however, this is a decrease from the last reporting year where 23 complaints were recorded relating to the outcome of assessments. Another concern is the number of complaints (18) asserting that they had not been informed or fully informed about charges for care and support. This suggests that there are communication gaps regarding the charges that people are expected to pay for adult social care.

Additionally, there were 12 complaints regarding accuracy of invoicing, for example invoices for care are incorrect and don't reflect level of care received; care invoices are unclear and inaccurate; delays and backdating of invoices. This figure is similar to the last reporting year where there were 13 complaints of this type. 8 complaints related to debt recovery indicating that the process of recovering debts is causing dissatisfaction; this figure has decreased from last reporting year where there were 10. There were 6 complaints about delays with financial assessment, pointing to 12

concerns about the timeliness of the financial assessment process. However, this has decreased significantly from the last reporting year where there were 19 complaints raised about delays with financial assessments.

Care Assessments

51 complaints (24%) related to Care Assessments and accounted for the second highest category of complaints. This figure indicates ongoing dissatisfaction or misunderstanding about how care needs are evaluated, which may point to communication gaps or procedural difficulties. However, the number of complaints relating to this area has decreased significantly from last reporting year where 93 complaints were responded to.



As the chart above shows, the most frequent issue (23) of complaints about Care Assessments is related to the need for more support. This indicates that many of the people who complained felt that the support they were assessed as being eligible for was insufficient to meet their needs. 11 of these complaints related to dissatisfactions with support options available/do not feel that they meet their expectations or needs.

Additionally, there were 8 complaints concerning disagreements about the decision to include or exclude certain pieces of information within the care assessments, as well as the rationale for making these decisions. These complaints often related to perceptions about the relevance and appropriateness of the selected information. A lack of involvement of family or people receiving support is also a notable concern. There were 3 complaints about delays in the care assessment process, which can

cause frustration and inconvenience. Lastly, there were 3 complaints regarding factual inaccuracies in the care assessments, highlighting concerns about the reliability of the information recorded.

Home Care

There were **23 complaints (11%)** responded to during 2024 – 2025 relating to Home Care services, showing it remains an area of concern for the people we support. This is a significant increase from last reporting year where 8 complaints related to this area. Based on the data provided, the main reasons for complaints about Home Care (19) related to the standard of care being provided. The remaining 4 complaints related to timeliness of care calls (2) and attitude of staff (2).

Residential Care

17 (8%) complaints related to Residential Care, which is significantly more than last reporting year, where 8 were responded to. Based on the data provided, the main reasons for complaints about Residential Care related to the choice of care placement (8), where the people we support, or their representatives, were dissatisfied with the options available for care placement. Another significant issue was the standard of care (9) where concerns were raised about the quality of care provided in residential facilities.

The adult social care Contracts Team works with providers to manage concerns and complaints and will be strengthening this through implementing new contractual mechanisms when contracts are renewed.

The Local Government and Social Care Ombudsman (LGSCO) has raised concerns about the number of complaints received about care providers and believe that the volume of complaints could be higher if care providers were more proactive in informing residents of their right to complain. The Council has used provider forums to address this issue, with the goal of ensuring providers understand expectations regarding complaint handling and to improve transparency and accessibility to the complaints process. Therefore, an increase in complaints about provider services may reflect improved transparency and access to the complaints process.

Social Care Teams

Concerns about Social Care Teams accounted for **11 complaints (5%)**. Based on the data provided, the main reasons for complaints were about lack of support or action (6) where it was felt that the Social Care Team was not providing adequate support or taking necessary actions to address their concerns. 3 complaints related to poor communication, and 2 related to the conduct of staff indicating concerns about the behaviour of the team members. In the last reporting year, one complaint was recorded under this category. Due to changes in the way themes are recorded, it is not possible to make a direct comparison to previous years for this category.



Safeguarding

Safeguarding concerns accounted for **10 complaints (5%)**. This is a considerable decrease from last reporting year where 16 complaints related to safeguarding. The most frequent issue, for 5 complaints, related to how the safeguarding was conducted, with dissatisfactions about the procedures and methods used in safeguarding. 2 related to dissatisfactions about the lack of action taken as a result of a safeguarding concern being raised, 2 related to poor communication and one raised safeguarding concerns and was pursued through the safeguarding route.

Unpaid Carers

4 complaints were raised in relation to support for unpaid carers, who are people providing unpaid support. These complaints were with the outcomes of carers assessments and delays in their completion. The figures for this category remain similar to last year where 3 were recorded.

Other

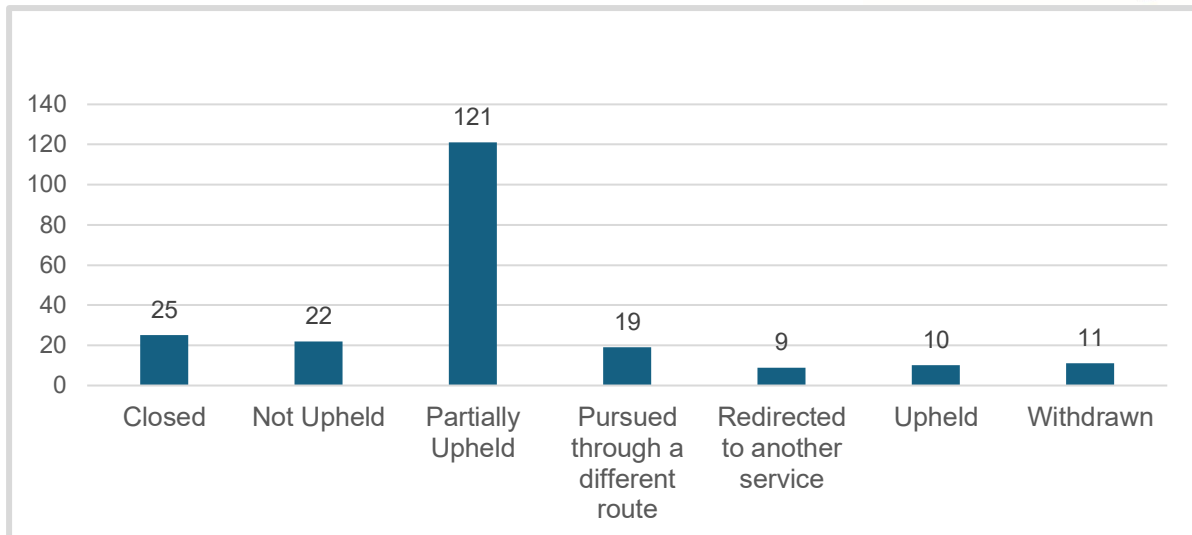
A total of 20 complaints were classified as '**other**', encompassing issues that did not clearly align with the categories previously outlined. These included concerns related to communication, data protection, day services, transport, and occupational therapy.

There were 4 complaints regarding **staff conduct** rather than care services. These matters were processed through the Council's corporate complaints procedure. 3 complaints were made about dissatisfaction with **Direct Payments** and the agency's service quality. There were also 5 complaints about **Supported Living**, all concerning the quality of care provided.

Although some of these figures are small, they still highlight areas where focused improvements can and have been made.

COMPLAINT OUTCOMES

The chart below highlights the various outcomes and provides insight into how complaints were resolved this reporting year.



Based on the data provided, the outcomes of complaints are as follows:

- **Partially Upheld:** The majority of complaints, totalling **121**, were partially upheld. This indicates that in many cases, some aspects of the complaint were found to be valid, while others were not.
- **Closed:** **25** complaints were closed, meaning that no further action was taken.
- **Not Upheld:** **22** complaints were not upheld, indicating that the complaints were investigated but found to be without merit.
- **Pursued through a different route:** **19** complaints were redirected for handling via alternative procedures, for example those that related to safeguarding, legal, or insurance matters.
- **Withdrawn:** **11** complaints were withdrawn by the complainants, indicating that they chose not to pursue their complaints further.
- **Upheld:** **10** complaints were upheld in full, indicating that the concerns raised were determined to be completely substantiated.
- **Redirected to another service:** **9** complaints were redirected to another service, as the issues were more relevant to a different department or service either within the Council e.g. Data Protection or external agencies such as housing or health.

LEARNING FROM COMPLAINTS

Complaints, though often seen as negative feedback, provide vital insights into the areas where the Council can improve. By analysing and learning from complaints, we can enhance our services and prevent future issues. Below are examples of learning and improvement from feedback that was received this reporting year, to enhance service quality and ensure better outcomes for the people we support and their representatives.

- Strengthening internal coordination, such as improving the scheduling of calls and communication within offices, to support more efficient and responsive service delivery.
- Providing ongoing training in areas including dementia support and clarifying care workers' responsibilities and professional behaviours.
- Keeping all team members informed regarding the costs and details of placements to ensure transparency and facilitate better decision making for those we support. Closer working with Brokerage and Care Teams to increase regularity of updates.
- Fostering effective communication and collaboration between hospital teams, Continuing Healthcare (CHC) complex cases, and social care teams to help prevent delays and complications, enabling smoother transitions and improved outcomes.
- Emphasising the importance of issuing correspondence to the appropriate person, particularly ensuring communication reaches the intended recipient rather than only their representatives to reduce the risk of misunderstandings.
- Regular training on the importance of adhering to care plans and maintaining professionalism.
- Refining communication, such as revising the wording of financial assessment letters.
- New process implemented by the Debt Team to ensure visits are confirmed beforehand.
- Ensuring staff explain processes clearly to the people we support to ensure understanding of complex situations, including safeguarding and charging. Practitioner factsheets, including Disability Related Expenditure, Advocacy, Financial Processes and Safeguarding were updated to ensure that processes were clearly set out and reminders shared with staff in team meetings.
- Reiterating to staff the Council-wide Customer Charter and their obligation to reply to correspondence within the specified timeframes.

Learning from complaints is an ongoing process that requires a proactive approach. By addressing the issues raised in complaints, the Council can improve service delivery, enhance client satisfaction, and prevent future problems. The steps outlined above demonstrate our commitment to continuous improvement and the importance of learning from feedback to achieve excellence in care and support services.

Service Improvements

In addition to learning from feedback, actions have also been implemented to ensure rectification of faults. Examples of these actions include:

- All providers to enhance quality of care plans and to have detailed care notes. This will be communicated in a monthly provider newsletter.
- Backdating charges where incorrect calculations were made.
- Care and support plans reviewed.
- Carers' assessments offered.
- Direct Payments reviewed and backdated where appropriate.
- Discuss alternatives ways in which support can be delivered, whether via direct payments or directly arranged support.
- Enhanced Disability Related Expenditure requests reviewed.
- Financial reassessments completed.
- Implementation of team learning, individual learning or wider learning on a specific matter.
- New care assessments completed.
- Notification of Concerns raised where concerns raised with standard of care.
- Redress for time, trouble and distress.
- Regularly review and update communication plans to ensure clarity and timeliness.
- Review or audit of care providers.
- Waiving of care charges.

Response Timescales

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, sets out that complaints about social care should be:

“responded to within 6 months commencing on the day on which the complaint was received, or such longer period as may be agreed before the expiry of that period by the complainant and the responsible body. If the responsible body does not send the complainant a response within the relevant period, the responsible body must— (a) notify the complainant in writing accordingly and explain the reason why; and (b) send the complainant in writing a response as soon as reasonably practicable after the relevant period.”

Although the legislation permits such a large timescale, the Council recognises that it is important to try and resolve complaints in a timely manner and therefore aims to respond to complaints within 25 working days.

Of the 217 formal complaints responded to this year, 80 were responded to outside of our 25 working day response timescale, although all 217 formal complaints were responded to within the 6-month timescale set out in the regulations. This equates to 37% of complaints being responded to outside of timescale and is a 1% decrease to

last reporting year where 101 (38%) formal responses were issued outside of timescale. It is recognised that delays in responding to complaints leads to additional frustration for the complainant and falls below the service standards we expected. Delays are due to a variety of reasons, such as:

- **Complex issues:** If the complaint involves complex matters, requires extensive evidence, or necessitates speaking with multiple parties, more time may be needed to properly investigate.
- **Customer delays:** There may delays due to personal reasons or while establishing the points to investigate.
- **Involving other bodies:** Investigations might be delayed if another organisation is already looking into a linked issue, such as a police investigation, insurance claim, legal services or a safeguarding matter.
- **Unforeseen circumstances:** Unexpected events or the unavailability of key staff.

The Customer Care Team continue to work towards reducing the number of delays when responding to complaints. Considering this, the Customer Care Team have made improvements in data capturing and issue weekly reports to senior management to show investigations that are breaching timescales. The Customer Care Team are scrutinising cases to identify the root cause of the delay and identifying themes to introduce service improvements to address the cause. This has led to meetings being coordinated with the investigating managers and the complainant early in the complaint process. External agencies will be contacted within 3 working days to request their input to respond to the complaint. When it is apparent that the Customer Care Team are not going to be able to respond within the timescale, the Customer Care Team will contact the complainant to apologise and provide an explanation for the delay and when they may expect to receive the response by.

DISSATISFACTIONS

When a complaint response is issued, the letter will invite the complainant to come back to the Customer Care Team if they are dissatisfied with the response. On receipt of a dissatisfaction from a complainant, the Council will consider what the most appropriate next steps are to address their dissatisfactions. This can be one or more of the following:

- The offer of a meeting
- Further information being provided
- An additional response to clarify particular queries or to investigate certain elements in more detail
- A senior manager reviewing the initial complaint and complaint response (please see next section of the report for information on Senior Manager Reviews)

This reporting year we responded to **92 dissatisfactions, representing 42% of all decided formal complaints**. 35 of these went on to be reviewed by a Senior Manager, 12 were withdrawn or closed following a further review, 4 were re-directed to another service, for example the dissatisfactions related to input from an external organisation and **41 received an additional response**. This was either from the initial responding manager or from the relevant service manager, who was able to address the area of dissatisfaction firsthand and resolve any additional or related issues. Of those who received an additional response to their complaint, 26 were partially upheld, 7 were upheld, and 8 were not upheld.

SENIOR MANAGER REVIEWS

As touched upon in the previous section, once dissatisfactions are raised with a complaint response, the decision can be made to proceed with a Senior Manager Review. If the decision is made to carry out a review of a complaint, the senior manager will:

- Consider the original complaint and response
- Decide if each point raised in the complaint has been addressed fully and fairly
- Where necessary carry out further investigation, this may include reviewing records, interviewing staff or speaking with the complainant
- If some or all of the complaint is found to have merit by the senior manager, it will receive a ‘partially upheld’ or ‘upheld’ outcome, demonstrating that the concern was substantiated through the review process
- Identify any corrective action necessary to address the issues raised
- Signpost the complainant to the Local Government and Social Care Ombudsman (LGSCO) if they remain dissatisfied

This reporting year, there were **41 Senior Manager Reviews** completed, representing 18% of all formal complaints. It is noted above that 35 complaints went on to be considered as Senior Manager Reviews this reporting year. The variance between the figures is due to 6 Senior Manager Reviews being carried over from the previous reporting year. The number of Senior Manager Reviews responded to this reporting year has increased by 17% from last reporting year where 35 were completed.

The **outcomes** of the Senior Manager Reviews responded during 2024 – 2025 are as follows:

Outcome	Number
Upheld	4
Not upheld	1
Partially upheld	35
Not pursued following meeting	1

Learning from Senior Manager Reviews

In the past year, our analysis of Senior Manager Reviews has shown several key areas for improvement. This summary highlights the primary learning points and includes specific examples to provide additional context.

- **Timely Communication:** Provide all necessary information without delay, ensuring that out-of-office messages clearly specify non-working days. For example, apologies for missed appointments were acknowledged, and a five working day timeframe was reiterated for responding to emails. Ensuring that care assessments and care and support plans are completed and issued to the people we support and their families/representatives in a timely manner.
- **Clear Documentation:** Provide clear and detailed breakdowns of care costs and account reconciliations. An example includes the acknowledgment that correspondence could have been clearer, although the account and outstanding balance were accurate.
- **Quality of Care Plans:** Contracts are working with providers to enhance the quality of care plans and maintain detailed care notes. This will be communicated in a monthly provider newsletter and compliance reviewed in Contract monitoring visits.
- **Assessment Clarity:** Clarify the distinction between long-term and short-term needs. For example, it was explained that in one case the needs were long-term, thus Reablement services were not applicable, and the involvement of family members in care assessment and planning was crucial.
- **Charges and Notifications:** Clearly communicate charges and the reasons behind them. Ensure timely completion of financial assessments so the outcomes are shared with the people we support promptly.
- **More regular use of the Notification of Concern system** and increased specificity within communications. Specific steps include regularly reviewing and updating communication plans to ensure clarity and timeliness.

By addressing these areas, we aim to enhance the overall services provided and ensure that complaints are handled efficiently and effectively.

Timescales

The timescale for completing a Senior Manager Review is 3 months. Of the 41 Senior Manager Reviews completed, 12 (29%) were completed outside of timescale. This is a reduction from last reporting year where 40% (14) of Senior Manager Reviews were responded to outside of that timescale. The pattern over the last three reporting years indicates that the number of reviews being delayed continues to reduce. Although there is a reduction in the number of responses issued outside of the timescale, the Council recognises that responding to complaints late falls short of the service complainants should expect.

The Customer Care Team keep complainants informed of delays and offer explanations for the reasons causing the delay. The primary reasons for these delays

were the need to arrange meetings with complainants or other parties involved in the process; and requests for further information, such as financial documentation to finalise financial assessment outcomes or the completion of new care assessments or care reviews.

REMEDIES AND RESTORATIVE ACTIONS TAKEN FROM FEEDBACK

Our approach to remedies is guided by the principle of restoring, as far as possible, those affected by faults to their rightful position had the shortcomings not occurred. Each case is considered individually to ensure the most appropriate remedial actions are implemented. Examples of the remedial actions taken this reporting year include:

- **Apologies:** Throughout the feedback process, we have consistently recognised that a sincere apology holds significant value for complainants. An effective apology does more than acknowledge a mistake, it validates the experience of those affected, demonstrates respect for their perspective, and reassures them that their concerns have been heard. Complainants stress the importance that meaningful apologies have as they can help restore trust, provide closure, and are vital to resolving complaints. While not an admission of negligence, our approach ensures apologies are genuine, transparent, and accompanied by clear explanations of lessons learnt to prevent recurrence.
- **Preventative Remedies:** Our focus extends beyond resolving individual complaints to preventing future injustice. We regularly recommend service improvements, drawing on lessons learned from previous cases. Specific examples of these recommendations are outlined in the **learning sections** of this report.
- **Corrective Action:** Where injustice remains unaddressed, we consider practical steps to rectify the situation. This may involve undertaking new care or financial assessments or reviewing previous decisions. In instances where a lack of action has led to injustice, prompt and effective intervention is key to reducing the impact.
- **Quantifiable Financial Loss:** If a complainant has incurred costs for services not received or delivered to an unacceptable standard, we may reimburse or waive relevant fees. Our aim is to provide a fair remedy for the injustice suffered, rather than simply awarding compensation. This also extends to those who have had to provide unpaid care, resulting in lost earnings or the use of personal time.
- **Symbolic Payments:** There are occasions where the remedies outlined above are insufficient to address significant unremedied injustice. In those circumstances we may offer a symbolic payment. This acknowledges the distress, inconvenience, or difficulties experienced as a result of the fault.

Examples include payments for emotional distress due to repeated delays or failures in assessment, harm or risk of harm, including physical injury or adverse mental effects, and time and trouble payments for significant issues in complaint handling, such as prolonged delays.

In summary, our remedies are restorative in nature, designed to put matters right and to ensure learning leads to improved services. We strive to ensure that every action we take not only addresses the immediate needs of those affected but also contributes to preventing similar issues in the future.

LOCAL GOVERNMENT AND SOCIAL CARE OMBUDSMAN

Although the Council strives to resolve a complaint to the customer's satisfaction, there are cases where someone remains unhappy with the responses provided by the Council to their complaint. Once a complaint has concluded the Adult Social Care complaints process, the complainant will be signposted to the Local Government and Social Care Ombudsman (LGSCO) if they remain dissatisfied. The LGSCO looks at complaints about councils which includes adult social care and care providers (such as care homes and care providers). The law says that, where a council has commissioned another organisation to provide a service on its behalf (for example, a care home or home care agency), the LGSCO will hold the council responsible for any failings that are identified. The service is free, independent and impartial. They are the final stage for complaints about councils.

Where a complaint is about both health and social care services and the issues are so entwined that a joint investigation by the Ombudsmen is required, these complaints are considered by the Local Government and Social Care Ombudsman (LGSCO) and the Parliamentary and Health Service Ombudsman's (PHSO) Joint Working Team. In contrast to the LGSCO, the PHSO investigates and holds whichever organisation provided the NHS service responsible for any failings, rather than the commissioner.

It is important to acknowledge that our reporting on LGSCO outcomes differs from the Ombudsman's own approach. While the LGSCO categorises complaints simply as either upheld or not upheld, the Council also reports on cases that are partially upheld. For example, if a complaint contains ten individual points and six are not upheld, we will record the outcome as partially upheld. However, if any of the upheld points are particularly significant, we may report the entire complaint as upheld, even if other aspects were not upheld.

This reporting year, the **LGSCO reviewed and decided 20 complaints** for Adult Social Care. This equates to 9% of formal complaints that went on to complain to the LGSCO. This is a significant increase of 54% (7) from the last reporting year, where the LGSCO considered 13 complaints (and 12 in 2022-2023). The outcome of these complaints are as follows:

- **11 (55%)** – were not taken forward for full investigation. The outcomes of these were either the LGSCO found insufficient evidence of fault or determined that

any identified fault had already been appropriately addressed by the Council. In two cases, the complainants were referred back to the Council because they contacted the LGSCO prematurely, before the Council had had the opportunity to consider the complaint.

Of the 9 fully investigated and decided the outcomes were:

- **4 (44%)** – were not upheld
- **5 (56%)** – were upheld; please see details of those cases below. This represents 2% of all formal complaints.

While the figures for upheld complaints appear substantial, it is worth noting that the LGSCO's annual report highlights a consistently high uphold rate, which has continued to rise in recent years. This year, they experienced an 8% increase in complaints received nationally compared to the previous year, including a notable 28% surge in complaints related to care service charges.

The [LGSCO annual report](#) notes that their uphold rate for adult social care services is 79%. The uphold rate for the nine adult social care complaints fully investigated for Cambridgeshire is 56%.

The cases examined by the LGSCO which were upheld, and so where fault was found, are summarised in Appendix 2, including links to the LGSCO's website for a more detailed account of the LGSCO findings.

LEARNING FROM LGSCO

All LGSCO cases are reviewed by the Chief Executive of Cambridgeshire County Council and Senior Managers in Adult Social Care. The Practice Standards and Quality Team also examines these cases to facilitate learning and dissemination across practice when applicable. Additionally, the cases are discussed at the Practice Governance Board and included in the Practice Update, which is distributed to all Adult Social Care staff. Examples of the learning and action taken from cases are as follows:

- The Council has apologised to individuals where faults are identified, following guidance on effective apologies to address injustice.
- Where appropriate, the Council has reviewed financial assessments and allowed supporting evidence to be submitted, recalculating and backdating contributions as necessary.
- Symbolic financial redress has been offered in certain cases to acknowledge distress or uncertainty caused.
- Service providers have been required to communicate directly with those affected, apologise, and share details of reviews and changes made to improve practice and prevent recurrence.

- The Practice Standards and Quality Team have reviewed all upheld LGSCO cases, discussed them at governance boards, and circulated learning points to staff, supporting system-wide learning and improvement.

LGSCO RECCOMENDATIONS

Where the LGSCO have found fault in a complaint that they do not feel has been remedied appropriately by the Council, in the first instance they will make recommendations for the Council to undertake to improve the services we provide. During 2024 – 2025, the LGSCO set recommendations for 4 of the 5 upheld cases they investigated. These included offering apologies, providing training and/ or guidance, carrying out a new assessment and in two instances offering financial redress for distress. The Council fully complied with all recommendations set by the LGSCO.

LGSCO ANNUAL REVIEW OF ADULT SOCIAL CARE

The Ombudsman’s annual review collates data from every complaint it has received over the past 12 months about both independent and council-funded care. Full details of the LGSCO annual review can be found [here](#). A summary is provided on the next page.


The LGSCO report on Adult Social Care highlights several key areas of focus:

- **Complaints Processes:** The report outlines nine principles of “Best Practice: Systems and Oversight”, all of which the Council already adheres to. This demonstrates the Council’s ongoing commitment to maintaining high standards in complaint management.
- **Provider Complaints Procedures:** Concerns were raised regarding the robustness and visibility of complaints processes among providers, particularly those serving people who self-fund their care. Throughout the reporting year, the Customer Care Manager participated in provider forums for both domiciliary and residential care, delivering presentations on the significance of effective complaints handling. These sessions reinforced the need for clear signposting to the LGSCO and reminded providers that people whose care is commissioned by the Council should be informed of their right to raise complaints either through the Council or through provider-specific processes.
- **Trends in Complaints:** The LGSCO noted an 8% rise in complaints received compared to the previous year. Aside from charging issues, matters concerning assessments, care planning, and safeguarding continue to make up over half of all complaints received. As discussed earlier in this section, of the five upheld adult social care cases this year, three were associated with charging, one was linked to safeguarding, and one pertained to assessments, mirroring the broader trends observed in complaint themes.



REPORT RECCOMENDATIONS

- Adults, Health and Commissioning Committee to approve this report for publication on Cambridgeshire County Council's website, in line with the [Local Authority Social Services and National Health Service Complaints \(England\) Regulations 2009](#).
- Customer Care Team to continue to work with colleagues across the organisation to embed learning identified from complaints and compliments thereby improving the experience of people we support and ensuring that the number of upheld or partially upheld LGSCO investigations remains low.



Appendix 1

Sample of Compliments 2024 – 2025

Adult and Autism Team

“Thank you for your input and guidance for us all with E. I can honestly say that your interventions, guidance etc has helped us tremendously and E has made great progress with your help and feel we would not be in this position today without your support. I would recommend this service to anyone. Thank you very much you are a brilliant person.”

Adult Early Help

“Professional and also super friendly, had a bit of a laugh about some things along the way and made me feel at ease about some outstanding issues which she chased up for me while I was on the phone. Loved that. Was great to talk to some one who was human and understood the kind of problems i'm going through. Great service and lovely people who stick to their word on what they will deliver.”

Carers Services

“consideration, compassion and dignified manner.. helpful and informative when asked questions”

Continuing Healthcare Team

“The whole experience since [H] has been managing the case has been excellent; caring, thoughtful, patient, understanding and very efficient. The care plan [H] has completed has actually been easy due to the effort and time she has invested in helping. This is the gold standard that every social worker should aspire to.”

Community Team

“The service we received from social care was so good, especially as my mother has never asked for anything in her life. Thank you to [x] and the rest of the team, they explained everything so well and gave me back my life and made mums so much calmer, thank you.”

Financial Assessment Team

“Phonecall today to lovely gentleman in Financial Assessment team, who was as helpful as he possibly could be regarding my query... He helped as much as he could, answered the phone very promptly and was courteous, friendly yet professional.”



Learning Disability Partnership

"I would just like to say on behalf of the family thank you for being so understanding and patient with my mother. It was like a breath of fresh air to actually converse with someone who could see and understand the problems we have endured trying to do the best for her and her future welfare interests. The compassion along with the way you waited until mother focused back on your questions really showed how committed you were on her future wellbeing."

Living in Care Home Review Team


"[X] was totally professional, supportive and understanding; helping my mum and myself through a difficult time. She communicated often, reassuring us and explaining clearly the process and getting Mum moved to her new home as quickly as was possible. Thank you, [X]"

Multi Agency Safeguarding Team

"Thank you very much for the way in which you handled my safeguarding referral this week. Your warm and professional approach was reassuring . You showed compassion and understanding towards the individual concerned in the referral and treated them with the utmost respect. They felt supported and validated by your approach, particularly for taking onboard their communication needs and checking with me the possible impact on their wellbeing of any further action. As a professional with over 30 years experience of working with public sector organisations, I cannot emphasise enough how impressed I am with the service you provided."

Adult Mental Health

"I just wanted to say a massive thanks on behalf of the family for everything you have done to understand and support Mum's needs, and your exceptional work in handling this particularly complex case. From the outset, it was clear that this case would require a high level of empathy, tenacity, and professional skill to navigate the myriad of challenges it presented. Your ability to understand the intricate details and nuances of the situation, and to approach it with a deep sense of empathy, has been outstanding. Your dedication to ensuring that all parties involved felt heard and respected has truly made a difference. Despite all you have had to manage over the past months, you continued to provide an unwavering commitment to our case - thank you. Your capacity to manage these demands, and your ability to succinctly summarise complex actions and decisions, and to relay these to a varied audiences, has ensured that everyone remained informed and engaged throughout the process. Your



tenacity in following through on every detail and your ability to coordinate and communicate across different stakeholders have been critical to the positive outcomes achieved - particularly the funding for the respite care. Thanks again for your outstanding work. "

Transfer of Care Team

"We wanted to send you an email to pass on our thanks for the marvellous work you recently did on Mum's case. We have never been in this situation before and it's completely overwhelming. You immediately reassured us and took the time to speak with us as a family unit. Most importantly you spoke directly with Mum and made it clear that she was in control of the whole process of coming home. After so long in the hospital, she had started to lose herself. Your words made her understand that she still had a voice. We know that you do a huge amount of work behind the scenes of which we are extremely grateful. You were our only constant during the whole time Mum was in the hospital. This meant a great deal to us. However, the main reason we wanted to write to you is that you appeared at a time when we were desperate to have our Mum home. You organised this despite encountering problems along the way. You gave Mum back her identity and I don't think you will ever realise how much that meant to us. We thank you for the terrific work you do and the empathy and compassion you have shown to our Mum and also to us all."

Reablement

"I would like to compliment the Social services excellent job and especially my assessor [X]. Personal and kind approach, good understanding of situation and health issues, accurate evaluation of special needs arising from it. Also, compassionate and very professional, everything was organised very fast and taking in consideration my mental health needs. Grateful for everything was done for me. The best experience ever. Thank you all"

Appendix 2 – Summary of LGSCO Upheld Complaints, 2024-25

LGSCO Case ID: 23 011 946

“Mrs C complained her family was not properly advised about the charges involved in securing a placement for her mother in a residential care home. Mrs C said she was not able to make a properly informed decision about her mother’s care and incurred unexpected costs. We found fault by the Council but considered the action it had already proposed of waiving some fees, symbolic payment and service improvements provided a suitable remedy.”

LGSCO Case ID: 23 011 035

“Mrs D complained on behalf of her mother Mrs E that the Council had acted unreasonably in the treatment of Mrs E’s capital in a financial assessment for her contribution to care charges. On the evidence available we have not found fault with the decision-making process, but we have found fault with the complaint-handling. We have asked the Council to pay Mrs D £200 and invite her to apply for a new financial assessment from February 2023.”

LGSCO Case ID: 23 020 569

“Mr Y complains about the Council’s involvement with various aspects of his mother’s care and support following her discharge from hospital in 2023. Some of the complaints raised by Mr Y are on behalf of his mother, Mrs W. Mr Y does not have authority to represent a complaint on Mrs W’s behalf and we have not investigated them. Some of the other complaints relate to the actions of a health body and Mr Y can pursue those separately. Of the remaining complaints, there was some delay by the Council in discussing the residential care charges with Mr Y, but it has provided a remedy for this, and we do not recommend any further action.”

LGSCO Case ID: 24 010 059

“We upheld Ms X’s complaint about disability expenses for heating because the Council did not properly consider this by asking Ms X for additional evidence of expenditure. The Council will apologise and review the financial assessment. We did not uphold Ms X’s complaint that the Council refused to cover the full cost of live-in care. This is because the Council is entitled under case law and paragraph 10.27 of Care and Support Statutory Guidance to have regard to its finances.”

LGSCO Case ID: 24 011 477

“Mrs X complains about the care provided by the Council to her father, Mr Y, when he was at a care home. She considers the failings contributed to a decline in his health and the need to return to hospital. We will not investigate this complaint. This is because the failings have already been accepted and action taken to remedy the injustice.”