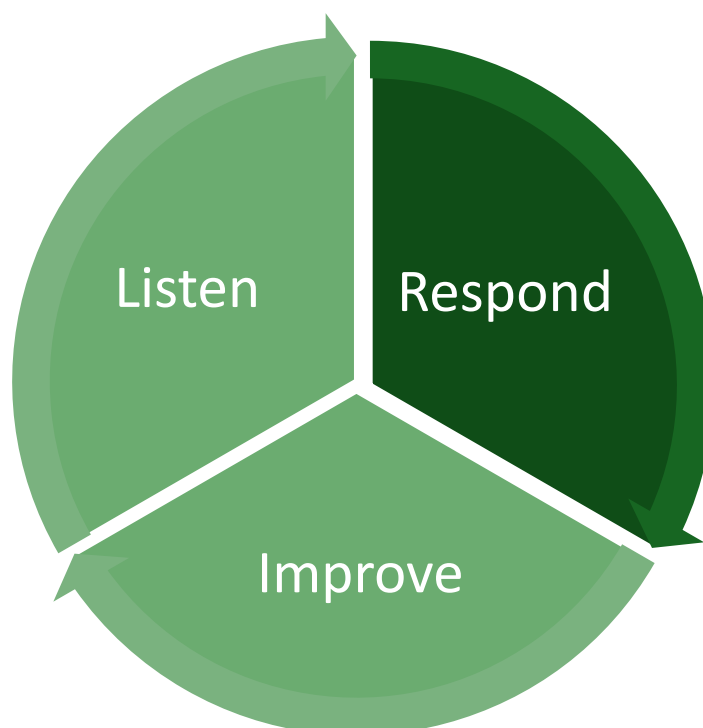


Adult Social Care Statutory Complaints and Compliments Annual Report

2025 – 2026



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1. Purpose and Context of Report

1.1. Purpose & Scope

The purpose of this report is –

- To report on Leicestershire County Council's (LCC) adult social care complaints and compliments activity from 1 April 2025 to 31 March 2026.
- To meet the Council's statutory duty requiring the production of an annual report each year.¹

This report provides analysis and comment for Adult Social Care Services on complaints managed under the statutory complaints process. Complaints that do not meet the criteria for the statutory process are considered separately within the County Council's Corporate Complaints and Compliments Annual Report, which is presented to the Scrutiny Commission

1.2. Background Context

The Adult Social Care Service sits within the Adults and Communities Department, the Department arranges and supports the provision of a wide variety of services.

This includes helping people to remain living independently in their own homes, with increasing levels of choice and control over the support they receive. When this is no longer possible, the department supports residential care as well as having lead responsibility for safeguarding adults at risk of harm.

The department always aims to provide high quality services that meet the needs and circumstances of individuals and their families. The department actively promotes involving clients and carers in shaping services; using their skills and experiences to help ensure they meet customer needs. However, given the personal and complex nature of some adult social care services, sometimes things do go wrong.

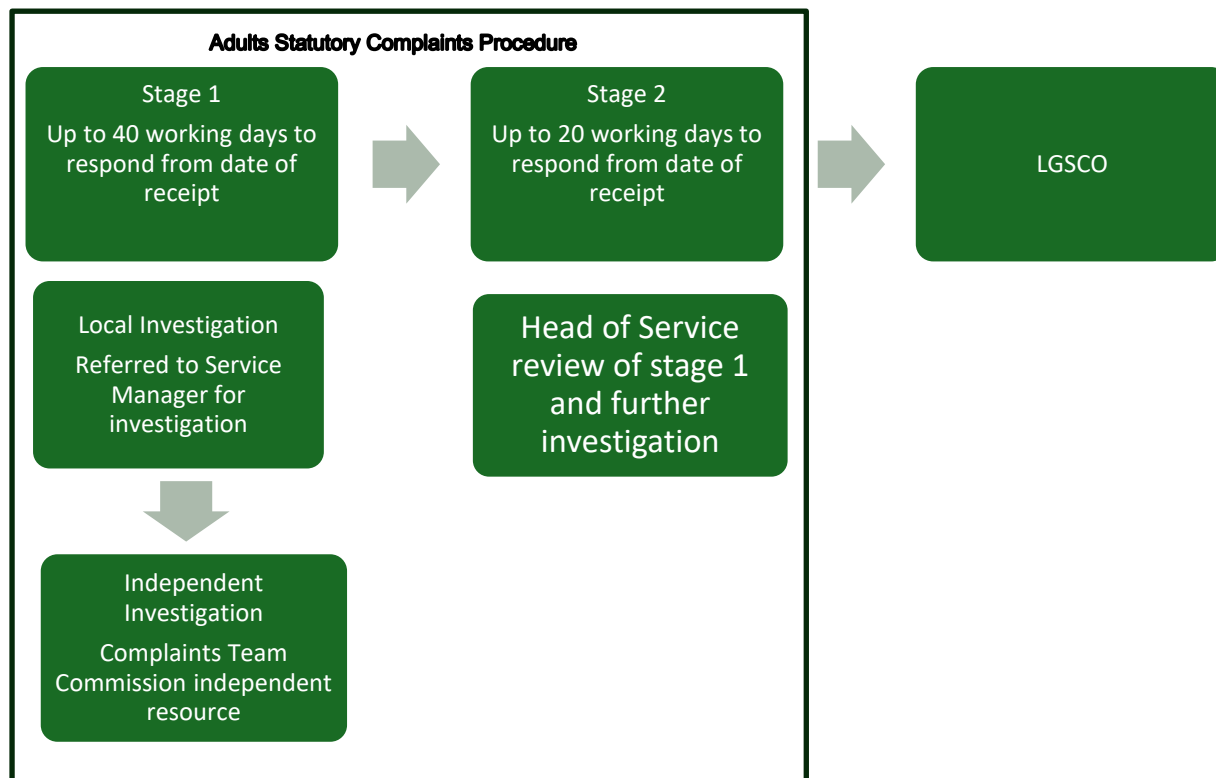
The complaints process is a mechanism to identify problems and resolve issues. If things go wrong or fall below expectation, the County Council will try to sort things out quickly and fairly. Learning from our mistakes and concerns that are raised is used to make changes and improve services.

Analysis of information about complaints received during 2025-26 gives Adult Social Care an opportunity to reflect on the quality of the services it provides and consider how well it listens and responds to service users.

¹ [Statutory Instrument 2009 no.309 \(18\)](#)

2. Adult Social Care Complaints Procedure

The Local Authority Social Services and National Health Services Complaints (England) Regulations 2009 outlines the statutory responsibilities of the County Council. This is broadly set out below:



Local policy refers to one stage, with up to 65 working days to respond to the complainant, in line with legislation. Some councils, including Leicestershire, offer an internal review. Therefore, the schematic shows two stages, one for investigation and an escalation stage of review should the complainant remain dissatisfied. Both should occur within the 65 working day timeframe. If the complainant remains dissatisfied after the council's handling, they may escalate the complaint to the Local Government and Social Care Ombudsman.

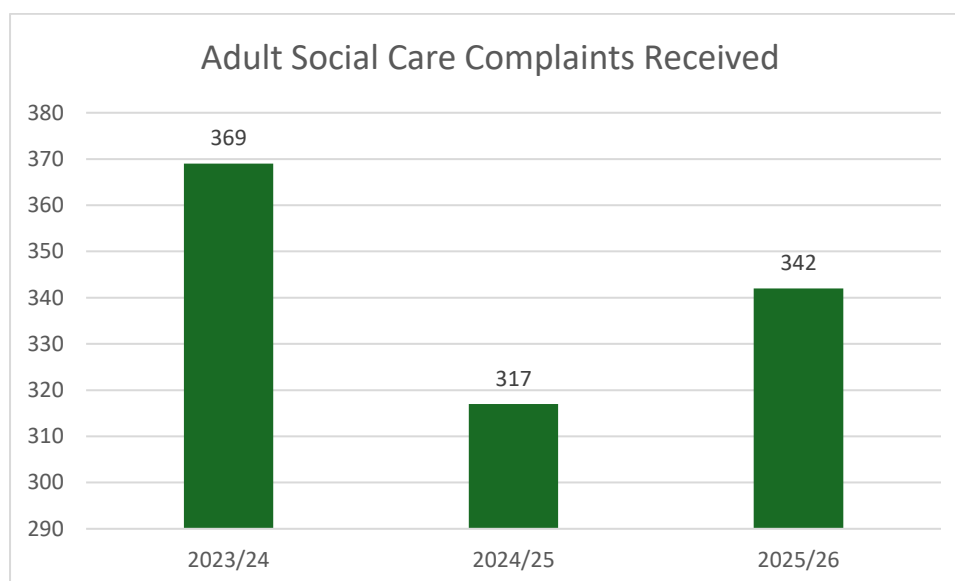
The Local Authority must advise all complainants of their right to approach the Local Government and Social Care Ombudsman should an agreed resolution not be found.

During 2025-26, no independent investigations were commissioned.

3. Complaints and compliments recorded in 2025-26

3.1 Complaint Volumes

Graph 1: Adult Social Care Complaints recorded over last 3 years

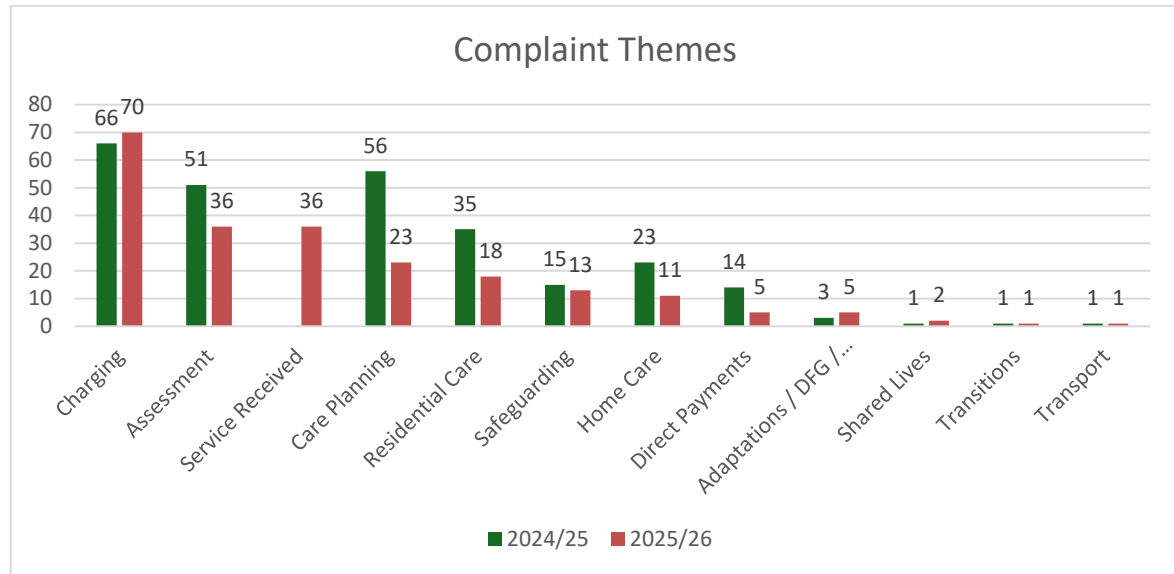


As illustrated above, the number of Adult Social Care complaints received fluctuated over the three-year period. Complaints reduced significantly from 369 in 2023/24 to 317 in 2024/25, a decrease of 14.1%. However, complaint volumes increased in 2025/26 to 342 complaints, representing a 7.9% rise compared with the previous year. Some Adult Social Care complaint fall under the Corporate Complaints policy.

The number of adult social care service users rose from 11,035 (24/25) to 11,176 (25/26). When complaint volumes are adjusted for the number of service users, the number of complaints per 1,000 users is 31 for 25/26 (29 in 24/25). While the rate remains relatively low overall, movement should continue to be monitored alongside complaint themes, causes and outcomes to understand whether it reflects changes in service demand, complexity of need, customer expectations, or areas where further service improvement may be required. Additionally, the overall number of complaints relating to the department is 431 for 25/26.

3.2 Complaints by Theme

Graph 2: adult social care complaints by theme



Complaint themes mirror the Local Government and Social Care Ombudsman classifications and can provide helpful insight as to the underlying topics that are generating complaints.

Complaint themes in 2025/26 show a changing pattern of customer concerns. Charging continued to be the leading source of complaints, increasing slightly from 66 to 70 complaints and remaining the most frequently raised issue.

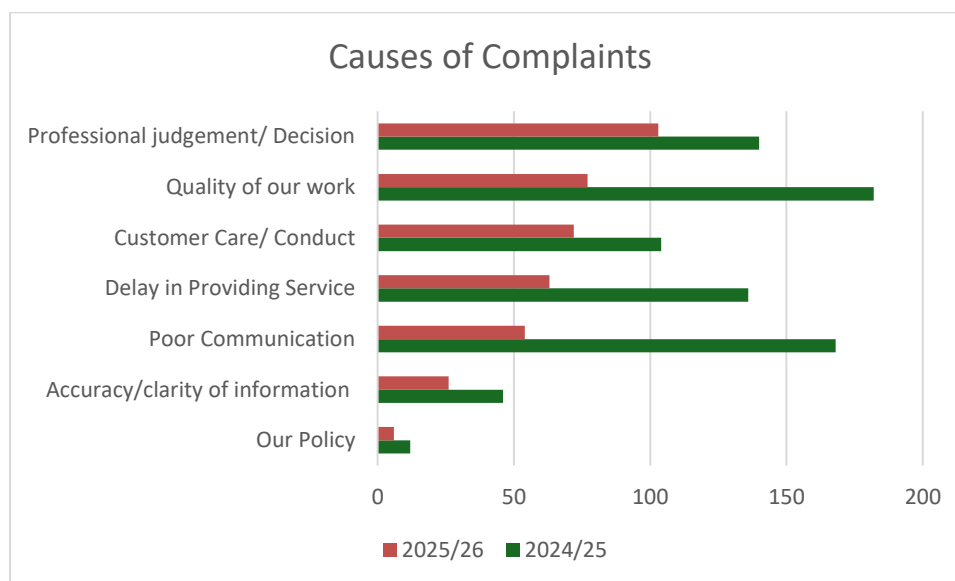
Several key complaint themes showed substantial reductions, including Care Planning (-33 complaints), Residential Care (-17), Assessment (-15), Home Care (-12) and Direct Payments (-9). The decrease in Care Planning complaints is particularly notable and may reflect improvements in planning and review processes. Whilst overall complaint volumes increased during 2025/26, some complaint themes have shown signs of improvement as well as updated complaints reporting to provide more accurate themes.

A new complaint category of 'Service Received' was added part way through 2025/26 to allow for monitoring of complaints received regarding the service provided by the service.

3.3 Primary cause of complaints.

The Complaints team also undertake analysis of each complaint to try to understand any significant factors. This can help prioritise areas for the department to focus on improving.

Graph 3: Complaint causes for complaints resolved last 2 years.



Recording allows for multiple causes to be selected. So, if a complaint features “delay” as well as “Customer Care” then both will be selected. It follows that the data above will not match the overall number of complaints resolved.

Quality of Work remains the most frequently identified topic within complaints. This category includes quality of home and residential care.

There has been a reduction in the number of complaints related to customer care/conduct (32%). There was also a reduction in complaints relating to poor communication (67%). These reductions show improvements have taken place within the service to improve customer care & communication.

3.4 Joint Complaints

The Health and Social Care complaints regulations place a duty on Local Authorities to work together with health partners in responding jointly to complaints². Leicestershire County Council accordingly has a joint complaint handling protocol, supported by a multi-agency group, which sets out common guidelines and approaches to this.

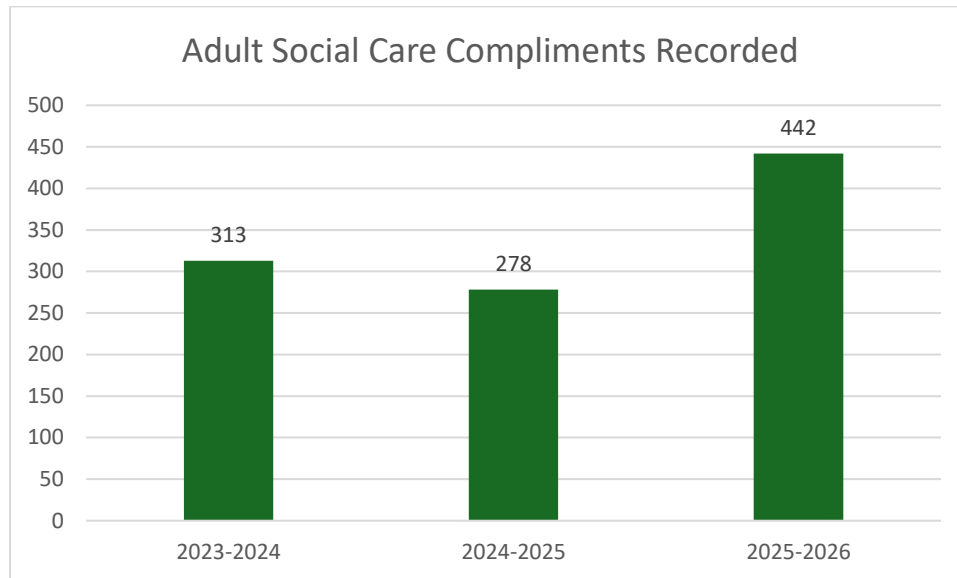
Members include Leicester City Council, the Integrated Care Board (ICB), University Hospitals Leicester (UHL) and the Leicestershire Partnership Trust (LPT).

During the year 2025-26, one complaint was considered using the Joint Complaints protocol. No difficulties were experienced this year with partnership working.

² [Statutory Instrument 2009 no. 309 \(9\)](#)

4 Compliments received 2025-26

Graph 4 below shows the long-term trend in compliments recorded.



Adult & Cultural services received 442 compliments in 2025/26, representing a substantial increase of 59% compared with 2024/25 and the highest level recorded over the three-year period. Following a decline from 313 compliments in 2023/24 to 278 in 2024/25, positive feedback increased significantly during 2025/26, exceeding the previous peak by 41%. The increase in compliments suggests that many service users, carers and families experienced positive outcomes and wished to recognise the support provided by staff. Importantly, the number of compliments recorded in 2025/26 exceeded the number of complaints received, providing a positive indicator of overall customer satisfaction and the quality of services delivered.

It is always important to recognise the good work that is being delivered by the department and to provide balance within the complaints annual report. The complaints' team encourages the service to ensure any positive feedback is shared for central recording to improve the accuracy of this data.

A small selection of the compliments received can be found in Appendix A.

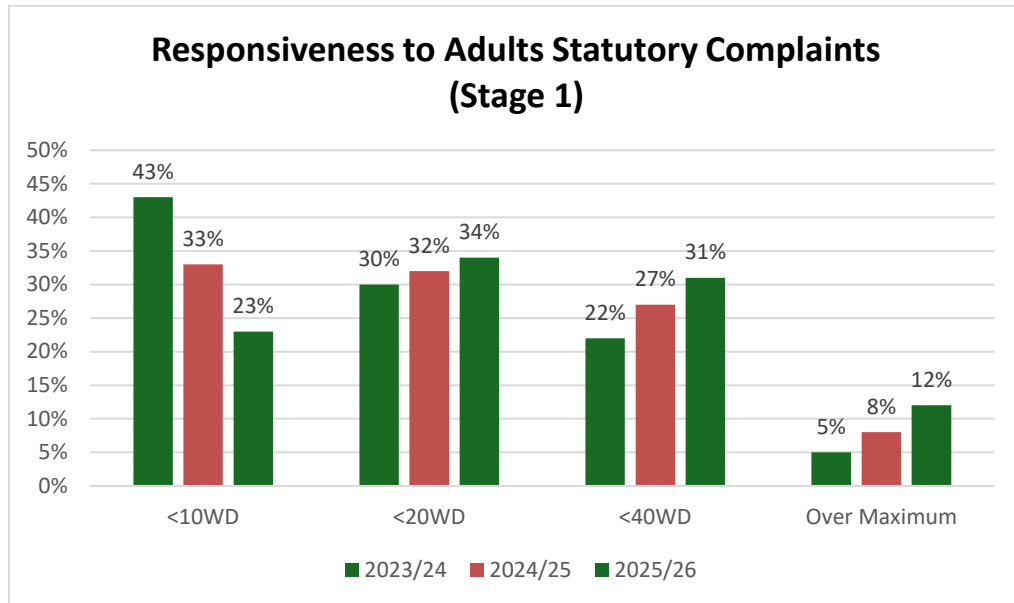
5 Complaints resolved 2024-25

The key performance indicators for speed of response, outcomes, causes and identified learning are linked to complaints that have been resolved within any given reporting period rather than received.

This is important as it ensures that full data sets can be presented, both to departments on a quarterly basis, and at year end. It also avoids the scenario whereby Ombudsman findings of maladministration might not appear in annual reports.

5.1 Responsiveness to complaints

Graph 5: Adult Social Care Performance at Stage 1



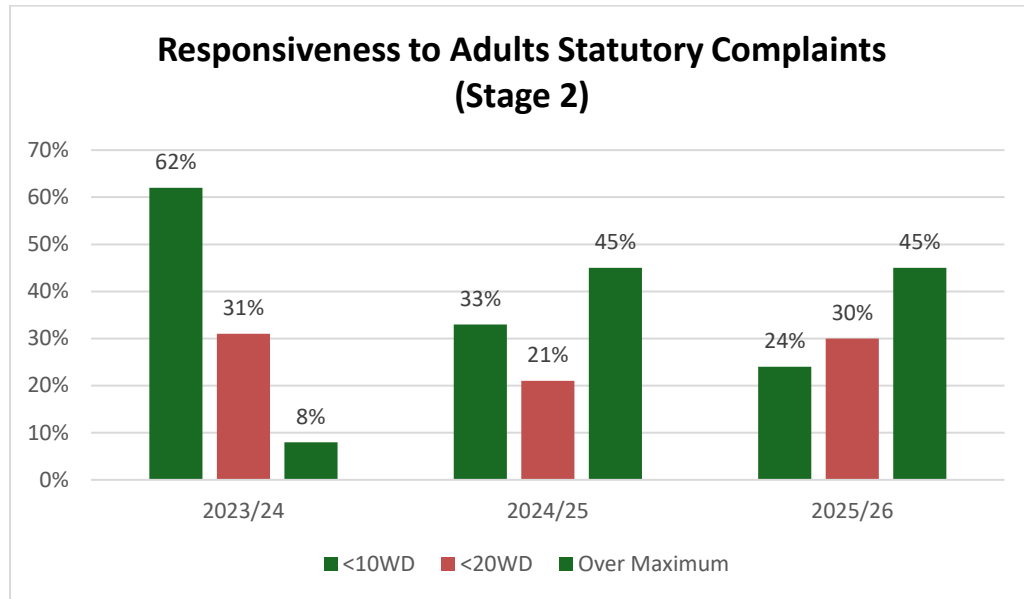
The above graph shows a slight decrease in response timescales at stage 1. 57% of all complaints were responded to within 20 working days and 88% within the statutory timescale of 65 working days. This is a slight reduction of the 92% in 2024/25 with 22 more complaints in 2025/26.

Whilst the statutory regulations give wide flexibility in terms of response times and allow up to 65 working days for complaints to be resolved, a key expectation of the public is that their concerns are dealt with promptly and this report provides good assurance of the department's commitment to this despite the challenges seen this year.

5.2 Adult Social Care Performance at Review Stage

33 stage 1 complaints escalated to the review stage and were reviewed by a senior manager. This is a slight decrease from 2024/25 (38).

Graph 6: Adult Social Care complaints reviewed by Senior Managers



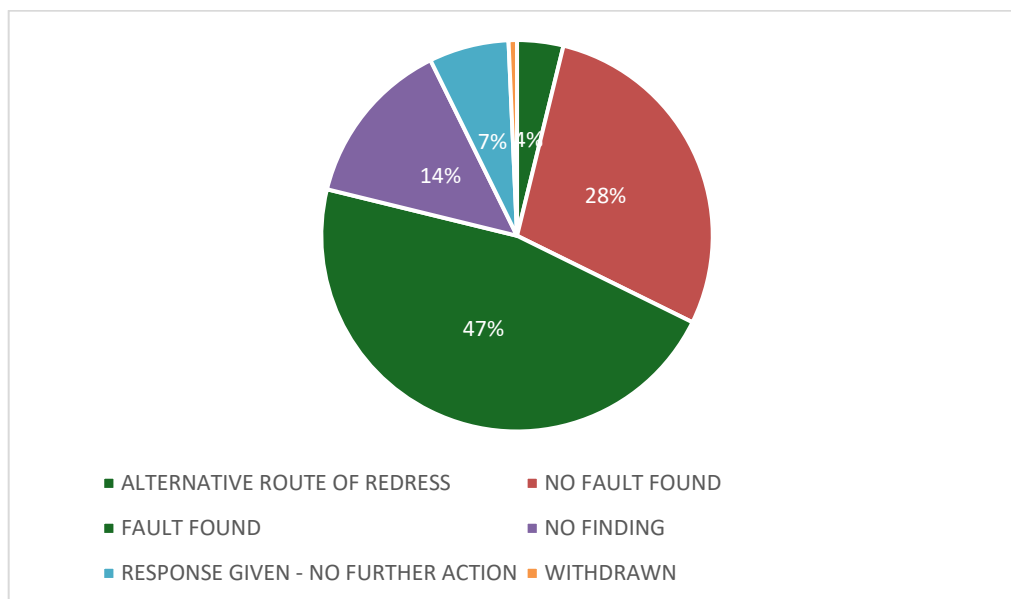
The above chart shows a significant decline in the timeliness of responses to Stage 2 Adults Statutory Complaints over the three-year period, with a corresponding increase in the proportion of cases exceeding statutory timescales.

In 2025/26, there was a mixed picture. The proportion of complaints responded to within 10 working days decreased to 24%, while responses completed within 20 working days improved to 30%. However, the proportion of complaints exceeding the statutory timescale remained high at 45%, indicating that almost half of all Stage 2 complaints were not concluded within the required timeframe.

The increase in complaints under the adult statutory policy and complexity of these complaints could have impacted responsiveness to stage 2 complaint responses.

5.3 Complaint Outcomes

Graph 7: Adult Social Care complaints recorded by outcome.



Graph 7 above shows that 47% 134 of complaints were upheld, compared to 42%/143 the previous year. Although the percentage has increased, the actual number of cases upheld is lower. Prompt acceptance and ownership of any mistakes can help prevent costly complaint escalation including to Senior Managers and the Local Government and Social Care Ombudsman.

6 Learning from Complaints

Complaints are a valuable source of information which can help to identify recurring or underlying problems and potential improvements. We know that numbers alone do not tell everything about the attitude towards complaints and how they are responded to locally. Arguably of more importance is to understand the impact those complaints have on people and to learn the lessons from complaints to improve the experience for others.

Lessons can usually be learned from complaints that were upheld but also in some instances where no fault was found but the Authority recognises that improvements to services can be made.

Occasionally during an investigation, issues will be identified that need to be addressed over and above the original complaint. The Complaints Team will always try to look at the “bigger picture” to ensure that residents receive the best possible service from the Council.

Work was completed within the year to improve complaints reporting; directorates have been added to allow for more specific complaint reporting enabling the Complaints Team to more accurately identify trends and feedback learnings.

6.1 Corrective action taken.

All the 134 complaints where fault has been found have been reviewed by the Complaints Team to ascertain what action the relevant department has taken, both in remedying the fault, and any wider learning to avoid such issues occurring in the future.

Remedial action typically consists of both individual redress (e.g., apology, carrying out overdue work) and wider actions that may affect many. 44% of complaints upheld resulted in clear actions that should improve service for other residents.

The most common action taken was staff training. There are lots of good examples of this taking place both at individual and team level. These included:

- Refresher training on processes regarding financial assessments
- Refresher training on safeguarding procedures
- Complaints training delivered to the service
- Training provided by the service to the complaints team

Financial redress was also arranged on several occasions this year to ensure that the complainant was put back in the position they would have been in had the fault not occurred. The Local Government & Social Care Ombudsman have published a guide on remedy payments, and this was used to assist with monetary value for complaint remedies.

7. Local Government Ombudsman

7.1 New complaints received by the Ombudsman 2025-26

Should a complainant remain dissatisfied following internal consideration of their complaint, they can take their complaint to the Local Government and Social Care Ombudsman to seek independent investigation.

The Ombudsman will usually check with the Authority whether the complaint has exhausted the Local Authority's complaints procedure. Where this has not been done, the Ombudsman will usually refer the complaint back to the Authority, to give us an opportunity to attempt to resolve the complainant's concerns through our internal complaints processes first.

The Local Government and Social Care Ombudsman opened enquiries on 36 complaints during the year. This represents approximately 25% of the overall complaints.

7.2 Complaints resolved by the Ombudsman 2025-26

The Ombudsman made decisions on 33 cases during the year with fault being found in 8 cases. In cases where fault had been found, these mainly related to delays in completing financial assessments, or failure to meet care needs.

There were no decisions issued as Public Reports.

For the remaining eleven complaints

- In eight cases the Ombudsman decided not to investigate, either because there was no evidence of any fault, or the matter had already been appropriately addressed by the Council.
- In three cases, the Ombudsman, after detailed investigation, was satisfied with the actions the Council had taken.

The Ombudsman also monitors remedies being carried out by the Council where fault has been found and remedial actions proposed. Failure to carry out remedies within agreed timeframes is recorded as non-compliance and can lead to public reports being issued. All of the above cases were recorded as compliant (100%).

8. Monitoring the Process

The Complaints Team continues to support Adult Social Care Services to manage and learn from complaints. The key services offered are -

1. Complaints advice and support
2. Production of Performance Reports
3. Liaison with the Local Government and Social Care Ombudsman
4. Quality assurance of complaint responses
5. Complaint handling training for operational managers
6. Scrutiny and challenge to complaint responses

Assistance continues to be routinely provided to Service Managers and other associated managers in drafting responses to complaint investigations. This helps ensure a consistency of response and that due process is followed.

Quarterly performance reports are produced and delivered at Senior Leadership Team (SLT) and on-going work is being completed with Lead Practitioners to improve the quality of complaints data available for a wider understanding of causes of complaints and improved learning.

9. Final Comments

There has been a slight increase in complaint volumes, with the number of complaints per 1000 users increasing by 2 from 29 in 24/25 to 31 25/26.

It is clear that the service is working hard with complaints they are receiving, aiming to resolve these first time with a reduction in stage 1 complaints escalating to stage 2.

Some of the complaints concerned delivery of care by providers and in these instances, complaints data is routinely shared with our Quality and Improvement team who work closely with providers in making improvements as required.

It is vital that service users are provided with a complaints process that is easy to access and fair. This year's Annual Report shows that Adult Social Care does listen and provides a number of examples of how complaints intelligence directly drives and improves service delivery.

Appendix A: sample of compliments received 2025-26

- We had a guided tour with Francis which was great and really bought the history to life. The battle at the end was a good laugh. Thank you.
- A lovely morning at Wigston library with great crafting activities. Thank you for being so kind.
- I loved the Easter craft event at Wigston library. It was fun, exciting and I loved drawing and making things.
- The Bosworth Battlefield Heritage Centre is well worth a visit! The staff and volunteers were a credit to the site and the videos were a good way of showing the time-line of what occurred.
- The Roald Dahl craft event at Oadby Library was a very interesting theme for the kids, which they enjoyed and the staff were very helpful too.
- The 1620s House & Gardens is a beautiful place to visit. We enjoyed a lovely lunch in a beautiful garden, thanks to the staff for making us so welcome.
- The Wigston library fairy garden event was really good and a well planned session, the kids really enjoyed it.
- I really enjoyed the Air-Dry Clay event at Hinckley Library, amazing across all ages.
- The activities at Wigston Library was so fun, I want to do it again.
- What a lovely place, it is quite an oasis. We were greeted by enthusiastic staff most of them were volunteers and we were impressed by their knowledge of how people lived in 1620's. There were lovely gardens and splendid collection of cakes.
- Interesting exhibition at the site of the alleged Battlefield, also interesting for children and the staff are extremely friendly.
- Fantastic family adventure, exploring dragons and history! All very entertaining and informative, fantastic location, great staff and lovely atmosphere.
- My boys had a great time at Oadby Library, never seen them have so much fun in the library. The activities were great and they really enjoyed making new friends too.
- I wish to thank Joy, the Occupational Therapist who came to our home to carry out an assessment. She was extremely thorough, checked everything and offered excellent advice and feedback.
- I'd like to thank Damien who was relentless in supporting us get our lovely Mum released from Preston Lodge as the place was not as was offered to us by the hospital
- Very impressed in the professional manner a very challenging case was dealt with . Thank you to the Mental Health Act Team and Caroline Killaheen
- Heather has such a lovely but professional way in which she conducts and projects herself and she obviously knows her job inside out. I just wanted to take this opportunity to say that Heather is a credit to your department.

Appendix B: sample of LGO outcomes 2025-26

Domiciliary care 24-Jun-2025

Mrs H complained a Care Provider wrongly told her that her mother, Mrs G, would not have to pay for care she received at home for six weeks. We did not uphold the complaint. While there was some evidence to support Mrs H's account and some poor complaint handling by the Provider, this did not cause Mrs G or Mrs H an injustice.

Assessment and care plan 01-Jul-2025

Mrs X complained the NHS Trust and the Council discharged her father from hospital into an unsuitable care home. We found fault by the NHS Trust, but we could not say this would have led to a different outcome. The NHS Trust has already accepted the fault, but we recommended it apologises to Mrs X for the uncertainty caused. We did not find fault by the Council's actions, but we did find fault with how it dealt with Mrs X's complaint. We made recommendations to address this.

Domiciliary care 15-Sep-2025

We will not investigate this complaint about adult social care provided at home, and specifically about the mismanagement of medication. It is unlikely we would add to the Council's investigation or reach a different outcome. There is not enough outstanding injustice to justify our involvement; the Council apologised to recognise the impact of failings in service. We are satisfied with the actions the Council took.

Domiciliary care 13-Oct-2025

Mrs X complains on behalf of Mr and Mrs Y that the Council has not dealt with adult social care properly, causing avoidable distress and Mr and Mrs Y's needs not being met. The Council is at fault because Mrs X was not informed about bathing issues, Mr and Mrs Y missed some care, and the Care Provider did not respond to the complaint properly. Mrs X suffered avoidable distress and had to provide some care to Mr and Mrs Y. Mr and Mrs Y suffered a lack of care. The Council should apologise to Mrs X and Mr and Mrs Y.

Domiciliary care 21-Oct-2025

Mrs X complained the Council failed to ensure her mother, Mrs Y, had suitable care at home. The Council was at fault. It was also at fault in how it decided that it would not take action to safeguard Mrs Y's welfare. The faults caused Mrs X significant distress and uncertainty, for which the Council will apologise and pay her £300. It will also issue a staff reminder to prevent similar fault in future.

Other 24-Feb-2026

We do not consider Leicestershire County Council acted with fault when it decided certain care homes could meet Mrs D's assessed needs on discharge from hospital. The Council did not act with fault when it decided she should pay a top-up, despite jointly funding that placement with the NHS Leicester, Leicestershire and Rutland Integrated Care Board under Section 117 of the Mental Health Act. However, the Council's communication around the Section 117 top-up arrangement and invoices amounted to fault which caused Mrs D's daughter, Miss D, inconvenience and stress. But we consider the Council has already remedied that injustice to her.

Assessment and care plan 25-Mar-2026

Mrs X complained about the actions of Leicestershire County Council (the Council), Leicestershire Partnership NHS Trust (the Trust) and HC-One Ltd (the Provider). She complained about faults in the way her late brother Mr Z was discharged from hospital, in his residential care and in the handling of concerns, safeguarding and complaints. We upheld elements of all three complaints. We recommended the organisations apologise and provide remedies to Mrs X. We also recommended service improvements. The organisations accepted our recommendations, so we have completed our investigation.

