Telford & Wrekin
Co-operative Council

Protect, care and invest
to create a better borough

Adult Statutory Complaints and Feedback Report

Improving our Customer Experience

Annual Report 2025/26

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Purpose of the Report

- To report statistical information to Members and Officers detailing Telford and Wrekin Council's Adult Social Care complaints and compliments from 1 April 2025 to 31 March 2026.
- To provide an overview of Telford and Wrekin Council's latest customer feedback about Adult Social Care, from the national Adult Social Care Survey (ASCS) and Survey of Adult Carers in England (SACE) for 2025/26.
- To provide an open resource to anyone who wishes to understand feedback about local services.
- To outline the key developments and planned improvements to the complaints processes operated by the Council.
- To consider how the learning from complaints can be used to improve the overall customer experience.

Introduction

This is the Complaints Manager's Annual Report for Adult Social Care. It is a statutory requirement to prepare an Annual Report each year concerning the complaints activity within Adult Social Care that can be made available to anyone on request. This must:

1. Specify the number of complaints received.
2. Specify the number of complaints upheld.
3. Specify the number of complaints that we have been informed have been referred to the Local Government & Social Care Ombudsman
4. Summarise:
    a. The subject matter of the complaints received.
    b. Any matters of general importance arising out of these complaints, or the way in which these complaints were handled.
    c. Any matter where action has been, or is to be, taken to improve services as a consequence of these complaints.

This report provides information about complaints made between 1 April 2025 and 31 March 2026 under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

Highlights 2025/26

CQC Rated **GOOD**	**25** **average days to respond to a Statutory Complaint**	**127** **compliments received in 2025/26, an increase of 13% from 2024/25**
Improved scores in 2025/26 national surveys (ASCS and SACE)	**Customers' experiences continue to inform improvements to services**	**All complaints responded to within statutory timescales**

Across Adult Social Care we welcome people's views and ideas to improve experiences and outcomes for people with care and support needs in Telford and Wrekin. Feedback received via complaints and other sources continues to provide important insight into how services are experienced and its use continues to help to inform ongoing improvement within Adult Social Care.

Over recent years, Adult Social Care has continued to strengthen how feedback is used, moving from responding to individual issues, to embedding learning within processes and systems, and increasingly focusing on how services are experienced and understood by people, families, and carers. This forms part of the Adult Social Care Quality Assurance Framework.

Adult Social Care continues to build on its established strengths, including co-production, engagement, and a focus on promoting people's independence. Alongside this, work is progressing to further evolve services through transformation activity, including the Making Prevention Real programme, which aims to prevent, reduce and delay the need for care with the overarching ambition to maximise independence for residents.

During 2024, The Care Quality Commission (CQC) assessed Telford & Wrekin Council's ability to meet its statutory duties under the Care Act Part 1. Confirming Telford & Wrekin Council's Adult Social Care Services as 'Good,' recognising that the services are performing well and meeting their expectations. Their assessment highlighted that: "*Innovative approaches to coproduction, engagement, and inclusion, were embedded in local authority processes. These were supported by the strategic board structures and staff culture*."

The service continues to operate in a context of increasing demand, cost pressures, and wider national policy developments. Within this context, it is positive to see a 13% increase in compliments compared to 2024/25 and improved scores in both the national surveys

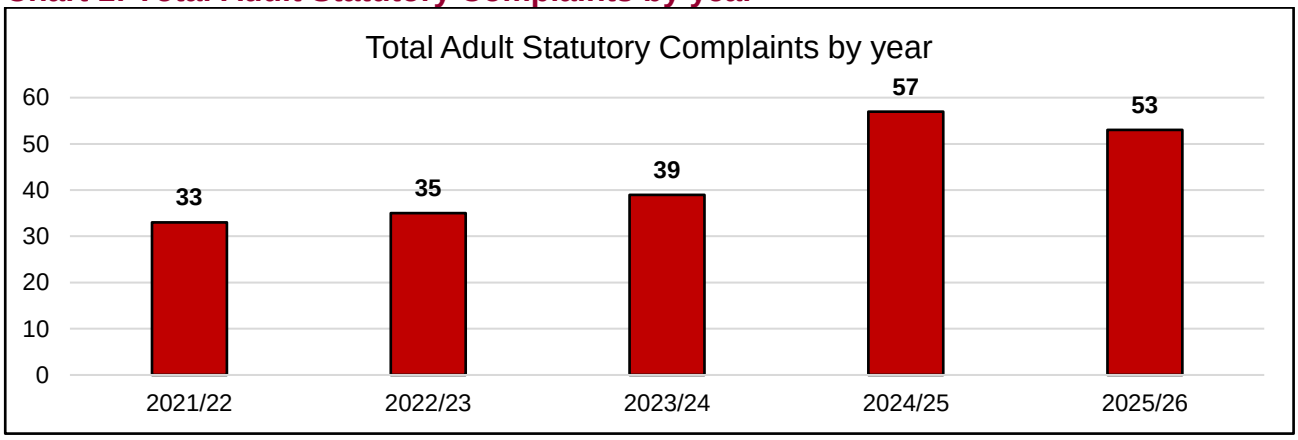
(ASCS/SACE), although applying learning from feedback remains important and a key focus.

Performance during 2025/26 has remained stable across key measures, including the timeliness of responses and the proportion of complaints upheld. Feedback continues to contribute to improvements in communication, financial processes and practice, and helps build a clearer understanding of how people experience Adult Social Care processes and decision-making.

Adult Statutory Complaints 2025/26

We received 53 Adult Statutory Complaints between 1 April 2025 and 31 March 2026. The chart below compares the number of statutory complaints we have received over the past five years. To provide some context, Adult Social Services have received 7,921 contacts from new people in the year, and 2,139 people are receiving long term services. Some cases can be complex, and this is recognised in the complaint handling timescales outlined in the regulations.

Chart 1: Total Adult Statutory Complaints by year



There has been a decrease in the number of complaints that were formally logged under the statutory complaints process in in 2025/26. In 2025/26 53 complaints were received in writing, and a further 12 concerns were resolved under the 24hr resolution process for oral complaints representing 65 concerns/ complaints in total. This demonstrates an overall reduction in the number of concerns raised during 2025/26 from the 81 raised during 2024/25 to 65 that were raised during the year.

In 2025/26 fewer customers raised complaints orally which resulted in more complaints being formally logged rather than resolved under the 24-hour resolution process. The cases resolved within 24-hours are also reviewed, and learning identified, and this feedback is used to inform service improvements.

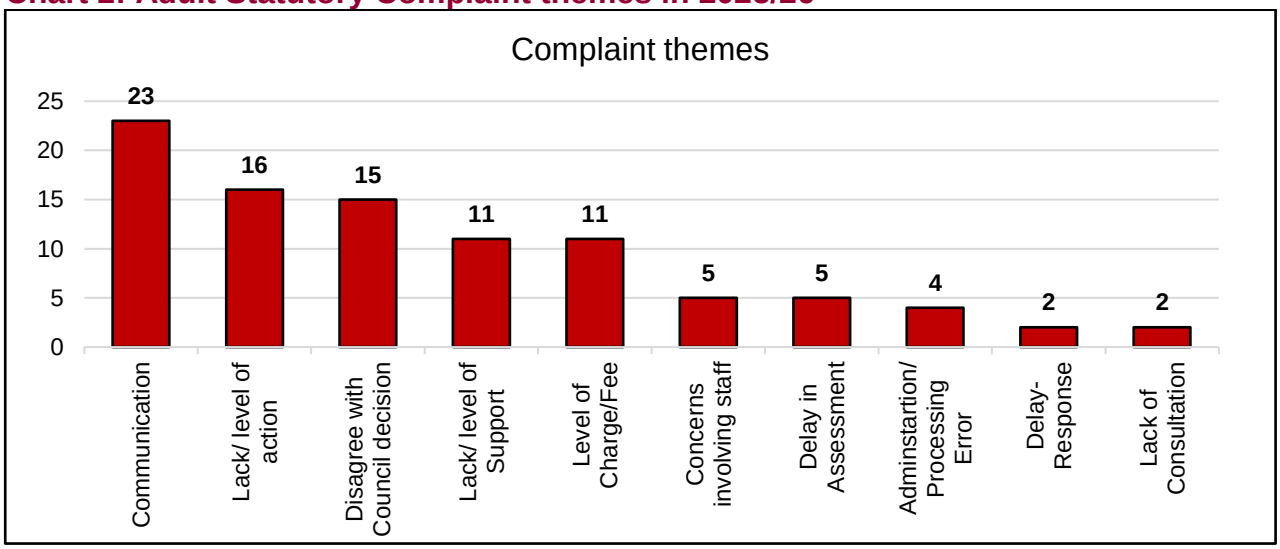
Customer Access Channels and Digital Contact

Complainant channel	Number of complaints
Email	33
Web form	9
Telephone	7
In person	1
Letter	3
Total	**53**

In 2025/26, 79% of Adult Statutory Complaints were received via a digital access channel, including via our online complaint web form and by email directly to the Customer Relationship team. This has remained in line with 2024/25 (79% via digital access channels). Whilst we have seen an increase in customers making contact via digital channels, we continue to ensure that customers can raise concerns via traditional access channels.

Complaint Themes

Chart 2: Adult Statutory Complaint themes in 2025/26



Themes are self-explanatory and give a clear indication of types of concerns raised.

Complaints received

Whilst 53 complaints were received during the year, 56 responses were issued as some complaints remained outstanding on 31 March 2025 and were completed during 2025/26.

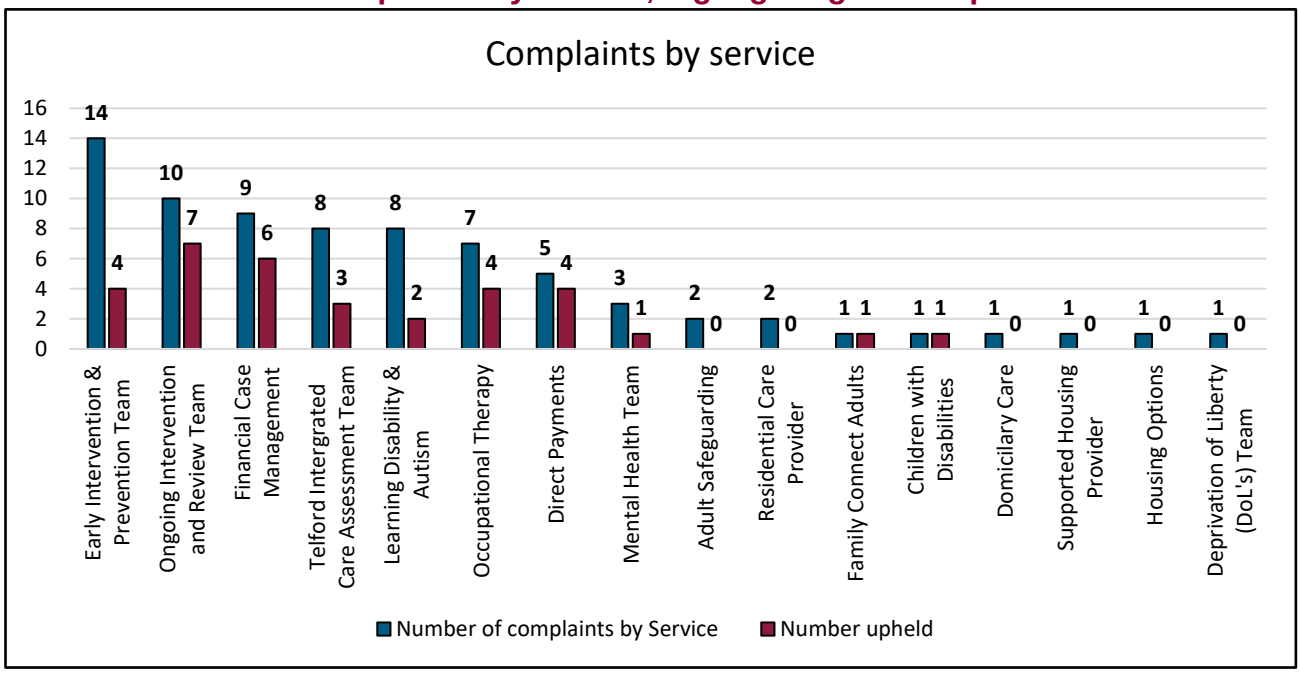
Of the 56 complaints completed,

- 43% (24) were upheld,
- 52% (29) were not upheld,

- 5% (3) were dealt with via another method such as resolved at service.

The chart below includes the number of complaints received by each service. Please note that the number of complaints detailed below is higher than the overall total because some complaints had multiple issues raised with different teams. This chart seeks to show all the services against which issues were raised, meaning that an individual complaint may be counted multiple times within it.

Chart 3: Number of complaints by service, highlighting those upheld



There were 14 complaints for the Early Intervention & Prevention Team, of these 4 were upheld (29%). Themes included concerns about communication from the team, lack/ level of action and level of charge/fee.

There were 10 complaints received that had an element related to the Ongoing Intervention and Review Team, 7 of which were upheld (70%). Themes include communication concerns about social workers or the team, lack/ level of action, a perceived lack of consultation and the level of charge/fee.

There were 9 complaints received that had an element related to the Financial Case Management Team, 6 of which were upheld (67%). Themes included lack of communication, concerns involving staff, level of support, lack/level of action, and administration/ processing error.

There were 8 complaints received that had an element related to Telford Integrated Care Assessment Team, three of which were upheld (38%). Themes included lack of communication with workers or the team.

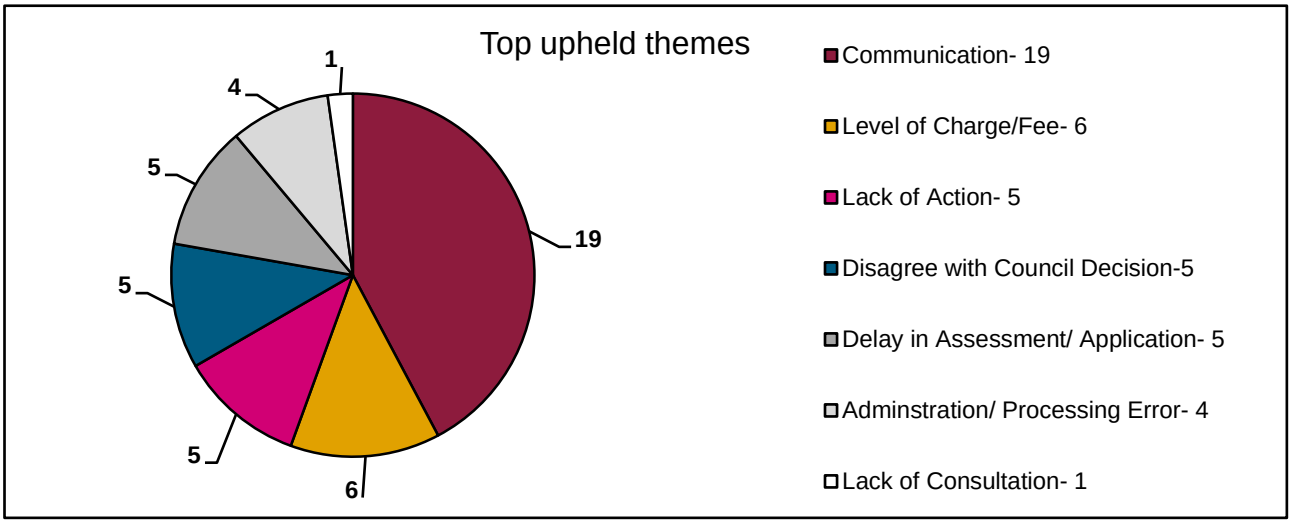
There were two complaints that involved residential care providers, one involved supported accommodation care providers and one complaint was for a domiciliary care provider, all of which were not upheld. Both complaints related to lack/level of support.

Two complaints involved a joint response from the Shrewsbury and Telford NHS Hospital Trust and Midlands Partnership NHS Foundations Trust, which involved lack of support, and information sharing, needs not met and conflict of interest. The issues were related to clarification of safeguarding processes and actions. In both cases the complaint was found to not be upheld for Telford & Wrekin Council.

Themes of upheld complaints

Of the 24 upheld complaints, the top themes raised were as detailed in the chart below.

Chart 4: Upheld themes



The above categories are self-explanatory and give a clear indication of the overall areas of our service or aspects of our work that had the most upheld complaints. Please note that some themes may be counted twice in the chart above as a complaint may have involved multiple teams and multiple themes.

The chart indicates that communication was a key theme in most complaints, accounting for 19 instances across 13 of the upheld complaints (54%). This covers a variety of concerns including a lack of or inadequate communication from a worker, lack of response to emails, failure to respond to requests made or keep the person or their family/ carers updated on progress.

Level of charge/fee was a theme in complaints accounting for 6 instances across 6 upheld complaints (25%) which includes incorrect invoices being sent, delays in confirming that there would be a financial assessment and that a contribution to funding care would be required and contributions calculation incorrect.

Lack/ level of action was a theme in complaints accounting for 5 incidents across 4 upheld complaints (3%).

Timescales for responses

The 2009 regulations set a benchmark for all Adult Statutory Complaints to be investigated within six months. When an Adult Statutory Complaint is received, we negotiate a timescale with the complainants, depending on the complexity of the case, this is typically 35 working days. We aim to respond to all Adult Statutory Complaints within a maximum of 65 working days.

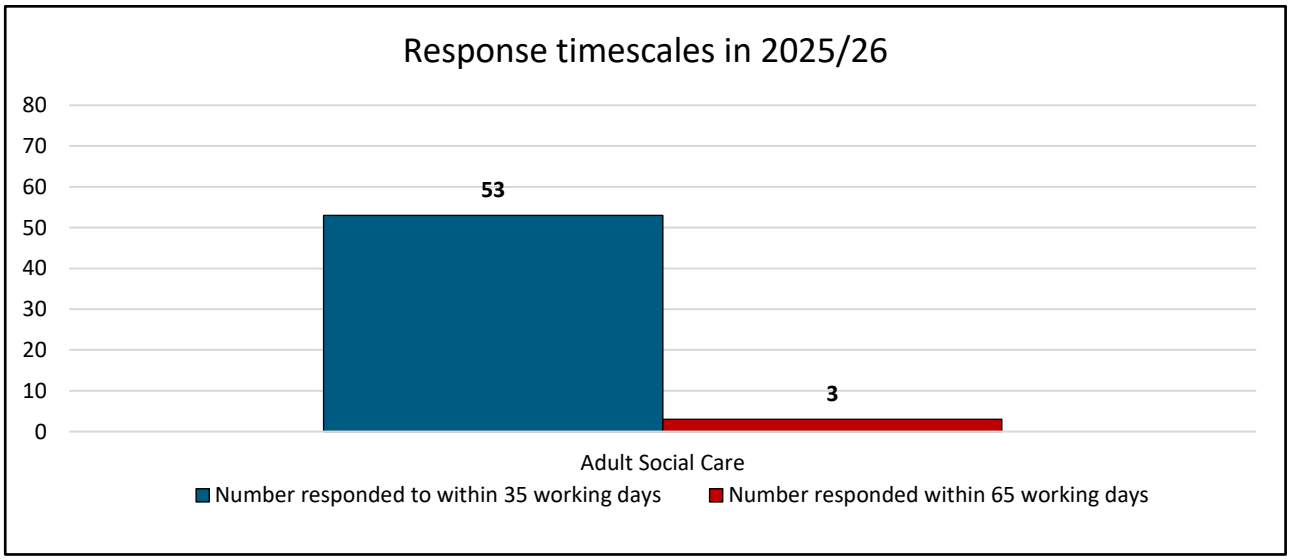
In 2025/26, the average number of working days to respond to an Adult Statutory Complaint was 25 working days. This is a marginal increase on the 24 working days achieved in 2024/25 but significantly lower than the typical 35 working days negotiated for a response.

Three cases did exceed the typical 35 working days; however, all cases were responded to within the maximum 65 working days that Telford and Wrekin Council aim to respond by. No cases exceeded the six months outlined in the regulations during the year.

Adult Social Care continues to focus on maintaining strong response times. Performance remains significantly improved compared to previous years, largely due to the changes introduced to the complaints procedure in 2021. These include agreeing a negotiated timescale with customers, which helps to manage expectations more effectively and has led to fewer complaints exceeding agreed deadlines. Additional measures have also been implemented at a service level to further support timely responses.

A key function within Adult Social Care is the Assurance and Transformation Team, within which the Quality and Complaints Officer supports the complaints management and monitoring processes, alongside the Customer Relationship Team. Complaints are rated based on timescales and allocated to Service Delivery Managers. Performance against timescales continues to be discussed at Leadership Team Meetings. For a breakdown, see the chart below.

Chart 5: Response timescales at Stage One



56 complaints have been responded to in year, 53 responses were sent within 35 working days (95%), and 3 further responses were sent within 65 working days. No cases exceeded 65 working days or exceeded six months.

Learning and outcomes from Adult Statutory Complaints

Complaints provide a valuable source of insight, enabling the identification of recurring or systemic issues as well as opportunities for service improvement. However, quantitative data alone does not fully capture local attitudes towards complaints or the effectiveness of responses. It is therefore essential to focus on the lived experience of individuals, understanding the impact complaints have had and ensuring that lessons learned inform service improvements for others.

While learning is most commonly drawn from complaints that are upheld, the Council recognises that there are also occasions where, despite no fault being found, there remain opportunities to strengthen services and enhance people's experience.

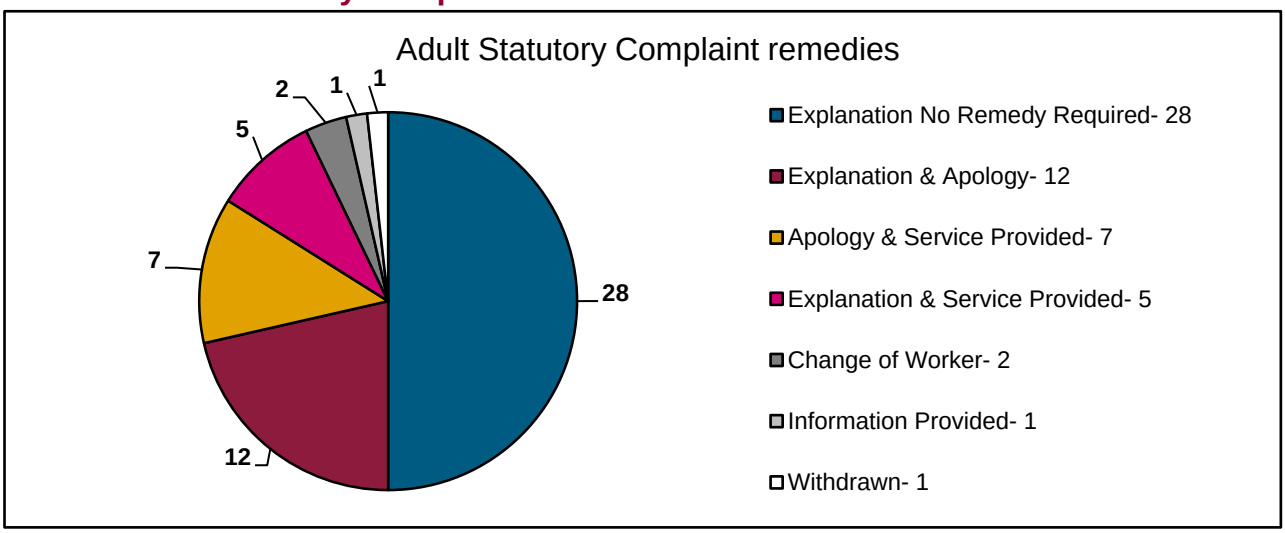
In some cases, investigations highlight additional issues that extend beyond the scope of the original complaint and require further action. In response, the Customer Relationship team, working closely with Adult Social Care's Quality and Complaints Officer, continues to provide ongoing advice and support to managers. This includes guidance on effective complaint handling, resolution, and responding to representations, helping to ensure a consistent and constructive approach across the service.

Adult Social Care is committed to continuous learning and improvement, with a strong focus on achieving better outcomes for people by placing their experiences at the centre of service delivery. Feedback from people who use services, alongside input from carers and families, is a key component of quality assurance and is used to understand experiences and inform service improvement. We are committed to learning from all feedback, regardless of source or format.

Quality assurance is embedded within everyday practice, supported by an intelligence-led approach of reviewing, reflecting, improving, and sharing learning. This approach is underpinned by the Adult Social Care Quality Framework, within which statutory complaints form an important element.

As part of the governance framework, quarterly quality assurance reports are produced and considered by the ASC Quality Assurance Delivery Group and the ASC Assurance Board. These reports incorporate feedback from people with care and support, carers, and families, including learning from complaints, concerns resolved at service level, compliments, and other feedback. This intelligence is used to inform ongoing service development and to improve outcomes for people with care and support needs in Telford and Wrekin.

Chart 6: Adult Statutory Complaint remedies in 2025/26



Of the remedies recorded against Adult Statutory Complaints in 2025/26:

- 46% were to provide an explanation where no remedy was provided.
- 20% were to provide an explanation and apology.
- 13% were to provide an apology and provide a new or change in service.
- 9% were to provide an explanation and provide a new or change in service.

Positive Improvements

Throughout the year, we record the learning identified from each complaint to build up a picture of common themes or trends. Learning from corporate complaints and other feedback about people's experiences is considered alongside that from statutory complaints as part of Adult Social Care quality assurance activities.

Below are examples of service improvements and actions taken as a result from learning from complaints during 2025–26. In addition, a range of individual remedies were also completed to address people's specific concerns.

Communication with people with care and support needs, family members, and unpaid carers

- Learning has been embedded across teams to reinforce the importance of timely and proactive communication with people and families, particularly during allocation delays, reviews, or changes of worker. This includes when work is continuing in the background, and ensuring appropriate handovers are completed.
- Internal communication processes have been improved, including resolving technical issues affecting telephone diverting and message handling.
- There has been continued emphasis on respecting people's communication preferences and explaining decisions clearly.

- Reflective practice at both team and individual levels has supported improved communication and professional presentation.
- Feedback has been shared with Customer Services and Financial Case Management teams to improve the clarity of explanations provided to the public about processes, access arrangements, and next steps.

Assessment and support planning

- Management oversight and case management arrangements were strengthened to support timely and coordinated assessments and reviews.
- Clarity and consistency were improved around Disability Related Expenditure (DRE), including refreshed guidance, FAQs, and training to support clearer conversations with people and families.
- Process improvements have been implemented to support timelier assessments and funding requests in capital-drop related cases.
- Triage arrangements were reviewed to help ensure the right teams are involved at the right stage, particularly where needs are complex or involve more than one service.
- Team practice has been strengthened through additional training and management support, further helping to ensure that decisions about care, capacity, and safety are made lawfully and in people's best interests.
- Practice improvement has focused on ensuring the person's voice is clearly considered and reflected in assessments and decision-making.
- Ongoing collaboration with the Making It Real Board is supporting efforts to make assessment processes clearer and more understandable.
- A new system has been introduced to monitor the duration of short-term placements.

Charging for care

- Financial Case Management processes have been reviewed and strengthened to ensure information provided by families is considered promptly, agreed actions are followed through, and families are kept informed.
- Enhanced monitoring arrangements have been introduced for financial assessments, including regular case review and quality assurance checks.
- Continued work has focused on improving how financial assessments, contributions, and charges are explained to people and families.
- Learning was shared across Financial Case Management Team and social work teams to reduce errors and improve communication when charges are queried or amended.
- Ongoing work with experts by experience continues to help inform improvements to the format and accessibility of financial communications. This work is also being used to shape borough wide communication campaigns, for example the use of direct debit to pay for support.

Provision and Experience of Care and Support

- Learning from complaints has been used to support providers to reflect on feedback from people and families and adapt approaches to engagement, communication, and individualised support.
- Practical arrangements were reviewed and strengthened to reduce disruption and improve coordination. This included clearer communication about equipment delivery and other practical requirements, improved planning to avoid missed or delayed sessions, and follow-up where issues arose.
- The payroll provider has been supported to strengthen their understanding on support plan limits and escalation arrangements where discrepancies arise.
- Provider quality assurance and follow-up arrangements have been used where complaints highlighted concerns about the delivery of care, communication, or responsiveness.
- Escalation and follow-up arrangements have been strengthened with external providers and contractors to reduce delays and improve communication with people and families, including where delays were outside the Council's direct control.
- Learning has been reinforced with providers and staff about the importance of timely updates when appointments are delayed or services need to change.
- There has been a continued emphasis on understanding the impact of services on people's day-to-day experiences, alongside ensuring procedural requirements are met.

Other areas of learning

- Ongoing work with health partners through the Care Transfer Hub has supported improvements to joint working and coordination during hospital discharge.
- Learning has been shared with Approved Mental Health Professional (AMHP) services and partner organisations to improve how processes are explained, particularly in relation to hospital admission and mental health pathways.
- Additional learning and development needs were identified through complementary case file audit activity, informing ongoing workforce development.

Feedback from national surveys

Another important source of customer feedback on Adult Social Care services comes from two surveys conducted across England:

- The Adult Social Care Survey (ASCS) – conducted annually.
- The Survey of Adult Carers in England (SACE) – conducted every 2 years.

Both surveys were carried out in 2025/26, and the preliminary results are summarised in the tables below, showing a positive direction of travel compared to the previous published results for the majority of measures.

ASCS results

Measure	2025/26 result	2024/25 result	Trend
Social care quality of life (composite measure of responses to 8 questions in ASCS)	19.1	18.8	
Adjusted social care quality of life (composite measure of responses to 8 questions in the ASCS adjusted to show the impact of ASC)	0.449	0.429	
Overall satisfaction with people that use care and support	63.2%	61.4%	
The proportion of people who feel they have control over their daily life	77.6%	75.7%	
The proportion of people who use services that find it easy to find information about services	69.6%	57.6%	
The proportion of people who use services who feel safe	71.6%	75.2%	
The proportion of people who use services who reported that they had as much social contact as they would like	48.9%	41.0%	

SACE results

Measure	2025/26 result	2023/24 result	Trend
Adjusted quality of life for carers (composite measure of responses to 6 questions in the SACE)	7.4	6.9	
Overall satisfaction of carers with social services	39.9%	38.8%	
The proportion of carers who report they have been included or consulted in discussion about the person they care for	74.1%	58.8%	
The proportion of carers who use services who find it easy to find information about services	64.8%	63.3%	

Other feedback and the actions taken to improve our services

We gather feedback from various sources to improve the service we provide to people who use our services, their carers, and families. For example;

- Adult Social Care feedback forms – using QR codes, electronic and paper forms to gather feedback from people. Feedback from 409 respondents reflects a service where people feel supported, listened to, and understood, with workers showing empathy and reassurance, while continuing to learn from feedback to strengthen consistency, communication, and ongoing support**.** Responders confirmed an overall satisfaction of 74%.
- Feedback from Experts by Experience and the Making it Real Board and several other partnership boards. Over the last 6-12 months we have worked with 52 experts with lived experience/parent carers. Their involvement ranges from attending meetings, providing feedback, and taking part in consultation, engagement and co-production activity with people participating flexibly around their areas of interest.
- The Co-production Conference 2025, which brought together 55 participants, including experts with lived experience of Adult Social Care, alongside colleagues from social care, health services, partner organisations, and the wider community saw attendees coming together to share learning, strengthen relationships, and champion collaborative working.
- Individual feedback through frontline workers.
- Staff forum.
- Complaints, compliments, and comments.
- Experiences of people / carers / families highlighted through employee awards and other mechanisms.
- Other surveys and consultations.
- Mystery Customer exercises, which this year included a review of the Live Well Website.
- Feedback from community and voluntary organisations/groups, staff, and partners.
- Feedback from partners.
- External reviews, including Care Quality Commission assessment framework for local authority assurance.

This feedback has informed several developments during the year. Examples include the:

- Continued development of the “Knowing Where to Go” guidance to help people, carers and families better understand how to access Adult Social Care and related support. The main Adult Social Care guide has been shared with residents, with additional guides for Occupational Therapy and Mental Health in development

and being co-produced with Experts by Experience. During 2024, The Care Quality Commission (CQC) assessed Telford & Wrekin Council's ability to meet its statutory duties under the Care Act Part 1. Telford & Wrekin Council's Adult Social Care Services as 'Good,' recognising that the services are performing well and meeting their expectations. Their assessment highlighted that: "*Innovative approaches to coproduction, engagement, and inclusion, were embedded in local authority processes. These were supported by the strategic board structures and staff culture.*" and that there is "*Strong leadership and a culture of transparency and learning.*"

- Development of clearer public guidance on escalation routes, supporting people to understand who to contact if concerns are not resolved and how issues can be raised appropriately.

- Review and refresh of standard letters and public-facing information, including appointment, outcome, and closure letters, with a focus on accessibility, tone, and clarity. Initial review work has been progressed within Occupational Therapy and Financial Case Management, with further areas planned for 26/27.

- Continued development of public-facing information about pre-assessment and pre-review stages, to help set clearer expectations about processes and timescales.

- Implementation of structural changes to strengthen co-production and improve focus, alongside ongoing co-production activity through the Making It Happen programme. This included work on a range of priorities, including the carer's assessment overview, Disabled Facilities Grant information, Adult Social Care transport policy, financial processes, and targeted "Knowing Where to Go" guidance.

- Continued recruitment and promotion of opportunities for Experts by Experience to be involved in service development and staff recruitment, supported by clearer pathways for involvement and communication.

- Ongoing development and promotion of the Telford and Wrekin online all-age community directory, Live Well Telford. Working with Public Health on the continued development of Live Well Hubs ensuring they also meet the information, advice, and guidance needs of residents.

- Continued delivery and review of prevention-focused activity, including work aligned with the Making Prevention Real programme.

- Annual Review of the Carers Wellbeing Guide, ensuring it remains up to date, relevant and accessible.

- Learning from wider engagement with parent carers and community groups has been used to inform improvements in communication and awareness of services, including clearer messaging about eligibility, availability, and inclusive access.

- Continued co-production and review of Disability Related Expenditure (DRE) public guidance to support clearer understanding of financial processes and decision-making.

- Review and redesign of the Financial Declaration form, informed by lived experience, to improve clarity and usability ahead of formal sign-off.

- Ongoing review of financial communications, including letters and public information, to improve accessibility and understanding.

- Development of a Local Offer document to further enhance transparency and accessibility of information about what Adult Social Care is and the available services and support.

All feedback from both complaints and other sources is used to continually improve our services. We will continue to develop our services based on this feedback and also develop new and innovative ways to gather feedback from people, their families, and carers to ensure that we continue to provide the best possible service to them.

Complaints made to the Local Government & Social Care Ombudsman

The Local Government & Social Care Ombudsman (LGSCO) has the authority to investigate complaints when our own process has not resolved them. Complainants can refer their complaint to the LGSCO at any time, although the Ombudsman will generally refer them back to us if they have not been through our process first. In exceptional circumstances, the Ombudsman will look at things earlier; this usually being dependant on the vulnerability of the person concerned.

13 cases were escalated to the LGSCO in 2025/26. Three cases have been determined in the year. One case was upheld and the Ombudsman was satisfied that the fault and injustice had already been remedied by the Council before it had been escalated. One was determined to be a premature referral and one that the Ombudsman decided not to investigate. There are 10 cases that remain ongoing on 31 March 2026, the Council has not yet received the details of seven of the cases that are ongoing at the Ombudsman.

Concluding Comments

This report demonstrates that Adult Social Care continues to manage complaints effectively, with overall complaint volumes remaining low and showing a reduction in 2025/26. The total number of complaints handled across both statutory and 24-hour

resolution processes reduced from 81 in 2024/25 to 65, reflecting both fewer statutory complaints and a continued decrease in oral complaints resolved at an early stage.

The service maintains a strong focus on early resolution, accessibility of the complaints process, and learning from feedback. The sustained level of complaints indicates that people understand how to raise concerns, while the Council continues to respond constructively and use feedback to drive service improvement.

Performance in complaint handling remains strong, with the proportion of complaints upheld broadly consistent at 43%, indicating a balanced and proportionate approach to investigation. Response timeliness also remains within expected parameters, with an average of 25 working days, well within locally agreed timescales and significantly below the statutory maximum. Only a small number of cases exceeded 35 working days, and all were concluded within the Council's maximum timeframe.

Learning from complaints continues to form a key part of quality assurance arrangements, directly informing service improvements across a range of areas during the year. This reinforces the service's commitment to reflecting on practice, addressing issues where they arise, and improving outcomes for people who use services.

Overall, the findings of this report provide assurance that Adult Social Care has effective systems in place for managing complaints, supporting timely resolution, and embedding learning to improve service quality and user experience. The changes to local procedures and our complaints policy continue to ensure that target timescales are being met.

Oversight and support provided

The Customer Relationship team continues to support service areas to both manage and learn from complaints. The key services they offer are:

1. Complaints advice and support
2. Quality assurance of statutory complaint responses
3. Act as a critical friend to challenge service practice.
4. Support with persistent and unreasonable complainants.
5. Assistance in drafting comprehensive responses to complaint investigations.
6. Continue to escalate overdue complaints to Directors.
7. Provide regular dashboards/ complaints samples to Directors, and performance is reported monthly to the Senior Management Team

The Quality and Complaints Officer (who sits within the Adult Social Care Assurance and Transformation Team) supports the complaints management and monitoring processes within Adult Social Care and works with the service to use feedback from complaints to improve services as part of the Adult Social Care' Quality Assurance Framework.

Priorities for 2026/27

During 2025/26, the Customer Relationship team and Adult Social Care will focus on the following key priorities to further strengthen complaints management and learning:

- Further improving the timeliness and consistency of complaint responses in line with corporate standards.
- Continue providing regular complaint performance data to senior management as part of corporate monitoring and oversight arrangements.
- Strengthening arrangements to ensure that recommendations are implemented and that learning is embedded across services.
- Further developing the digital complaints system to improve efficiency, data quality, and performance monitoring.
- Working in partnership with Adult Social Care staff and experts by experience, to review complaint processes and ensure they remain clear, proportionate and fit for purpose.
- Reviewing local response procedures, resources, guidance, and documentation to support best practice, good quality responses, a personalised approach, and maximising opportunities for learning.
- Continue ensuring compliance with Adult Social Care Accessibility Information Standards, so that complaint processes and responses meet individuals' communication and accessibility needs.

Appendix

Legislation

Section 5 of the Regulations (2009) requires local authorities to consider complaints made by anyone who:

- Is receiving, or has received, services from the Council.
- Is affected, or is likely to be affected, by the action, omission, or decision of the Council.

A person is eligible to make a complaint where the local authority has a power or duty to provide, or to secure the provision of, a service for someone.

The 2009 regulations set a benchmark for all complaints to be investigated within six months. If the investigation is going to exceed this timescale, the local authority should write to the complainant to advise them of this and explain the reasons why.

The Corporate complaints process is used for anyone else who makes a complaint.

What is a complaint?

A complaint is generally defined as an expression of dissatisfaction or disquiet about actions, decisions or apparent failings of a local authority's Adult Social Care provision that requires a response. We will always try to resolve problems or concerns before they

escalate into complaints. If it is possible to resolve a matter immediately (or within 24 hours), there may be no need to engage in the formal complaints process.

The purpose of a complaints process is to resolve concerns raised by service users and their representatives, to deliver outcomes that are appropriate and proportionate to the seriousness of the issues, and to ensure that changes are made in response to any failings that are identified.

To achieve this, the approach to handling complaints must incorporate the following elements:

- Engagement with the complainant or representative throughout the process
- Agreement with them about how the complaint will be handled.
- A planned, risk-based, and transparent approach
- Commitment to prompt and focussed action to achieve the desired outcome.
- Commitment to improvement and the incorporation of learning from all complaints

A complaint must be made no later than 12 months after:

- The date on which the matter that is the subject of the complaint occurred, or
- If later, the date on which the matter that is the subject of the complaint came to the notice of the complainant.

The time limit will not apply if the Complaints Manager is satisfied that:

- The complainant had good reasons for not making the complaint within the time limit, and
- Notwithstanding the delay, it is possible to investigate the complaint effectively and fairly.

Who can make a complaint?

A complaint may be made by a relative, carer or someone who is acting on behalf of a person who has died, or is unable to make the complaint themselves because of:

- Physical incapacity, or
- Lack of capacity within the meaning of the Mental Capacity Act 2005, or
- Has requested that the representative act on their behalf.

Complaints may be received through a variety of media (phone, letter, email, feedback form, personal visit, etc.) and at various points within the Council (to staff members, via respective web addresses, direct to the Customer Relationship team, etc.).

The Adult Statutory Complaints Procedure of Telford & Wrekin Council

When a complaint is first received, the Customer Relationship team will conduct an initial assessment of it to determine its issues, severity, and potential impact, and to identify any other organisations that may be involved.

When someone contacts the Customer Relationship team to make a complaint, they will acknowledge it within three working days. They will also offer a meeting to the complainant to discuss the matter and establish their desired outcome. Agreement is sought on the following points:

- The detailed account of the complaint
- The complainant's view of the impact it has had on them.
- Specific reference to any aspect that requires immediate action within the adult safeguarding/protection procedures.
- Details of the outcome(s) that will resolve the matter from the complainant 's perspective.
- Whether the subject of the complaint could relate, entirely or partly, to another body (e.g. an NHS body or an independent care provider) and therefore a joint approach may be needed.
- How the complaint will be investigated and by whom
- How long it should reasonably take to investigate the matter and provide the complainant with the Council's formal response.
- How often, and by what means, the complainant will be updated on the progress of the investigation.
- Whether an advocacy, translation or other support service is required.
- Whether the involvement of an impartial mediator might contribute to a satisfactory resolution of the complaint

When an Adult statutory complaint is received, we negotiate a timescale with complainants, depending on the complexity of the case. We aim to respond to all Adult Statutory Complaints within a maximum of 65 working days.

The Quality and Complaints Officer supports the complaints management and monitoring processes. When the investigation is complete, the appropriate manager will write a letter explaining what they have found and what they will do to put things right.

If the complainant is not happy with the final decision or how we have dealt with their complaint, they can refer the matter to the Local Government & Social Care Ombudsman (LGSCO).