

**ANNUAL COMPLAINT HANDLING
AND
PERFORMANCE REPORT 2025-26**

ADULT SOCIAL CARE STATUTORY COMPLAINTS

Contents

1.0	Introduction	Page 2
2.0	Activity Summary	Page 2
3.0	Complaints Received and Responded to	Page 3
4.0	Complaint Themes	Page 4
5.0	Performance	Page 6
6.0	Complaint Outcomes	Page 7
7.0	CQC Report – Complaints Feedback	Page 8
8.0	Local Government and Social Care Ombudsman	Page 9
9.0	Learning from Complaints	Page 12
10.0	Compliments	Page 13

1. INTRODUCTION

1.1 Local authorities and the National Health Service are legally required to establish complaints procedures to handle complaints about their health and social care functions. The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 apply to Adult Social Care.

1.2 Bradford Council is required, in accordance with the statutory Local Authority Social Services and National Health Service Complaints Regulations (2009), to produce an annual report on complaints relating to Adult Social Care.

1.3 This report provides information covering the period 1 April 2025 to 31 March 2026 in relation to statutory social care complaints.

1.4 The purpose of the Annual Report is to review the performance of the complaints handling process over a 12-month period. This includes statistical data and information about complaint themes and offers an analysis of the information obtained from the operation of the complaints process and what this means for the Council.










1.5 The Council recognises that customer feedback and the performance of complaint handling provides a reliable indicator of the overall performance of the Adult Social Care services as well as reflecting on the whole organisation.










1.6 To ensure a balanced approach, the report also provides information on compliments and comments received by the Council.

2. ACTIVITY SUMMARY

2.1 **Table 1** below gives details of complaints handling activity for 2025-26 and shows a comparison against the two previous years, 2023-24 and 2024-25.

Table 1 Summary of complaints activity and performance

	2023-24	2024-25	2025-26
Total number of complaints received.	184 	153 	147 
Number of formal complaints closed in year	182 	149 	127 
% of formal complaints received about;			
• Service provision	30% 	19% 	13% 

• Staff	11% 	14% 	19% 
% Responded to within agreed timescale* (*statutory or policy)	68% 	89% 	80% 
% Complaints uphold rate (includes fully or partially upheld)	45% 	34% 	30% 
Complaints received by the LGSCO in year	20 	19 	17 
LGSCO investigation uphold rate	35% 	36% 	35% 

3. COMPLAINTS RECEIVED AND RESPONDED TO

3.1 Complaints Received

3.1.1 A person is eligible to make a complaint under the Adult Social Care statutory complaints procedure where the Local Authority and the Health Service have a power or duty to provide or secure a service. This includes a service provided by an external provider acting on behalf of the Local Authority. In such cases service users or their representatives can either complain directly to the provider or to Bradford Council, as the commissioner of the service.

3.1.2 Commissioned providers are encouraged to attempt to resolve complaints at the first point of contact in line with good practice as highlighted by the Local Government and Social Care Ombudsman. However, they are equally advised to direct service users or their representatives to commissioners of the service, where local resolution is not possible or appropriate, or where the complainant remains dissatisfied.

3.1.3 Complaints can be received from service users, or representatives who have consent to act on their behalf.

3.1.4 There was a slight decrease in complaints received in comparison to the previous year, with 147 received in 2025-26 compared with 153 in 2024-25.

- 3.1.5 In 2025-26, 9,730 people received care and support services from Adult Social Care to meet their needs across services such as Home Care, Residential Care or Re-enablement. The number of complaints received this year indicates that 1.5% of service users, or someone acting on their behalf, raised a formal complaint about a service that they received, the decision made, the member of staff involved or the charges applied.
- 3.1.6 As part of the statutory requirements, complaints received relating to social care must be acknowledged within 3 working days. In 2025-26, of the 147 complaints received, 95% were acknowledged within three working days, demonstrating compliance with the Council's target for acknowledging complaints against the 90% performance target.

3.2 Complaints closed

- 3.2.1 To resolve complaints efficiently and in an appropriate manner, the Ombudsman encourages local authorities to focus on being able to resolve complaints at an early stage.
- 3.2.2 Whilst the majority of complaints received were responded to under stage one of the Statutory complaints procedure, 35 complaints were identified to have an issue which could be resolved quickly and effectively through informal resolution. This approach involved the Adult Social Care Complaints Co-ordinator arranging for Managers or Social Workers to contact service users to discuss the content of their complaint with a view to resolving the issue immediately or agreeing to a resolution within a specified timescale. In these circumstances, complainants were asked to confirm their satisfaction with the resolution and agree for their formal complaint to be closed.
- 3.2.3 This approach supports early resolution, reduces escalation to formal stages, and improves customer experience and demonstrates that the Council is acting in line with The Local Authority Social Services and National Health Service Complaints (England) Regulations which state that a complaint must be investigated 'in a manner appropriate to resolve it speedily and efficiently'.

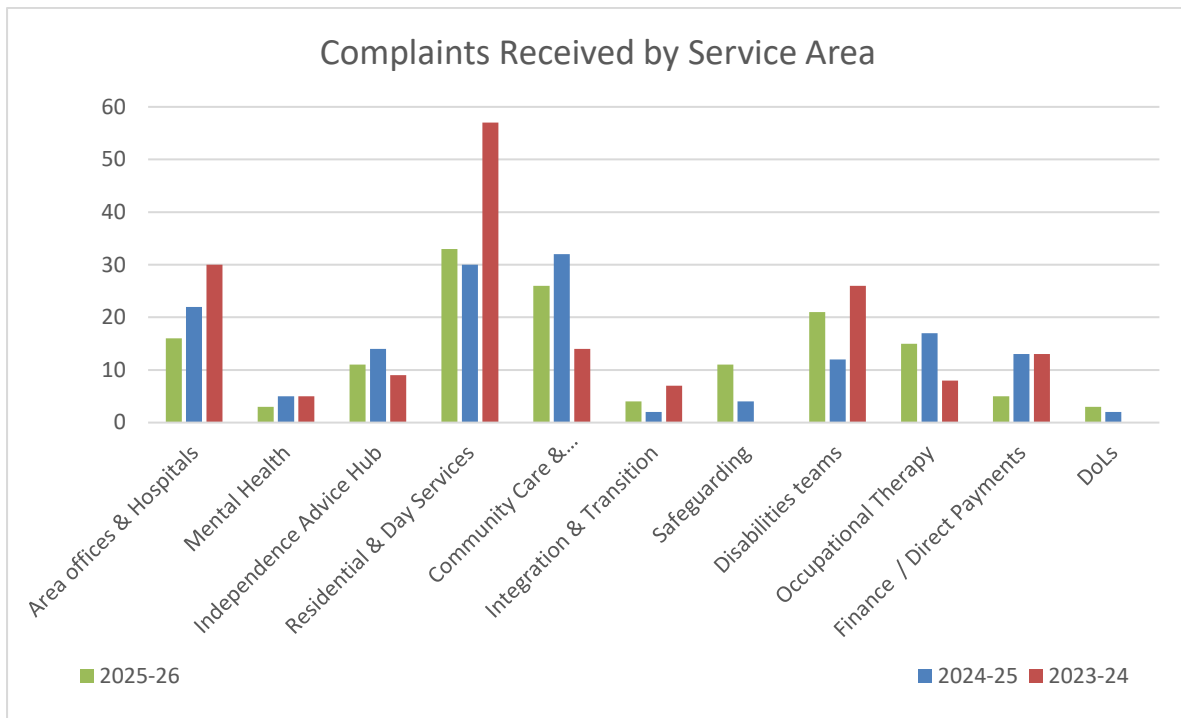
4. COMPLAINT THEMES

- 4.0 Complaints can be broken down into both service area and common themes, providing valuable information when making plans for service improvement.

4.1 Teams and service areas

- 4.1.1 **Chart 1** below shows the breakdown of complaints received by service area or team with a comparison to the last 2 years. Residential and Day Services continue to generate the highest volume of complaints.

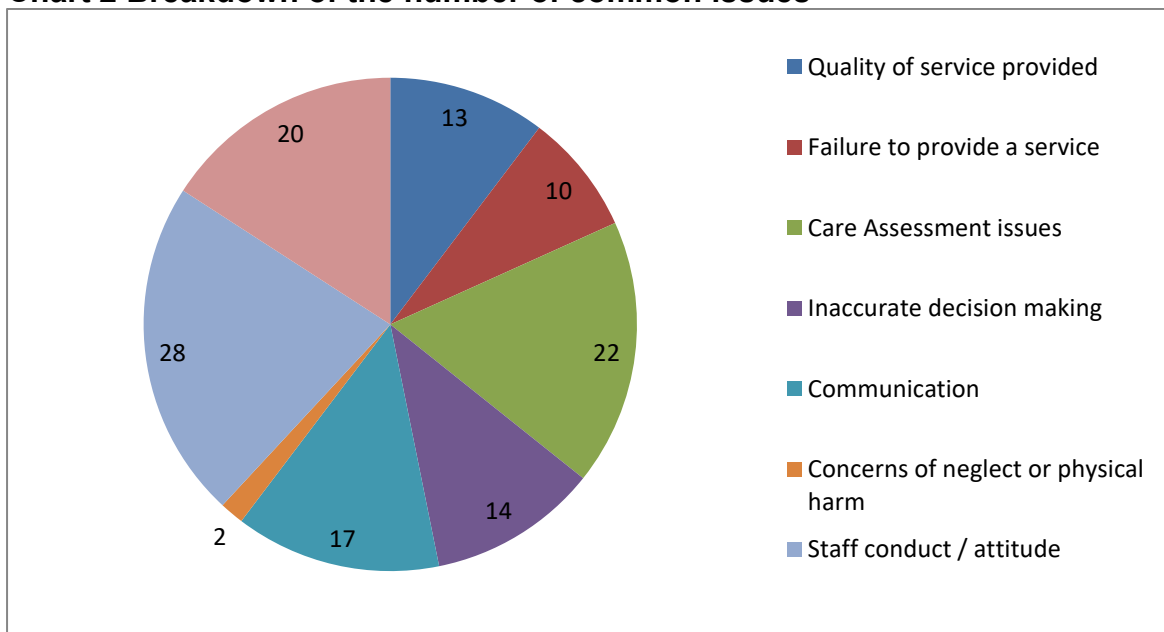
Chart 1 – Complaints received by Service Area



4.2 Issues raised within formal complaints

4.2.1 **Chart 2** below shows a breakdown of the number of issues and concerns raised by type and the common themes that form part of individual complaints received.

Chart 2 Breakdown of the number of common issues

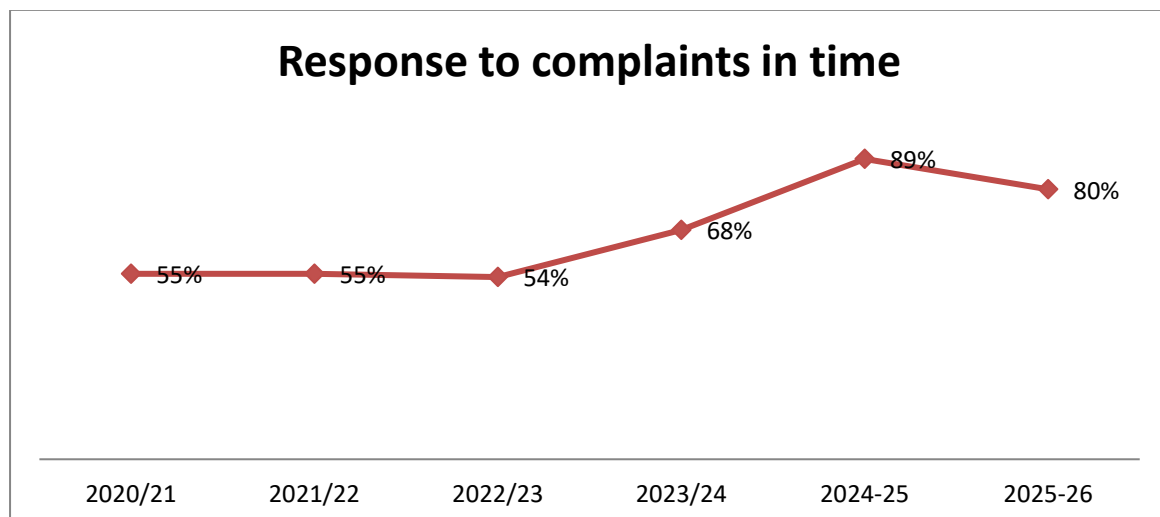


****NB:** A single complaint can include multiple issues

- 4.2.2 During 2024–25, the highest proportion of complaints related to service users’ dissatisfaction with the level of communication they received. Although the number of complaints of this nature has decreased in 2025–26, this remains a persistent area of risk requiring targeted improvement and continues to be an area where complaints are generally upheld.
- 4.2.3 Complaints received relating to charges included five complaints showing dissatisfaction with the new increase in Safe and Sound fees which was introduced in 2025-26.
- 4.2.4 A total of 36 complaints were received relating to care assessments and the decisions made regarding the provision of care. This suggests that, at times, service users’ expectations exceed the statutory limits of care provision. It is therefore essential to ensure that clear, accessible information is provided to explain what support can be offered within the framework of care assessments. This will help to effectively manage the expectations of both service users and their relatives and in turn reduce complaints of this nature.
- 4.2.5 Complaints pertaining to assessment entitlement or decision making cannot overturn the decision itself, but instead the complaints process will assess if the correct procedures and legislation have been applied. The complaint outcome will be considered using any evidence of fault or maladministration occurring.

5. PERFORMANCE

- 5.1 Whilst performance in responding to complaints within the statutory timescale of 20 working days improved from 68% in 2023-24 to 89% in 2024-25, it has decreased in 2025-26 to 80%. This continues to fall below the Council’s response performance target of 90% within timescale and greater emphasis is required in future years to improve this key performance parameter.
- 5.2 **Graph 3** below demonstrates the percentage of formal complaints currently responded to within 20 working days from 2020-21 onwards.



6. COMPLAINT OUTCOMES

- 6.1 The outcomes of complaints are classed as upheld, partially upheld, not upheld, withdrawn or inconclusive (when there is no evidence to conclude one way or another).
- 6.2 Whilst reporting on the number of complaints received is useful, it is important to assess this against the number of complaints which have been upheld and where fault has been found. This gives a clearer indication of where issues lie within the department and contributes to service improvement plans and putting remedial action in place.
- 6.3 The table below demonstrates the percentage of complaint outcomes for the last two financial years.

Table 3 – Upheld rates

Stage 1 Upheld rates %	2024-25	2025-26
Fully Upheld	7%	4%
Partially Upheld	28%	26%
Not Upheld	36%	42%
Withdrawn / resolved	30%	27%
Inconclusive	1%	1%

The Council's RAG rating for **upheld rates only** is;

	21 to 100%
	11-20%
	0-10%

- 6.4 Whilst the percentage of complaints partially upheld remains comparable to the previous year, the number of complaints fully upheld has continued to decrease, indicating improved decision robustness.
- 6.5 Of the complaints fully upheld, the most common themes were;
- (i) the quality of service provided was not as expected
 - (ii) delays when providing a service
- 6.6 In complaints where there are multiple issues raised and each one is addressed and given an outcome individually, partially upheld represents a higher number of issues upheld than not upheld. This outcome is also applied where some elements of any one issue are upheld, but there remains an acknowledgement to other elements which are deemed not upheld.
- 6.7 Of the complaints partially upheld, the most common themes were;
- (i) the quality of service provided was not to the standard expected

(ii) communication was not received in a timely manner

6.8 Whilst the number of complaints received relating to communication issues has declined, this area continues to demonstrate a high upheld rate. Ongoing efforts are therefore required to drive further improvement. In particular, there is a need to ensure a consistent and coordinated approach to communication, with information being readily accessible and delivered in a timely manner across the entire department.

7. CQC REPORT COMPLAINTS FEEDBACK

7.1 In April 2025, the Care Quality Commission (CQC) undertook a detailed inspection of the Council’s Adult Social Care Services.

7.2 In October 2025 a report was issued providing a “good” overall rating. How the department handled complaints attributed to this as part of the Learning, Improvement and Innovation section of the report. This particular section was rated with a score of 3: Evidence shows a good standard.

7.3 Excerpts from the CQC October 2025 report pertaining to complaints, compliments and feedback are shown below:

The local authority encouraged reflection and collective problem-solving, to ensure that learning happened when things went wrong.

Compliments from people were routinely collected through the complaints department and had been included in the annual report on complaints and compliments which was shared through senior leadership meetings. The compliments received by people reflected a positive picture of the support provided by local authority staff which had enabled people to regain independence from the use of equipment and the reablement service.

*The staff we spoke with through a range of groups and teams shared with us the ongoing learning from these sources (*learning panel) and how these had impacted their own practice. For example, learning was identified as improving the understanding of mental capacity, training was provided and staff shared it had improved their knowledge and understanding.*

The local authority had recognised that even if there were no themes, it was good for staff to receive positive feedback and provided shared learning in a different way.

The local authority had a robust response to complaints.

The local authority in November 2024, as a result of a complaint, set up a Domestic Abuse Multi-Agency Protection Order Process (DAMAPO) to prevent the situation reoccurring where no single agency had oversight of a Forced Marriage Protection Order, for example, where the order was made when the person was under 18, or even where the person was not eligible under Section 42 of the Care

Act but was nevertheless at risk. This showed a reactive and reflective approach to addressing complaints and finding working outcomes.

8. LOCAL GOVERNMENT AND SOCIAL CARE OMBUDSMAN

- 8.1 The Council is legally required to inform people of their right to complain to the Ombudsman if, for whatever reason, they are unhappy with the way the Council has dealt with their complaint or if they disagree with the outcome. All statutory stage one responses provide complainants with the details of how to contact the Local Government and Social Care Ombudsman (LGSCO).
- 8.2 If a complainant approaches the Ombudsman, without initially raising their concern with the Council, the Ombudsman will invariably advise that the complaint is “premature” and will refer the complaint back to the Council for investigation. This provides the Council an opportunity to offer a response and if fault is found, to put corrective measures in place.

8.3 LGSCO Annual Review Letter

- 8.3.1 The Ombudsman issues an annual letter reviewing the Council’s performance, including details of complaints investigated on behalf of service users across the Bradford district. Organisations are encouraged to utilise this data alongside internal performance reports to ensure that complaint handling processes are effective, both for service users and for the Council as a whole.
- 8.3.2 The latest Ombudsman annual performance letter relating to Bradford Council complaints was issued in May 2026 and provides information relating to the 2025-26 financial year.
- 8.3.3 In 2025-26 the Ombudsman received 27 complaints relating to Bradford Adult Social Care services and closed 25 cases. Of the ones closed, 2 were discarded as incomplete or invalid and 1 complaint provided with general advice. A further 9 complaints were closed after initial enquiries were made with the Council. In these instances, the initial complaint or action taken by the Council was reviewed and the decision made by the Ombudsman not to investigate any further.
- 8.3.4 There were 4 instances where the complaint was referred back to the Council for local resolution as it had not completed our own processes prior to the complainant approaching the Ombudsman.
- 8.3.5 Where the Ombudsman carried out and concluded their own investigations during the 2025-26 period, 2 complaints were closed not upheld, whilst 7 complaints were upheld due to fault and injustice caused to the complainant.
- 8.3.6 The Ombudsman made recommendations in 5 of the 7 upheld cases to remedy the fault. Remedies and recommendations included providing apologies, financial redress, staff training and where identified, changing

procedures and working practices.

- 8.3.7 In two cases where no recommendations were specified in the Ombudsman’s decision notice, the Council had already taken action to address the identified fault during the course of the investigation. In a separate case, the Ombudsman acknowledged that the Council had remedied the fault prior to the matter being referred for investigation.
- 8.3.8 The Ombudsman was satisfied that Bradford Council was 100% compliant in implementing the Ombudsman’s recommendations to remedy the upheld complaints. However, one case was noted as “personal remedy late” as the symbolic payment was made after the deadline date. This was due to a delay in the complainant providing their bank details to enable the Council to issue the required payment in a timely manner.
- 8.3.9 Financial symbolic payment awards for 2025-26 where fault and injustice were found within Adult Social Care Statutory complaints totalled £1,350, a significant decrease compared to 2024-25 where a total of £3,252 was awarded.

8.4 LGSCO Adult Social Care Annual Report

- 8.4.1 In addition to the annual review letter presented to the Council, the LGSCO also provides national reports pertaining to Adult Social Care across the country. The latest Adult Social Care report was published in September 2025 and highlighted that delays and poor communication continue to be a common theme throughout their casework, urging all Councils and providers of social care to focus on clear, timely and compassionate communication, ensuring people are informed, consulted and empowered.
- 8.4.2 The tables below show further statistical information on themes and outcomes from the Ombudsman’s September 2025 Adult Social Care report providing a comparison with the five West Yorkshire local authorities for the 2024-25 financial year, using the latest information available from the LGSCO.

Table 4 – Ombudsman Adult Social Care Complaints received by themes 2024-25 providing a comparison across the West Yorkshire Councils

Authority name	Assessments and care planning	Charging	Safeguarding	Direct payments	Disabled facilities grants	Residential care	Home care	Supported living	Other
Calderdale Metropolitan Borough Council	3	3	0	0	0	1	0	1	3
City Of Bradford Metropolitan District Council	6	6	7	1	2	4	1	0	3
Kirklees Metropolitan Borough Council	7	3	0	2	2	0	1	0	2
Leeds City Council	9	15	6	0	1	5	3	0	7
Wakefield City Council	5	3	1	0	0	2	0	0	1

Table 5 – Ombudsman Adult Social Care Complaints and enquiries decided by outcome 2024-25

Authority name	Invalid or incomplete	Advice given	Referred back for local resolution	Closed after initial enquiries	Not upheld	Upheld	Uphold rate (%)
Calderdale Metropolitan Borough Council	1	0	2	1	3	7	70%
City Of Bradford Metropolitan District Council	6	2	2	11	3	10	77%
Kirklees Metropolitan Borough Council	1	0	1	5	0	8	100%
Leeds City Council	3	1	9	16	1	15	94%
Wakefield City Council	1	1	0	6	1	1	50%

8.5 LGSCO Service Improvements for Adult Social Care complaints.

8.5.1 In addition to financial redress and symbolic payments provided for personal injustice, the Ombudsman made five recommendations for service improvement to Adult Social Care services. One recommendation was made directly to a care provider commissioned by the Council, whilst the other four were the Council's responsibility to ensure the service improvements were put in place within the timescale provided by the Ombudsman. Details of the service improvements are;

- The Provider should remind staff who deal with complaints of the importance of responding in line with its policy.
- The Council should ensure the Care Home updates resident's care plans to include a written communication agreement with the resident's family/Next of Kin. This is to ensure the Care Home communicates with Next of Kins and family members in line with the principles of the Mental Capacity Act.
- The Council should issue a written reminder to the Care Home to update care plans so they include detailed information on how to provide care to a non-consenting resident who lacks mental capacity to make decisions on their care and also issue a written reminder to involve the GP or NHS professional for advice on covert administration of medication where a resident who lacks mental capacity is refusing to take their medicine.
- Remind relevant staff of the importance of providing as much information as possible about charging for adult social care and the costs of the package of care at the time it is arranged, of clearly recording the advice given and to consider confirming it in writing, for example, by sending a costs leaflet.

- Remind staff to progress OT and DFG applications and communicate with applicants in a timely manner.

9. LEARNING FROM COMPLAINTS

- 9.1 It is widely recognised that complaints provide a useful tool for service improvement and lessons learned. This can be in the form of general reminders for staff, specific learning points resulting in changes to processes and the sharing of good practice.
- 9.2 Following its creation in May 2024, the Adult Social Care Learning from Practice group has continued to meet on a regular basis and has provided information to be disseminated into individual team discussions relating to complaint outcomes, whilst also sharing good practice from compliments received from service users and other professionals.
- 9.3 Feedback forms are presented to all staff responding to complaints to provide a route to collate learnings and actions from individual cases for monitoring and sharing more widely through the service, however it is noted that the form continues to not be used consistently, resulting in gaps in learning and feedback.
- 9.4 Examples of learning identified in upheld complaints in 2025-26 include;
- The commissioned provider was advised to ensure that their own complaints policy and procedure is accessible and readily available
 - Acknowledgement was made that the delay in progressing the DFG enquiry was contributing to the difficulties faced whilst waiting for the adaptations to commence, as the current facilities were not suitable to meet the complainant's needs.
 - The findings from the complaint investigation were escalated in terms of waiting lists and the impact this was having on those waiting for an allocated Social Worker.
 - Staff guidance materials were updated and staff reminded of their responsibilities around updating relationship records when carrying out assessments and reviews.
- 9.5 In addition to learnings identified within the complaint responses, the Corporate Complaints team has also identified where improvements in complaint handling can be made. Guidance and advice will therefore be provided in 2026-27 relating to;
- (i) where complaints do not include an element of the Care Act they should instead follow the corporate complaints route

- (ii) ensuring consent is provided where capacity is present
- (iii) improving the quality of stage one responses by introducing a self-sense checker to ensure all elements of the complaint are considered and responded to.

10. COMPLIMENTS

- 10.1 Whilst complaints provide an indication of where performance may need improvement and can contribute to identifying where service improvements are needed, compliments help to recognise good practice and acknowledge where staff have made great efforts to support people accessing Council services.
- 10.2 Between 1 April 2025 and 31 March 2026, 51 compliments were passed to the Corporate Complaints Team (CCT) to be formally recorded for the Adult Social Care department. It is acknowledged that there will be additional compliments received within the department during “business as usual” which are not forwarded to CCT to record. Regardless of where compliments are received, it is important that they are noted by Managers to reflect where services are delivered to an excellent standard, shared as examples of good practice and that where staff are personally complimented, they are given the recognition they deserve. Staff should be reminded to send compliments to CCT for formal recording to provide more accurate data in future years.
- 10.3 The table below provides a breakdown of compliments received for individual teams. Compliments can be received from both service users and other professionals.

10.3.1 Table 6 – Breakdown of compliments received by team.

Assessment and Support	5
Hospital teams	2
BEST	3
CTLD	2
CMHT teams	8
Deprivation of Liberty service	1
Independence Advice Hub	1
Occupational Therapy	1
Safe and Sound	7
Sensory Needs	4
Community Services	5
Shipley Home Care	2
Social Work Area teams	10
Total	51

10.3.2 Table 7 - Provides details of compliment themes

Quality of service provided	15
Individual staff	35
Impact and experience received by service user	1

10.4 Examples of compliments received in 2025-26 include

(i) Your communication skills with the patient and family were excellent. You were able to manage and contain a tense situation, prevent this from escalating, and maintain a line with the patient which balanced being firm yet entirely respectful, fair and compassionate.

(ii) Thank you to Safe & Sound and especially Responders X and Y for their professionalism kindness and knowledge information given to my daughter on attending a NSC.

(iii) From the outset, you became a mainstay of my recovery. You were there during some of my darkest moments, when I felt suicidal, and you took the time to talk me through them with patience, calm, and genuine care. I truly believe your support made a profound difference to my ability to cope and to keep going. You consistently exceeded reasonable expectations. You always answered your calls or got back to me as soon as possible, and I never once felt dismissed or ignored. What stood out most was your genuine care. Your humanity and reliability meant more to me than words can express.

(iv) The Reviewing Officer was friendly, kind, knowledgeable and supportive. Her 'no nonsense' approach worked so well - she managed to encourage Mum into taking a number of steps to make her safer and more secure, which Mum had actively resisted before the meeting. It is, for example, such a relief to the family that Mum now has a fall alarm.

(v) The SW guided us through the whole process of assessment and decision-making until my mum was safely discharged to a care home. Throughout, he was sensitive, measured, wise, attentive to detail and thoughtful about my mum's needs, wishes and choices. He also guided us carefully and accurately through the care system. He was in regular touch and easy to get hold of.

(vi) The SW has been incredibly supportive and helpful and has taken the time to really understand my son's complex condition and how this impacts him on a day-to-day basis. Throughout our interactions she has been consistently professional, caring, and thoughtful in her approach. She has always provided us with the right level of advice, guidance, and support, which we are very grateful for.