



Statutory

Adult Social Care Complaints and Customer Feedback Annual Report

For the period 1 April 2023 to 31 March 2024



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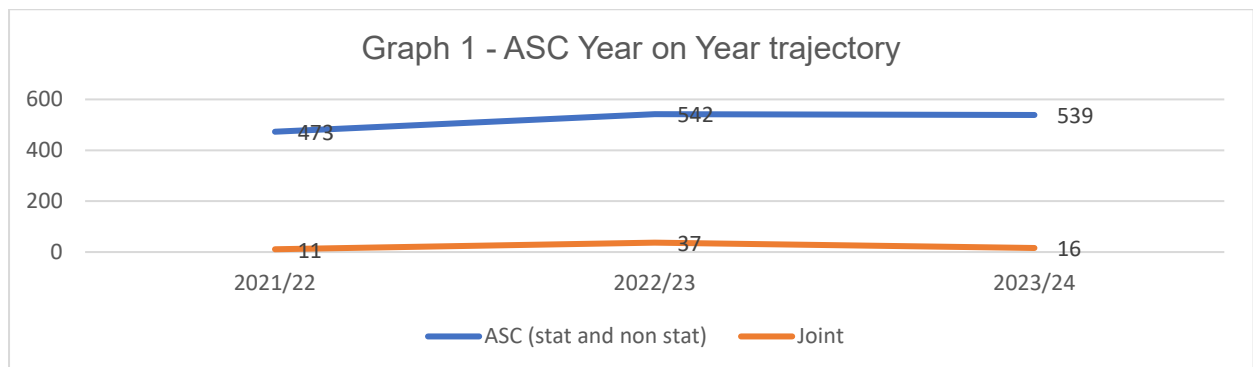
1 Executive Summary

Complaints and feedback are used by the council to better understand the needs of our customers and offer an opportunity to learn and improve. As a direct result of complaints in 2023/23 adult social care services have improved communication with customers and their families, made changes to policy and processes and staff and managers have attended specific training sessions. Many complaints can be avoided by providing regular communication with customers and by being empathetic, clear, factual, and honest in our interactions, as well as doing what we say we will do.

Only 1% of active cases result in a complaint being made and customers are more likely to compliment us than to complain. There are more compliments than complaints and compliments have increased by 37% on 2022/23 figures.

Graph 1 below shows:

- Closed complaints remain broadly stable, although slightly reducing from 542 in 2022/23 to 539 complaints for this year.
- A significant reduction of 57% in joint complaints with the NHS than the previous year. This was, in part, due to several complaints being withdrawn due to quick action being taken. Continuing healthcare, discharge planning and finance were the biggest themes.



Total complaints received by the Local Government and Social Care Ombudsman have increased by 10%, from 51 cases received in 22/23 to 56 in 2023/24. Total cases upheld have remained broadly the same at 17 in 2023/24, (18 in 2022/23).

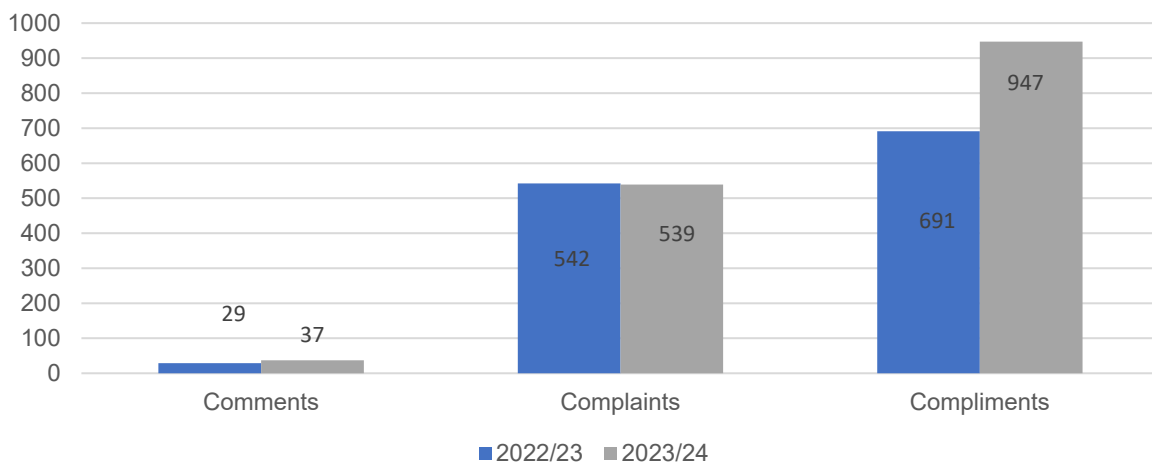


2 Background

The complaints procedure for adult social care and this report are produced in accordance with the requirements of the Local Authority Social Services and National Health Service Complaints Regulations (2009).

Graph 2 shows a breakdown of Adult Social Care (ASC) by feedback type. A total of 539 complaints were closed in 2023/24 which is a nominal decrease from the previous financial year (542). It should be noted that people are more likely to compliment adult social care rather than to complain. Compliments increased significantly by 37% from 691 in 2022/23 to 947 in 2023/24. Comments increased slightly in 2023/24 to 37 (from 29 in 2022/23).

Graph 2 - Feedback Type

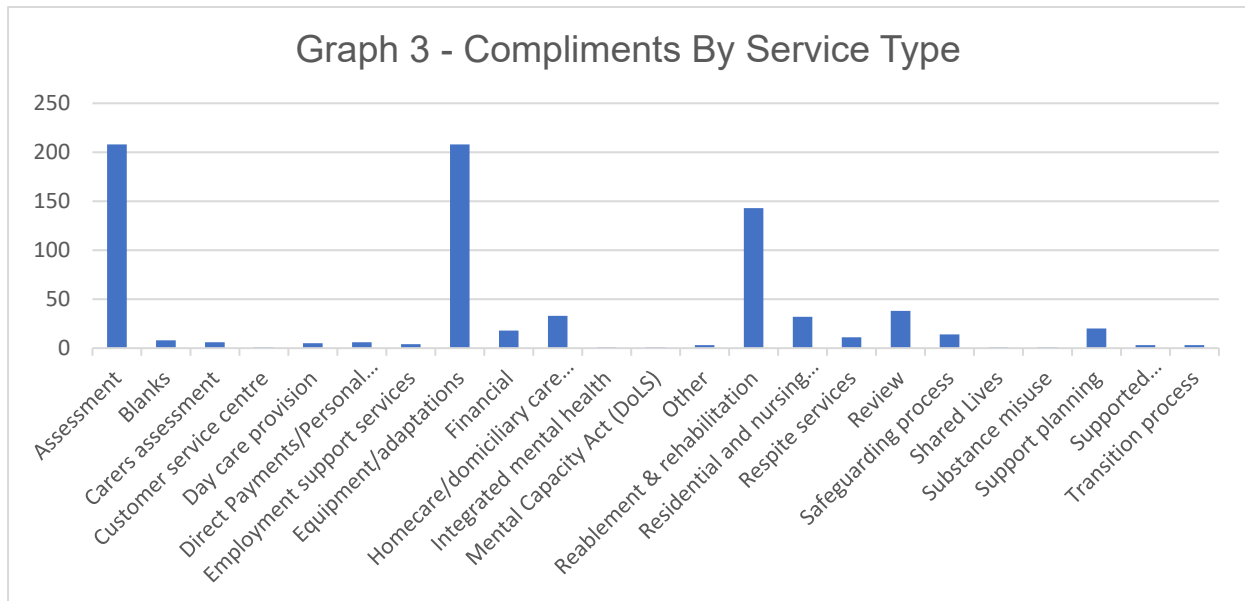


2.1 Compliments

Compliments are mainly captured via 'Your Views Count' leaflets mainly from service users themselves although we also receive them from carers and professionals. Graph 3 shows the number of compliments received by service type for 2023/24. In total 768 compliments were made in this way in 2022/23. Unfortunately, the further compliments captured via other methods cannot be broken down into the same categories to allow an overall breakdown of 29 total compliments. This is because many compliments are sent to the council in an unstructured way via emails, cards, and letters by service users / and their families and submitted by LCC managers. A new recording system for the public to record compliments is being considered as a future development.

The total number of all compliments has increased by 256 (37%) from 691 in 2022/23 to 947 in 2023/24.





2.2 Themes

The most frequent reasons for a compliment in 2023/24 were for Assessment and Equipment & adaptations respectively (22% each). Reablement and rehabilitation has broadly stayed the same for 2023/24 as for the previous year and is the third most complimented service.

The themes are:

- Staff doing as they say they will do, especially working with other services
- Staff being prepared to go the extra mile,
- The personal qualities of staff including kindness and having a caring nature,
- Time appropriate interventions; and,
- Staff knowledge, values and ethics.

2.3 Future developments

Compliments are reported on every month through the Shared Learning Panel and word clouds are now being produced and shared across the service.

2.4 Word Cloud

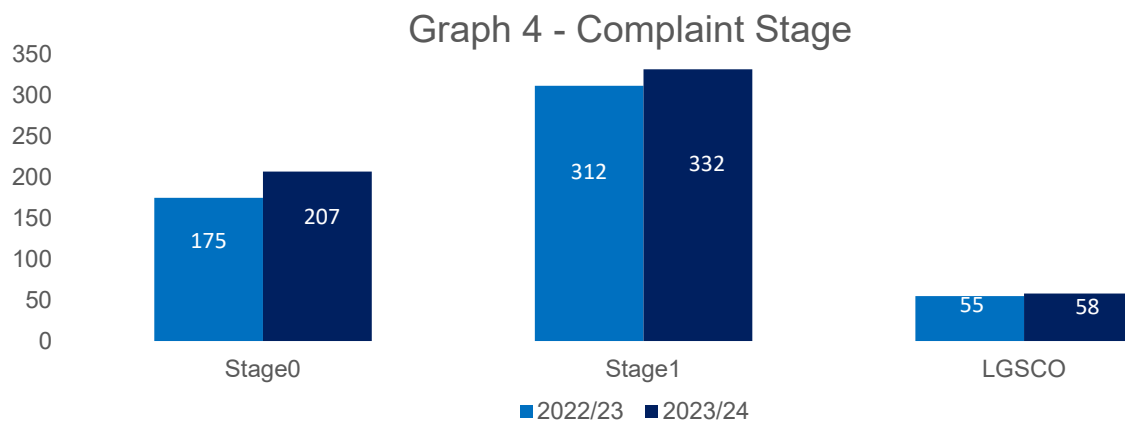
Please see Appendix 3 for examples of compliments. A word cloud on the following page is taken from the compliments included on page 21 of this report.





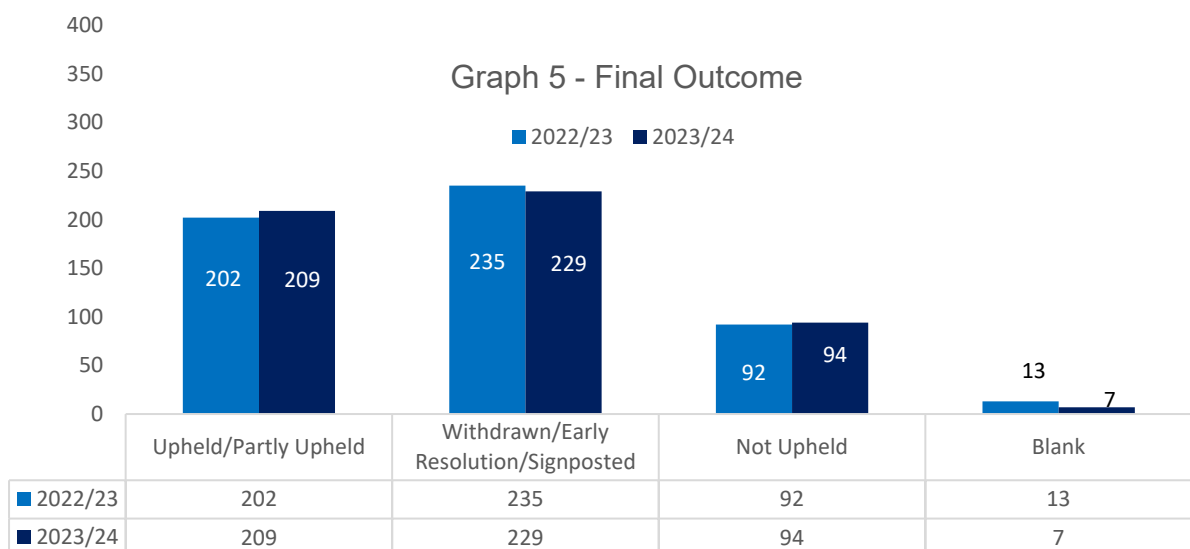
3. Breakdown of complaints by stage

The breakdown of ASC complaints is shown in Graph 4. Stage 0 is the early resolution of complaints, so a significant proportion of complaints (38%) continue to be resolved at the first point of contact with council officers. 90% of complaints are resolved locally at Stages 1 or 2 and a further 10% are resolved by a Local Government and Social Care Ombudsman (LGSCO) investigation. The LGSCO figures in graph 3 show total numbers of complaints decided in year.



3.1 Breakdown of complaints by outcome

The outcomes of the 539 complaints that closed in this financial year are shown in Graph 5. Of all closed complaints, 229 were either withdrawn or resolved early, 209 had at least one aspect upheld and only 94 were not upheld. Unfortunately, no outcomes were recorded for 7 complaints. These are similar proportions to the figures for 2022/23.



A total of 332 internal complaint investigations were undertaken (Stage 1). The breakdown of these was 63% upheld/partly upheld (209), 9% withdrawn/early resolution/signposted/blank (29) and 28% not upheld (94). So, most complaints are found to be justified, with very few complaints having no aspect upheld.

The amount written off or waived during 2023/24 was £57,712.23. We also paid a total of £450 in time and trouble payments.

3.3 Timescales

37 complaints exceeded the statutory timescales of 6 months (7%). This is a quite significant increase from the previous year which was 4%. As a result, senior managers must improve the focus and prioritisation of complaints to resolve them according to the local target timescales as set out in our policy and procedure. The Principal Social Worker has sent out reminders to all staff about ensuring that complaints are prioritised and undertaken according to local target timescales.

3.4 What do people complain about?

Most people complain about charging, funding, or care decisions. For 2022/23, the most frequent subject of complaint was Support Planning (141) which received about a quarter of the total number of complaints. This remained a similar proportion in 2023/24 (137). The second largest category was about the assessment process, with 14% of complaints (75). The third largest category was finance with 70 (13%) of all complaints, which is a similar proportion to 2022/23.

3.5 Case Studies

Three examples of case studies are outlined in Appendix 1 about invoicing and delays to a placement.

3.6 Internal Learning

Team managers have utilised complaints training to support them with managing complaints.

Managers give feedback from customers the priority that it deserves by considering the lessons from complaints monthly. A Shared Learning Panel considers the themes and root causes of complaints to identify wider learning. A new shared learning framework has been implemented to improve how learning is cascaded across the council with internal partners being involved in what changes need to be made to improve services for people we work with.



Learning is distributed to the Quality Assurance and Practice Improvement Team and assured through the Quality and Safety Group through our Adult Social Services Assurance Board.

The main theme running through most complaints is communication. We should consider improving our public information about common social care occurrences such as charging and hospital discharge processes. Although individual staff and managers have addressed failures in specific situations, improvements remain to be embedded into general customer care practice. As a result, we are taking a proactive approach to reshaping our services by launching a 'Customer Focus' strategy to ensure all staff appreciate the vital role we all play in customer care and the escalation of complaints.

We need to continue to embed the strategic lessons of complaints into everyday practice. This means acting promptly when things go wrong and owning the recommendations in reports produced by the Local Government and Social Care Ombudsman to deliver improvements in how we work to ensure that the same mistakes are not repeated.

3.7 Joint Complaints

A Joint Complaints Protocol has been agreed with the NHS. Joint Complaint investigations increasingly involve many different parts of the council as well as contracted service providers therefore adding much more complexity, which the complaints team coordinates.

There was a significant decrease in closed joint complaints during 2023/24 from 36 in 2022/23 compared with 17 in 2023/24. As a result of this decrease, we will undertake some checks to ensure that the NHS are always involved when their decisions are also subject to complaints.

These complaints generally take longer to resolve as they involve ASC and the NHS, typically Hospital Trusts and/or Integrated Care Boards (ICB's). A further 6 joint complaints were still open at the close of 2023/24. Of the closed complaints, 5 were upheld, 3 were not upheld and 9 were partly upheld. Continuing Healthcare, support planning and finance were the biggest themes.

Learning from joint complaints is detailed in Appendix 2(b). We should consider improving our public information to reduce complaints about these themes.

4. Ombudsman Complaints

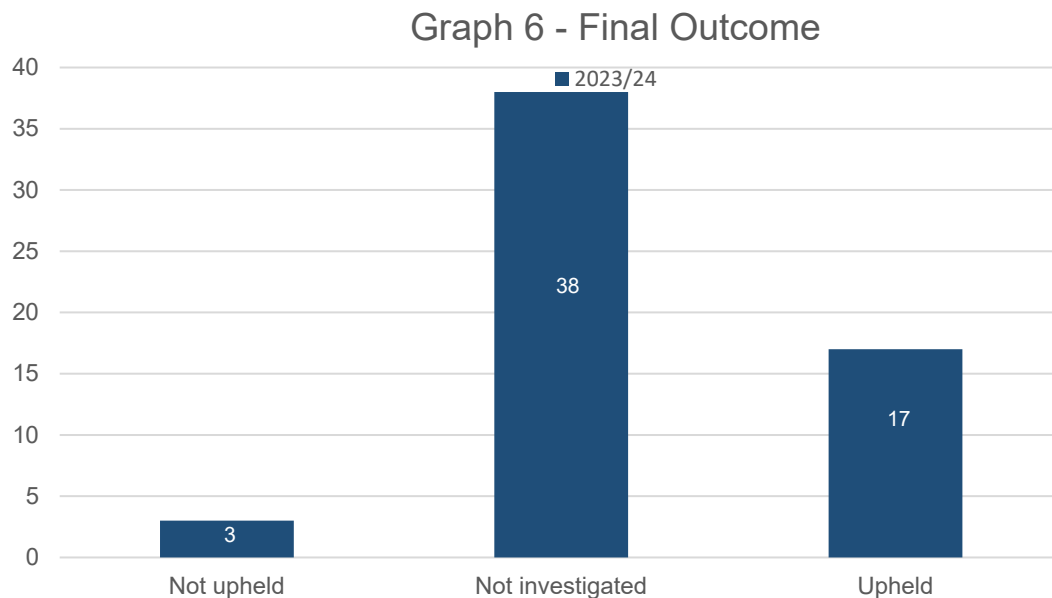
The Local Government and Social Care Ombudsman provides the final stage for complaints about local authorities and some other organisations providing local public services. Their service is provided free of charge. Complainants approach the



Ombudsman when all other options for pursuing their complaint are closed by the council, after it is considered that a proportionate response has already been provided. The Ombudsman will only consider complaints that have already been through the council's complaints procedures, although sometimes an early referral will be made to the Ombudsman when complainants continue to be dissatisfied and the council considers that it has not done anything wrong, or it has done all it can to resolve the matter.

In 2023/24, the Ombudsman received a total of 56 separate enquiries in relation to ASC complaints in Lancashire (in 2022/23 it was 51).

Graph 6 overleaf, shows of the 58 Ombudsman ASC final decisions decided in 2023/24, 5% were not upheld, 66% were not investigated and 29% were upheld.



It should be noted that the Ombudsman will also uphold complaints that the council has already upheld. Of the 17 complaints that were upheld, 8 were not upheld (or investigated) by ASC originally.

The final decisions resulted in a total of £6787.64 being paid out by the council. There have not been any ASC public reports in 2023/24.

Some examples of continuous improvement and learning are outlined in Appendix 2(c).



5 Making a difference

As a result of complaints, training has been undertaken with staff and improvements were made to:

- our complaints policy and procedure (by incorporating target timescales),
- communication with customers,
- social care and support planning processes,
- contract monitoring of providers,
- financial and invoice processes, and
- discharge planning / reablement processes.

The specific learning themes and trends for internal complaints are outlined in Appendix 2 (a).

We did the following things well:

- We managed complaints in line with policy and legislation,
- We learnt lessons from complaints through our shared learning panel,
- We improved our gatekeeping for complaints which are NHS responsibility,
- We actively listened to customers when things went wrong,
- We used the Ombudsman guidance to inform suitable remedies,
- We identified individual needs and treated people with respect; and,
- Reviewing our processes to ensure these are consistent and current.

We need to focus on the following areas of improvement:

- Our timescales for responding to complaints,
- We must implement more consistent planning and monitoring to complex complaints as these are the ones which often go over timescales.
- Our public information about discharge processes and charging,
- Our communication with people, particularly when complaints, assessments or processes take longer than expected,
- We must not over promise and under deliver.



Appendix 1: Case studies

- a. A complaint was made by a son on behalf of his father about adult social care funding, lack of communication and the discharge to assess (D2A) finance process. The county council funded the residential placement despite his father having savings over the funding threshold. His son contacted adult social care several times over a ten-month period to query the funding issues.

The hospital discharge social worker contacted him 11 months after his father moved into the care home to advise that the D2A agreement had been closed in error, resulting in a large invoice being raised by the council for the care fees, causing anxiety and distress.

Following this complaint, the council's finance systems have been updated to ensure that funding ends on the correct date to avoid any overcharging.

Teams have also reviewed waiting times to provide a more efficient and timely service.

- b. A complaint was made about the county council invoicing for more than double the time that the care provider spent on site resulting in a large debt owing for home care.

Following this complaint being investigated with the care provider, the contract team, apologies were given for their experience and invoices were corrected to reflect the care received.

Social workers now explain clearly to people receiving care how care is commissioned to help people to understand the lengths of care visits which they can expect to receive.

The Contracts Team continues to monitor the care provider's performance in electronic call monitoring and remind them of the importance of accuracy in recording visit times. As a result of this complaint, a new key performance indicator (KPI) has been introduced for providers relating to visit lengths which will be used to monitor how many visits are lasting for more than half of their planned duration after allowing for travel time. All homecare KPIs are monitored quarterly. The Community Care Team ensure that care staff use the Electronic Contract Management System to log all their visits and remind their staff of the importance of accuracy in recording visit times. Social workers now explain clearly to people in receipt of care how the county council commissions social care.

- c. A service user complained about our failure to identify a suitable long-term supported living placement which appropriately met his assessed care and support needs. We accepted that we had not done enough to help. We apologised and paid £500.



Further to the complaint, we maintained regular contact to keep him updated with our search for an appropriate placement. We pursued contracted providers who did not respond to our request to ascertain whether they had vacancies and could meet his needs. He is now placed in a suitable home and is happy with the placement.

We also made service improvements to engage both the services of housing and social care, to ensure that placements are progressed appropriately and collaboratively.



Appendix 2(a): Internal learning details and themes

Area	Local Learning for Adult Social Care
Social Care and support planning	<p>Following several complaints regarding delays in social workers being allocated to a case, the senior management team is reviewing our operating model to explore ways of improving the rate of allocation and reduce delays to people using our services.</p> <p>In other complaints specific to social work practice, managers took the following action with the individual workers concerned:</p> <ul style="list-style-type: none"> • Reminded social workers within hospital discharge teams to explain the costs of placements before they are discharged from hospital. • Reminded learning disability and autism social workers of the importance of following support commissioning procedures and ensuring that a person's views are fully captured in the support plan, detailing how care needs will be met. • Reminded the social worker to ensure that the relevant 'financial implications' document is always provided. • Reminded social workers about the importance of sensitivity when undertaking any assessments where any information or discussions may cause any upset or distress particularly around the subject of finances. • Reminded team managers that if a person requires residential care or specialist accommodation that meets a need related to their mental health condition or Section 117 aftercare, that this will be discussed in a Best Practice Meeting. • Reminded social workers that they must remain objective and non-judgemental when gathering information relating to people who use our services and safeguarding issues. • Commissioned training regarding the understanding of the assessment for equipment and the role of the social care support officer and the responsibilities of the occupational therapy team. • Worked with contract management to help social workers explain clearly how care is commissioned to those people using our home care services. • Attended Continuing Health Care Training to refresh their knowledge about the dispute process.



<p>Complaints about communication</p>	<p>This remains a persistent and common theme of complaints. As part of learning and continuous improvement for social work practice, staff will be supported via information sharing, supervision, shadowing and learning circles to ensure that the council's processes and guidance (including funding matters) are fully understood.</p> <p>In several complaints about poor communication:</p> <ul style="list-style-type: none"> • Staff were reminded about the importance of returning phone calls and answering emails in a timely manner. • Team managers were reminded to ensure cases are reallocated in a timely manner when social workers are absent, to ensure continuity and communication with the people who use our services. • Social workers are more mindful of the language used with people who use our services and their families about what an outcome should be, particularly around permanent residential placements and the date that the permanency will commence. • Social workers ensure that all parties are fully informed and kept updated throughout the assessment process. • Staff avoid jargon and use language and terminology that all people understand. Information is provided in a timely manner and people are kept up to date. • Staff explain the process of discharge planning and review more clearly.
<p>Financial</p>	<p>In several complaints about poor communication and incorrect invoices, managers have worked with finance staff to ensure:</p> <ul style="list-style-type: none"> • The receivables team suspends or ceases the package of care to avoid incorrectly invoicing the service user when we are notified of a hospital admission. • The service start date is confirmed with social care staff when backdated services are commissioned to avoid overcharging the service user. • More empathy in communications regarding outstanding invoices with family members in situations where the person using our services has passed away. <p>In several complaints about incorrect invoices for care at home caused by lengthy novation's and their impact on billing, finance</p>



	<p>and contracts managers now ensure that novation's take place in a timely manner.</p> <p>People receiving care are now advised that invoices will include charges for planned care rather than care delivered and the reasons for this. When billing has been affected by novation's or other issues, people receiving care services are assured that any due credit adjustments will be applied to their account.</p> <p>In a complaint about an invoice being issued with a large debt after a long period of time, the receivables team and commissioning team were reminded to take extra care and alert social care teams when applying large, backdated amendments to care packages.</p>
Equipment and adaptations	<p>In a complaint about the waiting time for a stairlift, the team manager has implemented a requirement that all notes following a home visit or telephone call will be recorded in the case notes within 48 hours. This will ensure that information is handed over in a timely manner.</p> <p>In a complaint about service contracts for equipment being changed without being informed, managers will ensure that these changes are communicated to people using our services.</p>
Customer Access Team	<p>In a complaint about a carer's assessment and care needs assessment, managers from the customer access team agreed to support the advisors to identify when it is appropriate to send a notification to the Occupational Therapist Service. Staff were also reminded to provide the customer access service email address to enable complainants to email information so that it can be added to a service user's case notes.</p>
Care Providers	<p>In a complaint about the standard of care received and charges for that care, the care provider has introduced an e-learning module 'think if it's pink' on skin integrity and pressure sores. This has been completed, in addition to the induction training and annual training, by all carers of this provider.</p>
Reablement Service	<p>In a complaint about safeguarding concerns and a home care provider, the team manager has implemented timely reviews for each person on reablement to ensure that the support is meeting needs. This will help to identify any issues or concerns in a timely manner. Plans, including goals, will be shared by people using our service by the reablement team and staff will provide evidence of whether a goal is met or not. The reablement team</p>



	<p>will complete telephone calls with people new to the service to ensure goals are identified and are aware of how the service works.</p> <p>In other complaints specific to the reablement service, managers took the following action with the teams concerned:</p> <ul style="list-style-type: none"> • Considering the urgency of the persons needs when arranging reablement services to ensure a person is not left without care. • Reminding social workers of the importance of ensuring that all relevant information is shared with individuals and their family members to ensure the processes are clear and what should be expected.
<p>Safeguarding Process</p>	<p>In several complaints about the safeguarding process, the team manager identified that communication during the discharge process needs to improve. Discharges are now managed as a team and the social worker remains the point of contact. Following discharge, details of the new social worker is communicated to the person using our services and their family.</p> <p>Following a complaint about a family feeling that they were not listened to, or fully engaged in the safeguarding process, social workers are now making early connections with people and their families prior to discharge. The social workers stay involved over the four-week Discharge to Assess (D2A) period as a point of contact. As a result of this, adult social care has developed a leaflet about the D2A model to avoid confusion. The safeguarding services ensure that family are included in all stages of an enquiry.</p>
<p>Mental Capacity Act (DoLS)</p>	<p>In a complaint about the doctor undertaking the assessment in a Deprivation of Liberty Safeguarding process, the team manager sent a memo to all the doctors used by the county council to remind them of the need to take all practical steps to promote full participation in the assessment process.</p>



Appendix 2(b) Examples of Learning from Joint Complaints with the NHS

Ms S complained about the breakdown in communication and allocated workers being away from work for a prolonged period which led to her paying a top up fee for her mother's residential care. We identified that we need to reallocate work in a timely manner and maintain contact with relatives. Relatives may not always be available to take phone calls and, therefore, alternative methods should be used such as email or text messages to make appointments for contact. This was addressed a Team Meeting with the hospital discharge team.

Ms W disagreed with changes made to her mother's funding arrangement between Lancashire County Council and NHS Midlands & Lancashire Commissioning Support and complained that no notice was given. A wider piece of work was undertaken to consider the provision of respite when this is part of a jointly funded package of care. This was agreed with the Integrated Care Board and the outcome shared with social care practitioners and colleagues in health to ensure a consistent approach is applied in the future.

Ms A complained about crisis care only arriving 3 hours after her father had been discharged home. As a result of this breakdown in communication between the care provider and ASC staff, support staff within ASC were supported to improve their communication both verbally and by using written case recordings.

Miss B complained about the communication during her father's discharge planning from hospital. As learning from this complaint, a Discharge Planning Document workshop between health and social care was undertaken to improve a patient's journey in hospital. Lancashire County Council also adopted Living Better Lives in Lancashire vision and strategy to improve people's journey with social care involvement.



Appendix 2(c): Learning from complaints with the Ombudsman.

Mr D complained about the way we and the Trust dealt with his late wife's discharge from hospital to a care home. In response we apologised jointly with health, reviewed our Safeguarding findings and paid Mr D £150.

Mrs H complained that the Council told her we would cover the cost of her husband's time at a nursing home, but we then charged for it. We also overcharged for home care costs. In response, we applied a 50% reduction to the nursing home costs and a credit to the home care account to reflect the overcharge.

Mr A complained about a lack of domiciliary care to help his wife while he was in hospital having surgery. In response we apologised and made payments to Mr A and his wife for this injustice. We also reviewed and revised our published policy for handling Adult Social Care Complaints.

Miss Z complained about our failure to address her non-payment of home care charges at an earlier stage. To remedy the distress caused, we agreed to apologise to Miss Z, reduce the amount she owed by £500 and review our debt management procedures.

Mrs G complained that we provided wrong invoices for her late mother's care and failed to reply to her complaints about this matter. We apologised and offered a payment in recognition of the time and trouble and frustration caused to Mrs G. We also carried out a written review of the case to prevent a recurrence of the fault found.

Mr Y complained about our failure to identify a suitable long-term supported living placement. In response, we paid Mr Y £500, and made service improvements to ensure that cases which engage both the services of housing and social care are progressed appropriately and collaboratively.

Ms J complained about our refusal to refund care contributions she had already made and for failing to review her needs assessment. We apologised, provided a refund and finalised Ms J's care plan.

Mr F complained that we failed to put his care and support in place, causing him to lack support and causing distress to him and his family who had to care for him. We made a payment to the family to remedy this, issued an updated care and support plan and considered whether a mental capacity assessment was necessary.

Mrs X complained that we commissioned a care provider who failed to provide adequate support to her father Mr Y. In response, we apologised, made payments to Mrs X and Mr Y and took action to help prevent a recurrence of the faults which included training on medication administration, accurate record keeping and complaint handling.

Mrs E complained that our commissioned care provider failed to meet her mother's needs resulting in medication errors, failing to provide her with hot meals and causing



avoidable distress. We apologised and worked with the care provider to ensure this did not happen again.

Ms L complained about the allocation of a male social worker to her case, his conduct and poor complaint handling. In response, we apologised and took action to improve our complaint handling.

Mr K complained about the delay in our assessment of Ms P's social care needs which created significant financial loss and distress. We backdated the direct payment funding for the whole period, paid Mr K £250 and explained the measures we put in place to reduce timescales for referrals and assessments.

Mr Q complained that we failed to properly assess care needs and as a result, his allocated care hours were insufficient to meet all his needs. In response we apologised, refunded his care charges and provided him with a copy of his assessment and care plan.



Appendix 3: Compliment examples

Countywide Learning Disability & Autism (Transitions)

"C has been totally amazing very astute proactive and clear in every process and path we have followed together. I have always been able to contact her and never felt abandoned in processes we do not understand.

Without her assistance I would be at a loss with X. It is hard to fathom what is next for our children, young adults at the best of times and many times in the past I have given up as I have struggled with social care when X was younger.

The jobs you all do in your roles are so important to all of us in terms of living day to day with such family members. And I wanted to say thank you to all of you. It isn't just a job but has an impact on everyone you look after when we need support. "

ASC Community Older People & Physical Disability

"I wanted to contact to say a HUGE thank you for all your help and support with my dad's care needs.

Working with you has been a massive relief and in different circumstances would have been a great pleasure. You made dealing with my dad's changing needs so much less daunting for us all. Thank you!

Please do forward this email on to your manager as it is so important that praise and credit is given when due. Social workers have such a bad reputation which I've always found unfair. You are a shining example of how the role should be carried out."

Community North and Health and Prisons

"I am writing to you as I wanted you to know about the exceptional service that we have received from G. Initially we were allocated a different social worker and had a few issues and G picked up where she left off. Thank goodness G was out in our path. From the first conversation that I had with G I felt that she was committed to her role.

We had quite a difficult journey with our father during 2023 and sadly he passed away in December.

Without the help, support and advice from G, our lives would have been so much more difficult and towards the end of Dads life her professionalism helped us navigate around



the various people and places that were so important to get Dad placed into the where was best for his end-of-life care.

Whenever G said she would get back to us she did. When she said she would get something done for us she did.

As a family we wanted to express our thanks and gratitude not only to G but to yourself as her manager and we wanted to make you aware of her ability to remain professional yet have so much compassion and empathy for our family. If there was some way to recognise her outstanding performance, please let me know as a thank you really didn't seem enough after all she has done for our family."

Safeguarding

"I am emailing to thank you most sincerely, for the investigation into the safeguarding of my father, which you have recently completed. You contacted me very quickly after the referral was made by the relevant bodies and were very compassionate and understanding from the onset.

I feel you have taken the information, from the referrers and myself seriously and acted in a way which we as a family, feel the case warranted.

You updated me as to your findings regarding the care given to my father in his latter care home and updated me sensitively as to the failings you have found.

You have informed me of the next steps this last week and took the time to seek my opinion regarding these steps. This has been a very upsetting time, to be honest one of the worst of my life. I have felt not able to speak to many people regarding my father's injuries and have found it very difficult, when professionals have said frequently, they have never seen anything like it. I am happy that the care home will now be visited by the CQC and that they are aware of the home.

Putting your loved one in a care home is awful, but you trust that they will be well cared for and safeguarded. It is reassuring to know that failings are taken seriously by LCC and acted upon in a timely manner.

Thank you for protecting my dad in the future and the residents who remain in the home who are absolutely lovely and deserve the best care in their final years."



Quality Contracts and Safeguarding Adults

"I wanted to take a moment to express my appreciation for the opportunity to meet you yesterday. It was a pleasure connecting with someone as knowledgeable and engaging as yourself.

Our conversation left a positive impression, and I am eager to continue our dialogue. Your insights on the safeguarding of adults for my team were particularly enlightening, and I am looking forward to exploring more about how we can improve and educate staff at the care home.

I value the connections made during such events, and meeting someone with your expertise and enthusiasm only adds to the experience. I believe there could be potential for collaboration or further discussions that would be mutually beneficial."

