

Care Complaints

Overview & Scrutiny Review



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Background to the review

At the Health Scrutiny Committee Steering Group meeting on 10 January 2012, members met with Pendle Councillors David Whalley and Graham Roach, together with their Scrutiny Officer Kath Haydock, to receive a presentation of a report on a scrutiny review they had recently undertaken entitled "Scrutiny Review of the Welfare of Elderly People in Care Homes"

One of the conclusions of the report produced by the Pendle scrutiny review identified that:

'Further clarification is needed in respect of the complaints procedure so that improvements aimed at ensuring the swift resolution of complaints and concerns can be considered'

A discussion between members highlighted that there were a number of issues that merited further investigation and these included:

- The process the County Council's contracts monitoring team go through when they receive complaints and/or concerns from residents
- Whether there was a need to review the information produced on the County Council's Preferred Provider list – to make it more meaningful and useful when selecting a care home.
- Difficulties encountered when there are many different avenues to record a complaint and different organisations (e.g. Lancashire County Council, Care Quality Commission, the owners of the residential home etc)
- Concerns about how the public make a complaint and then receive assurance that something is being done
- Greater use of Healthwatch in the future for enabling people to understand the services when making complaints.
- Fear felt by some service users of making complaints to the care home in case of reprisals.

As a direct result of these discussions the Steering Group of the Health Scrutiny Committee requested that a County Council task group be established, with cooperation of two District Council members with one member being from Pendle Borough Council, to look into these issues in more detail and on a county-wide footprint.

A request to establish a task group was submitted to the Scrutiny Committee, and this was approved at the meeting held on 14 September 2012.

Unfortunately, unavoidable circumstances, such as the County council elections, meant that the Task Group wasn't finally formed until July 2013 and the first meeting took place the following month.

Membership of the task group

The Task group was made up of the following County Councillors:-

- Chris Henig (Chair)
- Steve Holgate
- Mohammed Iqbal
- Margaret Brindle
- Graham Gooch

It was also agreed that 2 District Councils be invited to take part:

- Cllr David Whalley (Pendle) – As Cllr Whalley was unable to attend every task group meeting he was substituted by Cllrs Ann Kerrigan and Pauline McCormick on a number of occasions.
- Cllr Julia Berry (Chorley)

Scope of the Scrutiny exercise

The original scope of the task group was to:

- Review the systems and procedures currently in place to facilitate a complaint to be made against a private care home provider
- Consider the support provided by Lancashire County Council and partners to assist with the complaint process.

Pendle also requested that the following issues be considered for inclusion in the review

- The statutory powers of the Care Quality Commission in relation to investigating individual complaints
- The role of the County Council via the relevant social work team to investigate individual complaints on behalf of residents.
- The complex complaints procedure
- Availability of information on how to complain
- People are often frightened of complaining for fear of reprisals.

Whilst the task group had a limited timeframe within which to carry out their investigation they felt that it was important to include as many areas for consideration as possible.

Throughout their investigation members briefly discussed other aspects of service improvement relating to complaints regarding domiciliary care and overall standards of care in residential homes. As these areas were outside the scope of this task group it was agreed that they would ask the Health Scrutiny Committee to consider these issues for inclusion on the work plan. However members acknowledged that often the detail of an actual complaint gave essential context to the particular issues people encountered when they tried to complain about a service or aspect of care. This acknowledgment was recognition that whilst the scope of the review was to look at the care complaints procedures and therefore the review of a process, ultimately the process related to people, and the personal, often emotional factor should not be overlooked

Methodology

Witnesses

The Task Group carried out a series of information and evidence gathering sessions. Discussions took place with a number of witnesses.

- Angela Esslinger – Strategic Customer Quality Manager, Adult Services Health & Wellbeing Directorate, Lancashire County Council
- Stephen Mayers - Business Relationship Officer, One Connect Ltd
- County Councillor Tony Martin – Cabinet Member for Adult & Community Services
- Paul Simic - Chief Executive, Lancashire Care Association
- Julie Playfer – Compliance Inspector, Care Quality Commission
- Tony Cliffe – Inspector, Care Quality Commission, Central Lancashire Team
- Linda Healey – General Manager, Healthwatch
- Dee Greenwell and Maggie Barton– two members of the public (Their contribution to the review took the form of a detailed interview carried out by the Chair of the task group and taking part in a half hour film highlighting their experiences.).Members also acknowledged their contribution to the review that had been undertaken by Pendle scrutiny members.

Media

The following press release was issued on 2 October 2013 asking anyone who would like to share their experience of the residential care complaints process to write to County Councillor Chris Henig.

Task Group Looking At Residential Care Complaint Process

A health task group is asking members of the public for help as it looks into complaints procedures at residential care homes across the county.

Set up by Lancashire County Council's Health Scrutiny Committee, the task group is asking anyone who has had concerns about an older person in residential care to come forward and share their experiences, whether they went through a formal complaint process or not.

Chair of the Care Complaints task group, County Councillor Chris Henig, explained: "We want to learn from the experiences of anyone who has had concerns about an older person in residential care, whether or not they went through the formal complaints process. We are committed to working with local people and the care home industry to ensure that we have a failsafe complaints system here in Lancashire.

"We have already found a great deal of confusion around about the complaints process and need to ensure that we have a system that inspires confidence and works to protect the vulnerable."

As well as asking people to share their experiences, members of the task group, who come from across the county, are undertaking fact-finding visits to local residential homes,

to look at their arrangements for dealing with complaints, as well as meeting with cabinet members from the county council, representatives from the care home industry and the Care Quality Commission.

The task group will make its recommendations to Lancashire County Council's Health Scrutiny Committee in early December.

In addition County Councillor Henig took part in a panel discussion broadcast on the Sally Naden show on Radio Lancashire on Thursday 12 September, County Councillor Gooch joined her in the audience.

County Councillor Henig was able to explain the purpose of the task group and request that listeners be invited to provide her with their experiences of complaining about residential care

Documents

The task group looked at a number of policies, procedures and other supporting documentation as part of their investigation and a full list is detailed below:

- Care Quality Commission: Standards for Care Homes
- Lancashire County Council: "Making a Complaint about adult social care"
- Pendle Borough Council Scrutiny Review – "Welfare of elderly people in care homes"
- Notes of the Health Scrutiny Steering Group meetings on 10 January and 13 March 2012
- Mystery shopping exercise carried out by Pendle Seniors Group
- Data on the number of complaints notified to Lancashire County Council regarding residential care homes over the period April 2010 to March 2013.
- NCompass – Care Home and Home Care Independent Visitors: Pilot Study proposal.

As a result of the media coverage of the Task Group review, a range of correspondence was received from the general public who responded to the Task Group's request for people's personal experiences of making a complaint about a residential care home. It was agreed that these submissions from the public would remain anonymous.

A range of information on websites was also considered which included:

www.cqc.org.uk

www.lancashire.gov.uk

www.lancashirecare.org.uk

www.healthwatchlancashire.co.uk

Site Visits

Members felt that it would be beneficial to gather evidence from actual care home providers and they interviewed a number of care home managers asking a series of previously agreed questions to ensure a consistent approach to the information gathered

A total of 14 residential care homes were surveyed in this manner and it was agreed that the responses would also remain anonymous.

Findings

i. Definition of a complaint

The task group identified that the definition of a complaint varies slightly between different organisations and a sample of those found are below:

"any expression of dissatisfaction, whether justified or not."

"a complaint is any expression of dissatisfaction about a service that is being delivered, or the failure to deliver a service, or the behaviour of a staff member"

"a concern or complaint is 'any expression of dissatisfaction that requires a response'"

"an expression of dissatisfaction or disquiet about the actions, decisions or apparent failings of an adult's social care provision which requires a response"

Members noted however that an explicit definition of a complaint is not easily identifiable on the County Council's website pages relating to the complaints procedures.

ii) Current data

Below are a range of tables detailing statistical information relating to the care complaints review that the task group used as part of their investigation

Number of complaints about care homes received by Lancashire County Council:

	2010/11	2011/12	2012/13
Total complaints received	29	25	37

Since January 2013 approximately 150 inspections of care homes have been carried out by the OCL contracts monitoring team.

Number of care homes in Lancashire)

	East	North	Central	Total
Private provider homes	133	137	123	393
Homes owned by LCCG	7	5	5	17
Total	140	142	128	410

(Lancashire County Commercial Group – a Direct Service Organisation in established in 1998 which provides residential and day care services primarily for older people)

**Number of current placements funded by Lancashire County Council
(as at 15.11.13)**

18-64 yr olds	Long term placement	Short term placement	Total
Nursing	137	7	144
Residential	623	106	729
Total	760	113	873
65+	Long term placement	Short term placement	Total
Nursing	1017	12	1029
Residential	3485	85	3570
Total	4502	97	4599

iii) Lancashire County Council complaints procedure and the role of the One Connect Limited (OCL) contract monitoring team

Lancashire County Council (LCC) has a statutory responsibility to provide a complaints procedure for adult social care services. The NHS also have a statutory responsibility to provide a complaints procedure and if the complaint is about both health and social care issues, a single joined up response must be produced by all organisations involved in the complaint.

The complaints process is intended to be a robust, positive aid to inform and influence service improvements, not a negative process to apportion blame.

The table below details the key elements of the County Council's complaints procedure and further information can be found on the Lancashire County Council website

There are a number of ways in which a complaint can be made and these include:

- the feedback form and pre-paid envelope in the 'Your Views Count' leaflet.
- on-line via the County Council's website at: www.lancashire.gov.uk
- by phone on 0845 053 0009.
- write a letter to your local adult social care office.

The County Council will accept complaints from friends and family acting on behalf of a care home resident providing this is made clear in the correspondence. However the council will need to establish informed consent of the individual concerned when the complaint is made by a 3rd party or, if capacity is an issue, more information may be required in order to proceed with the complaint and before personal information can be disclosed.

The County Council will assess the complaint so that appropriate and proportional action is taken according to priority. They provide the complainant with all the necessary information in relation to the issues raised and, where appropriate, offer a resolution.

If the complainant is not satisfied with the response, or the County Council have not responded within a reasonable time, they can complain to the Local Government Ombudsman who is completely independent of Lancashire County Council. Although the Ombudsman can investigate complaints about what the local authority has done (or not done), they cannot question what the authority has done simply because someone does not agree with it.

As part of the complaints procedure the County Council will acknowledge a complaint within 3 working days – then depending on the individual circumstances a resolution can take up to a maximum of 6 months.

Any complaint should be made as soon as possible but no longer than 12 months after the date of the event or 12 months from when the person first became aware

In determining how to progress with a complaint the County Council establishes what action the complainant has already taken. The aim is to minimise unnecessary use of the complaint process and to avoid duplication and confusion.

OCL contracts monitoring officers work with contracted providers to resolve problems and support the resolution of complaints. Outcome letters should identify the learning for the organisation which is then recorded by the Customer Quality Team.

The OCL Procurement Centre of Excellence liaise with the LCC Commissioning Teams to raise issues relating to providers which could influence future strategic commissioning decisions.

Staff are instructed that a distinction should be drawn between matters of general customer dissatisfaction and matters which may be indicative of unfitness to operate or a breach of regulations, in which case the Care Quality Commission should be immediately notified.

All complaints are treated confidentially. Only the people directly involved with looking into the complaint will know about it.

Because Lancashire County Council commission the service they do have a vested interest and will get directly involved if complainants come to LCC in the first place. However as it's a commissioned service, it's a private provider delivering the service so the advice from Lancashire County Council is to try to talk to the provider in the first instance.

It was acknowledged that there were a number of different organisations that could receive the complaint because the intention is that you can complain anywhere, and whilst this offers the complainant choice, it can also lead to confusion in terms of who is taking responsibility for any actions required.

Each provider should have a service user guide that includes the complaints process – which should be available for everyone (residents and their families).

Complaints from self-funded users of independent services cannot be considered under the LCC Adult Social Care procedure unless an assessment has been undertaken. These complainants can access the provider's own complaints procedure and then can go directly to the Local Government Ombudsman if matters remain unresolved.

iv) Role of the Care Quality Commission

The Care Quality Commission (CQC) is the independent regulator of health and adult social care services in England. They make sure that care provided by care homes, by agencies in people's own homes, in hospitals, by dentists, in ambulances and elsewhere meets national standards of quality and safety. They also protect the interests of vulnerable people, including those whose rights are restricted under the Mental Health Act

By law all care homes in England are responsible for making sure that the care they provide meets national standards of quality and safety. The CQC register care homes if they can demonstrate that they are meeting the national standards. If care homes are not registered with the CQC, they will not be able to provide services.

The CQC also provide a range of advice and guidance on their website on how to make a complaint about a care home:

They state:

- If you have a complaint about a care home, nursing home or any other social care service, the first thing you should do is tell the home or service. This applies whether you pay for your care or your local council funds it.
- By law, every care home and social care service must have an efficient procedure for dealing with complaints. Ask for a copy of the service's complaints procedure so that you know what you need to do and how they will deal with your complaint.
- If care is funded by your local council and you are not happy with the reply you receive from a care service when you complain, you can take your complaint to your local council.
- You will need to follow their complaints procedure – your social worker, care manager or the council's complaints manager will explain what to do.
- The care service or the council should try to sort out your complaint themselves and put things right to prevent the same thing happening again.

The CQC also inspect care homes to make sure they are meeting the national standards. They can inspect a care home at any time if there are concerns about the care it provides. If they find a care home isn't meeting the standards, they take action and then re-inspect it. These inspections test how the care home is performing against a range of compliance assessments.

Outcome 17 is the compliance assessment that relates to complaints and detailed below are the factors that CQC inspectors use to determine whether a care home is meeting this particular national standard.

CQC Provider Compliance Assessment – Outcome 17 (Complaints)

The people who use services (or others acting on their behalf) should:

- Be sure that their comments and complaints are listened to and acted on effectively
- Know that they will not be discriminated against for making a complaint

These expectations are based on the knowledge that the provider has committed to:

- Have systems in place to deal with comments and complaints; including providing people who use services with information about that system
- Support people who use services to make comments and complaints
- Consider fully, respond appropriately and resolve where possible any comments and complaints

The CQC test the robustness of complaints process against 5 indicators of compliance by asking care homes to provide evidence to demonstrate that:

- People who use the services can be confident that their comments and complaints are listened to and dealt with effectively
- People who use services whose care, treatment and support is shared by more than one provider, or has been transferred to another provider, know that their comments and complaints are listened to
- As a provider, they are able to produce a summary of complaints at a time and in a format set out by the CQC and then send the summary within the timeframe specified.
- People who use services benefit from a service that takes into account relevant guidance.
- People who use services are able to use the comments and complaints process

During routine scheduled inspections the CQC inspector has a choice of subject areas for inspection; the complaints outcome (No. 17) is not always checked at every inspection.

CQC officers explained that if no information is displayed about the complaints process on a notice board it was felt that an inspector would investigate further – however this was not a guarantee. Inspection plans are devised for each individual visit based on received intelligence and therefore if quality and complaints is an issue then it will be included on the plan.

The CQC have no legal powers to investigate individual complaints – they will pick up themes and deal with those rather than deal with the complaint itself. CQC get a lot of anonymous complaints on their website – they are all looked into but obviously cannot reply back but would inform Lancashire County Council

The CQC officers that the task group spoke to were of the opinion that the culture of the home and their ability to acknowledge and deal with a complaint differs between establishments. Some good practice can't be put into a process – this is more about the management style and culture of the organisation.

Members were disappointed that the CQC did not place greater emphasis on determining whether a care home maintained a robust complaints procedure at each and every inspection.

v) Submissions from the general public

The task group were especially grateful that members of the public had taken the time and effort to contribute to the review of care complaints by informing them of their experiences. It was acknowledged that whilst procedures and policies may be in place to address complaints, actual stories of people's real engagement with the process was invaluable and gave a candid insight into the difficulties some had experienced.

A summary of the key themes emerging from their accounts are as follows:

- The first point of contact should be someone accessible who will take ownership/responsibility for taking the complaint further. *"You want the home to take it (the complaint) on board"*
- Lack of empathy and inconsistent approach to handling complaints by care home staff – defensive attitude adopted by many
- Not all complaints were recorded so it made it difficult to evidence when escalating an issue to either head office or the County Council. A complaints book (rather than a loose leaf file) would help to ensure that complaints are properly recorded, with no 'lost' paperwork;
- Lack of ownership of the complaint by the care home – not feeling responsible. Not feeling listened to and being passed from pillar to post
- Don't assume that residents or their families feel confident enough to complain or know how to do it, or that they know the difference between complaints and safeguarding issues (as these are dealt with differently)
- The term 'Preferred Provider' which referred to a care home that had been checked and monitored by LCC to ensure they provide high quality and personalised services was felt to be misleading as it implied they were better than organisations not on the County Council's preferred provider list. (however LCC do not carry out any checks on a non preferred provider)
- Staff, relatives and residents should be able to complain without fear of recriminations
- Long time before a complaint is resolved – felt that people wouldn't *"have the strength to carry on with the complaint"*
- Poor communication on what's happening following a complaint
- Lack of improvement in the service - no evidence of learning. Need to ensure its not just a paper exercise – it should be about improving care and services

vi) **Questionnaire responses**

A total of 14 care homes were surveyed and members of the task group had agreed a set of questions to put to care home managers to investigate how residential care homes promoted and managed a complaints procedure. Detailed in the table below is a summary of the questions and responses:

Does the care home provide a notice board of information that can be easily seen by both residents and visitors?

The majority of the care homes had a prominent, easily visible notice board which displayed a range of information for both residents and visitors

Is the Advocacy poster provided by LCC prominently displayed?

Only one of the homes surveyed had displayed the poster. The remainder were unaware of a request from the County Council but the majority of respondents were cognisant of the advocacy service available.

Does the care home have a complaints procedure – could they provide a copy for you to take away?

All the care homes had a complaints procedure but it was evident from the responses that the robustness and complexity of the process varied greatly. There was no consistent approach amongst care home providers and the level of understanding of the process amongst staff was also variable. The information maintained by the care homes with regard contact details of other organisations relative to the complaints process was not always up to date.

What type of information do they require from a complainant – how is it recorded?

Again as with the previous question, whilst all care homes recorded information on the individual complaint, the level of detail recorded varied considerably. It also identified that some homes only dealt with complaints from residents and not those from families or visitors. It was however encouraging to note that in many cases the care homes described how they also recorded their feedback and outcome of the complaint.

Does the care home record the number of complaints they receive – how many in the last 12 months?

The majority of the care homes acknowledged that they had dealt with only a couple of complaints, relatively minor issues that had been resolved reasonably easily. The task group considered that this seemed an acceptable number of complaints for the period

but expressed concern at the care homes that stated they hadn't had any complaints.

How do they seek general feedback from residents and their families/carers?

The way in which feedback from the residents and their families is sought varied between care homes. However some similarities were identified in the form of periodical surveys and residents meetings. The questionnaire responses did highlight some examples of innovative and exceptional practice, these included inviting feedback from independent visitors to the home such as GPs and nurses and also taking special measures to ensure that residents with dementia were also able to provide their opinions on the care they receive.

How does the care home demonstrate any learning from complaints – can they give examples?

This question was of particular importance to the task group as they were strongly of the opinion that one of the key elements of a complaints process was to ensure that the care or service complained about improved as a result.

The questionnaire identified many examples of individual resolutions to the complaints and what the care home did differently as a result. However only 3 of the respondents, indicated that learning opportunities would be integrated into the training of staff.

vii) Lancashire Care Association

Lancashire Care Association (LCA) represents the independent sector providers in Lancashire; it mainly covers the County Council area but also has significant membership in Blackpool and members in Blackburn with Darwen and adjoining areas. LCA represent care homes and domiciliary care, larger groups and smaller independents delivering care and support to adults and older people. LCA's membership represents just over half of all residential care beds

LCA set up the 'Social Care Partnership' with Lancashire County Council in 2004. This partnership remains the key forum for strategic dialogue between all providers (not just those represented by LCA) and local authority commissioning.

They provide a programme of training for members, organise an annual conference and produce regular newsletters so they have ample opportunities to engage directly with their membership and can therefore raise the profile of complaints and the need to develop a robust process. The Lancashire Workforce Development Partnership (LWDP) supports the independent care sector by providing subsidised staff training and development opportunities, with the ultimate purpose of improving social care in Lancashire for service users.

It was highlighted that the Registered Managers in care homes are key to the culture of the organisation and that they set the tone for training in the workplace.

LCA felt it was important to find a way of having a complaints procedure that can both improve care and effectively engage providers

viii) Advocacy Services

Advocates are paid staff or trained volunteers who people can talk to in confidence. They are independent from health and social care services.

Their staff and volunteers know how social care systems work; who to talk, and complain to, so if people wish to make a complaint, an advocate can help them to speak up for themselves, and make sure that they get their views across as well as possible.

They can help people to work out what they think is best for them and then to help them speak out and try to get what they need. Advocates can help with writing letters or making phone calls, preparing for meetings or even attend meetings with the person they are supporting

The advocacy service is available in all localities; it is independent, confidential and free.

From April 2013, a new advocacy service was introduced to support people to be heard with any NHS or social care related issue or complaint about for example, doctors, dentists, hospitals, carers or social workers. A single phone number will direct referrals and enquiries to the correct service for independent, confidential and free advocacy support within the Lancashire and Blackburn with Darwen council areas. Contact details are:

Tel: **0345 456 3210**

Text phone: **07886 744 634**

Fax: **0300 323 0966**

Email: contact@advocacyaccess.org.uk

Website: www.advocacyaccess.org.uk

The task group were also informed of a proposal for a 'care home and home care independent visitor' pilot study submitted by the organisation delivering the advocacy services within Lancashire and Blackburn with Darwen to the Department of Health

The aim of the pilot would be to develop a service of independent visitors to care homes and individuals receiving home care in order to provide a voice and early detection of individual issues. Such a service is not currently provided and the advocacy service provider felt that with the increasing numbers of citizens in this situation, coupled with a tightening of budgets available for the sector, the risks of individuals not being heard is increasing.

They are proposing that Care Home / Home Care participation in the pilot study would be on a voluntary basis. The incentive for the providers is envisaged to be a combination of visibility that they are trying to 'be the best' and the support to improve their services. Longer term if the

scheme was adopted following the pilot, it could be that participation is mandatory as part of CQC and local authority regulation.

Conclusions

The Task Group reflected on the information and evidence they had considered throughout the review and arrived at the following conclusions:

- It was unclear what the definition of a complaint was, as many different examples existed. It was agreed that the following statement provided a best practice definition:

'Any expression of dissatisfaction about a service that requires a response'

- The statistical information relating to the number of complaints should be quantified against more detailed information relating to individual complaints; as quite often the more complaints a care home receives and resolves can be an indication of an open and transparent organisation committed to learning from feedback from service users and improving the care it delivers. They felt that care homes that implied that they didn't receive any complaints were of greater concern.
- The first-hand accounts by the general public of the complaints process provided the task group with compelling evidence that improvements were needed to the complaints process, particularly in regard to the complexity and inconsistency of the process between different organisations.
- In acknowledgement of the confusion surrounding who to complain to and in what circumstances, it was felt that a single point of access would simplify the process and encourage more people to complain.
- The recording of complaints should be in such a way that a sequential record is kept, a copy of the complaint is provided to the complainant and an appropriate timescale is agreed for a response.
- Greater emphasis needs to be placed on the quality and clarity of a complaints process and this should be reflected in the inspection process of the Care Quality Commission
- Some of the care homes surveyed had out of date information relating to additional advice and guidance that a complainant could access and it was considered that the contracts monitoring team could address this.
- Residential care providers have an opportunity to devise a 'best practice' complaints process and this could be facilitated by the Lancashire Care Association through its membership
- Good well trained managers are key to providing quality care, and the ability to ensure they recognise complaints as an opportunity to drive up standards should be welcomed and promoted.

- It was felt that there was an opportunity for Lancashire Workforce Development Partnership to develop and deliver care complaints best practice training to providers as it was acknowledged that providers may not have the required professional skills or experience.
- Members were disappointed that the Advocacy Poster emailed to all providers was not being displayed.
- The term 'preferred provider' can appear to mislead people seeking a care home and does not guarantee that there is a robust complaints procedure in place.
- As the task group members were interested in the 'independent visitor advocate' service they felt that the Health Scrutiny Committee could keep up to date with the progress of the proposal to run the service as a pilot to the Department of Health
- The task group felt that the Health Scrutiny Committee should be notified of the topics that they briefly discussed that fell outside the remit of the review. Members also felt that it would be useful for the Steering Group of the Health Scrutiny Committee to view the film

Recommendations

The Task Group therefore recommended that:

- The Cabinet Member for Adult & Community Services consider having a 'single point of access' for people who wish to complain as a means of simplifying the procedure
- Lancashire County Council adopt the following statement as a definition of a complaint and ensure the definition is included in all guidance it provides relating to the care complaints process, including the website - **'any expression of dissatisfaction about a service that requires a response'**
- Through the Lancashire Care Association and the Social Care Partnership providers are asked to develop and adopt a robust system for the recording of complaints which includes a sequential record and timescales for response.
- Lancashire Workforce Development Partnership is asked to develop and deliver care complaints training to care home providers to include complaints management and resolution.
- The Care Quality Commission are asked to include Outcome 17 (Complaints) at each and every inspection of care homes they carry out
- OCL contracts monitoring team is asked to ensure that the information included within a care homes complaints procedure is up to date when they carry out their inspections.
- A copy of the Advocacy poster is posted out to every care home in Lancashire.
- The Cabinet Member for Adult & Community Services is asked to consider changing the term 'preferred provider' as it can appear misleading.
- The Health Scrutiny Committee is asked to follow the progress of the 'independent visitor advocate ' pilot study proposal
- The Health Scrutiny Committee be asked to consider the topics discussed by the task group that were outside the scope of the review for inclusion on the work plan, including the evidence documented within the film.

Acknowledgements

The task group would like to thank all those who gave their time and help to this investigation with particular thanks given to all the care homes that took part in the questionnaire and members of the public who provided the task group with many examples of their personal experiences of the care complaints system.