

**Response by the Cabinet Member for Adult and Community Services
to
the Health Scrutiny Committee's Task Group Report
on Care Complaints**

Summary

The Cabinet Member and Directorate welcome the report of the Care Complaints Task Group and are happy to have actively collaborated on the development of this document.

We fully accept that there are occasions when the quality and consistency of care services may be found wanting. Although the report uses the term of "complaints" to describe the concerns that people have about care homes, it is acknowledged that the scope of the report covers areas that span complaints, poor standards and safeguarding.

We accept that the Care Complaints report raises legitimate concerns and will continue to work constructively with all our partner agencies on the issues raised.

Recommendations

As the Cabinet Member for Adult and Community Services, having discussed the proposals with the officers involved, I am very pleased to approve the proposals in this report and to take action to ensure that the work is owned and undertaken. The majority of the recommendations of the Task Group which relate to Council responsibilities, are already in the course of action, or can be relatively easily implemented.

Dissapointingly, the only exception is the work which would be required to be undertaken around the 'single point of access' (SPA) for people who wish to complain as a means of simplifying the procedure. Although the Task Group considered complaints about residential care, this is just one element of a much bigger joint NHS and social care complaints process. A complaints protocol is in the process of being reviewed between all NHS organisations and adult social care provision in the Lancashire, Blackburn with Darwen and Blackpool Council areas.

For concerns that are appropriately managed at a complaints level to be managed through a SPA, there would need to be multi-agency agreements in place with all NHS organisations in Lancashire.

Members have rightly identified a complex and confusing picture where Responsibilities to support complainants and for the management of complaints are shared across many other organisations and often overlap:

- Registered providers are expected to receive and respond to complaints through their own processes.

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- Healthwatch Lancashire already have enter and view permissions to care homes and perform a 'signposting role' for the public for social care and health.
- The existing 0300 Advocacy Access telephone number offers independent advocacy support to help people to complain about NHS or social care issues in LCC and Blackburn with Darwen 6 days a week.
- The CQC host a national contact point in Newcastle and although will not consider individual complaints will address issues that are deemed in breach of regulation.
- The Local Government Ombudsman also receives complaints and they would currently be expected to receive and investigate complaints for people who fund their own care.
- The information and advice role of Help Direct could overlap with the SPA, and may also provide the complaints advice required.
- The County Council Customer Access function also acts as a contact point for concerns. The Customer Service Centre also hosts the single telephone number for Adult Safeguarding concerns that are then passed on to the Multi-agency Safeguarding Hub. This is proving effective access for people to raise concerns (see below.)

The OCL Procurement Centre of Excellence (also in the process of a transfer back to the Council) is actively involved with contract compliance issues that are brought to their attention.

- The Multi-agency Safeguarding Hub receives concerns about providers from many sources including the public. Generally people do not differentiate between what is a safeguarding issue and what is a complaint. Consequently, the Lancashire Adult Safeguarding Board has had a long standing agreement that "the safeguarding system" will consider any type of concern. This is important as information received is checked against historical information, and other intelligence about the provider and is then risk assessed against these wider facts by professional decision-makers. The individual concern, depending on its nature can then be routed to be resolved a number of ways:
 - Passed onto complaints system
 - Passed on to contract monitoring teams
 - Passed on for a health or social care review of the individual concerned to check the nature and level of care is right or
 - Escalated into the safeguarding procedures

Whilst it will be difficult to create one single point of contact for all levels of concerns, I agree with the Task Group the need to streamline these and make sure they are effective is in everyone's interest. What has been demonstrated in the MASH model is the provision of a central point that concerns can be channelled to, no matter where they arise across all our systems. What we have also learnt is that viewing a

complaint against the context of previous information and against other agencies' knowledge gives us a much better view of the quality and safety of a provider.

The report makes a number of recommendations which will be actioned as follows:

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Number	Recommendations from the report	Action	Timescale and Directorate lead
1.	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	<p>The multiagency work that would be needed around the creation of a SPA has the potential to streamline and clarify communication with the public across the Council and NHS in relation to all health and social care complaints. However for that reason, a working group should be formed with all stakeholders, to examine the potential for the creation of such an entity and make recommendations about the viability of such a proposal being delivered.</p> <p>Commenced</p>	<p>Mike Banks</p> <p>To commence</p> <p>Spring 2014</p>
2.	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 - <i>'any expression of dissatisfaction about a service that requires a response'</i>	<p>The LCC website is in the process of being updated. As part of the update to the information on the web, the definition of a complaint will be added to the replacement page information already on the LCC website here:</p> <p>http://www3.lancashire.gov.uk/corporate/atoz/a_to_z/service.asp?u_id=1570&tab=1</p> <p>Completed</p>	<p>Angela Esslinger</p> <p>Spring 2014</p>
3.	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.	<p>Lancashire County Council to introduce this as good practice initially and to then build this into contracts at the next contract update. Compliance checks to be built into future quality and contract monitoring activity.</p> <p>Commenced</p>	<p>Mike Banks</p> <p>Brian Monk</p> <p>Summer 2014</p>

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4.	Lancashire Workforce Development Partnership (LWDP) is asked to develop and deliver care complaints training to care home providers to include complaints management and resolution.	Lancashire County Council have already discussed the need for the development of good complaints handling with the LDWP and will offer support from the Strategic Customer Quality Team to progress this. Discussions commenced. Training planning meeting to be held end 9 May 14	Angela Esslinger To commence Spring 2014
5.	The Care Quality Commission are asked to include Outcome 17 (Complaints) at each and every inspection of care homes they carry out.	This action is out of the scope of County Council control, however, this can be raised with the CQC via the Lancashire Safeguarding Adults Board To be raised on the agenda	Mike Banks Spring 2014
6.	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.	The contract monitoring framework for care homes will be enhanced to include a routine check that information included within care home complaints procedures is up to date at each monitoring exercise. Commenced	Mike Banks Brian Monk Spring 2014
7.	A copy of the Advocacy poster is posted out to every care home in Lancashire.	To save costs, two emails have already been sent with the poster information through the Procurement Centre for Excellence. Lancashire County Council will use contracts information to identify the addresses of all homes and undertake a mailshot. Providers identified, posters printed and final covering letter awaiting approval by County Councillor Henig	Angela Esslinger March 2014

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8.	The Cabinet Member for Adult & Community Services is asked to consider changing the term 'preferred provider' as it can appear misleading.	The term 'preferred provider' is already known to cause confusion with the public. The wording as well as the current process is already under scrutiny as part of the care home banding scheme review. Preferred provider lists are no longer in use from 1 April 14	Steve Gross Spring 2014
9.	The Health Scrutiny Committee is asked to follow the progress of the 'independent visitor advocate ' pilot study proposal	The County Council has supported the proposal and bid by NCompass (an independent advocacy provider for generic and health/social care complaint advocacy) for money from the Department of Health Innovation Fund. Health Scrutiny Committee will be informed when the Department of Health announces the outcome of the bidding process. Decision pending	Angela Esslinger Late Spring 2014
10.	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	This action is out of the scope of County Council control.	

Conclusion

Clearly the correct responses to complaints produce learning and improvement. The Cabinet Member and Council has agreed via its emerging Better Care Fund plans with Clinical Commissioning Groups, to develop an integrated and coordinated quality improvement function in localities that can harness all the resources across a number of agencies that are working to improve quality, standards and individual quality of care. This should make better use of the existing capacity to develop and support best practice and leadership in those homes that fall below expected standards.