



Review of Adult Social Care Complaints 2013

Local Government Ombudsman

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Our role as social care ombudsman:

a one-stop-shop for independent redress

Since the Local Government Ombudsman (LGO) was established by Parliament in 1974, we have been able to consider complaints about council run and funded adult social care services. From 2009, our role in providing a route to independent redress was extended to all privately funded social care.

Since then the LGO has been able to operate as the single ombudsman service for all adult social care, dealing with unresolved complaints about any registered care service, whoever is using it and however it has been arranged or funded.

We also have statutory powers to carry out joint investigations with the Parliamentary and Health Service Ombudsman. This removes the requirement for people to personally refer their concerns to two different ombudsmen where issues of health and social care are involved. In a landscape where social care and health are increasingly integrated, a single investigation provides a more effective way of ensuring that complaints are resolved and lessons are learned.

Our role provides us with a unique insight into the experiences of people who have been let down by the social care system, especially for those people who have moved from private to public funding.

As social care ombudsman we work closely with partners across the social care landscape. This includes sharing relevant information with the Care Quality Commission (CQC), the regulator for health and social care, to ensure that systemic issues identified in complaints inform regulatory action.

Foreword



“ It is important to remember that behind every complaint are the experiences of a person and often their families and loved ones. ”

I am pleased to publish our review of adult social care complaints, the first such report I have published in my role as social care ombudsman. Our position at the apex of the complaints system means that we see those issues that have not been resolved locally.

Adult social care is the fastest growing area of our work. With the highest uphold rate, we are more likely to find evidence of maladministration or service failure in social care than in any other area of our jurisdiction. This report highlights the trends and themes that we have seen in those complaints. Our data demonstrates that the social care system still has

a long way to go to ensure that complaints handling is meeting the needs of the public.

It is important to remember that behind every complaint are the experiences of a person and often their families and loved ones. In our report we tell some of their stories to highlight the voices behind the numbers. Whether this was an elderly woman whose dignity and privacy was ignored or a young man with autism who did not receive the support he needed - their experiences say more about the state of social care than our statistics could ever show alone.

The steps being taken in the NHS to implement the recommendations of the Francis and Clywd-Hart reviews are also beginning to touch upon parts of the social care system. Any improvements that they deliver to the way social care complaints are handled are to be welcomed. However, we must avoid the risk of treating adult social care as an afterthought to be addressed wherever its issues overlap with those of the NHS. We must not wait for a significant failing in adult care to prompt us to more closely examine the way social care providers deal with complaints and to ensure the complaints system meets the needs of its users. The complaints data presented here provides sufficient reason for us to improve the social care complaints system now and our report suggests some steps that can be taken.

Our experience of providing an independent view on social care complaints shows that a complaints system that is meeting the needs of users is:

Easy to use - people should know how to raise a complaint, not face barriers when complaining and should feel confident in raising their concerns. Our report questions whether the complaint system is accessible to the people that need it.

Working effectively - the provider should be able to resolve complaints at the first attempt. The case studies in this report provide examples of where this did not happen and where people had to battle to seek the right outcome.

Accountable - services should be accountable to users and subject to effective governance. This might be through local councillors on scrutiny committees or boards of private providers. Our report concludes by posing questions for elected members and others that we believe will help encourage stronger local accountability.

The evidence in this report identifies the challenges that lie in the way of delivering accessible, effective and accountable services. It also poses questions that providers, commissioners and scrutineers of services need to ask of themselves and their services. I hope that my report will be the trigger needed and that my future reports will deliver a more positive assessment of social care complaints.

Dr Jane Martin
Local Government Ombudsman
May 2014

At a glance: social care complaints in 2013

2,456 registered complaints and enquiries

442

assessment & care
planning complaints



429

fees, grants and
payment
complaints



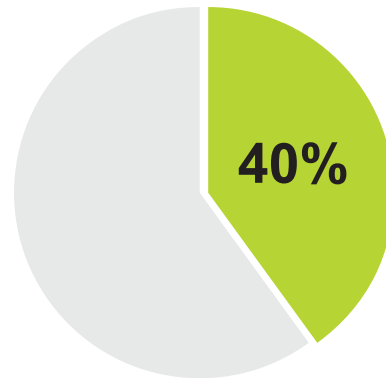
406

residential care
complaints



46%

of complaints upheld



of complaints
received
come from 25
councils

130%

increase
since 2009

13.8%

increase
since 2012

The numbers: what we saw in 2013

This report covers the adult social care complaints that we have considered during the 2013 calendar year. What constitutes adult social care is often the subject of debate, especially as the boundaries with healthcare become less defined. This report focuses upon complaints about services provided for adults who need extra support. This includes:

- > older people;
- > people with learning disabilities;
- > people with a physical disability;
- > people with a sensory impairment;
- > people with mental ill health; and
- > carers.

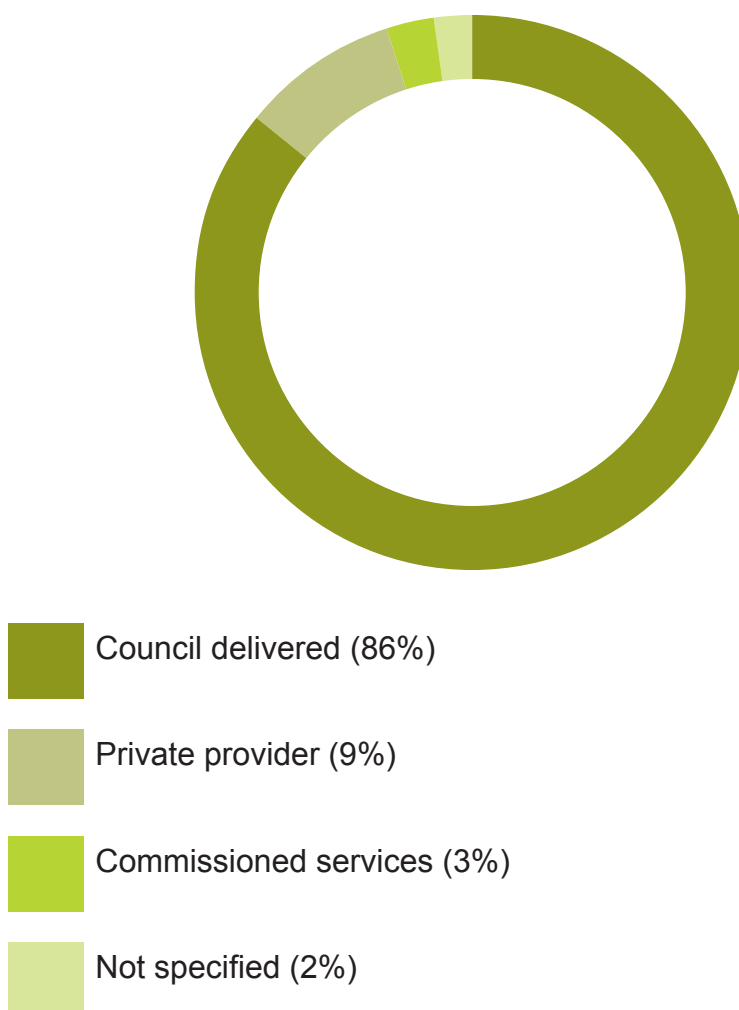
The report considers complaints about all types of registered social care providers regardless of whether care is delivered by a local authority, commissioned by a council or privately funded.

Increasing complaints

In 2013 we registered 2,456 complaints and enquiries about adult social care, representing nearly 12% of all complaints made to the Local Government Ombudsman. Compared to the previous year, social care complaints have increased by 13.8% making it the fastest growing area of complaint across our jurisdiction. This continues a trend that we have seen over the last four years. Indeed since 2009, when our powers were extended to cover all social care providers, we have seen an increase in social care complaints of more than 130%.

In 2013 the majority of complaints were about local authority delivered services, accounting for 86% of complaints and enquiries registered. This is comparable with previous years.

Complaints by type



The numbers: what we saw in 2013

While we have received complaints about the social care provision provided by most local authorities, a large volume of those complaints were concentrated in a relatively small number of local authorities. In 2013, 40% of social care complaints we received were in relation to 25 local authorities. Many of these are councils with large populations. Higher numbers of complaints do not necessarily suggest poorer services or less effective complaint handling. We have therefore adjusted the overall figures in the table below to take account of the population size of the local authority. This provides a more accurate picture of those areas of the country where there is a disproportionately high number of complaints. The table lists the 10 local authorities with the highest ratio of complaints per 100,000 people (The Isles of Scilly, with one complaint has been excluded as the population is too low to be statistically comparable.)

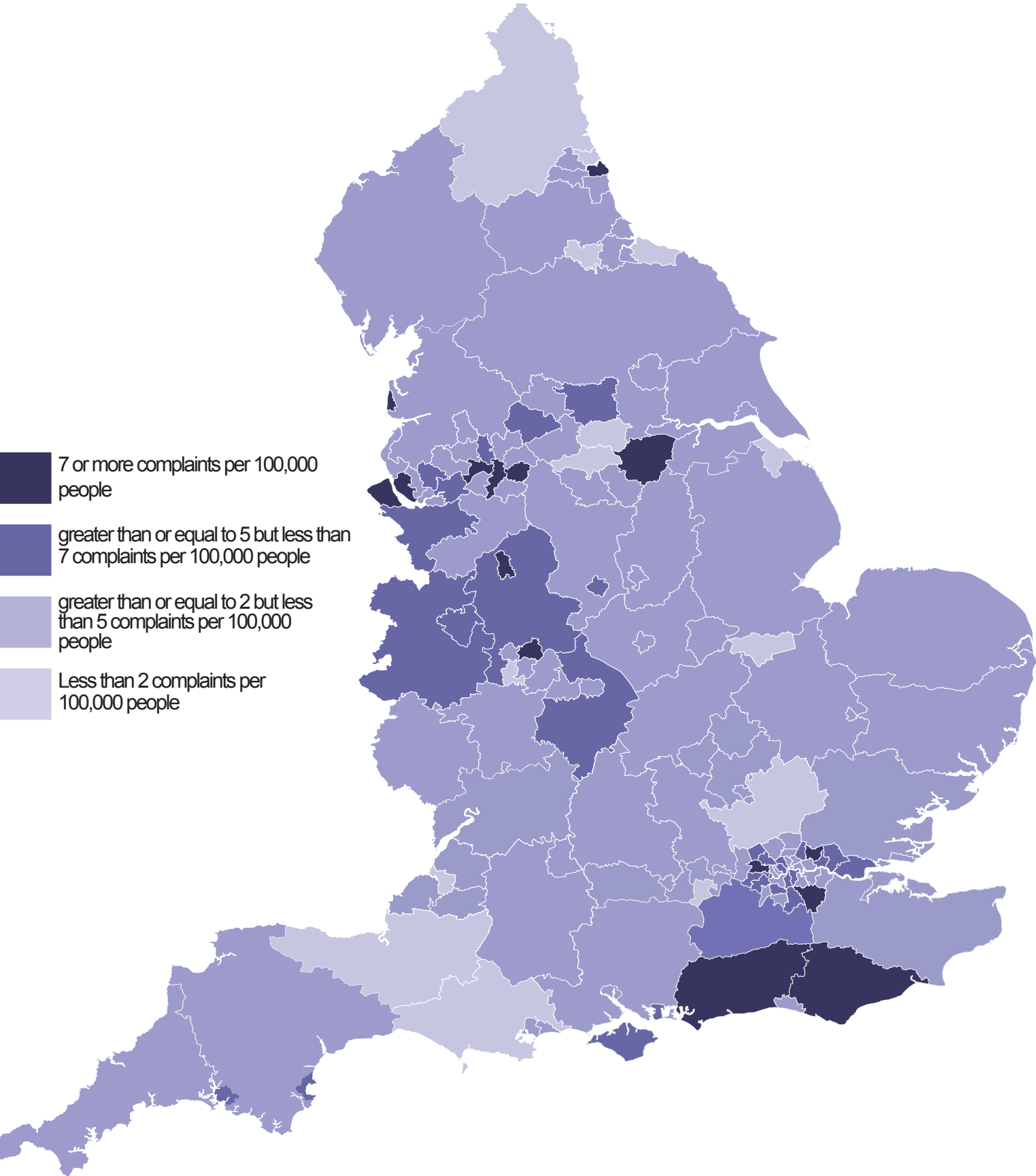
All local authorities should review the data on complaints to consider the quality of care and effectiveness of complaint handling in their area. Those scrutinising services need to look at the details behind the numbers. Sometimes higher numbers of complaints reflect organisations with an open and mature approach to the concerns of their service users, where feedback is encouraged and actively sought out. Similarly, lower numbers of complaints can indicate that there needs to be a focus upon the accessibility of the complaints process.

The complexity of the picture can be illustrated by looking at data which measures the satisfaction of users of social care in every local authority area. Map 1 shows the total number of complaints and enquiries registered by us in 2013 by local authority. Map 2 shows levels of dissatisfaction with care services as published by the Health and Social Care Information Centre (Personal Social Services Adult Social Care Survey, England 2012-13, Final Report, Experimental statistics).

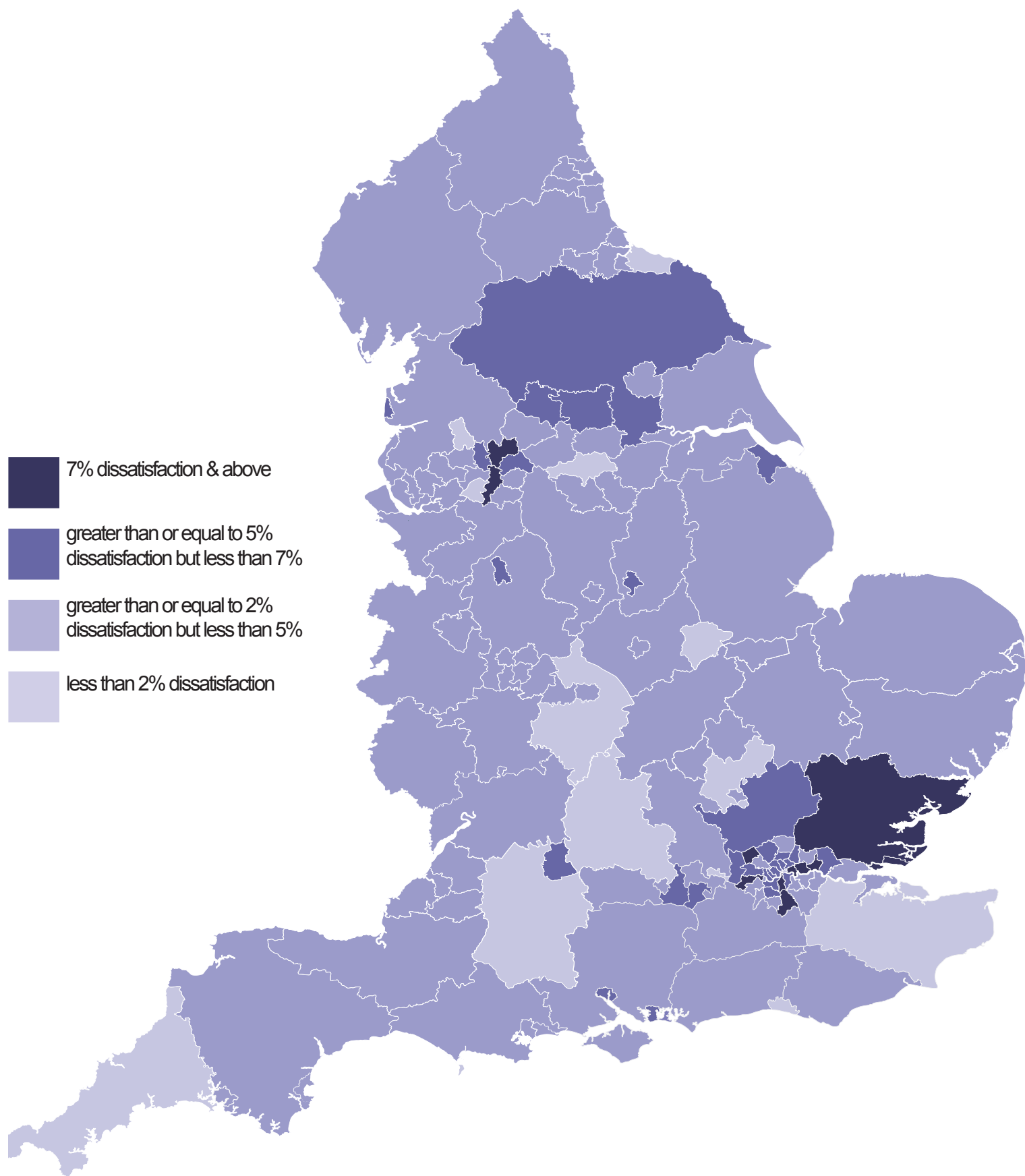
The two maps demonstrate that there is not a direct correlation between dissatisfaction with services and volume of complaints made to us. Those local authorities with high dissatisfaction but low complaints need to examine whether they operate complaints processes that are accessible or whether there are barriers that discourage or prevent users of care services from raising concerns. Conversely, councils with low dissatisfaction but high numbers of complaints to the ombudsman should consider whether users of services are having to escalate their concerns to us due to inadequate complaints resolution at the local level.

Local Authority	Number of complaints/enquiries	Complaints per 100,000
East Sussex CC	63	11.96
Redbridge LB	29	10.40
Blackpool BC	14	9.85
Bromley LB	28	9.05
Walsall MBC	24	8.91
Wirral MBC	28	8.76
Ealing LB	28	8.27
Doncaster MBC	25	8.27
Tameside MBC	18	8.21
Stoke on Trent (city)	20	8.03

Map 1: complaints and enquiries we received per 100,000 people in 2013



Map 2: dissatisfaction with care services by local authority*



*Source: Health and Social Care Information Centre (Personal Social Services Adult Social Care Survey, England 2012-13, Final Report, Experimental statistics)

The numbers: what we saw in 2013

Examining what is happening with local authorities only provides part of the picture. Our jurisdiction as ombudsman for all registered social care providers allows us to offer a perspective over the entirety of the social care complaints system. In addition to publishing data about council-delivered care, for the first time we are also publishing details of those private providers that we have received complaints about during 2013. This can be found in the data annex at the end of this report.

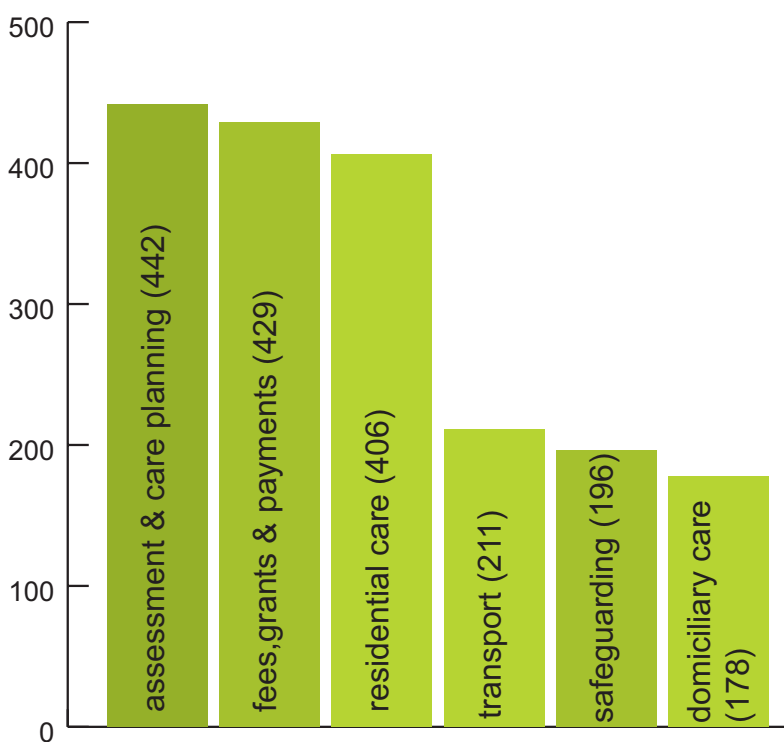
The overall picture shows that a relatively low number of complaints about private providers reach the ombudsman. In 2013 we received 218 complaints and enquiries accounting for just 9% of all adult social care complaints. This share of complaints has remained constant since our jurisdiction was extended to private providers.

The sector should challenge itself to understand the story behind this low number of complaints. It may be that this reflects high levels of satisfaction but it may also mean that the public are unclear about how and where to raise concerns and complaints.

Frequent issues

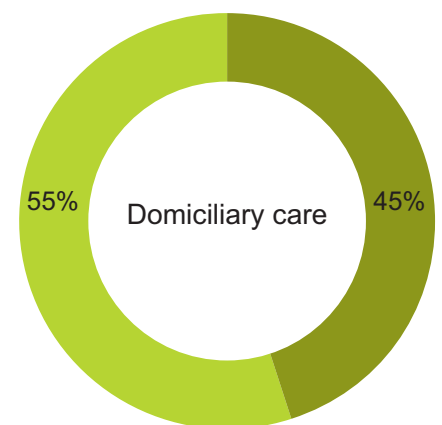
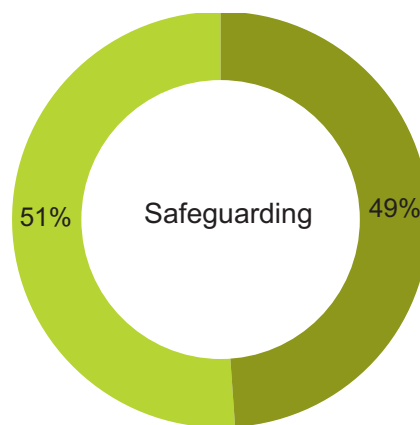
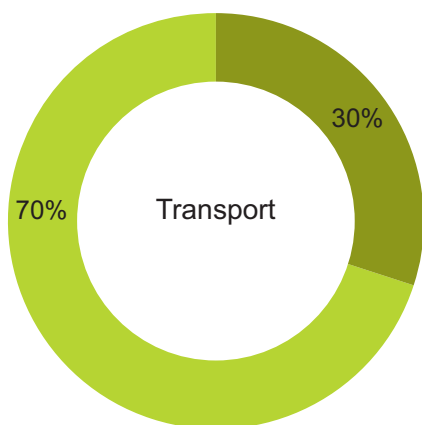
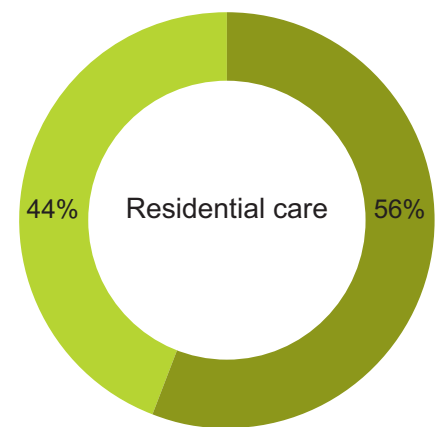
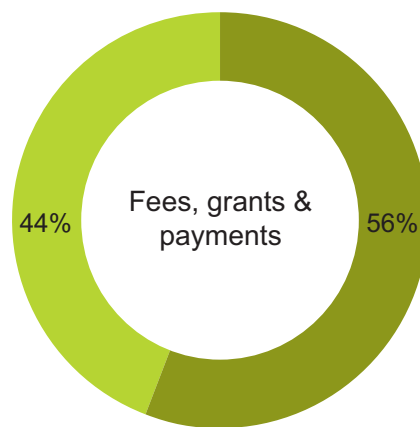
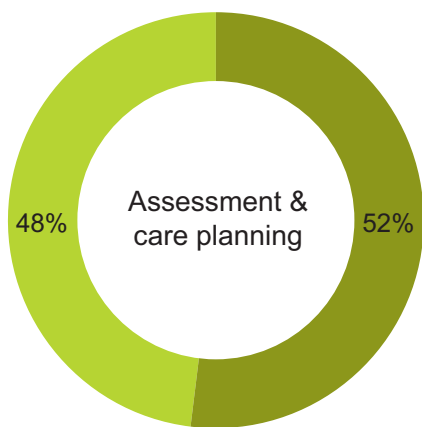
The complaints we received covered a wide variety of concerns but there were a number of issues that we saw repeatedly. The charts below and on the next page highlight the most common types of complaints that we received in relation to social care and the proportion that were upheld following an investigation.

Frequent types of complaints and enquiries



The numbers: what we saw in 2013

Frequent types of complaints and enquiries - proportion upheld



The numbers: what we saw in 2013

Assessment and care planning

Assessing and planning for people's care needs is not optional. Councils are under a clear legal duty to carry out an assessment for everyone in their areas who may be in need of community care services. Subject to eligibility tests the council must then provide those services.

With a clear statutory obligation on local authorities it is a cause for concern that more complaints are made about assessment and care planning than any other issue. In 2013, 442 complaints included concerns about this area, an increase of 7% on the previous year. Over half of complaints investigated were upheld. The concerns that people raise are often about the process used for assessing needs. Peter's story highlights a too common complaint that a council had not taken all the facts into account when carrying out their assessment. The consequence of this is that people, often in very vulnerable situations, are left without the care and support that they need.

Ignoring the evidence

Peter has autism, epilepsy and moderate learning disabilities. He lives at home with his mother. After his NHS funding was withdrawn the council assessed his needs but failed to comply with its legal duty to agree an aftercare plan.

Care professionals raised concerns that the care package offered would not meet Peter's needs but our investigation showed that the council failed to take into account all the relevant evidence. As a result Peter and his mother were left without the support they needed and Peter was unable to access respite. Their frustration was further increased when the council's response to the complaint contained inaccurate information.

We recommended that the council reassess and expedite the process of identifying Peter's needs so a care package could be agreed. We also recommended that they apologise for the way they carried out the original assessment and for how they responded to the complaint. We also recommended a financial remedy.



Disregard for dignity

Rebecca had a care package that provided her with support for preparing meals, collecting her pension and with showering. Following a reassessment the council reduced the amount of time that she received support

for. In particular Rebecca was offered reduced support for showering as they felt it could take less time if she did fewer tasks herself. Rebecca considered it was important to shower herself to maintain her privacy. When the assessment was carried out the council failed to complete the section for considering risk to the service user.

When we investigated the complaint we found that the council had not demonstrated that it had considered the risk to Rebecca of reducing her care package. In particular the council gave insufficient regard to the importance of Rebecca's dignity and privacy when relying upon carers to carry out intimate tasks. We recommended that the council review Rebecca's care plan and carry out a proper risk assessment; apologise for failing to carry out adequate reviews and provide a financial remedy.

We also see examples of where the process itself ignores the fact that there is a person behind each care assessment. This is someone with individual circumstances whose needs and worries should be at the heart of determining the care they require. In Rebecca's case, the focus on process meant that her right to have her dignity and privacy respected was overlooked meaning that the care package did not meet her needs.

Assessing and planning for care needs is perhaps one of the most fundamental local authority duties. Our data shows that councils are getting this basic obligation wrong. This report is an opportunity for all councils to learn from the cases we have published and to review their own processes to ensure that the needs of the person are central to decisions about care provision.

The numbers: what we saw in 2013

Fees, grants and payments

Last year 17% of complaints included concerns about the financial elements of care provision, whether that was charges being made for care or about access to financial support. More than half of those complaints raised issues of fees being charged in circumstances where they should not.

The law, regulatory and government guidance sets out the circumstances where a local authority must, may or cannot charge for care services. Despite that clear guidance complaints are referred to us where fees were wrongly charged. In Sonia's case a council sought to make a provisional charge which was not allowed under statutory guidance. This was not a one-off error by the local authority, affecting a single individual. Our investigation found this was a wider failing where a policy was being applied that impacted upon many people locally.

An unfair policy

Sonia is visually impaired and lives at home on her own. She went into hospital after she broke her pelvis and a social care assessment was carried out by her council. They wrote to her to provide details of her care package. She was unable to read this and although council officers knew of her visual impairment they failed to make adjustments for it. The council needed to assess whether Sonia would need to contribute towards the cost of her care. However, contrary to statutory guidance they operated a policy of issuing a provisional charge until the financial assessment was carried out.

We determined that the application of this policy was both maladministration and service failure. Following our recommendations the council waived Sonia's charges and made a financial payment in recognition of the time and trouble in pursuing the complaint. Our investigation also found that other people in the area were affected by the council's policy. We recommended that the council withdraw their provisional charging policy; identify those people affected by it and refund any provisional charges that should not have applied.

Clarity of fees

Jenny lived at a private care home for the final two years of her life. She went there for residential care and the fees were paid privately. During her time at the home Jenny required nursing care. The care provider did not give Jenny a contract for her residential stay, or any written information about her fees but a weekly fee was agreed. Jenny and her family understood that this was the amount she would pay for the duration of her stay.

For the final six months at the home the NHS paid a contribution towards Jenny's care costs. Invoices were provided that deducted this contribution from the previously agreed fee and the family paid these. After Jenny passed away her family received a final invoice which increased the weekly fee and backdated the increase.

The lack of clear information about fees had caused confusion for the family. The care home had also overcharged for its services. We recommended that the care home refund the overpayment; act to ensure the accuracy of its invoices and give information about fees in writing and in a timely manner. We also recommended that it improve its complaints process with written information that refers people with concerns to us and the CQC.

Private providers are also failing to handle the issue of fees correctly. We receive complaints that providers have sought to charge so called 'top-up fees' in circumstances where the person's care needs should be fully covered by public funding. Our investigation into Jenny's complaint highlighted this issue and also identified concerns that people are not being given clear and comprehensive information about their financial liabilities.

The debate about the future funding of care provision is one that is gaining an increasing public and political profile. However, the data from last year's complaints shows that the issue of funding and fees is one that is having a practical impact on people now and where, in more than 50% of cases we are upholding the complaint. Care providers should not wait for a national debate before taking such concerns seriously.

The numbers: what we saw in 2013

Residential care

In 2013 we received 406 complaints about residential care, more than twice as many as we received about domiciliary care. Indeed, in the last year complaints about residential care have grown by a quarter, the largest increase we have seen across social care complaints.

These complaints often come from family members because the person in the care home cannot complain or feels unable to raise concerns about the place where they live. Family members want to feel confident that their loved one is in safe hands and will be well cared for when they are not around. Monitoring care and condition of people in residential care forms an important part of providing that reassurance. David's story illustrates how a failure to check on basic areas, such as nutrition and fluid intake adequately, can leave family members feeling uncertain about whether the best care was provided, particularly where their relative has passed away in difficult circumstances.



Monitoring matters

When leaving hospital, David arranged a self-funded placement at a nursing home. He was malnourished and needed a pressure relieving mattress. Whilst at the home David fell out of bed and injured his head. He

was admitted to hospital a few days later where he passed away. David's family complained that the home failed to monitor his food and fluid intake and did not follow good practice when responding to a fall. They were left not knowing whether David's health would have deteriorated to the same extent had it not been for those failings. We upheld the family's complaints.

In response to the complaint the nursing home had already implemented a head injury policy. We also recommended that they review their risk assessments and monitoring procedures; apologise to the family for the failures David experienced and provide a financial remedy.

Respecting personal choice

Helen lives in a residential care home and is funded by the council. As a result of a stroke she can't use her left side, is in a wheelchair and is not able to dress herself. She prefers to wear trousers. However, the care home staff dressed her in skirts with no underwear as it made personal care tasks easier. Helen found this degrading, undignified and upsetting, especially when friends and family were visiting.

As a result of the complaint the council apologised and refunded the full charges, along with a small additional payment. The care provider, who was acting on behalf of the council, sent all of their staff on dignity training and made further commitments to highlight the importance of dignity and choice with their staff.

We recognise that there are many dedicated staff in care homes who strive to provide a high quality service in what can be a fulfilling yet challenging environment. However, we do hear concerns that the needs of the individual are not always respected, especially where these are perceived to be an inconvenience or creating additional tasks. When Helen complained to us about her experiences in a care home, she felt that her wishes and need for dignity were seen as secondary to the needs of the care home.

Residential care often requires a lifestyle change in different surroundings with unfamiliar people. Personal choice and dignity are small but important ways that people seek to adapt to those changes. By highlighting issues such as Helen's we aim to draw attention to the ways that the quality of residential care can be improved and as a result we hope the growing trend of complaints in this area can be reversed.

The numbers: what we saw in 2013

Safeguarding

Safeguarding is essential for providing safe and secure care. It is therefore especially concerning that we received almost 200 complaints where safeguarding concerns were raised, a 14% increase over the last year. Local authorities with social services departments are responsible for co-ordinating the development of local policies and procedures for the protection of vulnerable adults from abuse and should have regard to government guidance.

Safeguarding complaints we see often highlight failures to implement those policies. This might be where a council has carried out an insufficient investigation or where they have failed to involve all relevant parties such as carers and family members. Sometimes we hear that a council has failed to act properly once allegations of abuse have been proven. In the case of Joe we found that a council had failed to listen to the warnings that were being given by a care provider and did not enact its own safeguarding procedures. To compound the situation the council then failed to address the complaints properly by providing inaccurate responses.

Failing to implement proper safeguarding procedures can lead to tragic consequences. The increasing numbers of safeguarding complaints that we receive show that councils still have some way to go to demonstrate that they can respond swiftly and effectively to protect people in vulnerable situations.



Responding to neglect

Mark complained the council failed to respond properly to allegations of neglect made by his father's care provider. He said the council also failed to consider whether his father (Joe) had the mental capacity to make decisions about his care. Joe had Alzheimer's. He lived with his other son who was his main carer. A care provider visited Joe at home once a day while his son was at work.

The care provider alerted the council on a number of occasions that Joe had no clothing, could not feed himself and could not walk on his own. It said Joe was cold and his bed was usually soaking wet. A council social worker visited Joe and decided there was nothing to suggest he did not have the capacity to make decisions about his care. Mark's brother subsequently cancelled the care provider's visits. Three months later Joe was admitted to hospital and died shortly afterwards.

The council responded to complaints from Mark and accepted the care provider's concerns should have triggered a full review of Joe's needs. However, three different managers responded to the complaints. One letter was sent to the wrong address and others contained errors.

We decided the council should have assessed Joe's capacity to make decisions about his care and that, if it had done this, it was likely to have decided he did not. The council should have also dealt with the care provider's concerns under its safeguarding procedures. The council agreed to issue a revised report on Mark's complaint containing accurate information, recognising Joe had dementia, identifying its failings and the lessons learned, and apologising to Mark. The council also agreed to review training to ensure staff identify safeguarding alerts.

The numbers: what we saw in 2013

Complaint outcome and remedies

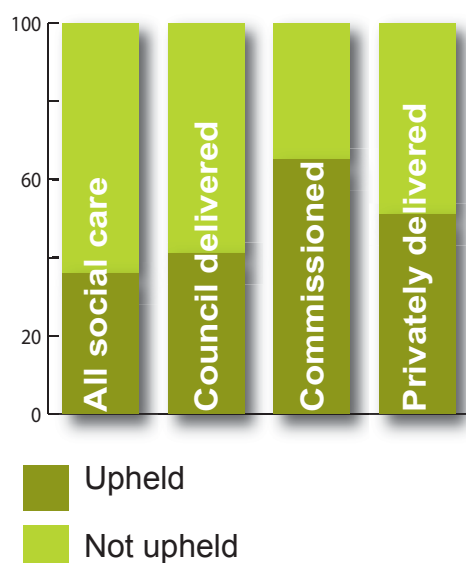
Last year we considered 1,846 complaints about adult social care.

There were:

- > 1,610 decisions about services delivered directly by a local authority;
- > 177 about privately funded providers; and
- > 59 decisions on complaints about services commissioned by a council.

Of those complaints where we concluded an investigation, 46% were upheld. We upheld a higher proportion of social care complaints than in any other area within our jurisdiction.

The chart below shows the proportion of complaints that were upheld for each type of provider.



Across all social care complaints we found that the complaints we upheld about council commissioned services were more likely to reveal evidence of failings. More than 65% of complaints about commissioned services were upheld by us; compared to 51% by privately funded providers and 41% for those delivered directly by the council.

Every complaint we uphold is a missed opportunity for the provider to resolve the issues directly. Where we uphold a number of complaints about a provider they should reflect on what more they can do to improve their local complaint handling.

While the uphold rate for complaints remains so high it clearly demonstrates that the social care complaint system is not sufficiently effective. Later in this report we identify proposals for how the system could be improved to deliver more effective complaint handling and suggest questions that providers, commissioners and scrutineers should be asking to provide assurance on their effectiveness.

Our powers give us wide scope to make recommendations that meet the individual circumstances of the complaint. The case studies in this report show the range of remedies that we have been able to secure, whether that was refunding fees to Jenny's family; reviewing Peter's care needs; or withdrawing an unfair policy that impacted upon Sonia and many others.

The decision statements we publish on our website provide a clear picture of the different ways we have sought to resolve maladministration or service failure.

Our recommendations will typically ask a provider to do one or more of the following:

Apologise - many people want to know that a provider acknowledges the impact that their actions have had. An apology, properly given, is a powerful way of demonstrating that the person has listened to users and has reflected upon the quality of their service. It is because of this that we have usually recommended that a provider apologises where we have upheld a complaint.

Review - we are often told by a person making a complaint that they want to ensure that the same problems are not experienced by other people. Care providers have many policies and procedures in place that are designed to ensure a high quality service and compliance with legal obligations.

Where we have found that those policies have not been sufficient or properly implemented we have recommended that they review those policies, often to identify others that have been or could be affected. Some of our decisions have included specific recommendations for change such as explaining how a person can complain to us in a written complaints procedure.

Act - where possible we look to ensure that problems are put right or are prevented from happening again. This has included actions that directly benefit the individual, such as a change to a care plan or a financial remedy. We have also suggested action that benefits users of a service more generally, such as recommending that staff attend dignity awareness training. In complaints that involved fees

The numbers: what we saw in 2013

and charges our recommendations sought to place the person in the financial position they should have been in, often through refunding overpayments or wrongly charged fees.

Sometimes we can recommend some very practical and individual action to be taken. For example in a case where the provider's actions had added to the grief of a bereaved relative, we recommended that they fund bereavement counselling as part of the remedy.

More detailed information about our approach to providing remedies for social care and other complaints can be found in our Guidance on remedies. By sharing this we help bodies in our jurisdiction to provide appropriate resolution to complaints that are made at a local level.

Where providers are able to resolve complaints directly, all parties benefit. The user of the service will have their problems dealt with more quickly, with less stress and effort on their part and will feel that their care provider listens to and respects them. The provider will find that local resolution is more cost effective and helps to deliver a better service by identifying opportunities for service improvement. It is for these reasons that our legislation places an expectation that providers will be given an opportunity to resolve a complaint before we investigate.

Local resolution

Councils and private providers must ensure that users of their services know and understand how to raise a complaint. Where local complaints processes are not clearly accessible people sometimes bring their complaints to us prematurely and need to be referred back to the provider.

In the last year 17% of complaints about councils had not yet been raised directly with the council. For privately funded care 15% still needed to be raised locally. However nearly a quarter of complaints about commissioned care services had not been raised with the council which suggests that the public are not clear enough about who to complain to in these circumstances.

We believe it is important that the public are supported locally so they understand who is accountable for service delivery and how to get things put right as soon as possible, without the need to come to the ombudsman. When councils commission and pay for a service on behalf of the citizen they should provide clear information about the complaints process, recognising that the council remains responsible for the quality and efficiency of the service.

We know from the people who come to us that confusion over how to complain adds to the stress when families already feel vulnerable. Giving people a very clear sense that they can make their views and concerns felt – and they will be listened to – is a key purpose of ensuring easy access to a complaints process.

The future: a vision for social care complaints

Over the last few years much attention has rightly been given to the effectiveness of the health complaints system. Our experience of resolving social care complaints has shown that many similar questions remain about the effectiveness of the social care complaints system. The data we have published in this report shows that many barriers stand in the way of people being able to make a complaint when social care providers let them down.

The recommendations resulting from the Francis and Clwyd-Hart reviews, accepted by Government, can be applied equally to social care. Now is a timely opportunity for health and social care to take a consistent approach to complaints handling; one that is supportive, responsive and with transparent mechanisms for learning from complaints and concerns.

If providers are to draw upon user feedback to deliver improvements to services it is essential that a complaints system exists that is accessible, effective and accountable.



The future: a vision for social care complaints

Accessibility

An essential element of making the complaints system accessible is ensuring that service users know about their right to complain to the provider and their right to seek the view of an independent ombudsman.

Experience from both the financial and legal sectors has shown that the requirement to signpost the complaints process is most effective when information is provided at the time the service is being delivered.

Statutory signposting provisions have meant that the burden of ensuring users understand the complaints process has shifted from the users themselves to the provider.

A similar statutory requirement for providers of adult social care could be an important first step in ensuring that users of services, their families and representatives, understand how to complain and have the reassurance of knowing that there is an independent avenue to seek redress when complaints are not resolved locally.

All providers could be required to clearly explain how to make a complaint directly to themselves. They could also be required to explain the role of the ombudsman. Such a statutory provision could be taken into account by the Care Quality Commission (CQC) when considering providers' compliance with regulatory standards.

A sign in every care setting would be a simple means of ensuring people are more aware that they can complain when things go wrong. Each sign should outline how a person can make a complaint or raise a concern, who they can turn to for independent support

if they want it and that they have the right to go to an independent ombudsman if they remain dissatisfied.

Of course, while statutory signposting might go a long way to making it easier to complain it would not address the fears and concerns that many users may have about making the complaint. Worries about the consequences or difficulties of complaining will not be resolved simply by making the process more visible.

In recent reforms to the health service Parliament focussed upon the role of advocacy to support the public in making their voice heard. The Health and Social Care Act sought to meet this need through the creation of Healthwatch and by giving local authorities a statutory responsibility to provide health complaints advocacy.

However, a similar advocacy function does not exist for adult social care. While some areas of the country have access to advocacy, often provided on a voluntary basis or through the goodwill of the local community, the coverage is patchy and inconsistent.

We receive complaints across our jurisdiction where the person affected is being supported by an advocate, whether that is an MP, voluntary organisation or formal advocacy service. This brings many benefits. Helping to articulate the complaint, overcoming communication barriers or providing the information needed to conduct a swift and effective investigation has shown us that advocacy can play a key role in making the complaint system more accessible.

By extending the availability of advocacy to include **social care provision**, users would have access to greater support and reassurance when considering making a complaint. It would also help to ensure that there is a consolidated, independent advocacy service for users of an increasingly integrated health and social care system.

The future: a vision for social care complaints

Effectiveness

A more accessible complaints system in social care is only worthwhile if complaints are then handled effectively at the local level. The data about complaints to us, and the individual stories that we hear, show that the effectiveness of complaints handling varies from council to council and provider to provider. The public need to feel reassured that when they need to make a complaint it will be handled properly irrespective of where they live or how their care is funded.

In our role as social care ombudsman we could publish, in consultation with others, **common complaint standards** for all providers which could help to deliver that reassurance. While we can already provide guidance, formal underpinning would give the public confidence that their provider would deal with their complaint in accordance with the standards. It could mean that the standards form a part of the regulatory framework that CQC monitors. Formal backing could also include a thorough consultation process so that any standards we set would be informed by the views of those that use and understand the social care system.

Accountability

If we are to measure whether the complaints system is becoming more accessible and effective, service providers need to be accountable for the way they respond to people's complaints.

Strong local accountability requires strong local scrutiny. Complaints can provide a wealth of information to help inform the scrutiny process, whether through locally elected councillors or through independent board members of private providers. Reviewing the lessons from complaints should be a standing item for boards and for local government scrutiny committees so that providers can be held to account for the service they provide and for the improvements they deliver in response to feedback. As a minimum reporting requirement, an **annual review of complaints** by all social care providers and commissioners would support the ownership of first tier complaints handling that is essential for achieving improvements.

Putting complaints data at the heart of the suite of information that measures a provider's performance would also help to ensure that feedback from people drives service improvement. As recommended by the Francis Inquiry in relation to the NHS, a **mandated data return to CQC** from all social care providers about patterns of complaints, how they were dealt with and the outcomes would shine a spotlight on local complaint handling. We know that CQC is considering this recommendation, and we are working with them and other strategic partners to strengthen the information received and drive improvements.

An open and transparent approach to complaints is key to supporting local accountability. Since April 2013 we have published details of all complaint decisions on our website, the first public sector ombudsman in the UK to publish such comprehensive information.

The future: a vision for social care complaints

Locally driven improvements

Delivering a social care complaints system that is accessible, effective and accountable will require co-operation from all people and organisations involved with social care. This report has highlighted important questions about the accessibility, effectiveness and accountability of the social care complaints system. Below we have set out the questions that need to be asked at a local level by those that deliver social care services, those that scrutinise social care delivery and those that commission such services.

	Accessible complaint processes	Effective complaints handling	Accountable services
As a social care provider do you:	<ul style="list-style-type: none"> > provide clear information about how to complain and the role of the ombudsman in a format that meets your customers' needs? > clearly explain to the customer their right to take their concerns to the ombudsman? 	<ul style="list-style-type: none"> > ensure that staff understand their roles in responding to complaints? > have clear management oversight of complaint handling? 	<ul style="list-style-type: none"> > actively seek feedback from the users of your service? > have mechanisms for independent scrutiny of your service?
As a councillor or board member do you:	<ul style="list-style-type: none"> > know what your organisation's complaint procedure is? > have access to information about how many complaints are made and what they tell you about service quality? 	<ul style="list-style-type: none"> > review data on the outcome of complaints? > monitor how many complaints are escalated to the ombudsman? 	<ul style="list-style-type: none"> > use lessons from complaints as an evidence base in your scrutiny of services? > directly engage with service users to understand their experiences?
As a commissioner of services do you:	<ul style="list-style-type: none"> > provide information to users that helps them to understand your continued accountability for the services provided? > ensure that providers have local complaints processes that clearly signpost complaints back to the organisation? 	<ul style="list-style-type: none"> > maintain oversight of complaint handling by providers? > have sufficient access to information from providers to enable an effective consideration of a complaint? 	<ul style="list-style-type: none"> > include complaint handling requirements in your contractual arrangements with providers? > use feedback from complaints as part of your performance assessment of providers?

Data annex: local authorities

Local Authority	Received 2013*	Complaints per 100,000**	Decision						Total decisions	Upheld %***	
			Upheld in full or part	Not upheld	Closed after initial enquiries	Advice given	Referred back for local resolution	Incomplete/invalid			
Adur DC	2	3.3	1						1	100.0	
Barking & Dagenham	12	6.5	2	4				5	1	12	33.3
Barnet LB	10	2.8	6				1	3		10	100.0
Barnsley MBC	2	0.9			1			1		2	
Bath & NE Somerset C	5	2.8		3				1	1	5	0.0
Bedford BC	4	2.5	1	1				2	1	5	50.0
Bexley LB	5	2.2	1		1			1	1	4	100.0
Birmingham City C	53	4.9	12	10	2			22	3	49	54.5
Blackburn w/Darwen	5	3.4	3	2	1			2		8	60.0
Blackpool BC	14	9.9	5	4	2			2		13	55.6
Bolton MBC	7	2.5	4	2				2		8	66.7
Bournemouth BC	8	4.4	1	2	1			4		8	33.3
Bracknell Forest C	2	1.8	0		1			3		4	
Brent LB	17	5.5	2	4	5			5	1	17	33.3
Brighton & Hove City	12	4.4	1	2	3		1	10		17	33.3
Bristol City C	8	1.9	1	3	3			2	1	10	25.0
Bromley LB	28	9.1	3	5	3			7		18	37.5
Broxbourne BC	1	1.1						1		1	0.0
Buckinghamshire CC	17	3.4	1	1	4			8	1	15	50.0
Bury MBC	11	5.9	2	4	4			4		14	33.3
Calderdale MBC	12	5.9	1	2	1			4	1	9	33.3
Cambridgeshire CC	15	2.4	7	3	4			2		16	70.0
Camden LB	13	5.9	2	5	1		1	5	1	15	28.6
Central Bedfordshire	11	4.3	2	2	1			5	1	11	50.0
Cherwell DC	1	0.7						1		1	0.0
Cheshire East C	16	4.3	6	4	4			5		19	60.0
Cheshire W & Chester	18	5.5	5	4			1	6		16	55.6

Data annex: local authorities

Local Authority	Received 2013*	Complaints per 100,000**	Decision						Total decisions	Upheld %***
			Upheld in full or part	Not upheld	Closed after initial enquiries	Advice given	Referred back for local resolution	Incomplete/invalid		
City of Bradford MDC	11	2.1	1	2				5	8	33.3
Cornwall Council	21	3.9	10	5	5			2	22	66.7
County Durham C	14	2.7		4	3			6	14	0.0
Coventry City C	10	3.2	3	3	1	1		6	15	50.0
Crawley BC	1	0.9							1	0.0
Croydon LB	24	6.6	6	5	2			11	24	54.5
Cumbria CC	14	2.8	1	1	1			6	9	50.0
Darlington BC	2	1.9			1				1	
Dartford BC	1	1.0	1						1	100.0
Derby City C	13	5.2	2	2				5	11	50.0
Derbyshire CC	20	2.6	2	4	2			13	21	33.3
Devon CC	36	4.8	4	19	3	1		2	32	17.4
Doncaster MBC	25	8.3	3	12	2			4	23	20.0
Dorset CC	6	1.5	2	5				1	8	28.6
Dover DC	1	0.9							0	0.0
Dudley MBC	6	1.9	1					5	6	100.0
Ealing LB	28	8.3	12	5	2			9	28	70.6
East Lindsey DC	2	1.5						2	2	0.0
East Riding of Yorks	13	3.9	4	1	2	1		6	14	80.0
East Staffs BC	1	0.9						1	1	0.0
East Sussex CC	63	12.0	13	20	7	3		10	57	39.4
Eastbourne BC	1	1.0						1	1	0.0
Elmbridge BC	1	0.8			1				1	
Enfield LB	10	3.2	2	3	2			4	11	40.0
Epsom & Ewell BC	1	1.3		1					1	0.0
Essex CC	39	2.8	13	5	5			8	33	72.2
Forest of Dean DC	1	1.2						1	1	0.0

Data annex: local authorities

Local Authority	Received 2013*	Complaints per 100,000**	Decision						Total decisions	Upheld %***
			Upheld in full or part	Not upheld	Closed after initial enquiries	Advice given	Referred back for local resolution	Incomplete/invalid		
Gateshead MBC	9	4.5	4	2	2		2	2	12	66.7
Gloucester City C	1	0.8							0	0.0
Gloucestershire CC	17	2.8	1	2	3		8		14	33.3
Greenwich LB	9	3.5	2		4		2	1	9	100.0
Hackney LB	7	2.8		1	1		4	1	7	0.0
Halton C	6	4.8		1		1	3		5	0.0
Hammersmith & Fulham	9	4.9	1	1	2	1	2	1	8	50.0
Hampshire CC	27	2.0	7	8	3	1	7	3	29	46.7
Haringey LB	12	4.7	2	3	1		7		13	40.0
Harrow LB	14	5.9	4	3	1		8		16	57.1
Hartlepool BC	2	2.2			2				2	
Havering LB	12	5.1	1	3	2		5		11	25.0
Herefordshire C	5	2.7	2				1	1	4	100.0
Hertfordshire CC	13	1.2	1	3	2		6		12	25.0
Hillingdon LB	13	4.7	2			2	6		10	100.0
Hounslow LB	17	6.7	3	2	2		10	2	19	60.0
Isle of Wight C	7	5.1		2	2		1	1	6	0.0
Isles of Scilly	1	45.4					1		1	0.0
Islington LB	10	4.9	2		2		6		10	100.0
Kensington & Chelsea	7	4.4	2		1		3	1	7	100.0
Kent CC	45	3.1	8	14	3	1	15	2	43	36.4
Kingston upon Hull	7	2.7	2	3	1		1		7	40.0
Kingston upon Thames	6	3.7		1	2		1		4	0.0
Kirklees MBC	13	3.1	4	8	2		1	1	16	33.3
Knowsley MBC	7	4.8	1	1	1		3		6	50.0
Lambeth LB	19	6.3	5	3	2		7	1	18	62.5
Lancashire CC	38	3.2	8	5	2	1	14	2	32	61.5

Data annex: local authorities

Local Authority	Received 2013*	Complaints per 100,000**	Decision					Total decisions	Upheld %***	
			Upheld in full or part	Not upheld	Closed after initial enquiries	Advice given	Referred back for local resolution			Incomplete/invalid
Leeds City C	42	5.6	6	16	6		11	7	46	27.3
Leicester City C	16	4.9	5	2			8		15	71.4
Leicestershire CC	20	3.1	4	5	3		6		18	44.4
Lewisham LB	12	4.3	1	1	4		4	1	11	50.0
Lichfield DC	1	1.0					1		1	0.0
Lincoln City C	1	1.1					1		1	0.0
Lincolnshire CC	28	3.9	7	7	4		12	1	31	50.0
Liverpool City C	33	7.3	8	6	5		13	2	34	57.1
Luton BC	6	3.0	1				5		6	100.0
Manchester City C	39	7.8	8	10	6	2	8	1	35	44.4
Medway C	13	4.9	2	4			5	1	12	33.3
Merton LB	10	5.0	2	1	2		5		10	66.7
Middlesbrough BC	4	2.9	1		1		2		4	100.0
Milton Keynes C	11	4.4	2	2			7		11	50.0
New Forest DC	2	1.1					1	1	2	0.0
Newcastle City C	7	2.5	3	2	3		2		10	60.0
Newcastle-under-Lyme	1	0.8					1		1	0.0
Newham LB	10	3.2	1	2			4	2	9	33.3
Norfolk CC	20	2.3		7	2		9		18	0.0
North East Lincs DC	3	1.9		2	1		1		4	0.0
North Lincolnshire C	6	3.6		1		1	4	1	7	0.0
North Somerset C	5	2.5	1	3			1		5	25.0
North Tyneside MBC	4	2.0		1	1		1		3	0.0
North Yorks CC	22	3.7	6	6	3		6		21	50.0
Northants CC	21	3.0	4	4	4		9		21	50.0
Northumberland C	4	1.3		3					3	0.0
Nottingham City C	15	4.9	1	7			5		13	12.5

Data annex: local authorities

Local Authority	Received 2013*	Complaints per 100,000**	Decision					Total decisions	Upheld %***	
			Upheld in full or part	Not upheld	Closed after initial enquiries	Advice given	Referred back for local resolution			Incomplete/invalid
Notts CC	27	3.4	2	10	2		12	1	27	16.7
Nuneaton & Bedworth BC	1	0.8			1				1	
Oldham MBC	9	4.0	3	2	3		4		12	60.0
Oxford City C	1	0.7					1		1	0.0
Oxfordshire CC	19	2.9	3	2	6	2	5	1	19	60.0
Peterborough City C	3	1.6		2					2	0.0
Plymouth City C	13	5.1	4	1	2		5		12	80.0
Poole BC	4	2.7		1			1	1	3	0.0
Portsmouth City C	13	6.3	2	4			3	2	11	33.3
Reading BC	4	2.6	2	1			3		6	66.7
Redbridge LB	29	10.4	8	14			4	2	28	36.4
Redcar & Cleveland C	1	0.7		2					2	0.0
Reigate & Banstead	1	0.7							0	0.0
Richmond upon Thames	10	5.3	1	2	2		2		7	33.3
Rochdale MBC	9	4.3	1	1	1		5		8	50.0
Rotherham MBC	9	3.5	1	2	3		2		8	33.3
Rutland CC	1	2.7			1				1	
Salford City C	18	7.7	4	9	1		4	1	19	30.8
Sandwell MBC	15	4.9	4	3	4	1	4		16	57.1
Scarborough BC	1	0.9					1		1	0.0
Sefton MBC	7	2.6		3	4		1		8	0.0
Sheffield City C	27	4.9	7	4	2	1	11	1	26	63.6
Shropshire Council	21	6.9	8	6		1	7		22	57.1
Slough BC	3	2.1	1	1		1		1	4	50.0
Solihull MBC	10	4.8	1	2	2		3	1	9	33.3
Somerset CC	9	1.7	1	3	2		2		8	25.0
South Glos C	11	4.2	1	2	1		6		10	33.3

Data annex: local authorities

Local Authority	Received 2013*	Complaints per 100,000**	Decision						Total decisions	Upheld %***
			Upheld in full or part	Not upheld	Closed after initial enquiries	Advice given	Referred back for local resolution	Incomplete/invalid		
South Holland DC	1	1.1			1				1	
South Lakeland DC	1	1.0						1	1	0.0
South Ribble BC	1	0.9						1	1	0.0
South Tyneside MBC	11	7.4		5	3		2	1	11	0.0
Southampton City C	11	4.6	1	3	1		3		8	25.0
Southend-on-Sea BC	7	4.0	1	2	3		2		8	33.3
Southwark LB	15	5.2	5	1	1		5	1	13	83.3
St Edmundsbury BC	1	0.9				1			1	0.0
St Helens MBC	9	5.1	2	3	1		3		9	40.0
Staffordshire CC	45	5.3	14	13	9	2	9	2	49	51.9
Stevenage BC	2	2.4		1				1	2	0.0
Stockport MBC	9	3.2		4			3		7	0.0
Stockton-on-Tees BC	5	2.6	1	1		1	2		5	50.0
Stoke-on-Trent City	20	8.0	4	5	3		3		15	44.4
Suffolk CC	21	2.9	5	3	4	1	6	1	20	62.5
Sunderland City C	13	4.7	2	3	2		3	1	11	40.0
Surrey CC	36	3.2	5	6	3	1	19	4	38	45.5
Sutton LB	8	4.2	1	3	2		4	1	11	25.0
Swindon BC	8	3.8	3	1	2		3	1	10	75.0
Tameside MBC	18	8.2	5	3	4		2	1	15	62.5
Telford & Wrekin BC	10	6.0	1	3	1		5	1	11	25.0
Test Valley BC	1	0.9					1		1	0.0
Thurrock C	11	7.0	2	1			6	2	11	66.7
Torbay C	7	5.3	2	2	3		2		9	50.0
Tower Hamlets LB	9	3.5	2	2	1		4		9	50.0
Trafford MBC	8	3.5	3		2		5		10	100.0
Wakefield City C	5	1.5	3				3		6	100.0

Data annex: local authorities

Local Authority	Received 2013*	Complaints per 100,000**	Decision						Total decisions	Upheld %***
			Upheld in full or part	Not upheld	Closed after initial enquiries	Advice given	Referred back for local resolution	Incomplete/invalid		
Walsall MBC	24	8.9	2	9	2		7	2	22	18.2
Waltham Forest LB	16	6.2	2	1	1		7	1	12	66.7
Wandsworth LB	7	2.3	3	2			4		9	60.0
Warrington C	11	5.4	2		2		4	1	9	100.0
Warwick DC	1	0.7		1					1	0.0
Warwickshire CC	34	6.2	13	14	2		3	5	37	48.1
Waveney DC	0	0.0	1						1	100.0
West Berkshire C	6	3.9		4	2		2		8	0.0
West Sussex CC	64	7.9	14	32	7	1	15	2	71	30.4
Westminster City C	11	5.0	2	2	1		5		10	50.0
Wigan MBC	10	3.1	5	3	1		2		11	62.5
Wiltshire Council	19	4.0	3		3	1	9	1	17	100.0
Windsor & Maidenhead	3	2.1			1		1		2	
Wirral MBC	28	8.8	4	4	2		10	2	22	50.0
Woking BC	1	1.0			1				1	
Wokingham BC	5	3.2	1				3		4	100.0
Wolverhampton City C	5	2.0		1	1		5		7	0.0
Worcestershire CC	19	3.4	6	2	1	1	9	2	21	75.0
Worthing BC	1	1.0					1		1	
Wyre Forest DC	2	2.0		1			1		2	0.0
York City C	6	3.0	1	4	1				6	20.0

*A number of cases will have been received and decided in different calendar years, meaning the number of complaints received will not always match the number of decisions made. A small number of enquiries received have not been logged against a local authority. These have been excluded from this data annex.

**Source: 2011 Census - Usual resident population by Local Authority

*** Percentage of complaints that are investigated in more detail

Data annex: private providers

Provider name (CQC database)*	Received 2013**	Decision						Total decisions	Upheld %***
		Upheld in full or part	Not upheld	Closed after initial enquiries	Referred back for local resolution	Advice given	Incomplete/ invalid		
A & I Care Homes Limited	1							0	
A N A Treatment Centres Limited	1					1		1	
A New Angle Limited	1						1	1	
A.S.H.A Incorporated Limited	1							0	
Abicare Services Limited	1							0	
Agincare Live In Care Services Limited	1				1			1	
Allenbrook Care Limited	1							0	
Allied Healthcare Group Limited	4	1		1	1	1	1	5	100.0%
Altruistic Care Limited	1							0	
Ashberry Health Care Limited	1			1				1	
Ashtonleigh Homes Limited	2	1			1			2	100.0%
Aspire Care (UK) Limited	1		1					1	0.0%
Athlone Care Limited	0			1				1	
Avante Partnership Limited	0	1	1					2	50.0%
Avery Health Limited	2				2			2	
Avonpark Village (Care Homes) Limited	0	1						1	100.0%
B & M Investments Limited	1				1		1	2	
Balcombe Care Homes Limited	1						1	1	
Barchester Healthcare Homes Limited	4	3	1		2			6	75.0%
BC Sheffield Limited	1				1			1	

Data annex: private providers

Provider name (CQC database)*	Received 2013**	Decision						Total decisions	Upheld %***
		Upheld in full or part	Not upheld	Closed after initial enquiries	Referred back for local resolution	Advice given	Incomplete/ invalid		
Beaumont Health Care Limited	0		1					1	0.0%
Belmont Sandbanks Limited	0				1			1	
Bennetts Castle Limited	0	1						1	100.0%
Birchgrove Health Care (Sussex) Limited	1			1				1	
Bluebird Care Company Limited	1			1				1	
Borough Care Limited	1			1				1	
BSL Healthcare Limited	0	1						1	100.0%
Bupa Care Homes (AKW) Limited	0	1						1	100.0%
Bupa Care Homes (ANS) Limited	1	1		1				2	100.0%
Bupa Care Homes (Bedfordshire) Limited	1						1	1	
Bupa Care Homes (BNH) Limited	4		1	2				3	0.0%
Bupa Care Homes (CFC Homes) Limited	4	2	1		1			4	66.7%
Bupa Care Homes (CFHCare) Limited	4	1		2	1	2		6	100.0%
Bupa Care Homes (Partnerships) Limited	1	1						1	100.0%
Burley's Home Care Services Limited	1	1						1	100.0%
Camelot Health Care Limited	1							0	

Data annex: private providers

Provider name (CQC database)*	Received 2013**	Decision					Total decisions	Upheld %***
		Upheld in full or part	Not upheld	Closed after initial enquiries	Referred back for local resolution	Advice given		
Care and Training Services Limited	0	1					1	100.0%
Care at Home (Wearside) Limited	1			1			1	
Care Management Group Limited	1						0	
Care UK Community Partnerships Limited	2			2			2	
Carewatch Care Services Limited	1	1					1	100.0%
Caring Homes Healthcare Group Limited	3	1		1			2	100.0%
Caring Sharing & Company Limited	1			1			1	
Castlerock Recruitment Group Limited	1						0	
Central England Healthcare (Stoke) Limited	1						0	
Chalgrove Care Home Limited	1				1		1	
Choice Healthcare (Trust) Ltd	1						0	
Claremont Care Service Limited	0				1		1	
Classic Care Limited	2		1		1		2	0.0%
Cloverfields Care Limited	1				1		1	
Colten Care (1993) Limited	1	1					1	100.0%
Colten Care (2003) Limited	1			1			1	
Colten Care Limited	0	1					1	100.0%

Data annex: private providers

Provider name (CQC database)*	Received 2013**	Decision					Total decisions	Upheld %***
		Upheld in full or part	Not upheld	Closed after initial enquiries	Referred back for local resolution	Advice given		
Coppermill Care Limited	1		1				1	0.0%
Countrywide Care Homes Limited	1	1					1	100.0%
CT Creative Solutions Limited	1				1		1	
Culpepper Care Limited	0		1				1	0.0%
Daymark Properties Limited	1	1					1	100.0%
Delphine Home Care Limited	1						0	
Denehurst Care Limited	0			1			1	
Dharma Limited	1				1		1	
Diagonal Alternatives LLP	0			1			1	
Diomark Care Limited	1				1		1	
DNA Care Services Limited	1		1				1	0.0%
Dr Kershaw's Hospice	1					1	1	
Elder Homes Midlands	0			1			1	
Eldercare (Halifax) Limited	2		1				1	0.0%
Elmar Home Care Limited	0			1			1	
Elmwood Home Care Limited	1		1				1	0.0%
English Dominican Congregation Trust	1						0	
European Nursing Agency Limited	1						0	
Excelcare Holdings Limited	1						0	
Exminster Limited - The Manor	0		1				1	0.0%

Data annex: private providers

Provider name (CQC database)*	Received 2013**	Decision					Total decisions	Upheld %***
		Upheld in full or part	Not upheld	Closed after initial enquiries	Referred back for local resolution	Advice given		
First Class Care Limited	1		1				1	0.0%
Firstpoint Homecare Limited	1				1		1	
Forget Me Not Home Services Limited	1		1				1	0.0%
Four Seasons (Bamford) Limited	1						0	
Four Seasons (No 9) Limited	1		1				1	0.0%
Four Seasons Health Care (England) Limited	2				1		1	
Four Seasons Homes No 4 Limited	1		1				1	0.0%
Freetime Care Services Limited	1	1					1	100.0%
Gainford Care Homes	2				1		1	
Glengariff Company Limited	1		1		1		2	0.0%
Glenroyd Medical Centre	1		1				1	0.0%
GMA Healthcare Limited	1	1					1	100.0%
Greentree Enterprises Limited	1						0	
Grove Care Limited	2				1		1	
Guinness Care and Support Limited	1				1		1	
H I C A	1					1	1	
Hampton Care Limited	1						0	
Hawksyard Priory Nursing Home Limited	1						0	

Data annex: private providers

Provider name (CQC database)*	Received 2013**	Decision					Total decisions	Upheld %***
		Upheld in full or part	Not upheld	Closed after initial enquiries	Referred back for local resolution	Advice given		
Health Care Homes Group Limited	0			1			1	
Helen McArdle Care	0	1					1	100.0%
Here to Care Limited	1				1		1	
Heritage Care Homes Limited	1	1					1	100.0%
Heritage Manor Limited	2		1		1		2	0.0%
Hicare Limited			1				1	0.0%
Highbrook Care Limited	1						1	
Home Care and Domestic Services	1						0	
Home Choice Care Limited	0					1	1	
Ideal Care Homes (Kirklees) Limited	0					1	1	
Ideal Care Homes (Midlands) Limited	1						0	
iMorvern Services Limited	1	1					1	100.0%
Ivelhurst Nursing Home Limited	1						0	
Jasmine Care Holdings Limited	1						0	
Joseph Rowntree Housing Trust	0	1					1	100.0%
Justco Limited	1				1		1	
Karvonettes Limited	1	1					1	100.0%
L & M Care Limited	1						0	
Laudcare Limited	1						0	
Leamington Spa Nursing Home Limited	0		1				1	0.0%

Data annex: private providers

Provider name (CQC database)*	Received 2013**	Decision						Total decisions	Upheld %***
		Upheld in full or part	Not upheld	Closed after initial enquiries	Referred back for local resolution	Advice given	Incomplete/ invalid		
Leyton Health Care (No 12) Limited	1							0	
Lifestyle (Abbey Care) Limited	2	2						2	100.0%
Luxurycare (Aranlaw House Care Home) Ltd	1	1						1	100.0%
M & J Care Homes Limited	1					1		1	
M G L Health Care Limited	1				1			1	
Maesbrook Care Home Limited	2				1			1	
Maison Care Ltd	1			1				1	
Maners Care Limited	1				1			1	
Maria Mallaband Care Homes Limited	1		1					1	0.0%
Maricare Limited	1				1			1	
Mental Health Matters	1							0	
Meridian Healthcare Limited	1		1					1	0.0%
Methodist Homes	2	1		1				2	100.0%
Midas Care Limited	1						1	1	
Midshires Care Limited	2		1					1	0.0%
MiHomecare Limited	0	1	1					2	50.0%
Mimosa Healthcare (No 4) Limited	1	1						1	100.0%
Moat House Retirement Home Limited	1	1			1			2	100.0%
Mr & Mrs A J Metalle	1	1						1	100.0%
Mr & Mrs D Evely	1							0	

Data annex: private providers

Provider name (CQC database)*	Received 2013**	Decision					Total decisions	Upheld %***
		Upheld in full or part	Not upheld	Closed after initial enquiries	Referred back for local resolution	Advice given		
Mr & Mrs J Barnes Woodstock Nursing Home	0		1				1	0.0%
Mr Abdulaziz Kachra t/a Country Court Care	0			1			1	
Mr Anthony Doherty	1						0	
Mr J R Anson & Mrs M A Anson	1	1					1	100.0%
Mr Kevin Martin	0	1					1	100.0%
Mr Naveed Hussain & Mr Mohammad Hussain & Mrs Anwar Hussain	1						1	
Mr Nial Joyce	1						0	
Mr S N Patel	2				1		1	
Mrs Elizabeth Heather Martin	1			1			1	
Mrs J Elvin	1		1				1	0.0%
Mrs Julie Gardner-Coates	1			1			1	
Mrs Rita Moors			1				1	0.0%
Multiple Sclerosis Society	1				1		1	
New Care Projects (Timperley) LLP	1				1		1	
New Horizons Care Limited	1				1		1	
Next Steps Ltd	1						0	
Nicholas James Care Homes Limited	1				1		1	
North Ferriby Nursing Home	1			1			1	
North Fylde Care Limited	1		1				1	0.0%

Data annex: private providers

Provider name (CQC database)*	Received 2013**	Decision						Total decisions	Upheld %***
		Upheld in full or part	Not upheld	Closed after initial enquiries	Referred back for local resolution	Advice given	Incomplete/ invalid		
Northumbria Care Limited	1		1					1	0.0%
Orchard Care Homes.Com Limited	1							0	
Orders of St John Care Trust	2		1	1				2	0.0%
P S P Health Care Limited	1							0	
Parmenter Care LLP	0	1						1	100.0%
PCP Luton	1							0	
Peak Care Limited	1			1				1	
PerCurra Limited	0			1				1	
Personnel Service Limited	1			2				2	
Pool Cottage Limited (Mutebi Blessious Kalemeera)	1					1		1	
Porthaven Care Homes LLP	1							0	
Prasur Investments Limited	1	1						1	100.0%
Prime Care at Home Limited	1	1						1	100.0%
Prime Care Homes Limited	1			1				1	
Quantum Care Limited	2						1	1	
Ranc Care Homes Limited	1				1			1	
RBBH Limited	1			1				1	
Rehab Without Walls	1			1				1	
Restful Homes Group Limited	2		1		2			3	0.0%
Ribble Valley Care Limited	1					1		1	
Richard Wraighte	1							0	

Data annex: private providers

Provider name (CQC database)*	Received 2013**	Decision					Total decisions	Upheld %***
		Upheld in full or part	Not upheld	Closed after initial enquiries	Referred back for local resolution	Advice given		
Ringdane Limited	2			1	1		2	
Rockley Dene Homes Limited	1						0	
Rooks (Care Homes) Limited	0	1					1	100.0%
Royal Bay Care Homes Limited	1			1			1	
Royal Mencap Society	0	1		1			2	100.0%
SA & JO Care Ltd	1		1				1	0.0%
Sanctuary Home Care Limited	0		1				1	0.0%
Sevacare (UK) Limited	1						0	
Shaw Healthcare (Group) Limited	1						0	
Shelbourne Senior Living Limited	1						0	
Shelphan Care Limited	1						0	
Sherrell Healthcare Limited	0				1		1	
Shire Care (Nursing and Residential Homes) Limited	1			1			1	
Shotley Park Homes for the Elderly Limited	1		1				1	0.0%
Silversprings Care LLP	1				1		1	
Solutions (Yorkshire) Limited	1				1		1	
Somerset Care Limited	2	1	1				2	50.0%
South Coast Nursing Homes Limited	0	1					1	100.0%

Data annex: private providers

Provider name (CQC database)*	Received 2013**	Decision						Total decisions	Upheld %***
		Upheld in full or part	Not upheld	Closed after initial enquiries	Referred back for local resolution	Advice given	Incomplete/ invalid		
South London Nursing Homes Limited	0		1					1	0.0%
Southern Cross Health Care Centres Limited	0					1		1	
Southern Healthcare (Wessex) Limited	1				1			1	
Southern Primecare (Brighton) Limited	1		1					1	0.0%
Springcare (Albrighton) Limited	1			1				1	
Springfield Health Services Limited	0				1			1	
St Brelades Retirement Homes Limited	1		1					1	0.0%
St Georges Nursing Home (Oldham) Limited	1				1			1	
St Gregory's Home Care Limited	1				1			1	
Strode Park Foundation for People with Disabilities	1			1				1	
Style Acre	1							0	
Sunderland Home Care Associates (20-20) Limited	1			1				1	
Sunlade Care Limited	2							0	
Sunrise Operations Banstead Limited	1		1					1	0.0%
Sunrise Operations Bramhall II Limited	1	1						1	100.0%
Sunrise Operations Edgbaston Limited	0	1						1	100.0%

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Sunrise Operations Hale Barns Limited	1	1					1	100.0%
Sunrise Operations Mobberley Limited	1			1			1	
Sunrise Operations Sonning Limited	0	1					1	100.0%
Sunrise Senior Living Elstree Limited	1				1		1	
T C Care Home Limited	1						0	
Terrablu Limited	1						0	
The Old Rectory	0		1				1	0.0%
The Risings Care Company Limited	1						0	
The Tudors Care Home	1						0	
The Weir Nursing Home Limited	1				1		1	
Thurlestone Court Limited	0		1				1	0.0%
TM Care Limited	1						0	
Total Support Solutions Limited	1						0	
Trilodge Limited	1			1			1	
Vitalise	0		1				1	0.0%
Westerman Limited	1						1	
Westgate Healthcare Limited	1						0	
Westminster Homecare Limited	1				1		1	
Willow Care Limited	1						0	

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Provider name (CQC database)*	Received 2013**	Decision						Total decisions	Upheld %***
		Upheld in full or part	Not upheld	Closed after initial enquiries	Referred back for local resolution	Advice given	Incomplete/ invalid		
Wymondley Nursing And Residential Care Home Limited	1							0	

* Registered providers correct at the time the complaint was received.

**A number of cases will have been received and decided in different calendar years, meaning the number of complaints received will not always match the number of decisions made. A small number of enquiries received have not been logged against a private provider. These have been excluded from this data annex.

*** Percentage of complaints that are investigated in more detail