

Care Home Complaints: Business Guidance

Consultation - Winter 2019

Scottish Care Response

Scottish Care welcomes this opportunity to respond to the Chartered Trading Standard Institute's consultation on Care Home Complaints: Business Guidance.

Scottish Care is a membership organisation and the representative body for independent sector social care services in Scotland. For the purposes of clarity and understanding, the independent sectors covers private, charitable and not for profit social care organisations. We represent over 400 organisations, which totals almost 1000 individual services, delivering residential care, nursing care, day care, care at home and housing support services. Our membership includes organisations of varying types and sizes, amongst them single providers, small and medium sized groups, national providers and family run services. Our members deliver a wide range of registered services for older people as well as those with long term conditions, learning disabilities, physical disabilities, dementia or mental health problems.

In Scotland, the independent social care sector contributes to:

- The employment of over 103,000 people, which is more than half of the total social services workforce, including approximately 5,000 nurses
- The provision of 88% of care home places for older people

In general terms, Scottish Care wishes to highlight some problematic elements with both the consultation process and the Business Guidance in its current form.

In relation to the consultation process, we find the consultation information to be difficult to locate and to respond to in detail. This is especially true given the fact that the Business Guidance is aimed at care home owners and registered managers. We are not assured that it has been circulated sufficiently widely to ensure the opportunity for wide-ranging responses. The document also fails to ask specific questions in order to shape responses and given that it is such a large document, the ability to use track changes or a structured way of responding would have been helpful. The fact that the document is so large is further compounded by the fact that the consultation runs over the winter period, closing on 3 January. It is well known that this is an extremely busy and often challenging time for care home providers and staff due to a variety of winter pressures including high demand and staffing shortages. This is therefore a poorly timed exercise when seeking to meaningfully engage with this group, whose views are critical to this Guidance.

For the Business Guidance overall, it is difficult to clearly establish who the resource is aimed at. It is very simplistic in style and contains information that registered and regulated staff (as the care home workforce is in Scotland) should already be aware of. Whilst simplistic and clear information can be extremely helpful, it must focus on what people need to know. The document could be shortened by addressing this.

The Business Guidance is also very England centric in style, which is not helpful for a resource aimed at consolidating information about complaints across the four parts of the UK. Despite regularly referring to examples and references across the different countries, these and the general language choices predominantly focus on practice in England out-with the country specific sections. This risks alienating readers who may not be able to quickly and

clearly identify what is relevant to them. For example, right from the outset the foreword quotes a Care Quality Commission report.

However, Scottish Care also wishes to note that we welcome the general layout of the Business Guidance and its aim to incorporate all complaints guidance in one place. Within a sector with a wide range of regulations, legal obligations and policies, it is always positive to make these as clear, accessible and streamlined as possible not only to support providers and staff but ultimately to benefit those who access the services. As we have already highlighted, this could be strengthened further by shortening the Business Guidance in a way that remains factual but places much of the contextual information within referenced sources.

In order to aid understanding, we will structure the rest of our response feedback by the pages each comment refers to:

Page 5

In order to be consistent and unambiguous, the language should be '*move into a care home*' rather than '*move into care*'.

In terms of the funding of services, in Scotland care homes are now predominantly funded through Health & Social Care Partnerships rather than by a local authority or the NHS (other than those paying for their own care). It would therefore be more inclusive and accurate to use the term '*statutory bodies*' or similar, rather than '*a local authority or the NHS*'.

Page 6

This section represents an example of where readership of the Business Guidance is unclear. Whilst this information can act as a useful summary for care home staff, it would be unnecessary for care providers who will already know this. It could be shortened to the final paragraph with references to the various regulatory bodies and relevant statutory authorities in each country.

Page 7

Within '*Key Principles of Complaint Handling*', it needs to be made clear where the report *My expectations for raising concerns and complaints* originates from and who it is applicable to.

The section on '*Making a Complaint*' should refer to '*accessible*' ways that care home residents can obtain and understand information on how to make a complaint.

Page 8

Reference needs to be made to the legal protocols that require to be followed if a safeguarding issue arises. It should also be noted that '*safeguarding*' is not suitably reflective of the distinctive Scottish legal and practice context where this term is not used. Instead Scotland uses '*adult support and protection*'.

Page 11

The final Example would be more helpful by listing *opticians, GP, dentistry services, etc* as illustrations of this rather than the full list in order not to be limiting. As more primary

healthcare services interact with care home services, there are many different organisations and services who this section could apply to. The Organisation part of the 'primary healthcare services' Problem is not clearly expressed.

For the Organisation section of the 'lack of registration' Problem, this sector regulators in each country should be listed rather than providing the Care Quality Commission as the sole example.

Page 15

This page is useful but may be better placed near the beginning of the Business Guidance document.

Page 16

Examples should not be given for only one or two countries. Instead, links could be provided to relevant and appropriate reading, legislation and/or examples for each of the four nations.

Page 17

The section on 'What your complaints procedure should contain' is extremely helpful.

Whilst the country specific boxes on this page and those following are useful, there may be a risk of confusion as to whether the un-boxed text is also country specific. Perhaps these could be laid out differently by grouping country information. There also appears to be no England specific information in this section, which again risks implying that the document is predominantly England centric with only boxes of information for the other nations.

Page 19

Whilst it is absolutely important that complaints handling procedures are easily accessible to all, it must also be borne in mind that care homes are residents' homes and must be treated as such. Therefore display of such information needs to be sensitive to this and based on residents' choices.

Page 20

It is not clear what *Quality Matters* is here, which must be addressed. The sentence '*they should understand what high-quality care looks like*' is problematic, since this rightly looks and feels different for every individual. It should be about people *experiencing* high quality care and setting clear expectations, not listing what care should look like in a tick box fashion. This adapted language would be more accurately reflective of the regulatory landscape in Scotland where the Health and Social Care Standards are very much rights-based and experience led.

Where timescales in each country are referred to, this may be better summarised in a box on this page rather than only referring readers to the end of the chapter.

Page 23

In the box on *Examples of Serious Incidents*, there needs to be clear information on what consists of a serious incident in each nation as well as signposting of how serious incidents should be routed if not through the care home CHP.

Page 26

This section is very helpful and clear. However it is not necessary to regularly repeat the name of the country within country specific sections.

Page 30

Some of the information in this section could be better displayed within a table, for example detailing routes for where complaints can be made to in each country.

Page 41

Within the text detailing where complainants have the right to direct complaints, it would be useful to include links to the routes referenced.

Scottish Care would be happy to be contacted to provide further information on any element of our response.

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