

Care Home Complaints

How care homes can learn more from feedback and complaints

November 2014



Introduction

Acknowledgements

Healthwatch West Sussex would like to thank all the residents, family members, staff and managers of care homes and provider organisations, as well as the volunteers who gave their time to conduct visits.

What is this report about?

This report reviews Healthwatch West Sussex's recent work helping care homes to learn more from complaints and feedback. As part of the project, volunteers visited sixteen homes, providing each one with a summary report. Visits were arranged on a voluntary basis, working collaboratively with a number of provider organisations.

There are two sections to this report. The first summarises and reflects on the findings and recommendations made to the visited homes. The second section evaluates the project, considering the views of homes, provider organisations and volunteers.

Why did we do this work?

As part of our work on complaints, Healthwatch West Sussex published its report *Can't Complain?* in January 2014. This examined whether service providers were doing all they could to give good information to people who might wish to complain or give feedback.

The report raised a concern about the low level of response from care homes. To remedy this, we set out to work collaboratively with a number of homes within West Sussex, helping them to assess and improve the way they obtain and use feedback from residents and families.

This work also links to the care home sector development arising from the findings and recommendations of the Orchid View: Serious Case Review.

What did we do?

We secured an agreement to work with a number of provider organisations, who selected sixteen of their homes. These were visited by Authorised Representatives (ARs), who are trained volunteers for Healthwatch West Sussex. Visits lasted between three and five hours, with each taking place during August and September 2014.

During visits, evidence was gathered through interviews and conversations with the home Manager, staff, residents and (where possible) their families. Documents and policies were also examined.

All individuals were given information about the aims and purpose of the visits, both before and during the visit. It was made clear that participation was optional. Homes were also asked to identify any individuals who were not able to give informed consent. All comments were treated anonymously, and reports were written so as to ensure the identity of respondents was not compromised.

The visits focussed on four areas:

- Knowing how to comment or complain
- Supporting people to comment or complain
- Seeking comments and feedback
- Acting on comments and complaints

Homes were assessed against 22 Key Criteria. Each home received an individual report which gave a 'yes/no' verdict for each criteria, presented evidence and recommendations. Homes were then required to provide their response. Finalised reports were not made public, but were shared with the home, the provider group, West Sussex County Council, and the Care Quality Commission.

All reports underwent moderation and scrutiny to ensure that findings were robust, and that evidence was used consistently in forming judgements. In providing their response, homes were also given the right of reply on all points.

Before reading on



Why not take a moment to reflect on your home's approach to feedback and complaints using the questions below.

Questions for reflection

- Does the home help all residents to have a voice and influence the environment their live in?
- What choice do residents have over how they can raise a concern?
- How does the home encourage people to give feedback?



You will see this symbol throughout this report. We have used this to draw attention to some positive examples, which may benefit your organisation.



Similarly, this symbol can be found in the document. We have used this highlight key points that we believe care home leaders should consider carefully.

What did we find?

Information

All homes provided some information to residents about how to complain or make comments, using formats including posters, notices, leaflets, booklets and information packs. One home provided information on a DVD, but did not give residents the means to view it. Some details were out-of-date, for example, citing a staff member or senior manager who had left. Not all homes had provided detailed information to residents' families.

Information could serve either of two different purposes: prominent posters and notices could act as visible reminders, important for conveying a message that the home values feedback and is concerned to resolve issues. Other documents gave more specific details about processes. However, homes had not always thought about which of these functions their documents were trying to meet - some notices contained too much small text. Not all homes had given residents detailed information in a form they could access unassisted and at a time of their choosing. This becomes key if someone is considering whether or not to make a complaint.

As well as affecting their visibility, the location of notices also sent a strong message about the value given to feedback by the home. In some, notices were placed in a single location or tucked away near areas such as staff offices where residents were less likely to go. Where information was displayed prominently in multiple locations, or within every resident's room, this helped to reinforce a positive message that comments were genuinely welcomed.

Some homes acknowledged that residents with limited communication would not be able to understand the information given to them, yet had done nothing about this. Other homes had thought carefully about the level of detail which would be clear to residents. Some of the most effective approaches used pictures or Makaton signs to make information more accessible.

Overcoming reluctance by being seen to act

While many residents felt confident they could raise issues, it was clear that others were reluctant to do this. There may be several reasons for this: not feeling comfortable to "make a fuss", concerns that complaining might lead to being poorly treated, or a lack of confidence that anything would change.



There is a lot a home can do to help counter reluctance and to support people in raising issues. While in most homes, it was assumed that people would not be mistreated if they raised a concern, few homes gave an explicit guarantee on this point. One home has adopted a "no blame policy".

Many residents and family members were reassured by the way homes had dealt with issues in the past. Residents were more likely to feel confident they could raise things when they could see their home acted:

- ✓ quickly and decisively;
- ✓ where people who raised complaints were not ill-treated; and
- ✓ where staff worked hard to encourage people to raise issues of any sort, whether minor or major.

The overall ethos of homes appeared to be more important than any specific element. Homes which had an ethos of continual improvement tended to be more effective at gathering feedback on a wide range of issues which covered all aspects of care and treatment. The attitude of the manager was crucial in establishing this, both for staff and those living there.

In contrast, some homes clearly viewed minor concerns as low priorities, while others described residents' issues as "*whinges*". In some homes, it was evident that problems raised had only been partially addressed. Where this was the case, residents were significantly less likely to discuss their concerns or engage with feedback processes, meaning the homes were left with little evidence to help them identify the aspects which needed addressing. By contrast, the most effective homes received and resolved many more issues, allowing them to demonstrate continual improvement.

Support in raising concerns

All staff understood their role in helping residents if they expressed a concern. In most cases, their responsibility was to pass the issue to the manager, although one resident was directed towards the Care Quality Commission. Where staff were able to contribute was in helping residents to verbalise their issue or helping them to fill out the appropriate form.

Beyond this, it was evident that close relationships were important for encouraging residents to open up. Particularly, where residents had limited communication skills, homes were often strongly reliant on staff to notice problems through observing behavioural change. Some homes had thought carefully about how to aid this process.



One home held individual talking sessions, using a daily diary and pictorial cues to help residents express their feelings. Additional attention was paid to building relationships with more reticent individuals who may struggle to raise concerns.

While close relationships often made it easier for many residents to raise concerns, homes could be over-reliant on this approach. Although most homes told us that residents could speak to any member of staff, in some, this was the only form of communication by which individual issues could be raised. This could make it difficult for residents who were limited to, or preferred non-verbal communication, or if it was ever necessary to raise an issue which involve a member of staff.



Homes should ensure there is more than one way residents can raise issues: suggestion boxes, comments books, and computers may be other options. Finding a suitable location for these is important - some were hidden away in parts of the home where residents seldom went, while others gave no privacy for anyone using them. It is also vital these are monitored regularly and are adequately supplied (e.g. with a working pen and paper).

Independent advocacy

Some homes gave contact details of the provider group's senior managers, while in others, contact was easier because the senior managers visited regularly and were familiar with residents. Contact details were sometimes given for the Care Quality Commission or charities such as the Citizens Advice Bureau, but it was not made clear what sorts of support could be offered. Homes need to make it very clear what help they could receive, and when it could be given. It is desirable for this scope to be as wide as possible, including allowing people to talk through issues to help them decide whether or not to raise it with the home.

Although many homes did have arrangements whereby advocacy could be provided, in most cases, residents were reliant on the home to arrange this. It's notable that the examples we encountered of homes arranging advocacy support was when it was of benefit to the home for this to happen as much as for the resident.

Many of the homes visited were recommended to consider arranging for someone independent to visit the home on a periodic basis, where they could get to know residents and could discuss any concerns in confidence. One home had a scheme of this sort. None of the homes given this recommendation had addressed it adequately, with many suggesting that the provider organisation would be better placed to arrange this. This may indeed be the case, although **West Sussex County Council should also consider** what role it could play, particularly where homes are not part of a larger provider organisation, as well as for the most vulnerable residents who do not have much external contact or because of communication limitations.



Homes should strongly consider how to provide access to advice and support from a genuinely independent source and thereby give their residents the additional option to talk to someone not directly connected with the home.

Being proactive

Many homes would benefit from a more proactive approach to gathering feedback. Staff often described the manager as "approachable", while managers mentioned having "an open door policy". Although these are clearly positive traits, they risk sounding passive, placing the onus on residents or their family to come forward with issues.

All homes used formal meetings as ways of gathering feedback but there were big differences in how often these happened. Many homes held monthly residents' meetings, while elsewhere, these happened annually or biannually. Even bigger differences were evident in one-to-one meetings with individual residents: some homes held these on a near-daily basis, while others gave this opportunity only once a year.

There is likely to be a balance to be struck here: meetings held too often may feel like a chore, whereas those held too infrequently may be too far after the event for many concerns to be raised. In the same way, meetings varied from brief, informal chats to formalised events with invited attendees and detailed minutes taken.



Homes should reflect on whether their current arrangements work for their residents. The most effective homes had created forums which were well-attended and which yielded a significant amount of feedback. Other homes were rather mediocre in comparison, and had not addressed the reasons why levels of participation were low. It must be the home's responsibility to improve these processes.

It seems that some homes struggle to explain that feedback is valuable. In too many cases, residents or their families (particularly relatives) appeared to feel they should only give feedback if there was a problem. More could be done to explain how all feedback is helpful for monitoring all aspects of the home and its services.



Creating a rolling programme of topics for discussing with residents and their families will ensure all aspects of the home are visited on a cyclical basis.

The comments about meetings, whether individual reviews or communal discussion forums, also apply to relatives.

Engaging with relatives

Although not all residents had family, many did. Those who were closely involved with their relative were able to give the home the benefit of their intimate knowledge. Relatives who visited the home were also able to observe how their loved one behaved in that context, and to spot concerns which might otherwise have been missed. Close relationships between staff and relatives also made it easier to raise issues. Homes which did not engage effectively with relatives risked missing out on this valuable external perspective.

There were wide variations in the frequency of meetings, the levels of participation and the amount of feedback generated. Again, where processes are not working, individual homes should see it as their responsibility to discuss needs with relatives and to put in place arrangements which work better. The “*take it or leave it*” attitude which some homes displayed does not benefit residents, their families or the home itself. Some managers were acutely aware of the needs of each resident and their relatives, and had adapted their procedures in response, sometimes on an individual basis.

As many relatives live at a distance, it is not always practical for them to visit regularly, if at all. Some homes had arrangements such as telephone conversations, communications books. Others used correspondence, such as a monthly report which included updates on their loved one and feedback on issues raised in relatives' meetings; they were then given the opportunity to make any comments in reply. Many of the homes which engaged effectively with relatives ran informal events such as barbecues and garden parties, as well as formal events which provided more structured opportunities.



Consider how the home can use technology to communicate with relatives. Residents may be able to use tools such as Skype to stay in touch. Families could have an input into their daily lives, as well as being able to discuss any issues with the home.

Surveys

Surveys can be another proactive way of gathering feedback. Some homes gauged views of a wide spectrum of people, including residents, their families, regular staff and other visiting professionals. The most comprehensive covered the full range of aspects of life in the home, including questions on staff, cleanliness, food, activities, the atmosphere in the home and the quality of care.

Homes which gained the most from this appeared to be those which analysed the results carefully, logging any issues identified, before taking action. Some homes did not appear to be able to give examples of anything learnt from surveys; where this is the case, careful thought should be given to how the survey could be improved. A number of homes missed valuable insight by excluding temporary staff or professionals not employed by the home, or due to low response rates from relatives.

Record keeping

Most homes kept good records, including details of complaints made and actions taken. However, the systems in some homes were rather complicated, meaning that feedback might be spread over complaints logs, residents' care notes, minutes of meetings and survey results. There is a risk that trends could be missed if information is not brought together in one place. Provider organisations, particularly members of staff who have responsibility for oversight, many need to consider whether it is easy enough for them to see the 'big picture'.

Not all homes recorded 'minor' issues, as these were dealt with informally. This can reflect a desire to act immediately, but can also make it harder to consult more widely, or to collect solid evidence on improvements made.

Many homes took minutes at meetings, including listing action points and responsible person and timeframe. Where this was done, it appeared to reinforce the perception that views were taken seriously, leading to higher rates of attendance and more issues being voiced.

Feeding back

There was a revealing difference between the ability of some homes to give clear examples of where improvements had been made in response to feedback. The most effective homes were able to point to a wide body of issues raised and actions taken. These often involved little things which make a difference to the individual, such as menu choices, laundry, staff support and practical arrangements for activities.

The majority of homes reported back when a person made a specific complaint, either verbally or by letter. In some cases where it was not possible to (fully) agree to a particular request, more needed to be done to help the resident understand what would be done and why it was not possible to do more. Some homes needed to give clearer feedback about how it would act in regard to issues raised at residents' meetings.

While some homes shared the results of surveys, too often this merely involved displaying some graphs on a noticeboard. Many homes could go further in explaining clearly what surveys had revealed, and what steps would be taken as a result. Homes could also do more to share results with relatives, particularly those unable to visit the home.

Staff

All staff employed by homes received training which includes elements on handling complaints. In some cases, this only happened once, during induction. Other homes appeared to have a regular schedule to renew and refresh this knowledge. Homes also differed in the degree of monitoring of staff.



One home had a structured programme which was covered during individual staff supervision, assessing knowledge and understanding of policies and procedures and identifying areas where support was needed.

In some homes, the way in which the topics of complaints and feedback were covered varied between staff, meaning there was a risk of inconsistencies in what was taught or covered. Although some visiting professionals and agency workers were given guidance, this was not always done to the same standard as for permanent employees. Other homes did not provide any guidance to temporary staff on their role in identifying and raising concerns.

Almost all staff said they were able to raise concerns with their manager or during staff meetings. They appeared to be more inclined to speak up when meetings had a regular, structured opportunity to do so, and when they saw that management thought carefully about anything raised.

Most staff (but not all) said they were aware of the home's whistleblowing procedures, although most indicated that they would raise any issues with the manager. A number of managers told us they reminded staff regularly about whistleblowing procedures. Although this is a positive, it should not be the sole method of disseminating this information.

The role of provider organisations

Managers felt that they received enough support from their provider organisations. In answering this question, they appeared to have in mind help in resolving issues when they occurred, as well as processes to oversee the handling of complaints. All homes were subject to quality assurance processes by which responses to complaints were overseen. It was not clear whether provider organisations scrutinised how effective homes had been at soliciting feedback, for example through monitoring attendance at meetings or response rates to surveys.

Providers could do more to encourage the spreading of good practice between homes, through sharing both ideas and resources. For example, following a recommendation, a manager was able to use the pictorial information guide of another home from within the provider group as a starting point for developing their own. However, it was left to the manager's initiative to do this.

Homes generally received their policy documents from the provider organisation. This standardisation meant that policies were generally clear and well written, although some homes had failed to fill in sections which required specific details to be entered. Most policies specified a date for review; however, these were not always adhered to. This suggests there is a risk that some homes are merely adopting a standard template without ensuring that it accurately reflected what actually happened in the home, or without tailoring it to better meet the needs of its residents.

The pivotal role of Managers in shaping the ethos of homes has already been discussed. In one home, there was evidence there had been problems with a previous manager. In another, some questions were raised about how familiar an acting manager was with a number of policies and practices.

While the scope of the visits makes it impossible to comment directly, there may be a need for some providers to review their processes for monitoring and inducting managers.

Homes' responses

Most homes engaged positively with the report they received: findings were considered and appropriate actions identified. Reports attempted to make recommendations in a way which gave the homes the scope to reflect on the action which would be most appropriate for their circumstances. Homes also had the latitude to provide additional evidence in response to a particular point where they believed it would be helpful.

However, a small number of homes responded in ways which showed they had made little or no attempt to draw anything from the process. In these cases, responses were highly defensive or failed to address the specifics of the points which had been made. Few, if any, actions were listed which would lead to any improvements for residents. Provider organisations are recommended to consider carefully how they will respond in these cases.

West Sussex County Council and the **Care Quality Commission** may also wish to draw on this evidence in their own activities.

The Orchid View Serious Case Review

The review makes the following recommendations in relation to complaints and feedback:

Recommendation 26 (9.23)

Care providers should be contractually required to hold open meetings with residents and their relatives on a regular basis to discuss issues of general concern and to make relatives aware of any significant safeguarding concerns in their home. The local authority should be notified of such meetings and able to attend, with minutes from them shared with commissioners.

Recommendation 27 (9.24)

“Care homes to be required as part of their contractual terms, to display in prominent communal areas their complaint process, as well as guidance to neutral agencies such as local Healthwatch to facilitate relatives’ and residents’ ability to raise concerns, minimising any anxiety about the possible consequence to the resident.

Whilst these are written in terms of contractual requirements this work has demonstrated the benefits to all stakeholders, particularly the homes’ themselves, in being proactive in promoting the residents’ and their families voice.



Please ensure you display the Healthwatch West Sussex poster in a prominent, communal place within your home. If you need more copies please contact us (see page 14 for contact details.)

Checklist



Having read this report, you can use the following questions to help you consider what improvements you will make.

Questions for reflection	Yes/no
Is all information on complaints and feedback up-to-date?	
Are there easy-to-spot, visible reminders around the home?	
Can residents access information they can understand, without having to ask?	
Do residents and relatives see the home act effectively on issues big and small?	
Can residents raise issues in more than one way, without having to talk to staff?	
Can residents and their relatives access genuinely independent support without having to ask?	
Do most residents and relatives participate in surveys and meetings? Are a range of issues picked up?	
Are minutes taken at all meetings, with action points and named responsible individuals?	
Is feedback given in ways that help residents and relatives understand what has been done and why?	
Are records about issues and concerns brought together in one place?	
Are all staff (including those not directly employed by the home) given consistent training about complaints and feedback? Is this reviewed regularly?	
Do provider organisations encourage the sharing of good practice and resources?	
Do policies suit the needs of individual homes?	

Views on the process

Feedback was taken, via online surveys, from Managers of all homes, senior managers in the provider groups, and Authorised Representatives (ARs) who conducted visits. Response rates were above 50% for all three group.

Views on the project were overwhelmingly positive. There was a high degree of satisfaction among homes and provider groups with the experience of the visits, and a strong degree of consensus that the reports were fair and accurate. All respondents said they would recommend working with Healthwatch West Sussex to other organisations.

“The visit was both professional and courteous. A productive dialogue that demonstrated improvements that could be made to better support our residential group.”

“The evidence was fair and highlighted improvements in a constructive and positive manner.”

“All recommendations well received and taken on board”

The impact of the visits

When asked which recommendations were most useful, homes identified a wide range of different points. This suggests that, overall, the scope of the visits was appropriate, with potential for improvement in each of the aspects explored. Homes said that changes made in response to recommendations would lead to:

- ✓ “More transparency and timely responses to complaints”
- ✓ “Improved lines of communication”
- ✓ “Clearer, more user friendly information”
- ✓ “Introduction of suggestion boxes”
- ✓ “Use of local support groups to assist residents and their families”

Consistency of visits

One comment from a provider raised a question about the consistency of visits. The project methodology aspired to give as high a degree of uniformity as possible, using specific ‘Key Criteria’ against which to assess homes. ARs were given detailed guidance on how to form verdicts on these criteria in a consistent way. All reports underwent a robust moderation process to ensure the same standard of evidence was necessary for criteria to be considered as having been met.

Questions of consistency reflect the fact that it was easier for ARs to collect evidence in some homes than others. Although ARs had a clear framework of questions to ask, they were largely reliant on homes to be forthcoming with evidence. This meant that it was important for homes to achieve an appropriate balance between demonstrating their processes openly and protecting the confidentiality of their residents.

In order to protect confidentiality, the research designed stated that individual records would not be viewed; homes were made aware of this in advance of visits. In practice, it was sometimes difficult for ARs to anticipate what documents they were being shown until it was too late. This means that it is important for homes to consider carefully what documents they present. It was generally possible, for example, for homes to demonstrate that records had been completed without viewing specific details. However, Healthwatch West Sussex will strive to ensure ARs are equipped with clearer guidance on this point, and understand they may need to remind homes during visits.

Encouraging participation from residents

Some visits were restricted to some degree because it was not possible to speak to many participants. In some homes, residents were reluctant to speak to someone who was not familiar to them. In future, we will ask homes to identify where this is likely to be the case, so there is an opportunity to find individual solutions. This could be to arrange for someone familiar but independent to be present, e.g. relative, advocate or Area Manager. Or it may be possible to time visits to coincide with informal events such as barbecues, or to sit in on Resident's meetings.

It was difficult to capture the views of relatives, as few were in attendance during visits to the homes. Here, comments could be sought through questionnaires, which could be sent out before the visit. During one visit, ARs managed to speak to a relative by telephone; it may be possible to use this approach more widely.

Increasing staff participation

In some visits, few members of staff were available to talk to ARs. It was not always clear whether this was because they were busy or reluctant (and if so, why). One commentator responded to an issue reported by a staff member by suggesting that ARs did not have access to all the facts.

This is an issue which is largely outside the control of Healthwatch West Sussex, as the research design recognises that individuals have the right to choose whether to participate in the research or not; it would not be ethical for anyone to be compelled to do so by the ARs or by the home. However, homes may be able to make it easier for staff to participate by ensuring their work schedule for the day allows them time to do so. Clearer guarantees on the anonymity of all contributions may also be helpful, as may assurances from the home that all feedback, negative or positive, are welcomed and valuable.

It should be considered whether feedback can be taken in other forms, perhaps through giving respondents the option to give written feedback after the event, either through unstructured comments or through a structured questionnaire. Healthwatch West Sussex received one written response from a staff member after a visit, although this arrived after the final report for that home had been produced.

Your feedback

Healthwatch West Sussex is keen to find out how useful this report has been to you, and/or your organisation in future developing your service. Please provide feedback below or via email.

We found the report to be

Useful / Not useful

If so, why:

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.....

We have made the following changes since reading this learning report:

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Please mail to: Healthwatch West Sussex, **Billingshurst Centre**, Roman Way, Billingshurst, West Sussex, RH14 9QW

or email to: office@healthwatchwestsussex.co.uk

healthwatch West Sussex

The local independent consumer champion for health and social care.

For help and advice, or to share an experience, please contact us:

Phone: **0300 012 0122**

Email: helpdesk@healthwatchwestsussex.co.uk

Online: www.healthwatchwestsussex.co.uk

For support with a complaint about an NHS provided service, please contact our Independent Complaints Advocacy Service (ICAS):

Phone: **0300 3038 536**

Email: icas@westsussexcab.org.uk

Or call in at any **Citizens Advice Bureau** in the county.