

Review of Adult Social Care Complaints 2014/15



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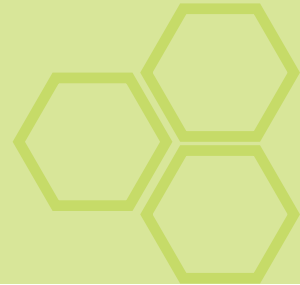
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Our role as social care ombudsman



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 the functions of councils, including their adult social care departments and the adult social care services they operate and fund. From 2010, our role in providing a route to independent redress was extended to all adult social care providers who can be registered with the Care Quality Commission (CQC), the regulator for health and social care. This means the LGO deals with unresolved complaints about care arranged, funded and provided with or without the involvement of a local council.

We also have statutory powers to carry out joint investigations with the Parliamentary and Health Service Ombudsman (PHSO) and, since April 2015, we have operated a joint team of investigators from both ombudsmen's offices, providing a more seamless service to those people whose complaint involves both health and social care. In a landscape where social care and health are increasingly integrated, a single investigation process provides a more effective way of ensuring that complaints are resolved and lessons are learned.

As social care ombudsman we work closely with partners across the social care landscape. This includes sharing relevant information with CQC to ensure that systemic issues identified in complaints inform regulatory action.

Adult social care complaints 2014/15

At a glance



55%
complaints upheld

18%
increase in complaints & enquiries received since 2013/14



This report looks at the complaints the Local Government Ombudsman has considered during 2014/15¹. We investigate complaints about adult social care regardless of whether the care has been arranged, funded, commissioned or provided by a local authority, or by an individual using their own money.

Sitting at the apex, we provide the final tier of the complaints system when the council or care provider has not been able to resolve the issue at an earlier stage. We want complaints to be resolved locally wherever it is possible to do so; it is the quickest and most effective way for a matter to be put right, and our legislation requires the body complained about to hear the complaint first. Where a complaint remains unresolved, we want people to be aware they can come to us to put things right.

In 2014/15 we received 2,803 complaints and enquiries about adult social care. This is an 18% increase on the number received the previous year.

We are publishing this data to support openness and transparency across the adult social care complaints system. It will also contribute to ongoing work across the health and social care sector to ensure complaints are welcomed, responded to, remedied and that lessons are learned.

In the context of the vast social care sector, we know that a relatively small number of complaints are brought to us. There is likely to be a range of reasons for this, no doubt including a lack of awareness of the LGO's role amongst people who use social care services and their families, not helped by inconsistent signposting to the

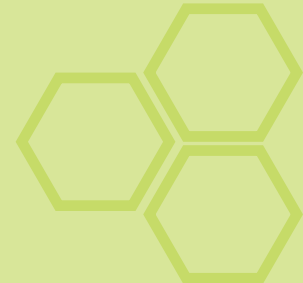
complaints process by providers and councils.

Where the local complaints process is not clearly accessible people will sometimes bring their complaint to us before raising it with their council or the provider of their care. We referred 37% of the complaints and enquiries we received back to the council or care provider for local resolution. While this work has a value in itself in terms of ensuring that people access the right part of the complaints system at the right time, it also suggests that local complaints processes could be improved.

While the LGO's jurisdiction to investigate complaints about councils is well established, our role in the independent social care sector is less well known. It is now five years since we began operating with jurisdiction over independent social care providers and the number of complaints and enquiries we have received has increased year on year. It is important that people are aware of our role within the independent sector. This year we have seen a considerable 46% increase in complaints and enquiries about care arranged and funded privately with the independent sector, compared with the previous year. However, this work accounts for only 11% of the total adult social care complaints we receive.

¹ This is our second annual review of adult social care complaints. In response to feedback from stakeholders we have moved the reporting period from calendar year to financial year. Throughout this report, data is compared with the previous financial year (2013/14).

Introduction



In 2010/11 privately purchased care, without local authority involvement, amounted to £10.2 billion, with an estimated 339,000 adults buying their own care.² With this context in mind, it is likely the complaints we see are only the tip of the iceberg.

In its report *Complaints Matter*, the Care Quality Commission (CQC) highlighted that many social care providers report they receive very few complaints (five or less over a 12 month period). CQC recognised that while there is much positive practice, a lack of evidence available to its inspectors and the negative feedback posted on websites, points to an incomplete picture that does not fully represent how well providers encourage, listen to and respond to complaints and concerns in adult social care. We support their conclusion that more could be done to encourage an open culture where concerns are welcomed and emphasis is placed on the improvements and changes made as a result.

We hope that lessons learned from our cases make a contribution to improving services and putting things right when they have gone wrong. The data tables that accompany this report detail the complaints and enquiries we have received about individual councils and independent providers, along with the outcome of complaints we decided during the year. We encourage all those who use and

provide social care services to use this data, alongside the range of information they have about their service to scrutinise the effectiveness of their complaints system, and to help draw conclusions on the quality of care and support provided.

However, we emphasise that complaint numbers alone are not an indication of good or poor service. We are equally concerned about services that claim to have no complaints than we are about those that can demonstrate a mature and open culture where complaints are welcomed as an opportunity to improve.

This report presents our view of the national picture of social care complaints by bringing together the data and identifying changes to the overall volumes and themes within the complaints and enquiries we receive. It is split into two sections looking at complaints about the provision of social care by providers and, secondly, complaints about the arrangement of social care by councils. We highlight the common issues we investigate and tell some of the personal stories we hear. Importantly, the report focuses on the resolution, remedy and improvements the LGO has secured.

The report concludes by making recommendations for the sector to consider, ensuring the complaints system remains accountable, accessible and continuously improves how it responds to and learns from complaints.

Complaints about social care provision



People receive social care and support in a range of settings; in their own home, a residential care home, or supported living environment³. The LGO can investigate complaints about any provider who is or can be registered with CQC. We can also consider a complaint regardless of how the care has been funded. If a person funds their own care we can investigate their complaint; they do not have to have had any involvement or funding from a council.

The care and support people receive may vary from prompting to take medication to help with personal care tasks such as bathing, dressing and eating. Maintaining a person's dignity and respecting their individual preferences is essential, and requires a skilled and compassionate social care workforce to do so.

During the year, we received 923 complaints and enquiries about the provision of social care support⁴, an increase of more than a third on the previous year.

A significant proportion of care is commissioned by councils from the independent sector. We are clear that where there is fault or care falls short, the council is accountable for the actions of the provider they have commissioned to carry out the service. More than two thirds of complaints and

enquiries we received about the provision of care were about care provided by, or on behalf of, a council.

Our role in investigating individual complaints sits alongside CQC's role to regulate and inspect services, ensuring their quality and safety. We work closely with the regulator to share information about providers where, through the course of a complaint investigation, the fundamental standards below which care must never fall, may have been breached. CQC also uses information from our complaints, alongside a range of other sources of information, to prioritise their inspections.

The stories we heard

The majority (86%) of complaints we receive about the provision of social care support are about care provided in a residential care home or in a person's own home. While complaints about care provided in supported living, Shared Lives schemes or other care settings are fewer in number, the themes of those complaints reflect the issues we see repeatedly in all care settings.

Poor communication by providers with people receiving care, their family members, and other agencies involved is a frequent cause for complaint, regardless of the care setting.

Here we focus on the specific lessons for residential care and home care.

³ Supported living environments allow older people or people with disabilities to live independently in their communities with additional, flexible support available to them.

⁴ Social care services may be provided by councils, on behalf of councils (commissioned) or by the independent sector.

Complaints about social care provision



Residential Care

Often people's care needs may best be met in a residential care home. We received 497 complaints and enquiries about residential care during the year, a 25% increase on the previous year. The increase in complaints has also translated into an increase in the proportion of complaints we upheld. Of those we investigated, we upheld 58%, a 5% increase on the previous year.

Making a complaint about the place where you live can, understandably, deter some people from raising their concerns. People may be concerned about how their complaint might impact on their continued care. All care providers should demonstrate to the people they support and their families that their organisation welcomes feedback, concerns and complaints.

While there are undoubtedly many positive care experiences carried out by dedicated care staff in care homes every day, the complaints we see show the importance of staff taking a person-centred approach where they are able to take the time to consider an individual's needs, and carry out and properly record all care activities.

The complaints we see about residential care settings often include the following themes:

- > Lack of proper consideration of individual needs
- > Poor communication with residents and family members
- > Inconsistent and ineffective liaison with other agencies, including GPs, pharmacies etc., resulting in residents being denied timely access to the health services they need
- > Incorrect administration of medication
- > Incomplete or inaccurate care records.

The case below outlines the importance of understanding an individual's needs. Taking more time to try out different ways of administering the medication could have prevented Stephen's father from having to move home.

Residential Care

Stephen's father had dementia and had been living in a residential care home for some years. Stephen was asked to find another care home for his father as staff could no longer cope with his deteriorating behaviour, including refusing food and upsetting other residents. Stephen found a new care home and collected his father's belongings, which included a bin liner half filled with his father's medications. The manager at the new care home was very concerned about this and noted that the medication administration records that had been passed to her by the previous care home were incomplete and had substantial gaps.

Stephen complained on behalf of his father that the care home had regularly failed to give his father his prescribed medications. He said the new care home did not seem to experience the difficult behaviour his father exhibited in the old care home. He considered the failure to give his father the prescribed medicine might have contributed to his challenging behaviour there.

During our investigation we saw from the records that a medication prescribed for problems with behaviour was frequently marked as not given, either because Stephen's father was sleeping or refused it. There was no record that this had been raised with his GP or that other approaches had been considered, like giving the medication before he went to bed.

As a result of the investigation, the care home reviewed and updated its policy on medications, apologised to Stephen for the failure to ensure his father was appropriately offered his medication and offered £500 for the distress caused by moving his father to another home.

Complaints about social care provision



Home Care

When people have care and support needs they often choose to remain in their own home and receive home care (also known as domiciliary care). Receiving care at home means people can retain a level of their independence and take comfort in their own surroundings and community. We received 297 complaints and enquiries during the year; a 60% increase on the number we received in 2013/14.

CQC has raised concerns about whether 15 minute home care visits can truly deliver care and support that is safe, caring, effective and responds to people's needs⁵. A 15 minute care call leaves little time for people to discuss any element of their care with their provider. Councils who commission home care and those who deliver it should assure themselves they have robust mechanisms in place for ensuring that the people they care for have regular opportunity to give feedback, raise concerns or make complaints.

The complaints we see about home care have the following themes:

- > Failure to provide a service, including being late, not staying long enough or cancelling visits
- > Receiving care from too many care workers
- > Invoicing for missed visits
- > Care that lacked consideration for the person's dignity
- > Poor quality or inadequate care
- > Not seeking appropriate and timely medical help
- > Poor communication between the home care provider and the council which has arranged and commissioned the care
- > Incomplete or inaccurate record keeping.

This case shows the importance of councils ensuring the providers they commission to provide home care are delivering the quality they would expect.

Home Care

Edith received a care package from her council, which included three care visits a day in her own home. This package supported her to get up, have her meals and go to bed. The council commissioned the care from a home care agency.

The care agency missed a number of visits, failed to attend at the appointed time and sent a number of different carers to support Edith. The agency also failed to send female carers to put her to bed, on occasion leaving Edith to spend the night in a chair, or put her to bed too early or in her clothes. Edith's family had to step in to provide her care when the agency did not attend as scheduled.

Edith's daughter complained about the standard of care provided to her mother. The council investigated the complaint and concluded that the standard of care they would expect had not been met and in response moved Edith's care to another agency.

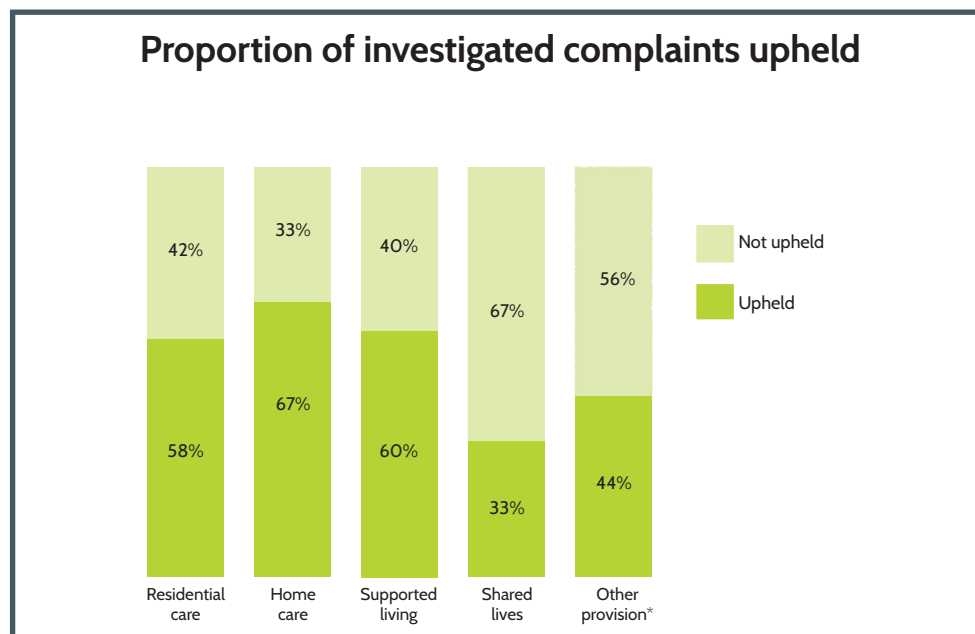
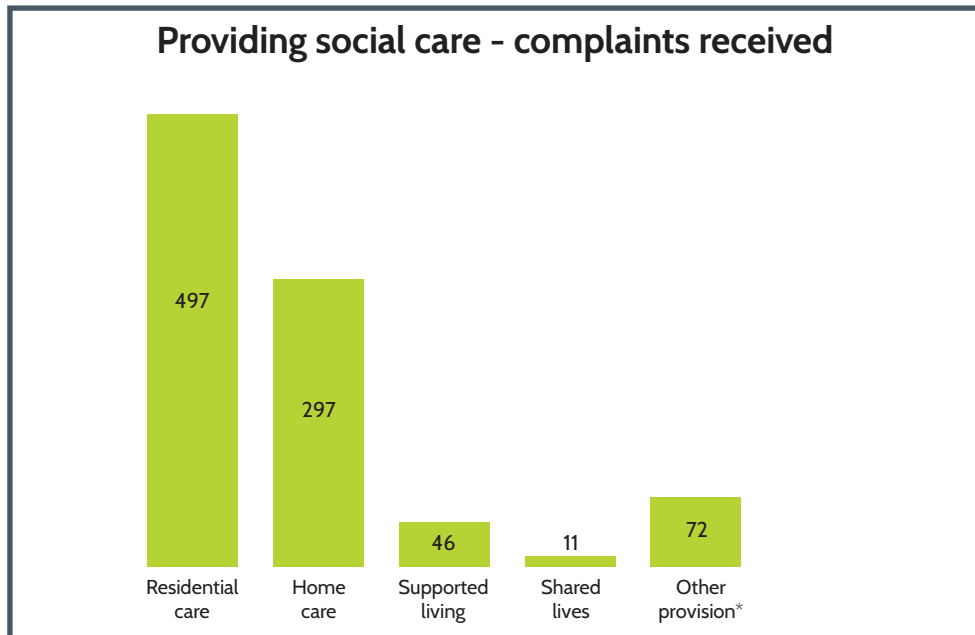
Edith's daughter did not think this was a satisfactory response and brought her complaint to the LGO. We recognised the distress, discomfort and lack of dignity experienced by Edith and the time and trouble the family had taken to provide care when the agency had let Edith down. We found the council was at fault as the care it commissioned was inadequate. The council agreed to make payments to Edith and her daughter to acknowledge their distress.

Complaints about social care provision



What we saw

The charts below show common types of complaint received in relation to the provision of social care and the proportion that were upheld following an investigation.



* 'Other provision' includes a range of care provision including respite care and day care (note: day care services are not regulated by CQC).



During the year, we received 1,878 complaints and enquiries about councils in relation to their responsibilities to make arrangements for people who have social care needs, a 14% increase on the previous year. Complaints we received related to the wide range of responsibilities councils have including the assessment of needs, determining eligibility for support, care planning and reviews, personal budgets, direct payments, safeguarding and charging for care.

Councils are required to ensure the safety and maximise the independence and wellbeing of people with social care needs. In doing so, they will often work with a range of other partners to put the right support in place for a person, including GPs, hospital trusts, community nurses, and mental health trusts. If a person has a complaint about a matter that involves both their social care and health care, we work closely with colleagues at the PHSO ensuring that the person's complaint is dealt with by our joint investigation team.

The stories we heard

We have focused on areas where we received most complaints; assessment and care planning, charging for social care services and safeguarding; all areas where we have seen increases in the volumes of complaints we receive and the percentage we uphold.

Blue Badges

We also receive a range of other complaints about the arrangement of social care by councils. This year has seen complaints and enquiries about transport services (including the assessment and provision of Blue Badges) fall by 19% and we found fault in fewer of the complaints we investigated. Common complaints included councils failing to assess a person's eligibility for a Blue Badge properly, which allows disabled drivers and passengers to park nearer to where they are going. Councils should be satisfied that their eligibility assessments for Blue Badges and other concessionary transport and travel schemes are comprehensive, adhere to government guidance and allow for the proper assessment of a wide range of individual circumstances.

Disabled Facilities Grants

Disabled Facilities Grants are provided by councils to help towards the cost of providing adaptations that allow people to remain independent in their own home. We saw an 18% increase in the complaints and enquiries we received during the year. Delayed assessments and delays in work being carried out were common

in the complaints we saw, leaving people without suitable facilities for unreasonable amounts of time. Councils should ensure they oversee adaptation work carried out on properties by contracted agencies; they remain accountable for the actions of those they contract with.

While complaints and enquiries about the transition of support from children's to adults' services have reduced by more than a third on the previous year, where we investigated we were more likely to uphold the complaint than any other area. Common areas of fault included a lack of timely transition planning and assessment of needs, poor communication during the transition process and lack of suitable education and housing provision, leaving young people and families without the support they needed. Councils should ensure they commit sufficient resources to make sure they are getting the crucial transition process right for all the young people they support.



Assessment and Care Planning

Assessment and Care Planning is often the start of a person's contact with social care. Councils with social care responsibilities have a clear statutory obligation to carry out an assessment for anyone in their area who appears to have a need for care and support. That assessment will determine a person's eligibility for care. Where a person is eligible for support, the council must draw up an individual care plan to meet identified outcomes. This is a collaborative process, led by the individual and their family or advocate and reviewed regularly or when circumstances change.

We received more complaints and enquiries about the assessment and care planning process than any other area of adult social care, and this area increased by more than a third on the previous year. The incidence of fault is also increasing, and we upheld 57% of complaints we investigated, compared with 51% the previous year. Common complaints included delays to assessments, reviews and care planning taking place, individual and family views not being taken into account, plus poor communication and a lack of information provided to individuals and their families to make important decisions.

Timely assessment and considered, collaborative care planning is fundamental to a person receiving the support they need to achieve the outcomes they want. Councils should reflect on the complaints the LGO investigates to challenge their own practice in this important area.

Assessment and Care Planning - Looking at the whole picture

James is a young adult with a learning disability. He lives with his parents and received support from his council to increase his independence. The council assessed that James would benefit from time away from his parents and arranged for respite care through its short breaks service. This also met James' mother's assessed need as needing a break from her role as James' carer.

After a period of time, the council assessed James' needs again and concluded his independence had increased. His need for support had reduced, and he was no longer eligible for a service from the council.

James' family felt they were not given enough notice of when council support would end and that explaining the decision to James via a letter was an inappropriate way to communicate with him. James' mother made a complaint to the council. There were significant delays in responding to the complaint, with little communication about why deadlines were not kept. James' mother then came to the LGO.

While we did not find fault with the council's decision to withdraw services from James, there was fault in the way it communicated the decision. James' needs were not taken into full consideration and the task of explaining the decision was left to his mother.

The council also failed to take into account James' mother's needs as his carer. The council wrongly assumed that her needs as his carer were dependent on James being eligible for council services. The council has a responsibility to a carer regardless of whether the person they care for receives services from the council or not.

We recommended, and the council agreed, to complete a carer's assessment as soon as possible and pay £500 to acknowledge the distress and uncertainty caused and the delay in responding to the complaint. We also recommended that the council ensures all relevant staff understand their responsibilities towards carers.

As well as highlighting the importance of carrying out holistic assessments and recognising the needs of carers, the case above shows how a failure to communicate regularly with a person who has complained and respond to a complaint in a timely manner causes additional distress for a person. All councils and social care services should have clear complaint procedures in place and staff who are supported by their senior managers to recognise the value of complaints and the opportunity to learn from them and improve the experience for others.



Charging for care

We received 262 complaints and enquiries about charging for care during the year. While we have not seen a large increase in the number of complaints in this area, we are finding fault more often in the complaints we investigate with 67% of complaints upheld compared with 62% the previous year. Information about fees and charges is an important part of the process when an individual and their family are making decisions about care and support. It is important that councils provide information early on in this process, with clear explanations of any charges and how they have been worked out. We regularly see complaints where councils have failed to do this. Councils should ensure their charging policies are:

- > clear
- > in line with the relevant national guidance
- > reviewed regularly, and
- > publicly available.

Tom's story highlights the importance of councils conducting timely financial assessments to prevent future problems.

Charging: the impact of delays

Tom is 18 years old and has a range of diagnoses including Autism and ADHD. Tom's council placed him in respite care before finding him more permanent accommodation in a supported living environment. The council tried to carry out a financial assessment with Tom, but Tom was not able to cooperate at that time. The council ended up completing the assessment with Tom's mother, almost three months after his placement in respite care had begun.

The council wrote to Tom's mother explaining that he would need to contribute £32.90 a week towards the cost of his stay in respite care. An invoice for £376 for backdated payments was sent to Tom.

Tom's mother complained to the council because it had not asked Tom to contribute to the cost of his respite stay from the outset. Tom cannot manage his own money easily and would not be able to pay the arrears he now owed. The council agreed to reduce the arrears to take into account some of the delay with the assessment and to arrange for Tom to receive support with his finances. After Tom moved into his supported living accommodation, a further financial assessment was carried out, but an error in the calculation meant a further delay and arrears were allowed to build up again. Tom's mother came to us with her complaint.

Our investigation found the council at fault for the delayed financial assessment. The assessment of Tom's needs clearly states he has no experience of managing money and highlights the risk of him getting into debt without support. We found that it was unreasonable of the council to have expected Tom to have retained some of his benefits to contribute towards the cost of his care and should have waived the contribution fee for the entire period the financial assessments were delayed.

To remedy the fault, we recommended, and the council agreed, to apologise to Tom, waive the arrears, and work with the provider to ensure Tom is receiving proper help with budgeting. We also recommended that the council review its procedures to ensure that financial assessments are undertaken promptly so that people are not left with unexpected arrears.

Earlier this year, we published learning from complaints we receive about care home top up fees.



Safeguarding adults

Safeguarding adults at risk is a priority for councils with responsibility for social care. Everyone has a responsibility to report concerns they may have about an adult who may be at risk of harm or abuse. Anyone can raise a safeguarding concern, which the council will consider and may act upon. Keeping adults safe who may be at risk of abuse can require the input of a range of organisations, often including the emergency services, health services and community partners.

We received 258 complaints and enquiries about safeguarding during the year, nearly a third more than the previous year. Again, we are upholding more of the complaints we investigate, increasing from 42% to 51%.

We receive a range of complaints about the safeguarding process. These include complaints about delays in concluding the safeguarding process, failure to involve the family of an adult at risk and disagreements about the outcome of safeguarding investigations.

Anna's complaint demonstrates the importance of councils' asking for evidence and assurance where action is taken by a partner organisation during the course of a safeguarding investigation.

Safeguarding - evidencing actions

Anna's mother was in hospital after suffering a fall. While visiting her mother, Anna says she found the hospital had stopped giving her mother food, fluids and some of her regular medications. Anna did not consider her mother was terminally ill and could not understand why the hospital was taking this action. As well as speaking to the hospital, Anna raised a safeguarding concern with her council. Sadly, Anna's mother passed away shortly afterwards.

On receiving the safeguarding concern the council referred the matter to the hospital to investigate but did not find out what action it had taken until five months had passed, despite Anna regularly telephoning for an update. The hospital stated they had spoken with Anna about the outcome and that the findings showed her mother was offered all appropriate care. The council had no record or evidence of how the hospital had investigated the concerns, but decided it was satisfied that no formal investigation by its safeguarding team was required.

Anna stated that no one at the hospital had spoken to her about the matter and complained to the council about the lack of response. When Anna then complained to us, we decided that the council should have monitored more closely what the hospital was doing to investigate the matter, asked for a timely response, decided if it was sufficient and communicated it to Anna. All actions should also have been properly evidenced and recorded.

While we were not able to conclude that the fault in the council's safeguarding process contributed to Anna's mother's death, the council should not have simply accepted what the hospital said about its care for her mother.

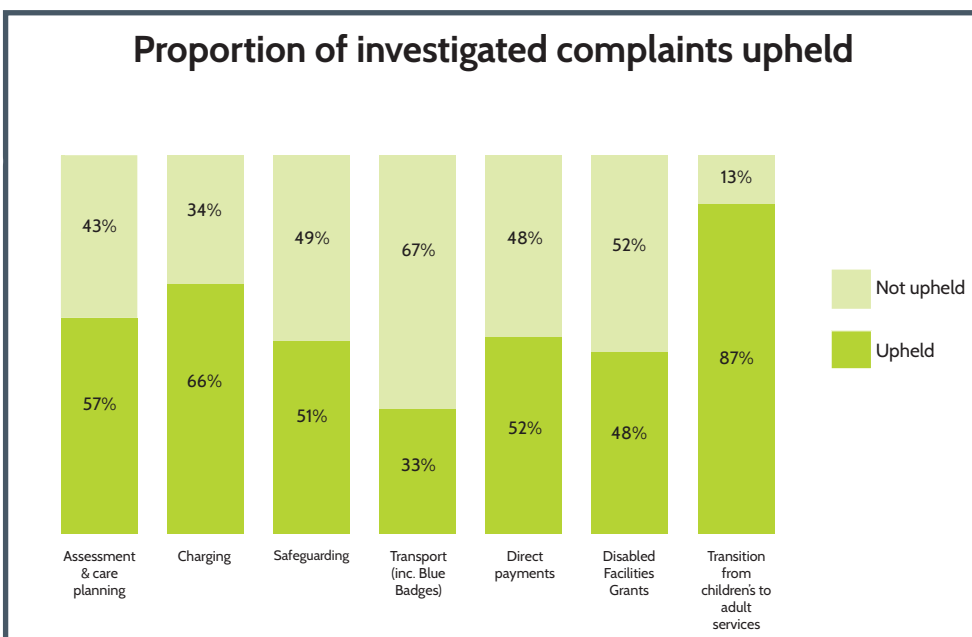
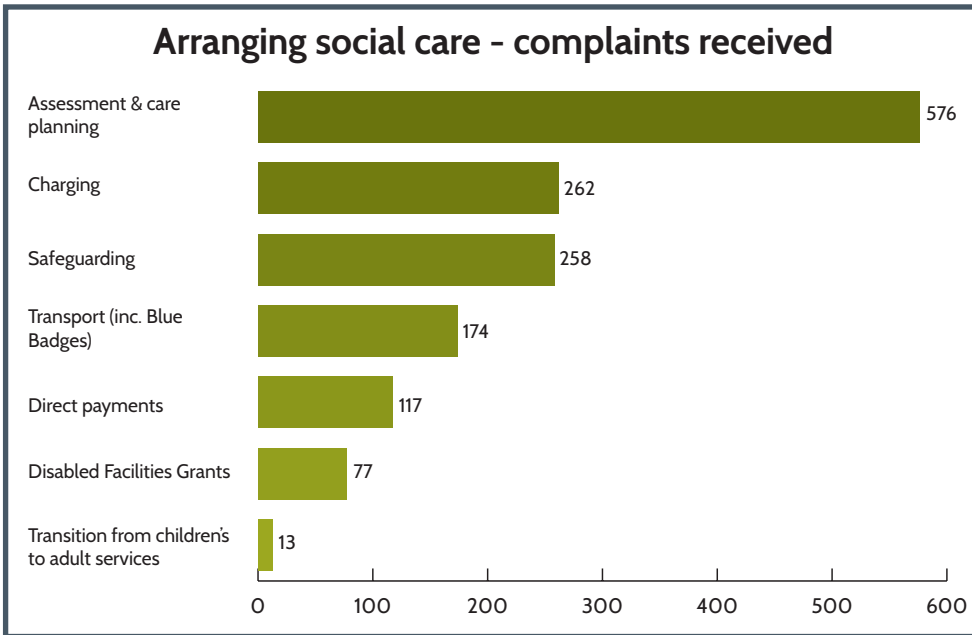
We asked, and the council agreed, to review its procedure to ensure that, where it asks another agency to respond to a safeguarding concern, it still carries out its co-ordinating role fully.

Complaints about arranging social care support



What we saw

The charts below show the most common types of complaint we received in relation to the arrangement of social care by councils and the proportion that were upheld following an investigation.



Achieving resolution, remedy & improvement when things have gone wrong



We know that the best place to try to resolve a complaint is at the local level. The organisation providing, commissioning or arranging a person's care is best placed to put things right quickly. However, the complaints we see show that complaints cannot always be resolved locally and people may remain unhappy with the response they have received.

We will uphold a complaint where we decide that a council or care provider has been at fault in how it has acted. Where a full investigation is not required we may have provided advice about why the complaint is not something we would consider, or why another organisation is better placed to help. We may have closed the complaint because it is not something our legislation allows us to look at, or decided it is not appropriate for us to investigate. Additionally, a person may choose not to pursue the complaint.

Where we completed an investigation, we upheld 55% of adult social care complaints, 4% more than the previous year. We were most likely to uphold complaints that were about the transition from children's social

care services to adult services, home care and charging.

As the social care ombudsman, we can take a view on both the care arranged and delivered by councils and the care arranged by individuals privately. We upheld 62% of complaints where a council was responsible for the matter complained about, either directly or through commissioned care. In comparison, we upheld 53% of complaints we investigated about independent providers (where care was privately purchased and there was no council commissioning role).

If we have decided that a council or care provider is at fault and has caused an injustice to the person making a complaint, we will recommend that action is taken to put things right. The case studies in this report show a range of remedies that we can recommend. Our recommendations are always intended to put the person back in the position they were before the fault occurred. In adult social care cases, this is not always possible, but we will always look for the most appropriate way to remedy what has happened.

We know that people who make a complaint are often motivated to do so because they want to prevent the same thing happening to others. A survey of people who had used our service, conducted this year by Oxford University, showed that 68% of people thought this was the most important reason for making a complaint, second only to getting their own problem resolved.

A single complaint can have a positive impact on many others; where we identify from an investigation that the fault we have found may directly affect others, we will recommend the council or care provider takes steps to review their cases too, applying the same remedy where appropriate. In addition, we regularly recommend procedural change, including to the complaints handling process itself, so that lessons can be learned from resolved complaints to improve services and the future experience of others.

Achieving resolution, remedy & improvement when things have gone wrong



Remedying individual injustice; improving the experience of others

Following an investigation, we found that a council had failed to properly complete the required assessments to determine a man's capacity to make his own decisions and had forced him to live in a care home against his wishes. We asked the council to apologise to the family to acknowledge the impact of the faults and pay £750 in recognition of the distress caused. In addition, we recommended the council should provide refresher training for its social care staff on mental capacity assessments and how to advise people of their rights, so that practice is improved. We recognised that others may also be affected by the poor practice we identified and recommended that the council should review the status of its residents who may have been deprived of their liberty without the proper authorisation. This case shows that we can achieve redress for an individual, and improve the experience of both new and existing people who use the service.

We publish the decisions of our investigations. This resource can help people who have complaints, and the bodies we investigate, to understand the kinds of recommendations we might make about complaints they are trying to resolve. You can browse our complaint decisions on our website.

During the year, we made recommendations to remedy 538 adult social care complaints. The chart below shows the types of remedy recommended.

Financial redress is just one of a range of recommendations we can make to remedy fault. The complaints we receive about adult social care services are often highly personal and sensitive. Redress for the distress caused by something that has gone wrong with a person's care will always be difficult to quantify in terms of monetary value and is inappropriate for us to try to do so. The financial remedies we recommend are intended to recognise the distress caused and the time and trouble a person may have gone to in pursuing the complaint.



*'Other remedy' may include a recommendation that a council or care provider takes a specific action, for example, to explain a decision, arrange a meeting, maintain regular updates with a person about the progress of an issue.

Realising the potential of the complaints process



We want to challenge the view that making a complaint doesn't make a difference. The investigations we complete and the remedies we recommend demonstrate how councils and care providers are held to account when things go wrong. There is, however, always more that can be done. The Government has announced its intention to create a single public service ombudsman, bringing together the work of the LGO and the PHSO into a single organisation. We support this proposal and, in particular, the potential to simplify the complaints system for people who use health and social care services, making it more accessible.

A new service will be able to present a comprehensive picture of complaints about public services, health and social care. This will enhance the ability of an ombudsman to demonstrate its impact and learning to the public and Parliament.

The recommendations made here are aimed at the current system but are equally applicable to any system including a new public service ombudsman.

Realising the potential of the complaints process



Recommendation 1: Clear accountability

Adult social care is complex with many partners involved in its arrangement and delivery. A person's care can involve numerous people from a range of organisations. A person with care needs may have a social worker who assesses them, care workers who support them at home, a support worker who works with them on their care plan goals, and may spend time at a day centre. They may have a housing officer, an occupational therapist, an agency who makes adaptations they need for their home, plus a range of health services, from a GP to a community nurse.

This can be an overwhelmingly complex system to understand, and knowing where to go when you have a complaint about one, or a number of areas of your care is often not clear.

Organisations should not place the onus on people who receive care and support to navigate the complex trails of organisational structures, processes and lines of accountability.

We have taken steps to simplify the process of bringing a complaint to the right body. We know that CQC, the regulator for health and social care services, regularly receive complaints that would be best dealt with by the LGO. Equally, we receive feedback and information about service quality that would best be responded to by the regulator. Therefore, both organisations work together to improve our signposting.

We now transfer calls between our organisations so that people speak with the most appropriate body quickly and easily.

Councils commission a significant proportion of their care and support from independent organisations. We are clear that councils who commission providers to act on their behalf remain accountable for the actions of that provider. This year, 60% of complaints and enquiries we received about care that had been commissioned by a council were referred back to the local body to try to resolve.

Councils should ensure they include clear arrangements for receiving and responding to complaints in their contracts with providers and as an indicator of performance. We are clear that the arrangements should not be overly onerous on the person with a complaint.

Commissioners should be confident they have robust mechanisms in place for holding providers to account for their approach to welcoming and resolving complaints. An assessment of the number of complaints alone will not give a commissioner the full picture. High volumes of complaints could indicate an open, learning organisation as much as it might a failing service; further investigation is certainly needed to understand the context.

Across the health and social care system, steps have been taken towards the further integration of the commissioning and delivery of health and social care services. As local control of services increases

and services work more closely together, policy makers should ensure that the routes to redress and to those who are accountable do not become more complex and distant.

The prompt resolution of complaints relies on clear processes and visible accountability for public services. This relies on appropriate levels of knowledge and confidence throughout an organisation, so that everyone knows their role. Acting on complaints should be everyone's concern.

People should.....be confident they can raise a concern or a complaint once and it will be directed to the responsible organisation.

Providers should.....take a 'no wrong door' approach to the complaints they receive and take responsibility for ensuring the appropriate organisation receives a complaint.

Commissioners should.....review their contracts with providers and consider the impact their commissioning practices have on provider approaches to complaints.

Policy makers should.....ensure that as new structures for delivering health and social care emerge, the lines of accountability and routes to redress remain clear and explicit.

Realising the potential of the complaints process



Recommendation 2: Signposting and support

The LGO can investigate complaints about adult social care regardless of how it has been arranged or funded; a one stop shop for redress when things go wrong. However, people with a complaint can only come to us if they know about our role.

Customer satisfaction research we have conducted points to issues with the accessibility and timeliness of the complaints system⁶. People wait an average of nine months trying to resolve their complaint before approaching us, and nearly half of people are not advised of their right to come to the LGO by the first-tier organisation.

The implementation of the Care Act 2014 in April this year has placed requirements on councils to provide information and advice to people living in their area, including people who fund their own care, and carers. The social care system is not simple, but making a complaint should be. Councils should take this opportunity to ensure that information about making a complaint is accessible and understandable, and that the role of the LGO is properly explained.

But signposting will only ever go so far in supporting people to complain. A lack of support to make a complaint can prevent people coming forward and making a successful complaint. The complexity of current complaint systems and the challenge of navigating it can be a significant barrier for people with a complaint about their social care.

There is a current inequality between complaints advocacy provision for users of NHS services and users of social care. While local authorities have a statutory duty to commission independent NHS complaints advocacy services, the commissioning of complaints advocacy services for people complaining about social care services depends on the appetite and resources of individual councils. Healthwatch England have highlighted that this situation may be leaving many people unable to access help and support when they most need it⁷. Health and social care services are becoming increasingly integrated, while a two tier system for complaints advocacy remains. People whose care is delivered by integrated services should be able to access the same level of support to make a complaint about any aspect of that care.

People should.....be able to ask for information on raising concerns or complaints about their care in a format that best suits them at the start of their care.

Providers should.....provide clear information about complaints, including people's right to access the LGO.

Commissioners should.....understand and respond to demand in their local areas for information, advice and support about making complaints.

Policy makers should....take steps to enable a properly funded social care complaints advocacy, on an equal statutory footing with health complaints advocacy.

⁶ BMG Research, LGO Customer Satisfaction Research, 2014

⁷ Healthwatch England, Improving independent complaints advocacy in health and social care, 2013

Realising the potential of the complaints process



Recommendation 3: A positive experience - a quality response

People who use social care services should be able to raise a concern or complaint with a council or care provider with confidence, knowing that they can expect to be listened to and understood. This does not always happen and we regularly receive complaints where the handling of the complaint itself has become cause to complain to us.

Last year, we worked with PHSO and Healthwatch England to publish *My expectations*, a framework for good complaint handling in health and social care. Produced in consultation with over 100 users of health and social care services and more than 40 organisations, it describes people's expectations for good complaint handling. This includes, knowing they have a right to complain and where to complain, being kept informed and feeling their complaint made a difference so the same thing does not happen to anyone else, and feeling confident to complain again.

We know that people often choose not to make a complaint because they think it is not worth the effort or it will not make a difference. When complaints are welcomed and lessons are learned, they can drive service improvements. The framework offers providers and commissioners an approach to complaints that should ensure they learn from the experience of people who use their service and can make improvements for others.

CQC's regulatory framework includes an assessment of how well registered providers welcome and respond to concerns and complaints about their service. Importantly, CQC has adopted *My expectations* as the framework by which it assesses what 'good' looks like in complaint handling. Providers should ensure they are able to demonstrate the expected standard.

The LGO offers training to councils and providers on effective complaint handling. Details can be found on our website.

People should.....have confidence that a concern or complaint about their care will be heard, understood and responded to appropriately.

Councils and providers should.....adopt *My expectations* as the framework by which they receive and respond to complaints, providing a better experience to people who complain.

Commissioners should.....seek evidence of the practical implementation of *My expectations* within their contracts with providers.

Policy makers should.....adopt a national survey across social care as a tool for measuring improvements in how complaints are handled.

My expectations: a user-led vision for raising concerns and complaints in health and social care





A note on the data tables

- > We categorise complaints and enquiries about Blue Badges and Disabled Facilities Grants as adult social care complaints.
- > Complaints investigated in detail result in an outcome of 'upheld' or 'not upheld' – the percentage upheld is calculated from these two figures.
- > We record a complaint as 'upheld' when we find fault in the way a council acted, even if it has put things right during the course of our investigation or if their local investigation suggested a remedy with which we agree.
- > Councils and providers can use this data alongside the range of other information sources they have available to them to determine the effectiveness of their processes and the outcomes achieved for people when things go wrong.
- > These data annexes are also available on our website in Excel format.

Data annex: local authorities

Local Authority	Received*	Complaints per 100,000**	Decisions made						Total decisions	Upheld %***
			Investigated in detail		Closed after initial enquiries	Referred back for local resolution	Advice given	Incomplete/invalid		
Upheld	Not upheld									
Adur DC	0	0.0	1	0	0	0	0	0	1	100%
Amber Valley	1	0.8	0	0	0	0	0	0	0	
Barking & Dagenham	12	6.5	2	3	1	5	0	0	11	40%
Barnet LB	12	3.4	2	4	3	3	0	0	12	33%
Barnsley MBC	4	1.7	0	0	0	3	0	0	3	
Basildon BC	2	1.1	0	0	0	2	0	0	2	
Bath & NE Somerset C	7	4.0	1	0	2	3	0	0	6	100%
Bedford BC	3	1.9	1	0	0	2	0	0	3	100%
Bexley LB	13	5.6	3	1	0	5	0	0	9	75%
Birmingham City C	67	6.2	17	8	9	27	0	0	61	68%
Blackburn w/Darwen	5	3.4	1	1	0	2	0	1	5	50%
Blackpool BC	17	12.0	2	4	4	5	0	0	15	33%
Bolton MBC	9	3.3	2	0	1	1	1	0	5	100%
Bournemouth BC	21	11.4	2	4	1	6	0	1	14	33%
Bracknell Forest C	3	2.7	0	0	0	3	0	0	3	
Brent LB	31	10.0	5	3	1	16	0	1	26	63%
Brighton & Hove City	27	9.9	7	6	1	5	0	1	20	54%
Bristol City C	11	2.6	4	0	1	7	0	1	13	100%
Bromley LB	28	9.1	15	4	7	5	1	0	32	79%
Buckinghamshire CC	16	3.2	3	2	2	5	0	3	15	60%
Bury MBC	5	2.7	0	1	0	1	0	1	3	0%
Calderdale MBC	4	2.0	4	0	1	0	0	0	5	100%
Cambridgeshire CC	20	3.2	5	3	5	4	1	1	19	63%
Camden LB	22	10.0	2	3	4	7	0	1	17	40%
Canterbury City C	1	0.7	0	0	0	1	0	0	1	
Central Bedfordshire	5	2.0	0	1	1	1	1	0	4	0%

Data annex: local authorities

Local Authority	Received*	Complaints per 100,000**	Decisions made						Total decisions	Upheld %***
			Investigated in detail		Closed after initial enquiries	Referred back for local resolution	Advice given	Incomplete/invalid		
			Upheld	Not upheld						
Cheshire E C	14	3.8	5	1	3	2	0	0	11	83%
Cheshire W & Chester	13	3.9	2	5	3	4	0	0	14	29%
City of Bradford MDC	19	3.6	5	3	2	7	0	0	17	63%
City of London	1	13.6	0	0	0	1	0	0	1	
Cornwall Council	24	4.5	7	5	2	13	0	1	28	58%
County Durham C	19	3.7	3	4	0	5	1	2	15	43%
Coventry City C	13	4.1	1	3	2	5	0	2	13	25%
Croydon LB	28	7.7	6	2	6	10	0	2	26	75%
Cumbria CC	14	2.8	4	2	1	5	0	1	13	67%
Darlington BC	7	6.6	0	1	1	1	0	0	3	0%
Derby City C	10	4.0	1	4	0	4	0	2	11	20%
Derbyshire CC	30	3.9	2	3	1	15	0	0	21	40%
Devon CC	38	5.1	8	10	11	9	1	0	39	44%
Doncaster MBC	20	6.6	6	3	9	3	0	1	22	67%
Dorset CC	18	4.4	1	3	6	4	0	0	14	25%
Dover DC	3	2.7	0	0	1	2	0	0	3	
Dudley MBC	12	3.8	0	1	4	5	0	1	11	0%
Ealing LB	18	5.3	3	0	3	10	0	2	18	100%
East Cambs DC	1	1.2	0	0	0	0	0	0	0	
East Lindsey DC	1	0.7	0	0	0	1	0	0	1	
East Riding of York	11	3.3	1	1	2	6	0	0	10	50%
East Sussex CC	65	12.3	16	21	7	14	0	0	58	43%
Enfield LB	16	5.1	1	2	3	10	0	1	17	33%
Epsom & Ewell BC	1	1.3	0	0	0	1	0	0	1	

Data annex: local authorities

Local Authority	Received*	Complaints per 100,000**	Decisions made						Total decisions	Upheld %***
			Investigated in detail		Closed after initial enquiries	Referred back for local resolution	Advice given	Incomplete/invalid		
Upheld	Not upheld									
Essex CC	38	2.7	8	7	5	15	1	2	38	53%
Forest Heath DC	1	1.7	0	0	0	0	0	0	0	
Fylde BC	1	1.3	0	0	0	1	0	0	1	
Gateshead MBC	4	2.0	0	1	3	1	0	0	5	0%
Gedling BC	1	0.9	0	0	0	1	0	0	1	
Gloucester City C	0	0.0	1	0	0	0	0	0	1	100%
Gloucestershire CC	35	5.9	8	8	5	15	0	2	38	50%
Gosport BC	1	1.2	0	0	0	1	0	0	1	
Greenwich LB	14	5.5	1	1	2	7	0	0	11	50%
Hackney LB	9	3.7	1	0	0	5	0	1	7	100%
Halton C	6	4.8	1	1	3	1	0	0	6	50%
Hammersmith & Fulham	2	1.1	0	2	0	2	0	0	4	0%
Hampshire CC	40	3.0	4	9	3	21	0	4	41	31%
Haringey LB	13	5.1	3	6	0	0	0	2	11	33%
Harrow LB	15	6.3	3	5	1	5	0	0	14	38%
Hartlepool BC	2	2.2	0	1	1	1	0	0	3	0%
Havering LB	9	3.8	2	3	1	3	0	0	9	40%
Herefordshire C	7	3.8	3	0	1	2	0	0	6	100%
Hertfordshire CC	37	3.3	2	4	2	27	0	1	36	33%
Hillingdon LB	12	4.4	6	4	0	3	1	1	15	60%
Hounslow LB	12	4.7	2	1	1	4	0	0	8	67%
Isle of Wight C	19	13.7	3	2	1	8	0	0	14	60%
Islington LB	19	9.2	3	2	6	4	0	1	16	60%
Kensington & Chelsea	8	5.0	0	1	4	2	1	0	8	0%
Kent CC	60	4.1	13	8	6	27	0	1	55	62%
Kingston upon Hull	3	1.2	2	0	0	1	0	0	3	100%

Data annex: local authorities

Local Authority	Received*	Complaints per 100,000**	Decisions made						Total decisions	Upheld %***
			Investigated in detail		Closed after initial enquiries	Referred back for local resolution	Advice given	Incomplete/invalid		
			Upheld	Not upheld						
Kingston upon Thames	4	2.5	2	1	0	3	0	0	6	67%
Kirklees MBC	16	3.8	0	2	3	5	0	2	12	0%
Knowsley MBC	8	5.5	3	1	2	3	0	0	9	75%
Lambeth LB	24	7.9	5	5	3	11	0	1	25	50%
Lancashire CC	54	4.6	14	10	8	21	0	4	57	58%
Lancaster City C	0	0.0	1	0	0	0	0	0	1	100%
Leeds City C	28	3.7	2	2	8	15	0	2	29	50%
Leicester City C	17	5.2	2	4	0	6	0	0	12	33%
Leicestershire CC	16	2.5	4	5	2	8	0	0	19	44%
Lewisham LB	19	6.9	1	6	1	3	0	2	13	14%
Lincoln City C	1	1.1	0	0	0	1	0	0	1	
Lincolnshire CC	23	3.2	6	3	2	7	0	0	18	67%
Liverpool City C	26	5.6	8	7	3	9	0	1	28	53%
Luton BC	8	3.9	0	3	1	5	0	0	9	0%
Manchester City C	16	3.2	8	6	3	4	0	0	21	57%
Mansfield DC	1	1.0	0	0	0	1	0	0	1	
Medway C	15	5.7	4	1	1	5	0	1	12	80%
Merton LB	10	5.0	1	3	0	4	0	1	9	25%
Middlesborough BC	6	4.3	0	3	1	3	0	0	7	0%
Milton Keynes C	15	6.0	4	1	2	9	0	0	16	80%
Mole Valley DC	1	1.2	0	0	1	0	0	0	1	
Newcastle City C	11	3.9	1	4	0	7	0	1	13	20%
Newham LB	15	4.9	6	5	1	3	1	0	16	55%
Norfolk CC	20	2.3	7	6	5	6	0	0	24	54%

Data annex: local authorities

Local Authority	Received*	Complaints per 100,000**	Decisions made						Total decisions	Upheld %***
			Investigated in detail		Closed after initial enquiries	Referred back for local resolution	Advice given	Incomplete/invalid		
Upheld	Not upheld									
North Dorset DC	1	1.5	0	0	0	1	0	0	1	
North East Lincs DC	4	2.5	2	0	0	2	0	0	4	100%
North Kesteven DC	1	0.9	0	0	0	1	0	0	1	
North Lincolnshire C	4	2.4	0	1	0	1	0	0	2	0%
North Norfolk DC	0	0.0	0	1	0	0	0	0	1	0%
North Somerset C	9	4.4	2	0	2	0	0	1	5	100%
North Tyneside MBC	9	4.5	1	0	1	7	0	0	9	100%
North Yorks CC	35	5.8	9	6	3	9	0	2	29	60%
Northampton BC	2	0.9	0	0	0	1	0	0	1	
Northants CC	24	3.5	2	2	2	13	0	1	20	50%
Northumberland C	10	3.2	1	1	5	2	1	0	10	50%
Nottingham City C	15	4.9	0	3	2	8	0	1	14	0%
Notts CC	23	2.9	4	7	4	11	0	2	28	36%
NW Leics DC	1	1.1	0	0	0	1	0	0	1	
Oldham MBC	17	7.6	2	3	0	7	0	0	12	40%
Oxfordshire CC	16	2.4	0	1	1	9	0	0	11	0%
Peterborough City C	10	5.4	5	4	0	2	0	0	11	56%
Plymouth City C	16	6.2	5	2	1	4	0	2	14	71%
Poole BC	8	5.4	3	2	1	1	0	0	7	60%
Portsmouth City C	10	4.9	4	3	2	2	0	1	12	57%
Reading BC	3	1.9	1	1	0	2	0	0	4	50%
Redbridge LB	28	10.0	10	4	5	8	0	1	28	71%
Redcar & Cleveland C	7	5.2	1	1	1	4	0	0	7	50%
Reigate & Banstead	1	0.7	1	0	0	1	0	0	2	100%
Richmond upon Thames	9	4.8	3	1	1	1	0	0	6	75%
Rochdale MBC	12	5.7	4	0	1	3	0	2	10	100%

Data annex: local authorities

Local Authority	Received*	Complaints per 100,000**	Decisions made						Total decisions	Upheld %***
			Investigated in detail		Closed after initial enquiries	Referred back for local resolution	Advice given	Incomplete/invalid		
Upheld	Not upheld									
Rossendale BC	1	1.5	0	0	0	1	0	0	1	
Rotherham MBC	8	3.1	2	1	2	0	0	0	5	67%
Rutland CC	5	13.4	0	1	0	3	1	0	5	0%
Salford City C	16	6.8	4	3	1	5	0	3	16	57%
Sandwell MBC	15	4.9	4	1	0	9	0	1	15	80%
Sefton MBC	11	4.0	2	3	3	4	0	0	12	40%
Sheffield City C	38	6.9	8	4	5	14	2	1	34	67%
Shropshire Council	14	4.6	6	2	1	3	0	1	13	75%
Slough BC	3	2.1	1	0	0	2	0	0	3	100%
Solihull MBC	15	7.3	4	2	0	3	0	1	10	67%
Somerset CC	27	5.1	9	3	2	8	0	1	23	75%
South Glos C	14	5.3	3	3	3	4	0	0	13	50%
South Hams DC	1	1.2	0	0	0	0	0	0	0	
South Oxfordshire DC	1	0.7	0	0	0	1	0	0	1	
South Somerset DC	1	0.6	0	0	0	1	0	0	1	
South Staffs DC	1	0.9	0	0	0	1	0	0	1	
South Tyneside MBC	5	3.4	0	3	0	1	0	0	4	0%
Southampton City C	9	3.8	1	3	1	6	0	1	12	25%
Southend-on-Sea BC	6	3.5	1	3	0	1	0	0	5	25%
Southwark LB	13	4.5	2	0	1	8	0	0	11	100%
Spelthorne BC	2	2.1	0	0	1	1	0	0	2	
St Helens MBC	8	4.6	2	3	0	1	0	0	6	40%
Staffordshire CC	40	4.7	12	7	6	14	0	0	39	63%
Stevanage BC	1	1.2	0	0	0	0	0	0	0	
Stockport MBC	9	3.2	2	1	0	4	1	0	8	67%
Stockton-on-Tees BC	12	6.3	2	3	2	3	0	0	10	40%

Data annex: local authorities

Local Authority	Received*	Complaints per 100,000**	Decisions made						Total decisions	Upheld %***
			Investigated in detail		Closed after initial enquiries	Referred back for local resolution	Advice given	Incomplete/invalid		
			Upheld	Not upheld						
Stoke-on-Trent City	10	4.0	4	3	0	2	0	1	10	57%
Suffolk CC	19	2.6	5	1	4	8	0	2	20	83%
Sunderland City C	6	2.2	1	2	1	1	0	2	7	33%
Surrey CC	66	5.8	11	9	5	35	0	2	62	55%
Sutton LB	6	3.2	1	2	1	2	0	0	6	33%
Swindon BC	5	2.4	0	1	0	2	0	1	4	0%
Tameside MBC	13	5.9	7	1	1	9	0	0	18	88%
Telford & Wrekin BC	11	6.6	2	2	0	4	0	1	9	50%
Tendring DC	1	0.7	0	0	0	1	0	0	1	
Thanet DC	2	1.5	0	1	0	1	0	0	2	0%
Thurrock C	4	2.5	2	1	1	1	0	0	5	67%
Torbay C	9	6.9	2	1	1	2	0	0	6	67%
Tower Hamlets LB	12	4.7	3	0	0	7	0	0	10	100%
Trafford MBC	14	6.2	1	3	2	8	0	0	14	25%
Vale of White Horse	1	0.8	0	0	0	1	0	0	1	
Wakefield City C	10	3.1	2	2	0	6	0	0	10	50%
Walsall MBC	11	4.1	3	4	0	4	0	0	11	43%
Waltham Forest LB	22	8.5	4	7	3	9	1	2	26	36%
Wandsworth LB	13	4.2	3	1	3	1	0	0	8	75%
Warrington C	12	5.9	6	1	2	2	0	1	12	86%
Warwickshire CC	41	7.5	12	18	7	7	0	0	44	40%
Welwyn Hatfield BC	1	0.9	0	0	1	0	0	0	1	
West Berkshire C	5	3.3	1	2	1	2	0	0	6	33%
West Sussex CC	34	4.2	9	8	10	8	0	2	37	53%
Westminster City C	12	5.5	2	3	1	4	1	1	12	40%
Wigan MBC	17	5.3	6	4	2	5	1	0	18	60%

Data annex: local authorities

Local Authority	Received*	Complaints per 100,000**	Decisions made						Total decisions	Upheld %***
			Investigated in detail		Closed after initial enquiries	Referred back for local resolution	Advice given	Incomplete/invalid		
			Upheld	Not upheld						
Wiltshire Council	14	3.0	3	1	1	8	0	2	15	75%
Windsor & Maidenhead	6	4.2	2	1	0	1	0	0	4	67%
Wirral MBC	39	12.2	14	4	0	18	0	1	37	78%
Wokingham BC	5	3.2	0	1	0	3	0	0	4	0%
Wolverhampton City C	12	4.8	1	0	0	4	0	1	6	100%
Worcester City C	1	1.0	0	0	0	0	0	0	0	
Worcestershire CC	24	4.2	6	5	5	9	0	2	27	55%
York City C	11	5.6	2	2	1	6	1	0	12	50%

* A number of cases will have been received and decided in different reporting years. This means 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 investigated in detail

Data annex: independent providers

Provider name* (CQC database)	Received**	Decisions made						Total decisions	% Upheld***
		Investigated in detail		Closed after initial enquiries	Referred back for local resolution	Advice given	Incomplete/invalid		
		Upheld	Not upheld						
1st Choice Nursing and Care Services Limited	1	0	0	0	0	0	0	0	
24 Hour Home Care Services Ltd	1	0	1	0	0	0	0	1	0%
A Walsh	2	0	0	0	0	0	1	1	
A2Dominion Housing Group Limited	1	0	0	0	0	0	1	1	0%
Abbey Health & Social Care Group Limited	1	0	0	1	0	0	0	1	
Abbeyfield Lancaster Society Limited	0	1	0	0	0	0	0	1	100%
Abholly (2008) Limited	1	0	1	0	0	0	0	1	0%
Acegold Limited	0	1	0	0	0	0	0	1	100%
Acquire Care Ltd	1	0	0	0	1	0	0	1	
Adiemus Care Limited	1	0	0	0	1	0	0	1	
Advent Care Team Limited	1	0	0	0	1	0	0	1	
Age Concern - Tower Hamlets	1	0	0	0	0	0	0	0	
Agincare UK Limited	1	0	0	0	0	0	0	0	
Akari Care Limited	1	0	0	0	1	0	0	1	
Albemarle Rest Home Ltd	1	0	0	0	0	0	0	0	
Alice Chilton In Home Care Services Ltd	1	0	0	0	1	0	0	1	
All About Care (South West) Limited	1	0	0	0	1	0	0	1	
Allenbrook Nursing Home Limited	0	0	1	0	0	0	0	1	
Allied Healthcare Group Limited	4	0	0	0	1	0	0	1	
Althea Healthcare Properties Limited	1	0	0	0	1	0	0	1	

Data annex: independent providers

Provider name* (CQC database)	Received**	Decisions made						Total decisions	% Upheld***
		Investigated in detail	Closed after initial enquiries	Referred back for local resolution	Advice given	Incomplete/invalid			
		Upheld	Not upheld						
AMAFHH Healthcare Limited	1	0	0	0	1	0	0	1	
Ambridge Estates Limited	0	1	0	0	0	0	0	1	100%
Amocura Limited	1	1	0	0	0	0	0	1	100%
Ampersand Care Limited	1	0	0	0	1	0	0	1	
Anchor Trust	2	0	0	0	1	0	0	1	
Angel Care plc	1	0	0	1	0	0	0	1	
ARCK Living Solutions Ltd	1	0	0	0	1	0	0	1	
Argyle Residential Home Ltd	0	0	1	0	0	0	0	1	0%
Ark Home Healthcare Ltd	1	0	0	0	1	0	0	1	
Ascot Residential Homes Limited	1	0	0	0	0	0	0	0	
Ashmere Care Group	1	0	0	0	1	0	0	1	
Ashram Housing Association Limited	2	0	0	0	1	0	0	1	
Avante Care and Support Limited	1	1	0	0	0	0	0	1	100%
Axe Valley Home Care Limited	1	0	0	0	1	0	0	1	
B & M Investments Limited (B&M Care)	0	1	0	0	0	0	0	1	100%
Badby Park Limited	1	0	0	1	0	0	0	1	
Barchester Healthcare Homes Limited	4	2	1	1	1	0	0	5	67%
Bare Hall Home Limited	1	0	0	1	0	0	0	1	
Barron Kirk Quality Care Limited	1	0	0	0	0	0	0	0	
Bay House Care Ltd	1	1	0	0	0	0	0	1	100%
Beech Hill Grange Limited	1	0	0	1	0	0	0	1	
Ben-Motor and Allied Trades Benevolent Fund	1	0	1	0	0	0	0	1	0%

Data annex: independent providers

Provider name* (CQC database)	Received**	Decisions made						Total decisions	% Upheld***
		Investigated in detail	Closed after initial enquiries	Referred back for local resolution	Advice given	Incomplete/invalid			
		Upheld	Not upheld						
Bexley Crossroads Care Limited	1	0	0	0	1	0	0	1	
Birch Heath Lodge Limited	1	1	0	0	0	0	0	1	100%
Bluebird Care Services Limited	1	0	0	0	0	0	0	0	
Bupa Care Homes (AKW) Limited	2	0	0	0	0	0	0	0	
Bupa Care Homes (ANS) Limited	3	0	1	1	2	0	0	4	0%
Bupa Care Homes (BNH) Limited	0	1	0	0	0	0	0	1	100%
Bupa Care Homes (CFC Homes) Limited	3	0	1	0	1	0	1	3	0%
Bupa Care Homes (CFHCare) Limited	3	0	0	1	0	0	1	2	
Burley's Home Care Services Ltd	1	0	0	0	1	0	0	1	
Camelot Health Care Limited	0	1	0	0	0	0	0	1	100%
Candlelight Homecare Services Limited	1	0	0	0	0	0	0	0	
Care at Home Services (South East) Limited	1	0	0	0	1	0	0	1	
Care By Us Ltd	0	1	0	0	0	0	0	1	100%
Care Outlook Limited	1	0	0	0	1	0	0	1	
Care Plus Homecare Services Ltd	1	0	1	0	0	0	0	1	0%
Care UK Community Partnerships Limited	5	0	0	2	1	0	0	3	
Care Worldwide (Southwell) Limited	1	0	0	0	0	0	1	1	
Carers Direct Homecare Ltd	0	0	1	0	0	0	0	1	0%
Carewise Homes Limited	0	0	1	0	0	0	0	1	0%
Caring Direct Limited	1	0	0	0	1	0	0	1	

Data annex: independent providers

Provider name* (CQC database)	Received**	Decisions made						Total decisions	% Upheld***
		Investigated in detail	Closed after initial enquiries		Referred back for local resolution	Advice given	Incomplete/invalid		
		Upheld	Not upheld						
Caring Homes Healthcare Group Limited	4	1	1	0	1	0	0	3	50%
Carlcare Limited (Caremark (Kingston))	1	0	0	0	0	0	0	0	
Cassiobury Court Ltd	1	0	0	1	0	0	0	1	
Casterbridge Homes Limited	1	0	0	0	0	0	1	1	
Cavendish Close Limited	1	0	0	0	0	0	0	0	
Charing Lodge Limited	0	0	0	1	0	0	0	1	
Cheerhealth (Selsey) Limited	1	0	0	0	0	0	0	0	
Cherish Able Care Limited	1	0	0	0	1	0	0	1	
Cleeve Hill Healthcare Limited	1	0	0	0	1	0	0	1	
Clough House Residential Home Limited	1	0	0	0	1	0	0	1	
CLS Care Services Limited	1	1	0	0	0	0	0	1	100%
Colleycare Limited (B&M Care)	1	1	0	0	0	0	0	1	100%
Comfort Call Limited	2	0	0	1	1	0	0	2	
Community Care North East	1	1	0	0	0	0	0	1	100%
Community Integrated Care	0	0	0	0	0	1	0	1	
Connect Therapeutic Community Limited	1	0	0	0	0	1	0	1	
Corinium Care Limited	0	0	1	0	0	0	0	1	0%
Cornwall Care Ltd	1	0	0	0	0	0	0	0	
Coton Care Limited	1	1	0	0	0	0	0	1	100%
Countrywide Care Homes (2) Limited	1	0	0	0	0	0	1	1	

Data annex: independent providers

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		Investigated in detail	Closed after initial enquiries	Referred back for local resolution	Advice given	Incomplete/invalid			
		Upheld	Not upheld						
Coverage Care Services Limited	1	1	0	0	0	0	0	1	100%
Crabwall Claremont Limited	1	0	0	0	0	0	0	0	
Craven Nursing Home Limited	1	0	0	1	0	0	0	1	
Creative Support Limited	2	1	0	1	0	0	0	2	100%
Crimson Care Limited	1	0	0	0	1	0	0	1	
D Lalgee	1	0	0	0	1	0	0	1	
Danum Homecare Ltd	1	0	0	1	0	0	0	1	
Daymark Properties Limited	0	0	1	0	0	0	0	1	0%
DCS and D Limited	1	0	0	0	1	0	0	1	
Diamond Home Care (Dudley) Ltd	1	1	0	0	0	0	0	1	100%
Diginew Limited	1	0	0	1	0	0	0	1	
DK Home Support	1	0	0	0	1	0	0	1	
Donisthorpe Hall	0	0	0	1	0	0	0	1	
Dovetail Care Limited	1	0	1	0	0	0	0	1	0%
Dynamic People Limited	2	0	2	0	0	0	0	2	0%
Eastgate Care Ltd	1	0	0	0	1	0	0	1	
Eastleigh Care Homes - Minehead Limited	1	0	0	0	0	0	0	0	
Elizabeth Finn Homes Limited	1	1	0	0	0	0	0	1	100%
Embrace (UK) Limited	1	0	0	0	0	0	1	1	
Estherene House Limited	1	0	0	0	1	0	0	1	
Ex Services Mental Welfare Society	1	0	0	1	0	0	0	1	
Excelcare Holdings Ltd	1	0	0	0	0	0	0	0	

Data annex: independent providers

Provider name* (CQC database)	Received**	Decisions made						Total decisions	% Upheld***
		Investigated in detail		Closed after initial enquiries	Referred back for local resolution	Advice given	Incomplete/invalid		
		Upheld	Not upheld						
Extra Hands of Heacham Limited	0	1	0	0	0	0	0	1	100%
Eyhurst Court Limited	1	0	0	0	0	0	0	0	
Folkescare Limited (Caremark (Redcar & Cleveland))	1	0	1	0	0	0	0	1	0%
Forest Homecare Limited	1	0	0	0	1	0	0	1	
Four Crest Care (Watton) Limited	1	0	0	0	1	0	0	1	
Four Seasons 2000 Limited	2	0	1	0	0	0	0	1	0%
Four Seasons Health Care (England) Limited	4	2	0	0	1	0	0	3	100%
Friars Lodge Limited	1	0	0	0	1	0	0	1	
G H Quality Care Limited	1	0	0	0	1	0	0	1	
Galleon Care Homes Limited	1	0	0	1	0	0	0	1	
Glancestyle Care Homes Limited	1	0	0	1	0	0	0	1	
Greensleeves Homes Trust	1	0	0	0	0	0	0	0	
Greentree Enterprises Limited	0	0	1	0	0	0	0	1	0%
Grove Care Limited	0	0	1	0	0	0	0	1	0%
Guinness Care and Support Limited	1	0	1	0	0	0	0	1	0%
Hafod Care Organisation Limited	1	0	0	0	1	0	0	1	
Hallmark Care Homes (Wimbledon) Limited	1	1	0	0	0	0	0	1	100%
Hawksyard Priory Nursing Home Limited	0	0	1	0	0	0	0	1	0%
HC-One Limited	1	0	0	0	1	0	0	1	
Healthmade (Hoyland Hall) Limited	1	1	0	0	0	0	0	1	100%

Data annex: independent providers

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		Investigated in detail		Closed after initial enquiries	Referred back for local resolution	Advice given	Incomplete/invalid		
		Upheld	Not upheld						
Highbrooke Care Limited (Bluebird Care Sunderland)	1	1	0	0	0	0	0	1	100%
Hinstock Manor Residential Home Limited	1	0	0	0	0	0	0	0	
Holy Cross Care Homes Limited	1	0	0	0	0	0	0	0	
Housing & Care 21	2	1	0	0	0	0	1	2	100%
Irvine Care Limited	1	0	0	0	1	0	0	1	
JK's Majestical Care Limited	1	0	0	1	0	0	0	1	
JTV Care Homes Limited	1	0	1	0	0	0	0	1	0%
Jubilee Care Ltd	1	0	0	0	1	0	0	1	
Kents Hill Care Limited	1	0	0	0	0	0	0	0	
Keychange Charity	0	0	1	0	0	0	0	1	0%
L & M Care Limited	0	1	0	0	0	0	0	1	100%
Laudcare Limited	3	0	0	0	3	0	0	3	
Laurel Care Home Limited	1	0	0	0	1	0	0	1	
Leonard Cheshire Disability	3	0	0	0	1	0	0	1	
Leyton Healthcare (No 7) Limited	0	1	0	0	0	0	0	1	100%
Living Plus Health Care Limited	1	0	0	0	1	0	0	1	
London Residential Health Care Limited	1	0	1	0	0	0	0	1	0%
Lovett Care Limited	2	0	0	0	2	0	0	2	
Maldon Lodge Care Home Ltd	1	0	0	0	0	0	0	0	
Maria Mallaband Care Homes Limited	1	0	1	0	0	0	0	1	

Data annex: independent providers

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		Investigated in detail	Closed after initial enquiries	Referred back for local resolution	Advice given	Incomplete/invalid			
		Upheld	Not upheld						
Maria Mallaband Limited	1	0	0	0	1	0	0	1	
Maricare Limited	1	0	0	1	0	0	0	1	
Mary Feilding Guild	1	0	1	0	0	0	0	1	0%
Mediline Nurses and Carers Ltd	1	1	0	0	0	0	0	1	100%
Melton Health Care Limited	1	0	0	0	1	0	0	1	
Meridian Healthcare Limited	1	0	0	0	0	0	0	0	
Meritum Intergrated Care LLP	1	0	0	0	0	0	0	0	
Midshires Care Limited	5	0	0	2	0	0	0	2	
Mihomecare Ltd	3	1	0	1	1	0	0	3	100%
Millfield Lodge Care Home Limited	1	0	0	0	0	0	0	0	
Miss Louise Kemp	1	0	0	0	1	0	0	1	
Mission Care	1	0	0	0	0	0	1	1	
Mobile Care Services Limited	1	0	0	1	0	0	0	1	
Moundsley Hall Limited	1	1	0	0	0	0	0	1	100%
Mr & Mrs J Dudhee	1	0	0	0	1	0	0	1	
Mr David Arthur Salter	1	0	0	0	0	0	0	0	
Mr Frederick Bilisland	1	0	0	0	0	0	0	0	
Mr Raju Ramasamy and Mr Inayet Patel	1	0	0	0	1	0	0	1	
Mr Vincent Fitzgerald and Miss Tiffany Webster	1	0	0	1	0	0	0	1	
Mrs C Day and Mr & Mrs S Jenkins	0	0	1	0	0	0	0	1	0%

Data annex: independent providers

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		Investigated in detail		Closed after initial enquiries	Referred back for local resolution	Advice given	Incomplete/invalid		
		Upheld	Not upheld						
Mrs Gillian Ann Harris	1	0	0	0	1	0	0	1	
Mrs I Austen	1	1	0	0	0	0	0	1	100%
Mrs Laura Joanne Grand	1	0	1	0	0	0	0	1	0%
Mrs Nicola Rogers & Mr Guy Rogers	1	0	0	1	0	0	0	1	
Mrs Sandra Smith	1	0	1	0	0	0	0	1	0%
Mrs Y N Kassam and Ms Neemat Kassam	1	0	0	0	0	0	0	0	
Ms Linda Charlton	1	0	0	0	1	0	0	1	
New Horizons Trust South Yorkshire	1	0	0	0	0	0	0	0	
Newton Chinneck Limited	1	0	0	1	0	0	0	1	
Nicholas James Care Homes Ltd	1	0	1	0	0	0	0	1	0%
Nightingales Care Ltd	1	0	0	0	1	0	0	1	
North East Care Homes Limited	1	0	0	0	1	0	0	1	
North London Homecare and Support Limited	1	0	0	0	0	0	0	0	
North Staffordshire Residential Homes Limited	1	0	0	0	1	0	0	1	
NV Care Ltd	1	0	1	0	0	0	0	1	0%
Oaken Holt Care Limited	1	0	0	0	1	0	0	1	
Oasis Community Care Ltd	2	0	0	0	1	0	0	1	
Oldfield Residential Care Limited	1	0	0	0	0	0	0	0	
Orchard Care Homes.com Limited	2	0	0	0	1	0	1	2	
Outlook Care	1	0	0	0	0	0	0	0	

Data annex: independent providers

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		Investigated in detail	Closed after initial enquiries	Referred back for local resolution	Advice given	Incomplete/invalid			
		Upheld	Not upheld						
Outreach (Sefton) Limited	1	0	0	0	0	0	0	0	
P & M Homecare Limited	1	1	0	0	0	0	0	1	100%
Park Homes (UK) Limited	1	0	0	1	0	0	0	1	
Parmenter Care LLP	1	0	0	1	0	0	0	1	
PCP (Luton) Limited	3	0	0	2	1	0	0	3	
Peatons Limited	1	0	0	0	0	0	0	0	
People in Care Ltd	1	0	0	0	0	0	0	0	
Plan-it Homecare Limited	1	0	0	0	1	0	0	1	
Porthaven Care Homes LLP	1	0	1	0	1	0	0	2	0%
Positive Life Choices Limited	1	0	0	0	1	0	0	1	
Premier Nursing Homes Limited	1	0	0	0	1	0	0	1	
Presland Care Limited	1	0	0	0	0	0	1	1	
Pressbeau Limited	1	0	0	0	0	0	0	0	
PSP Healthcare Limited	1	0	0	1	0	0	0	1	
Quantum Care Limited	1	0	0	0	0	0	0	0	
Ranc Care Homes Limited	3	1	0	0	2	0	0	3	100%
Reason Care (UK) Limited	0	0	1	0	0	0	0	1	0%
RedHouse Care Limited	2	0	0	0	1	0	0	1	
Redrose Care Limited	1	0	0	1	0	0	0	1	
Regal Healthcare Properties Limited	1	0	0	0	0	0	0	0	
Restful Homes Group Limited	1	1	0	0	0	0	0	1	100%
Richard Wraighte	0	1	0	0	0	0	0	1	100%
Roche Healthcare Limited	1	0	0	0	0	0	0	0	
Rockley Dene Homes Limited	1	0	0	0	1	0	0	1	

Data annex: independent providers

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		Upheld	Not upheld						
Roseland Care Limited	1	0	0	0	0	0	0	0	
Roseville Orchard Court Limited	0	1	0	0	0	0	0	1	100%
Royal Court Care Limited	1	0	0	0	0	0	0	0	
Ruislip Care Home Limited	1	0	0	0	0	0	1	1	
Runwood Homes Limited	1	1	0	0	0	0	0	1	100%
S J Bol	1	1	0	0	0	0	0	1	100%
S Jiwa	1	0	0	0	1	0	0	1	
Salisbury Autistic Care Limited	1	0	0	0	0	0	0	0	
Sanctuary Care Limited	2	2	1	0	0	0	0	3	67%
SBC Residential Care Limited	1	0	0	0	0	0	0	1	
Scope	1	0	1	0	1	0	0	2	0%
Select Support Partnerships Limited	1	0	0	1	0	0	0	1	
Senior Care Services Limited	0	0	1	0	0	0	0	1	0%
Seva Care (Home Care) Limited	1	0	0	0	0	0	0	0	
SevaSupport Limited	1	0	0	0	0	0	0	0	
Shared Lives South West	1	0	0	0	0	0	1	1	
SHC Clemsfold Group Limited	1	1	0	0	0	0	0	1	100%
Shepshed Carers Limited	1	0	1	0	0	0	0	1	0%
Smallwood Homes Limited	1	0	0	0	1	0	0	1	
Sohal Health LLP	1	0	0	0	0	0	0	0	
Soundpace Limited	1	0	0	1	0	0	0	1	
South Bucks Senior Care Ltd	1	0	0	0	0	0	0	0	

Data annex: independent providers

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		Investigated in detail		Closed after initial enquiries	Referred back for local resolution	Advice given	Incomplete/invalid		
		Upheld	Not upheld						
South Coast Nursing Homes Limited	0	1	0	0	0	0	0	1	100%
Special Care Services Limited	1	0	0	1	0	0	0	1	
Springcare (Birkenhead) Limited	1	0	0	0	0	0	1	1	
Springfield Mind Ltd	1	0	0	0	0	0	0	0	
St Andrews Care GRP Limited	1	0	0	0	1	0	0	1	
St Barnabas Southwold	1	0	0	0	0	0	0	0	
St Brelades Retirement Homes Limited	0	0	1	0	0	0	0	1	0%
St Philips Care Limited	2	0	2	0	0	0	0	2	0%
Sterling Care & Support Ltd	1	0	0	0	0	0	0	0	
Sudera Care Associates Limited	2	0	1	1	0	0	0	2	0%
Summerfield Medical Limited	1	0	1	0	0	0	0	1	0%
Sunglade Care Limited	0	1	0	0	0	0	0	1	100%
Sunrise Operations Bagshot II Limited	1	1	0	0	0	0	0	1	100%
Sunrise Operations Hale Barns Limited	0	0	1	0	0	0	0	1	0%
Sunrise Operations Knowle Limited	2	1	0	0	1	0	0	2	100%
Sunrise Operations Purley Limited	2	0	0	0	0	0	1	1	
Sunrise Operations UK Limited	2	0	0	0	0	0	1	1	
Sunrise Operations Westbourne Limited	1	0	0	0	1	0	0	1	
Sunshine Care Limited	1	0	0	1	0	0	0	1	
Surrey Rest Homes Limited	1	0	0	0	0	0	1	1	

Data annex: independent providers

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		Upheld	Not upheld						
Swallowcourt Limited	0	1	0	0	0	0	0	1	100%
Sweyne Healthcare Limited	1	1	0	0	0	0	0	1	100%
Terrablu Limited	0	1	0	0	0	0	0	1	100%
The Abbeyfield Kent Society	1	0	0	0	1	0	0	1	
The Abbeyfield Society	1	0	0	0	1	0	0	1	
The Abbeys (Rawmarsh) Limited	1	0	0	0	1	0	0	1	
The Belmont Care Home Limited	1	0	0	0	0	0	1	1	
The Care Bureau Limited	1	0	0	0	1	0	0	1	
The Cedars Healthcare (Midlands) Ltd	1	0	0	1	0	0	0	1	
The Cheshire Residential Homes Trust	1	0	0	0	0	0	0	0	
The Croll Group	1	0	0	0	0	0	0	0	
The Fremantle Trust	1	1	0	0	0	0	0	1	100%
The Haynes Clinic Limited	1	0	0	0	0	1	0	1	
The Mellows Limited	1	0	0	0	1	0	0	1	
The Oaklea Trust	1	0	0	1	0	0	0	1	
The Orders Of St. John Care Trust	2	0	0	0	1	0	1	2	
The Regard Partnership Limited	1	0	0	0	0	0	0	0	
The Wirral Autistic Society	1	0	0	0	0	0	0	0	
Theresa Andrews	1	0	0	0	0	0	1	1	
Torr Home	1	0	0	0	0	0	0	0	
Tulip Care Limited	1	0	0	1	0	0	0	1	
Twinglobe Care Limited	1	0	0	0	0	0	0	0	

Data annex: independent providers

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		Investigated in detail		Closed after initial enquiries	Referred back for local resolution	Advice given	Incomplete/invalid		
		Upheld	Not upheld						
Uday Kumar and Mrs Kiranjit Juttla-Kumar	1	1	0	0	0	0	0	1	100%
United Response	1	0	0	0	0	0	1	1	
Unity Homes Limited	1	0	0	0	0	0	0	0	
Univent Limited	1	0	0	0	1	0	0	1	
Universal Care Limited	2	0	1	1	0	0	0	2	0%
Veecare Limited	1	0	0	0	1	0	0	1	
Walnut Care Limited	1	0	0	0	1	0	0	1	
WCS Care Group Limited	1	0	0	0	1	0	0	1	
We Care Homecare Limited	1	1	0	0	0	0	0	1	100%
Wellburn Care Homes Limited	3	0	1	0	0	0	0	1	0%
Wessex Care Limited	1	0	0	0	0	0	1	1	
Westgate Healthcare Limited	0	0	1	0	0	0	0	1	0%
Westminster Homecare Limited	2	0	0	0	2	0	0	2	
Willows Care Centre Limited	1	0	0	0	1	0	0	1	
Wirral Christian Centre Trust Limited	1	1	0	0	0	0	0	1	100%
Witton Care Limited	1	0	1	0	0	0	0	1	0%
Woodheath Care Limited	1	0	0	0	0	0	0	0	
Woodlands Manor Care Home Limited	1	0	0	0	1	0	0	1	
Woodleigh Christian Care Home Limited	1	0	0	0	1	0	0	1	
Wymondley Nursing And Residential Care Home Limited	0	1	0	0	0	0	0	1	100%

Data annex: independent providers

Provider name* (CQC database)	Received**	Decisions made						Total decisions	% Upheld***
		Investigated in detail		Closed after initial enquiries	Referred back for local resolution	Advice given	Incomplete/invalid		
		Upheld	Not upheld						
Xcel Care Homes Ltd	1	0	0	0	1	0	0	1	
Yad Voezer Limited	1	0	0	1	0	0	0	1	
Your Care (UK) Ltd	1	0	0	0	1	0	0	1	

* Registered provider names correct at the time the complaint was received.

** A number of cases will have been received and decided in different reporting years. This means the number of complaints received will not always match the number of decisions made.

*** Percentage of complaints investigated in detail