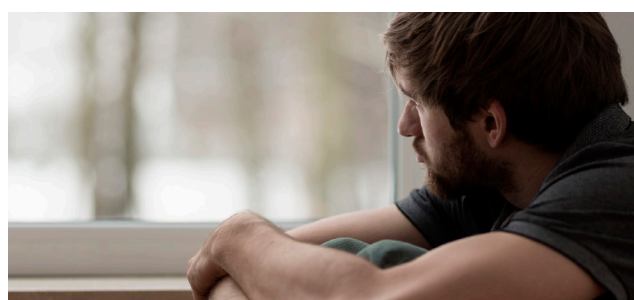
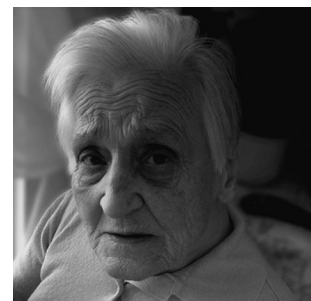


Local Government & Social Care **OMBUDSMAN**



Review of Adult Social Care Complaints 2015/16

Published November 2016

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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 commission. From 2009, our role in providing independent redress was extended to all adult social care providers registered with the Care Quality Commission (CQC), the regulator for health and social care. This means the LGO also deals with unresolved complaints about care arranged, funded and provided 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 have operated a joint team of investigators since April 2015. This provides a seamless service to those people whose complaint involves both health and social care. In a landscape where social care and health are increasingly integrated locally, a single investigation provides a more effective way of ensuring that complaints are resolved and lessons learned.

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

Adult social care complaints 2015/16 - at a glance

We received:

2,969
complaints &
enquiries
received

Since 2014/15:

6%

increase in
complaints &
enquiries received

19%

increase in number
of independent
providers we have
received complaints
about

21%

increase in complaints
and enquiries about
care arranged privately
with independent
providers

600

assessment
& care
planning
complaints
& enquiries

599

complaints
& enquiries
about
residential
care

372

complaints
& enquiries
about home
care

278

complaints
& enquiries
about
charging for
social care

223

complaints
& enquiries
about
safeguarding

(The largest categories of our social care work are shown in the boxes above.)

We decided:

1,274
complaints
referred back for
local
resolution

1,756
complaints
considered

1,115
investigations
concluded

58%
complaints
upheld

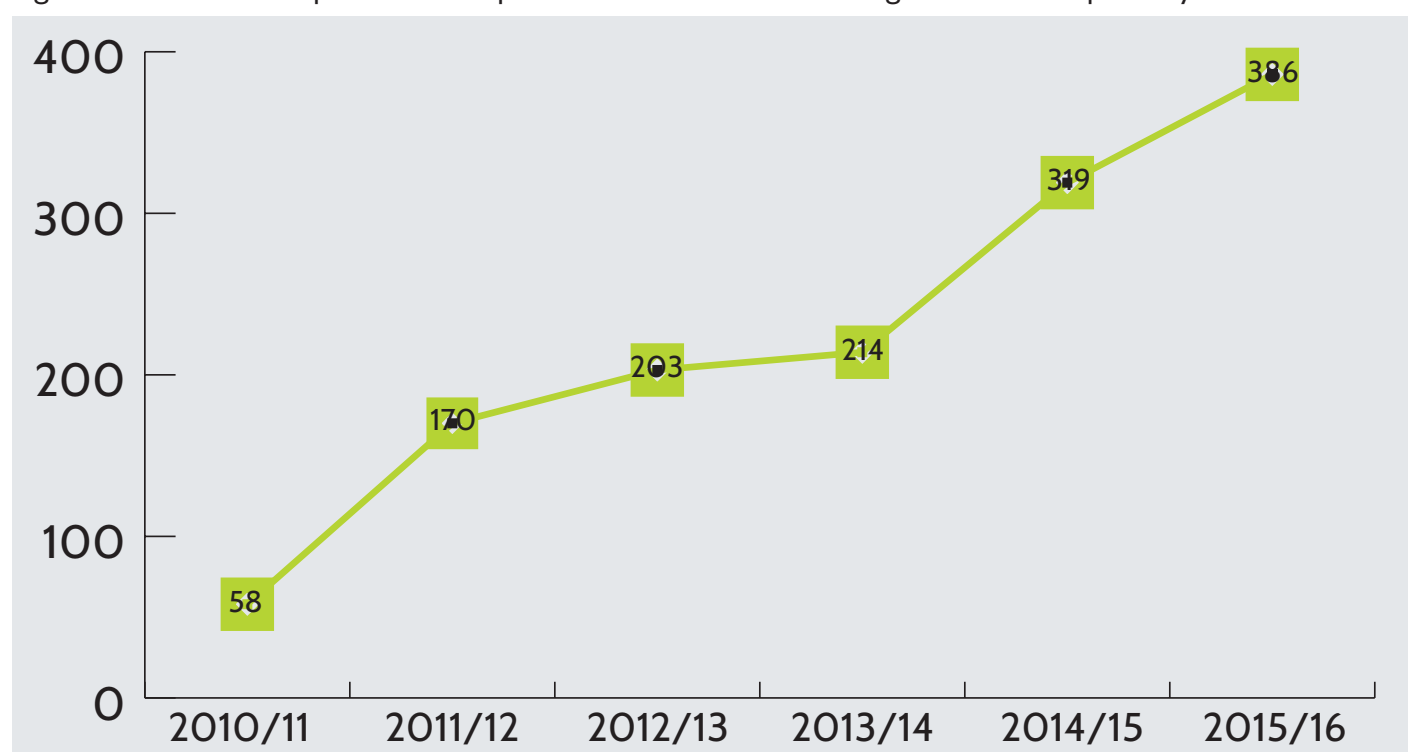
1,188
recommendations
to put things right

Adult social care and the Ombudsman

The Ombudsman can 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. We are publishing this data to support the openness and transparency of the complaints system, and to contribute to ongoing work across the health and social care sector to ensure complaints are welcomed, responded to, remedied and lessons learned.

In 2015/16 we received 2,969 complaints and enquiries about adult social care, a 6% increase on the previous year. Significantly, this rise includes a 21% increase in complaints about care arranged privately with independent providers. This part of our jurisdiction is now in its sixth operating year. The chart below shows the number of complaints and enquiries we receive has increased year on year. This year saw a 19% increase in the number of individual providers we received complaints about.

Figure 1: Number of complaints and enquiries received about care arranged and funded privately



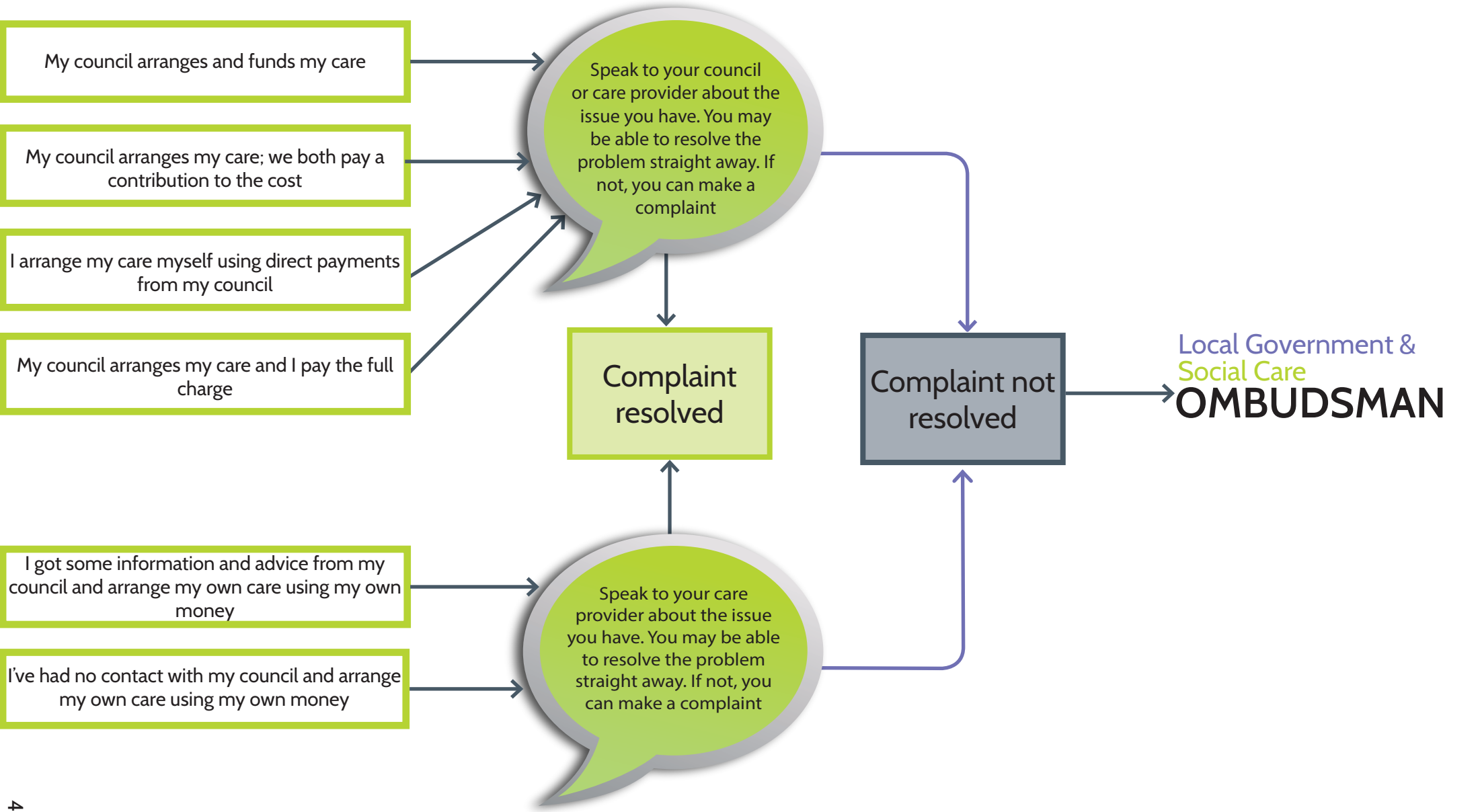
Complaints about independent providers now make up around 13% of our work in adult social care. There are approximately 350,000 people in England who buy their own care without local authority involvement¹. It is a concern that there may be users of social care and family members who support them, who are not aware of their right to independent redress from the Ombudsman. This is why clear, accessible complaints processes and good signposting to the Ombudsman by providers is so important.

¹ People who pay for care: analysis of self funders in the social care market 2011 (Putting People First Consortium)

Making a complaint

The social care system can be complex to navigate. It is important that feedback, concerns and complaints can be made easily and are welcomed as a means of putting things right and improving services.

A council can provide the care a person needs directly, but more often it will commission the care from an independent provider, from the private, voluntary or not for profit sector. Social care is not free and a variety of funding arrangements exist depending on a person's ability to pay for or contribute to their care costs. The range of providers and funding arrangements involved in social care means that it can appear complicated for a person to know who to raise a complaint with. Having one Ombudsman who can provide independent redress, regardless of how care is provided, arranged or funded makes the system much simpler.



Adult social care and the Ombudsman

The Ombudsman's view of adult social care

In the complaints that we see, the quality of care delivered to people often falls below the standard expected. We know there are significant funding and organisational pressures on the care sector and councils. However, these pressures do not excuse poor practice and we operate a zero tolerance approach to what, in isolation, may appear to be 'small' issues. Respect for individual preferences around food and drink, what to wear and when to get up and go to bed are important to any individual and become emphasised when a person is not able to do these things independently. We are clear that care and support should maintain the dignity of the person being supported at all times. This is particularly important when care is delivered to people in their own homes.

Complaints and enquiries about home care have increased by 25% during the year and the stories we highlight in the report demonstrate the importance of providers having the resources to deliver genuine person-centred care and not a tick box of tasks.

Councils' role in adult social care has, this year, incorporated the responsibilities outlined in the Care Act 2014, including the requirement to conduct an assessment for both carers and people who appear to need care and support. We continue to receive the most complaints about assessments and care planning and have seen an increase in the incidence of fault in complaints about care planning, with 70% of complaints upheld. Respecting individual choice, preference and control remain key themes from the complaints we receive. Regardless of the pressures councils face, their responsibilities remain in place and frontline staff should be assured that person-centred support takes priority over organisational pressures.

Funding arrangements and charging for social care support remains a significant area of complaint to the Ombudsman. Although complex, this is an area where councils should be getting it right by having the right systems and processes in place. Providing clear and timely information to people and conducting prompt financial assessments and reviews would help to prevent the distress and confusion we see when people bring their complaints to us.

Putting things right for the individual and others

This report demonstrates the value of making complaints. The investigations we complete and the remedies we recommend demonstrate how care providers and councils are held to account when things go wrong.

Where we find a council or care provider has acted with fault, and the fault caused injustice, we will make recommendations to remedy this. For an individual, we aim to put the person back in the position they were in before the fault happened. In adult social care, this is sometimes not possible, and we will work with individuals who have been affected, and their families, to recommend the most appropriate action. It is often most important for people to know that the fault has been acknowledged and that steps will be taken to prevent others from experiencing the same.

The Ombudsman has unique powers to investigate not only the injustice caused to the individual who complains to us, but to widen an investigation if there is reason to believe that others have been affected by the same issue. We are then able to make recommendations to remedy the injustice.

We are also able to make recommendations that will affect current and future users of social care services. We will consider if a council or care provider should review or change a policy or procedure, or should deliver staff training in order to prevent further injustice to others.

Adult social care and the Ombudsman

We publish all the decisions and remedies we recommend on our [website](#). You can search by council or care provider or by subcategory or key words. This resource can help people to understand the approach the Ombudsman might take to a complaint they have, and can support providers and councils with their own complaint resolution processes.

The recommendations we make are almost always complied with. If a provider or council chooses not to accept our recommendations we can request a further report or adverse findings notice is made public and placed in the local press outlining what recommendations the Ombudsman has made and any reasons the provider or council has given for rejecting them. During the year we issued one further report against a council and two notices against independent providers who chose not to accept the recommendations we made in complaints about adult social care.

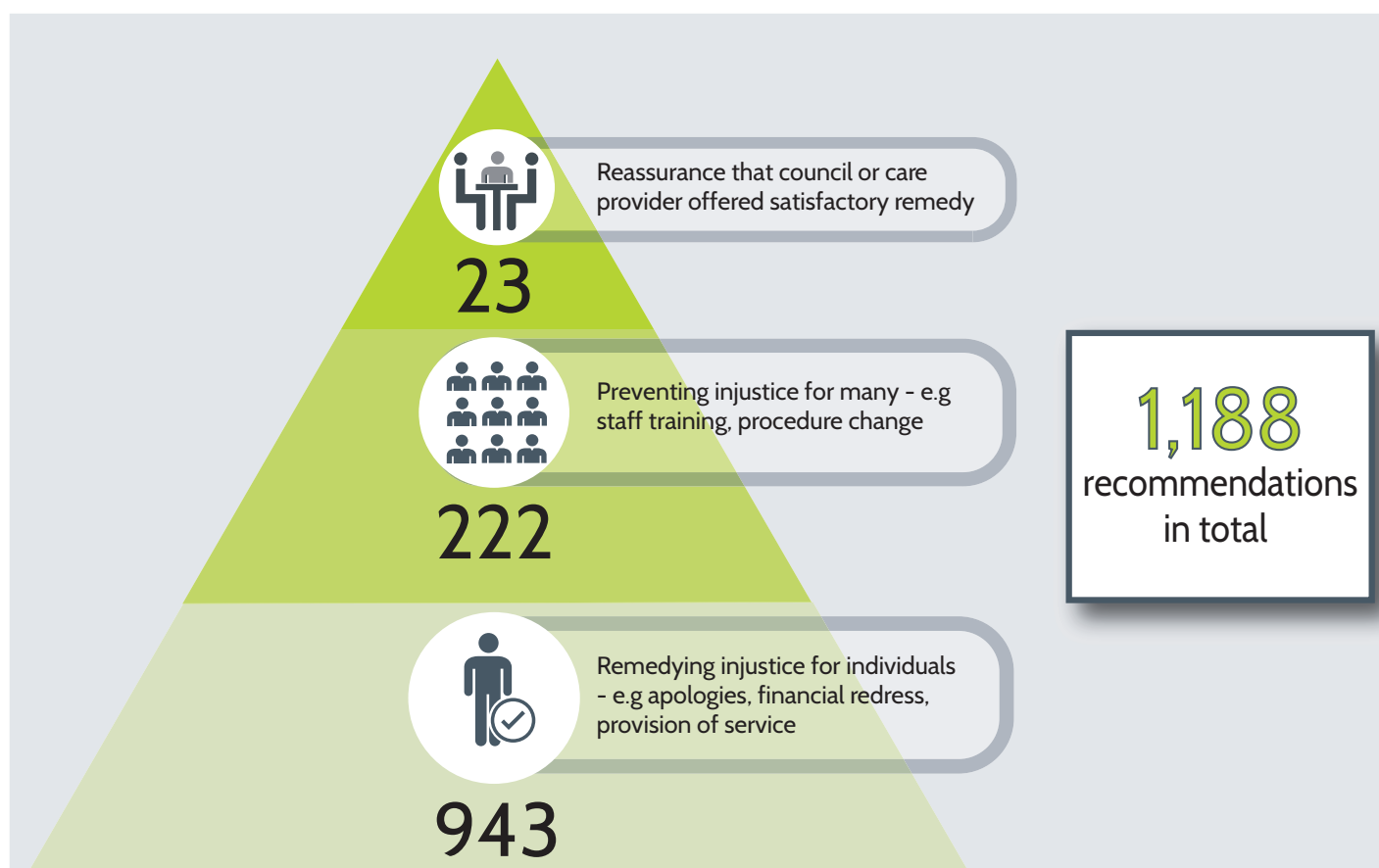


Figure 2: Total number of recommendations made in 2015/16

Providing social care

The Ombudsman is able to investigate complaints about any social care provider who is, or can be, registered with the CQC. Where a council commissions care from the independent sector, we are clear that where we identify fault, the council remains accountable for the actions of the provider they have commissioned. For transparency, we will name the care provider in our decision statement or report.

What we saw

Social care is provided in a range of settings. We categorise complaints about the most common types of provision. Residential care and home care are the two largest areas of complaints. Supported, or independent, living describes settings where people live in self-contained accommodation with support provided where it is needed; and Shared Lives offers disabled adults and older people respite or long term placements in family homes. There are a range of other services, such as day care, that we would include in 'other provision'. The number of complaints and enquiries we received and the proportion of complaints we upheld following an investigation are shown below.

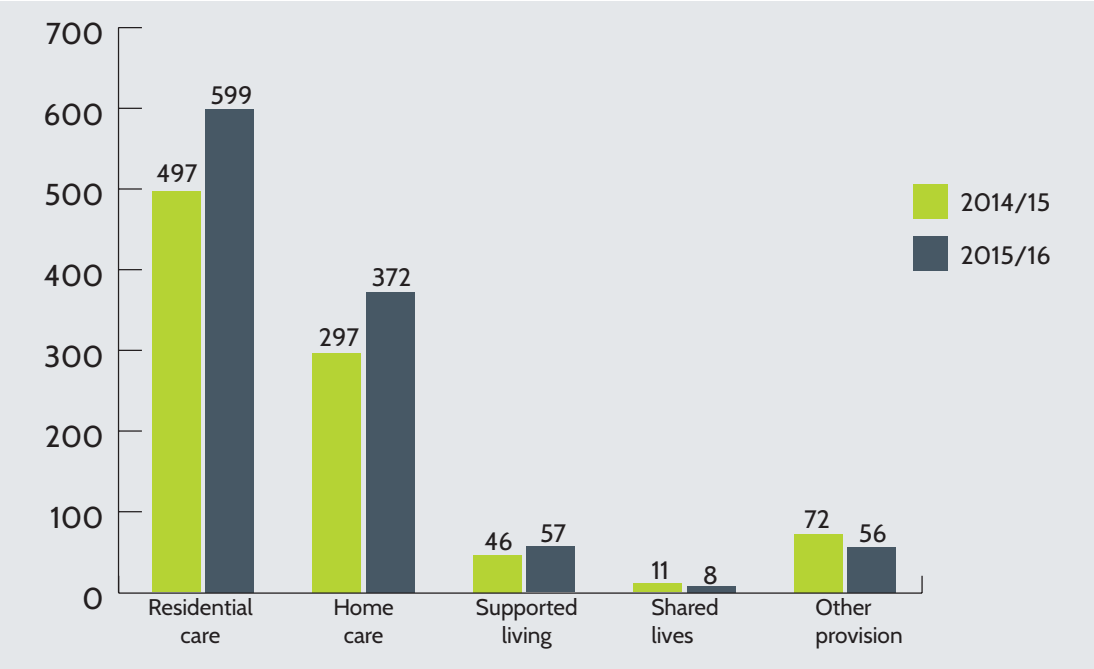


Figure 3: Complaints and enquiries received by category

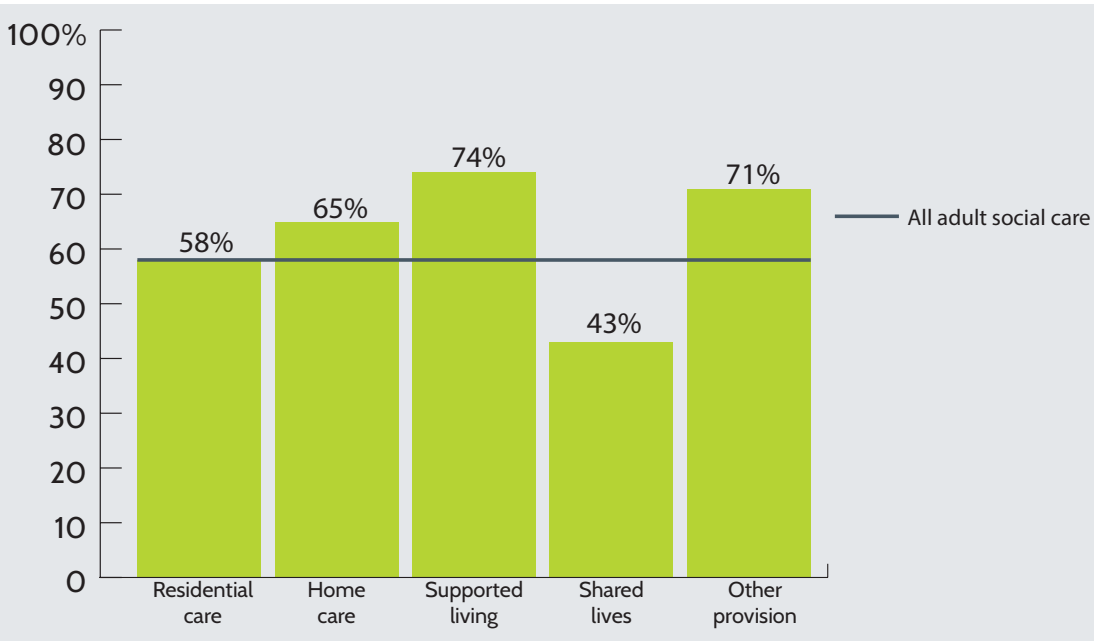


Figure 4: Percentage of complaints upheld after a detailed investigation

Providing social care

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 independence and take comfort in their own surroundings and community.

This year, the number of complaints and enquiries we received about home care increased by 25%, which is more than any other area of adult social care. We know that there are significant and increasing pressures on all areas of adult social care, and not least the home care market. Problems with recruitment and retention of staff, the introduction of the national living wage, and under-funded and over-stretched services have been well documented. Maintaining quality service provision in these circumstances is challenging and the increase in complaints we receive about home care, combined with a high rate of complaints being upheld, may be indicative of the pressures the sector is experiencing.

Common faults in the complaints we investigate include:

- > Failure to provide a service, including being late, not staying long enough or cancelling visits
- > Receiving care from too many different care workers
- > Inaccurate invoicing and record keeping
- > Poor communication between the home care provider and the commissioning council.

These issues and the stories we hear provide further evidence that the commissioning and provision of 15 minute calls does not provide satisfactory outcomes for people who use services. The National Institute for Health and Care Excellence (NICE) last year published guidelines for delivering support to people living in their own homes. It concluded that care visits should only be less than 30 minutes if the worker is well known to the client or the visit is part of a wider package of support, and if the tasks can be properly completed in that time. This is guidance we fully support; as well as impacting on the quality of care, short call times offer little opportunity for people to feel comfortable to give feedback, raise concerns or make complaints about their care.

We also receive complaints about the quality of care delivered in people's homes. Receiving care and support in your own home is a very personal and intimate experience. All care should be person-centred, and no more so than when it is delivered in your own home. The preferences a person has about how and when things are done should be respected by care workers wherever possible. These case studies show how important this is to people who use services and their families.

Providing social care - the stories we hear

Inappropriate care resulted in lack of independence

Simon has Asperger’s Syndrome and lives in his own flat. He has a part time job and active social life, but needs support to help him manage daily routines, in particular his medication, finances and maintaining his home. Simon worked with his council to draw up a support plan, and using direct payments, bought the care he needed from a care provider.

Simon’s parents raised concerns with the care provider, noting medication being missed, the toilet not being cleaned and rubbish not being disposed of. They also felt workers were simply carrying out care tasks for Simon and not involving him enough. Simon’s support plan was designed to maintain his independence and give him responsibility for tasks. Simon’s parents had raised these issues on numerous occasions and without formal responses.

Our investigation found that Simon’s support workers had not always read his support plan and were unfamiliar with his needs. Support workers did not have sufficient training to support people with autism and Asperger’s and incomplete care records made verifying what had and hadn’t been completed difficult to establish. Simon suffered with anxiety when he was unable to follow his normal patterns and routines.

A breakdown in communication between the family and provider resulted in Simon's parents providing extra support until a new provider was sourced.

We recommended and the provider agreed to:



Remedy injustice for the individual

- > offer an unqualified apology to Simon and his parents
- > pay Simon’s parents £250 in recognition of the time and trouble they were put to arising from making the complaint



Prevent injustice for others

- > brief all its staff of the importance of having comprehensive and up to date client records
- > brief all its staff to ensure they are familiar with the organisation’s complaints procedure; in particular so that staff understand any expression of dissatisfaction can be a complaint

Providing social care - the stories we hear

End of life care left family in distress

Margaret’s family arranged for a care provider to provide end of life care for Margaret, including a live-in carer. The care plan encouraged the carer to comply with the family’s wishes about how to care for Margaret, provided they put her at no risk of harm. The aim was for Margaret to live her final days with dignity and support and have a pain free, dignified death.

The carer was helping Margaret to eat a dessert. When Margaret refused it, her clothes became soiled. Margaret wanted to be moved to the commode and the carer helped her to do so. The carer suggested that Margaret spend some time outside of the bed and agreed to sit her in a chair she used occasionally to relieve pressure sores. The carer covered Margaret’s lower half with a towel and intended dressing her for bed when she was ready to go back. Margaret wanted some time on her own so the carer told her she would sit in the other room and to call her when she felt ready for bed. The carer failed to leave the call button with Margaret.

Margaret died while sitting in the chair, improperly dressed and in soiled clothing. This left her family greatly distressed.

We recommended and the provider agreed to:



Remedy injustice for the individual

- > offer a formal apology
- > refund the costs of the final night's care for Margaret



Prevent injustice for others

- > review its practice to ensure clients are not left in similar circumstances and without access to a call button
- > share this decision with staff and use it in training to emphasise the importance of following best practice

Providing social care

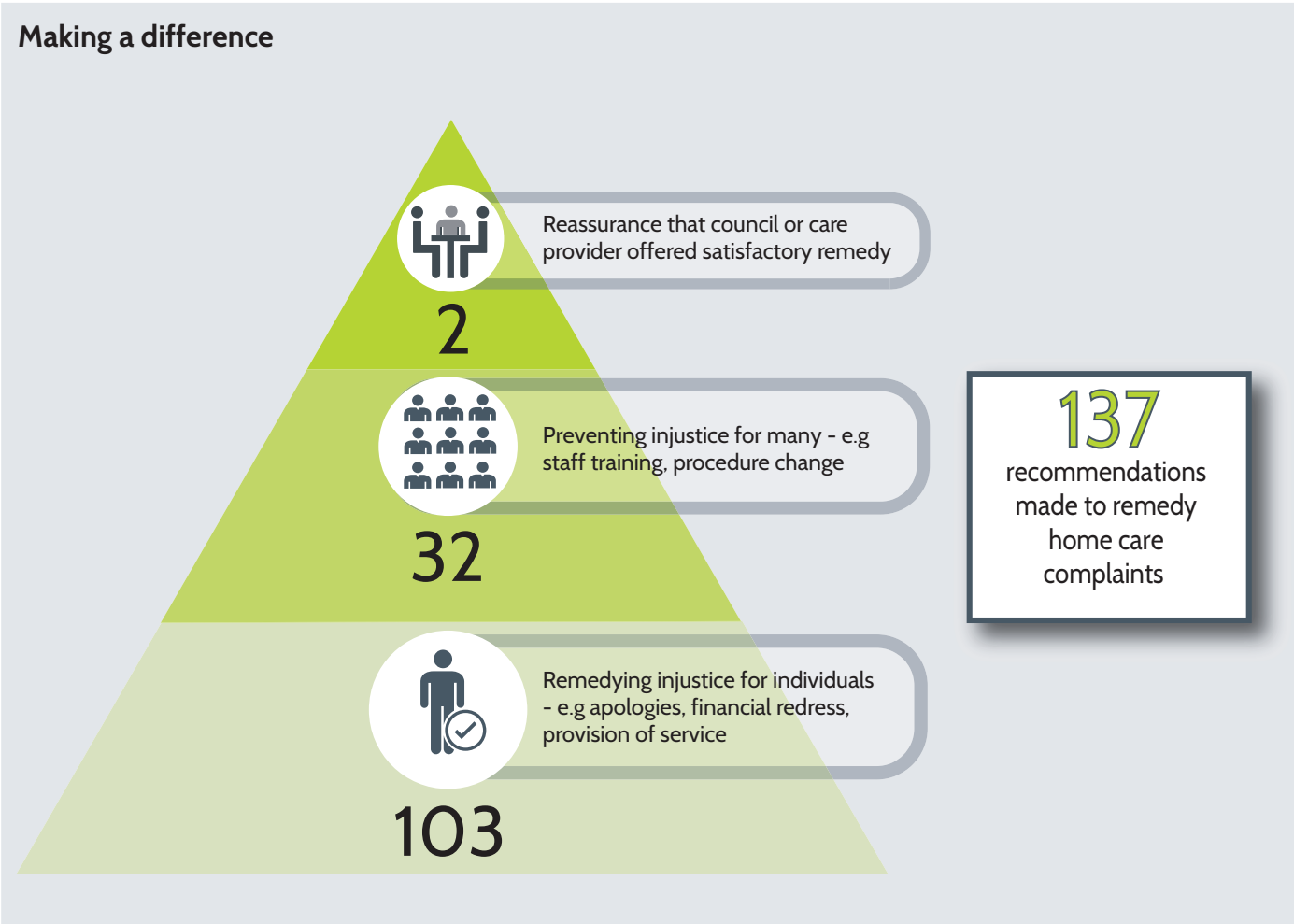


Figure 5: Number of recommendations made to remedy home care complaints in 2015/16

Residential care

Complaints and enquiries about residential care increased by 21% during the year. Just like care provided to a person in their own home, the demands on residential care are increasing. Most people choose to remain in their own home for as long as possible before considering residential care as an option. Because of this, it is perhaps inevitable that those moving to residential care settings tend to have more complex needs. As a result, residential care homes have become a more specialised service, especially for people living with dementia or those at the end of life.

The complaints we receive often highlight a lack of person-centred care and poor communication with residents and family members and between the range of health and social care agencies that may be involved in a person's care.

Respite care plays a vitally important role to people and provides much-needed support to people who have caring roles. This case study demonstrates the importance of thorough induction processes for people who attend residential care for respite periods.

Providing social care - the stories we hear

Inadequate induction process leaves man hospitalised

David had vascular dementia and heart problems. Part of his care involved respite breaks in a residential care home. During his stay, the care home failed to maintain his care records and monitor his fluid intake despite assessing him as needing to be prompted to drink. David became dehydrated. Medical attention was delayed because the care home had not registered David with a local GP, and so had to contact the NHS non-emergency number - 111. David needed to be hospitalised as a result of his dehydration.

When the provider responded to David’s daughter, who made the complaint on his behalf, the explanations about the care her father had received could not be backed up by records or other evidence.

We recommended that the provider should:



Remedy injustice for the individual

- > apologise
- > refund or waive £700 in care fees



Prevent injustice for others

- > properly record actions taken to meet care needs
- > make medical referrals without delay
- > consult residents/relatives about GP registration at point of arrival (rather than waiting until someone needs to see a GP)
- > provide accurate responses to complaints
- > draw up an action plan for CQC to explain how it will address the failings identified by this complaint

Providing social care - the stories we hear

Residential care homes play a key role in applying the deprivation of liberty safeguards (DoLS), introduced under the Mental Capacity Act 2005. DoLS are a set of checks that aim to make sure that any care that restricts a person's liberty is both appropriate and in their best interests. It applies to people in care homes or hospitals where they are assessed, under the Act, as not having the ability or 'mental capacity' to make decisions for themselves. We see complaints where proper assessments of mental capacity have not been carried out before restrictions have been placed on the person. We will be publishing a focus report on the complaints we see about the Mental Capacity Act and DoLS in 2017.

This case study demonstrates the importance of people being placed in settings appropriate to their needs and conducting thorough and timely assessments of their mental capacity.

Inappropriate placements can put people at risk

Terry has Alzheimer's disease. While living at home he suffered from delusions about intruders being in his home. Terry wanted to remain in his home, but his support needs meant his family considered he needed to move into a care home. The care home assessed Terry as needing the support offered by its specialist dementia unit. However, Terry's family wanted him to live in its assisted living unit and the care provider agreed to place him there.

Terry was often agitated and distressed. He refused support to wash and dress him, barricaded himself in his room and repeatedly stated he wanted to return to his home. After Terry left the building on two occasions and threatened to harm himself, the home called an ambulance. Terry was admitted to a hospital ward for people with mental health problems.

The provider had not wanted to lose the placement altogether but our investigation found that it should not have accepted Terry on to a unit that they knew would not meet his needs. This caused Terry potentially avoidable distress and may have put him and others at risk. The provider should have applied for a deprivation of liberty safeguard when Terry went to live there; he repeatedly asked to leave, and was brought back when he did try to leave.

We recommended that the provider should:



Remedy injustice for the individual

- > acknowledge the failings and apologise
- > waive care charges

Providing social care

We know that an increase to the number of complaints we receive does not necessarily tell us the whole picture. It may indicate a drop in the quality of services, but equally, it may mean that more people feel able to speak up and raise a concern about something they are unhappy with. Making complaints about the place you live can be particularly difficult. People may be concerned about the impact ‘complaining’ might have on their ongoing care. All care homes should demonstrate to their residents that they welcome feedback, concerns and complaints.

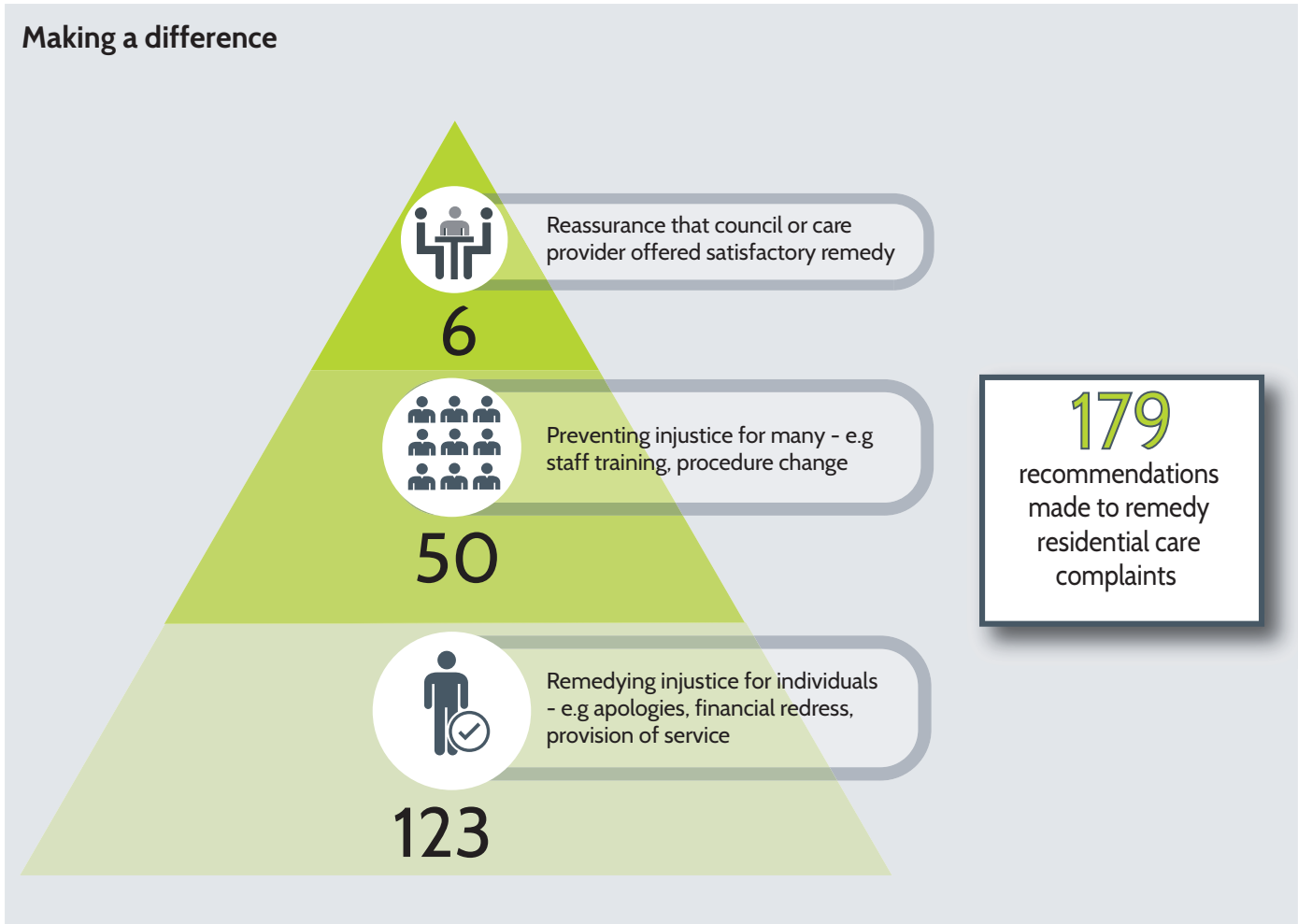


Figure 6: Number of recommendations made to remedy residential care complaints in 2015/16

Arranging social care

Councils with responsibilities for social services are required to make arrangements for people in their area who have social care needs and take responsibility for safeguarding adults at risk of harm or abuse.

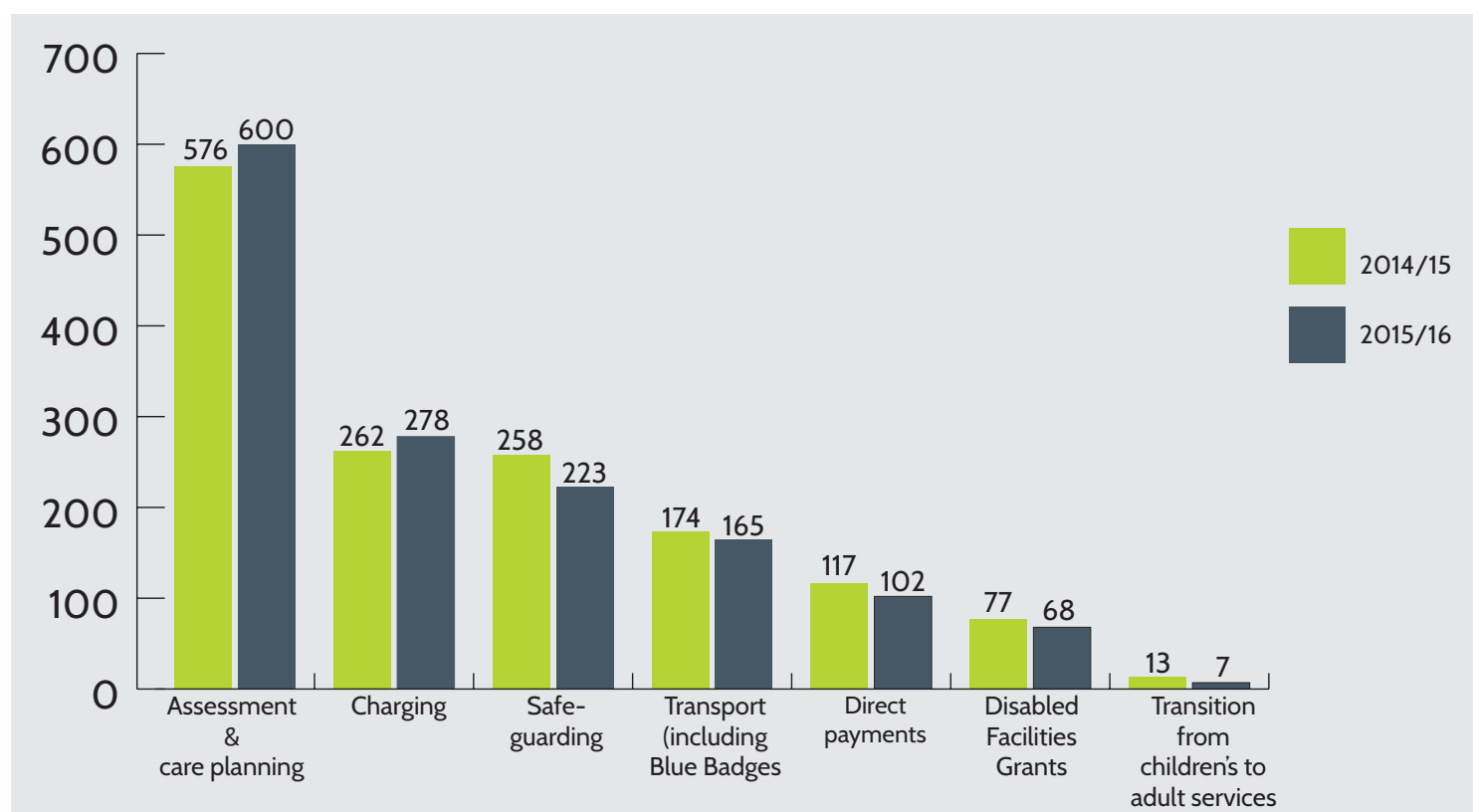
The Care Act 2014, implemented from April 2015, consolidated existing social care law and set out significant new duties for councils. These included a new principle of individual wellbeing, a focus on preventing, reducing and delaying the need for care of its population, and the provision of information and advice to all. The Act also places adult safeguarding boards on the same statutory footing as children's safeguarding, and entitles anyone who appears to have care and support needs, including carers, to an assessment by their council.

While we have not identified the Care Act as having significant impact on our casework during the first year of implementation, we continue to monitor it closely and work with partners across the sector to evaluate the impact the new legislation has had on councils and people who use services.

What we saw

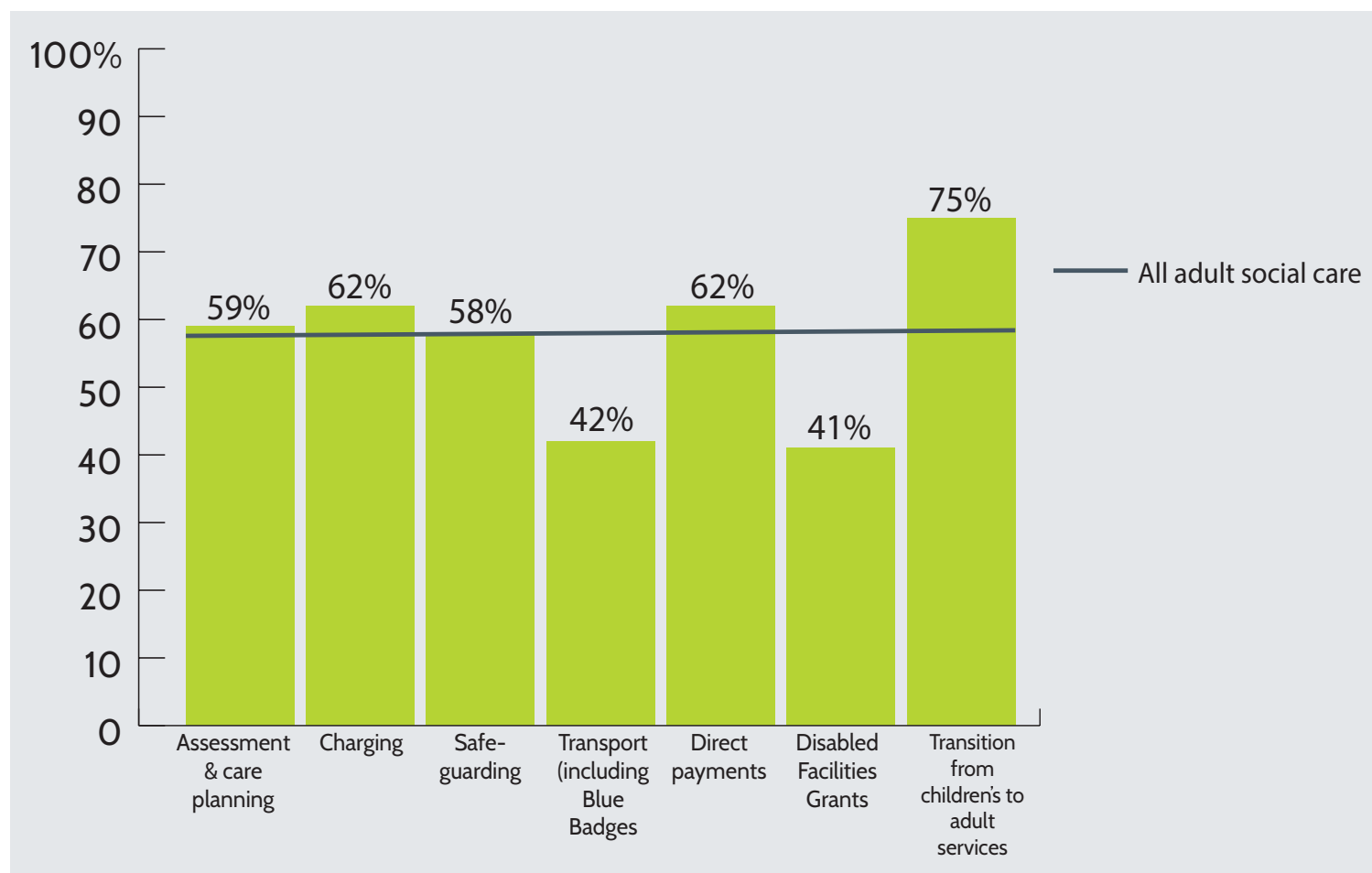
The charts below show the most common types of complaint we received in relation to the arrangement of social care by councils; and the proportion of complaints we upheld following an investigation.

Figure 7: Complaints and enquiries received by category



Arranging social care

Figure 8: Percentage of complaints upheld after a detailed investigation



Assessment and care planning

We received 600 complaints and enquiries about the assessment and care planning process; more than any other area of adult social care. We upheld 59% of the 300 complaints we investigated in detail, a 2% increase on last year. However, taking care planning alone, the uphold rate increased from 53% to 70% from the 57 complaints we investigated in detail.

If we identify faults in the assessment and care planning process, we will look to see if direct action could restore the situation, such as carrying out a reassessment or review, or putting in place a service. It can be difficult to quantify the impact of not having the right support in place, but we may recommend a payment to recognise avoidable distress.

While the pressures on council budgets are well understood, we are clear that local authority care provision should be determined by an individual assessment of need and take into account a person's preferences.

Arranging social care – the stories we hear

Failure to properly fund individual care choices

Betty is 89 years old and has Alzheimer's disease. She was cared for by her husband until he died. Betty entered a residential care home as an emergency measure but did not settle and became distressed. After her needs were fully assessed, it was agreed by her social worker and her son that she should return home with 24-hour care from live-in carers. Betty's son chose a care agency from a list provided by the council and managed his mother's personal budget in the form of direct payments.

Betty's son complained that the personal budget agreed did not cover the full cost of his mother's care and found it difficult to get information from the council about how to resolve this. This led to delays in the payment of invoices and Betty's family were concerned that the care package could break down.

Our investigation found that Betty's assessment took place after the implementation of the Care Act in April 2015. The statutory guidance that accompanies the Act states the process of care planning must be 'person-centred and involving and taking all reasonable steps to agree the plan with the person'. It also makes it clear that 'The Local Authority must take into consideration an individual's preferences'.

The council set a limit on the amount it would pay towards Betty's care because it said her needs could be met more cheaply in a residential home. However, the assessment noted that Betty became very distressed when she spent time in a care home and that her wellbeing depended, to a large extent, on being able to remain in her home. There is no evidence that residential care was ever considered a suitable option for Betty.

A council has a duty to use limited resources effectively but must also meet needs and respect individuals' preferences for their care. It had calculated a personal budget for Betty based on the cheapest care option despite this not being suitable for her, and there was no evidence the funding was based on Betty's individual care plan.

Following our investigation, the council reassessed Betty's care needs and personal budget to suitably cover the costs of her care.

We recommended and the council agreed to:



Remedy injustice for the individual

- > backdate any increase to Betty's personal budget



Prevent injustice for others

- > review its procedures to ensure that service users and their representatives have information about how their personal budget has been calculated, with a clear breakdown of how this is linked to their assessed care needs, as required by the Care Act
- > provide clear written information to families about how direct payments work and who is responsible for managing the funding and care package

Arranging social care – the stories we hear

Failure to plan and prepare for change

Eve is 21 years old and lives at home with her mother and younger siblings. She has a significant learning disability, cerebral palsy, epilepsy and a visual impairment. She has unpredictable behaviour and takes a long time to get used to new people in her life.

The council assessed Eve required 200 hours of care a week (provided by two people at a time), plus 28 days of respite care to give her mother a break from her caring role. The council funded a placement for Eve at a weekday residential college for a year.

Eve left the college placement after a year. The council agreed to provide 100 care hours, but gave no justification for the reduction from 200; there was no evidence of any change to Eve's needs. The council said this was interim support whilst it explored a supported living placement. Neither Eve nor her mother had indicated this was an option they wanted and the council caused unnecessary delay by pursuing it.

The council has a duty to meet all assessed eligible support needs regardless of whether it is for an interim period. We found the council at fault for failing to put a sufficient care plan in place when Eve left college.

The reduced support and the uncertainty to Eve and her family was distressing and costly as the care had to still be paid for.

We recommended and the council agreed to:



Remedy injustice for the individual

- > apologise to Eve and her family
- > reassess Eve's needs
- > develop and agree a support plan
- > pay the family for the care costs incurred when care was reduced



Prevent injustice for others

- > review its procedure and identify staff training needs arising from this complaint
- > ensure staff understand the need to have detailed discussions with people about choice and risk

Arranging social care

Making a difference

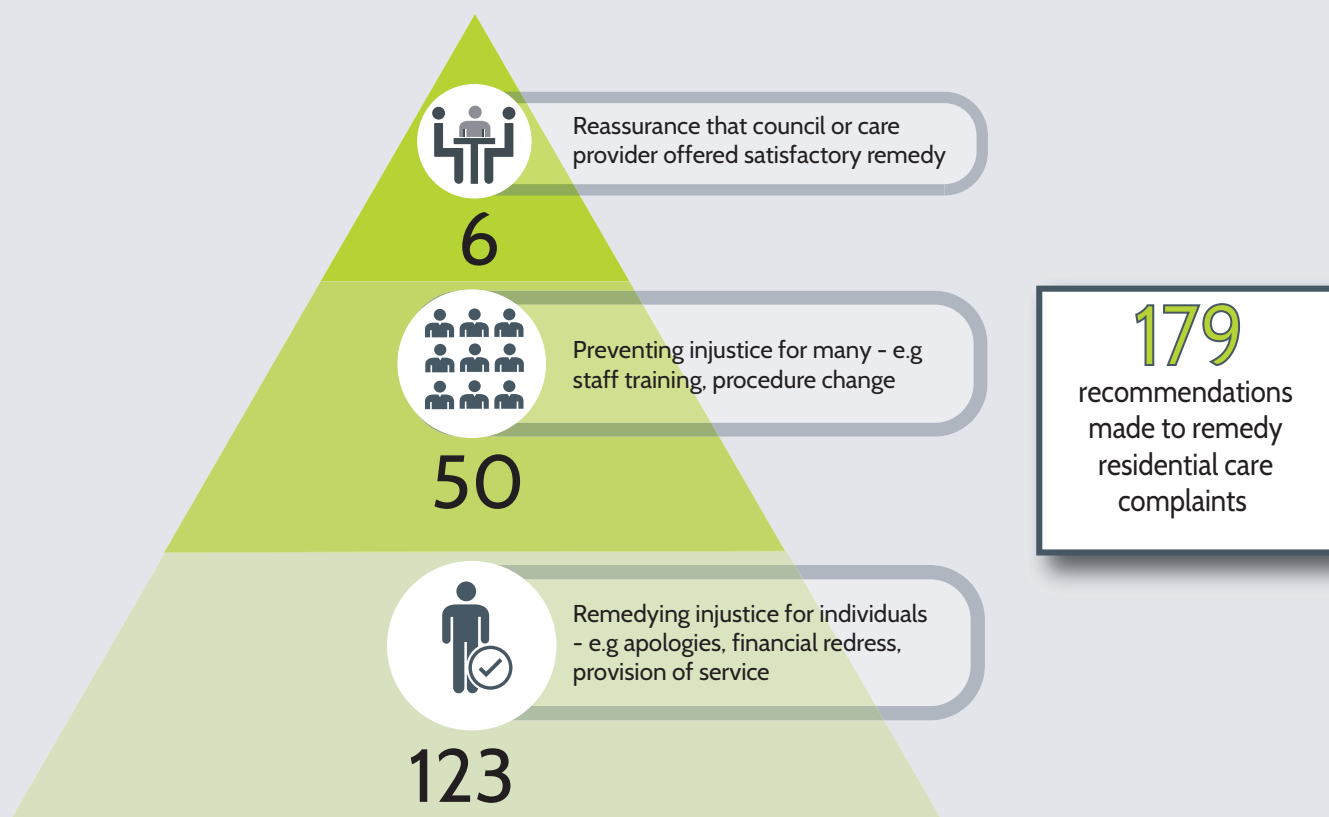


Figure 9: Number of recommendations made to remedy assessment and care planning complaints in 2015/16

Charging for care

We saw a 6% increase in complaints and enquiries about charging for social care, during the year. The complaints we investigated showed that many people are not being given the right information, at the right time, about the cost of care.

During the year, we published a focus report, [Counting the cost of care](#), highlighting some of the common issues around the payment of care home 'top up' fees. We told some of the stories of people who come to us for help. These included people who had been given confusing or incorrect advice by their council, or those who were not given the choice of an 'affordable' care home that did not require a top-up fee to be paid. Other stories included finances being assessed before care needs, and councils abdicating responsibility for the top-up fee.

Complaints we uphold about paying for care are regularly remedied through financial redress, reimbursement or debt write-off. However, we will always consider if the fault may affect current or future users, and make recommendations for the council to prevent further injustice.

Arranging social care - the stories we hear

Council fails to provide clear information about charges

Robert lived in a care home. His placement was arranged by his council who conducted a financial assessment and determined that Robert should pay the full cost of his care. Robert was invoiced weekly and paid the charges.

Following an assessment with his local health trust, Robert was informed that the nursing needs he had were not eligible to be funded by the trust and would need to be met by his council. The council did not get back in touch about any change to the cost of Robert's care.

Over a year later, Robert received an invoice from the council stating he owed over £3,000 in care charges, with no explanation as to how these had been incurred. Robert's son complained to the council about its failure to explain the charge. The council accepted that there were failings in the way in which it communicated with Robert and waived £500 from the outstanding bill. It said that because of an increase in Robert's needs his weekly fees had increased.

When we investigated, we found the council did not provide Robert with any information about his assessed charge. The council was relying on invoices to provide people with information about their charges. We found this to be insufficient and not in compliance with national guidance.

In addition, the council was at fault for not invoicing Robert with the increased charge until over a year after the change. Robert incurred costs he did not know about and was faced with the shock of a large bill. Robert also lost the opportunity to make an informed choice about whether he wanted to remain at the care home at the increased rate or to move to alternative accommodation.

We recommended and the council agreed to:



Remedy injustice for the individual

- > apologise
- > waive £1,000 from the invoice
- > offer an instalment plan to repay the remaining amount



Prevent injustice for others

- > investigate cause for delay and take steps to prevent it from happening again
- > review procedures on how it notifies people about their assessed contributions
- > remind staff about record-keeping

Arranging social care

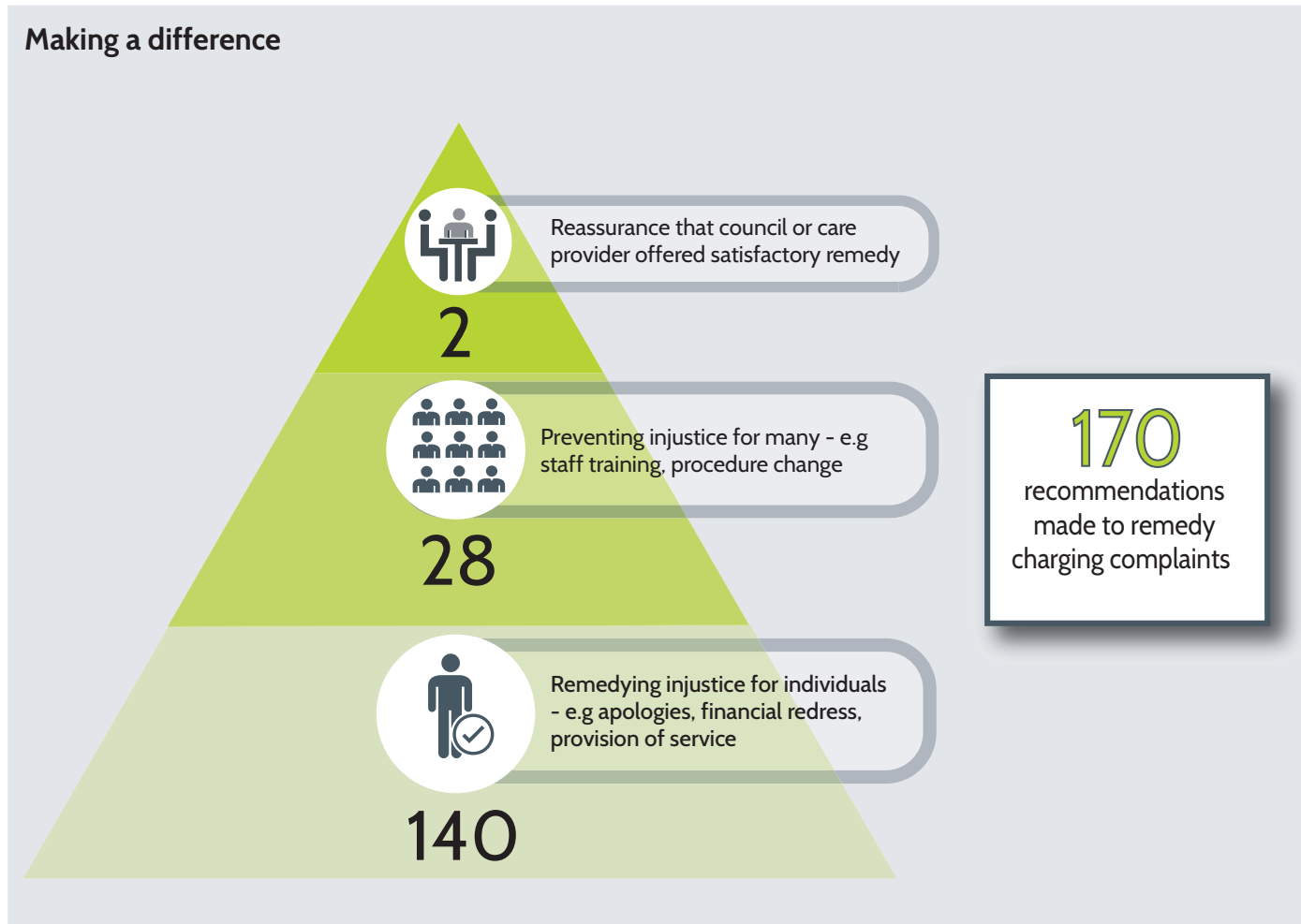


Figure 10: Number of recommendations made to remedy charging complaints in 2015/16

Safeguarding adults

The number of complaints and enquiries we received about councils' responsibilities to safeguard adults at risk fell during the year. However, we found fault in a larger proportion of the complaints we investigated in detail. We upheld 58% of the complaints, 7% more than the previous year.

Issues around suspected harm and abuse are often complex, sensitive and require careful handling. When things go wrong and procedures are not followed the impact on people and their family members is great. People who use services and their families deserve to know that when harm or abuse is suspected they will receive a thorough and timely investigation by the council and its partners. This complaint shows the compounded effect of poor care and a poor safeguarding response.

Arranging social care – the stories we hear

Failure to properly investigate safeguarding concerns

Daniel had Parkinson's disease and his wife cared for him at home. Due to his worsening condition his family selected a residential care home for a period of respite care before a further assessment of his long term needs.

Daniel's wife raised concerns with the council about the quality of Daniel's care, including allegations of neglect and abuse such as medication not being administered properly and not being given the help he needed to eat and drink.

The council made some enquiries but did not record a safeguarding alert until the family had contacted them for a second time.

The safeguarding strategy meeting agreed Daniel needed a new care plan but did not adequately address the family's concerns or make arrangements for further investigation as required by its own procedures.

The failure to properly address the concerns and explain the outcome of any investigation meant Daniel and his family were caused avoidable uncertainty, distress, and frustration.

We recommended and the council agreed to:



Remedy injustice for the individual

- > apologise
- > make a payment of £300 in recognition of the distress caused



Prevent injustice for others

- > address staff learning needs in relation to its safeguarding adults policy

Arranging social care

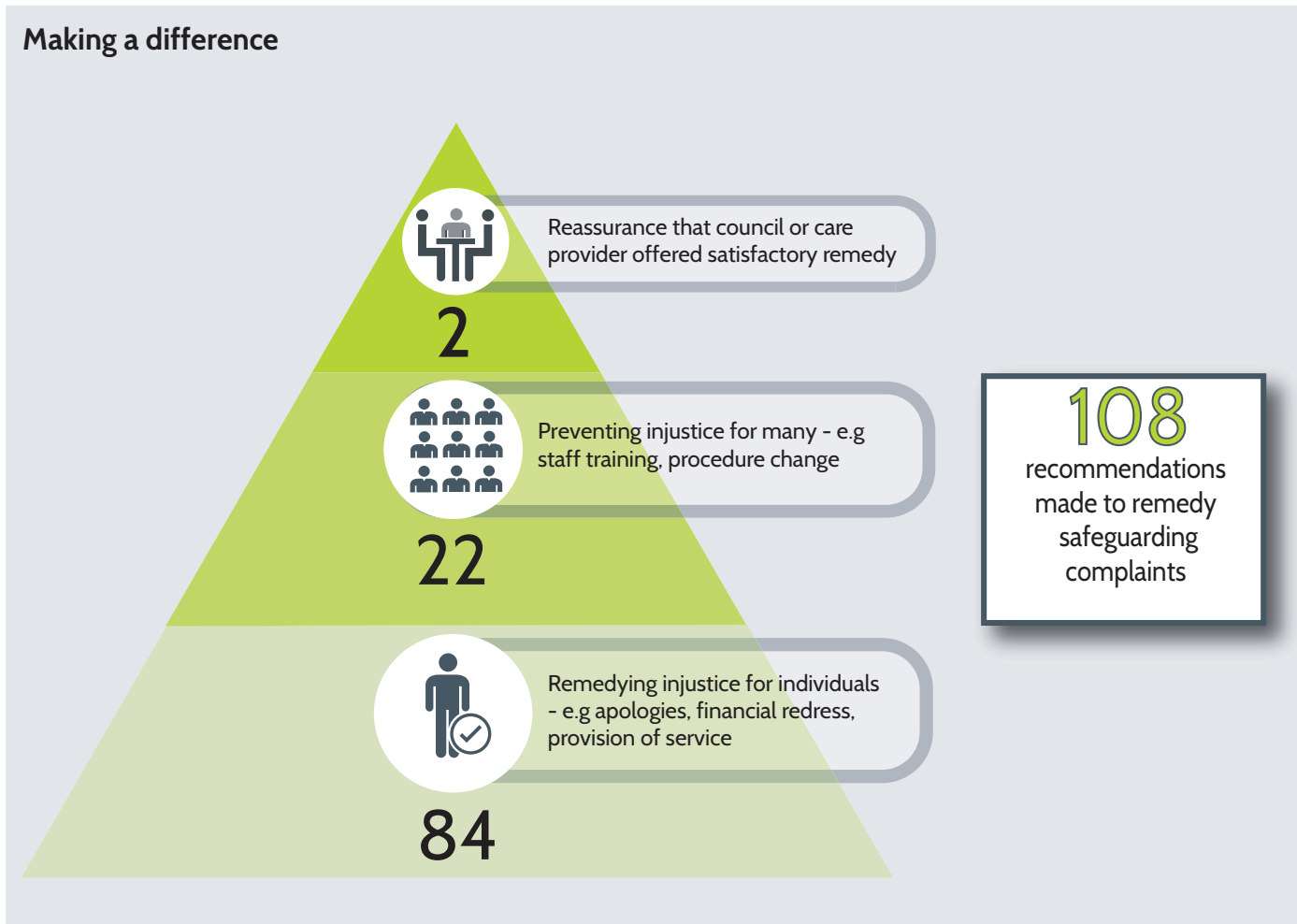


Figure 11: Number of recommendations made to remedy safeguarding complaints in 2015/16

When we investigate a complaint, we regularly identify poor complaint handling as a contributing factor. 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.

We offer training in [effective complaint handling](#) to councils and care providers to improve the experience of people who make a complaint and how complaints can be used as a tool for improvement.

Local Government
OMBUDSMAN

Search web site

[Home](#) > [Training & learning](#)



Training & learning

Our training courses to improve complaint handling

Training for councils >

Courses on effective complaint handling, including specialist courses on adult and children's social care, and planning

Training for social care providers >

Aimed at managers and other adult social care staff working in the independent care sector

Creating clarity about complaints

Complaints and quality

The statistics in this report show that more people are seeking independent redress from the Ombudsman. But we know there is more work to be done. Complaints, and how providers and councils respond to them, are an integral part of quality adult social care services. Good quality social care relies on staff and managers having a positive attitude and response to hearing and resolving feedback, concerns and complaints. This is especially important in sensitive situations, where raising a complaint can feel particularly difficult.

Being open to complaints means being open to learning from complaints, and to driving service improvements. The relationship between ensuring quality and complaints is important for providers and councils to recognise. Councils have a dual responsibility as providers and commissioners of care and support and should ensure their commissioning practices support providers to focus on complaints.

There are practical steps that providers and councils can take to ensure they enable the people they support to raise concerns and complaints. But they should also reflect on the culture of their organisation and the range of factors that determine how a complaint is received and responded to.

Providers and councils should ensure:	Providers and councils should ensure their complaints processes:
they create an open culture that welcomes complaints and encourages learning	are well understood by staff and people who use services
all staff understand their role in complaints	are well publicised and accessible
staff are empowered to resolve matters quickly, where appropriate to do so	include details of how to complain, and who to contact
there is clarity between commissioner and provider about how complaints will be managed	signpost to the LGO

We provide a range of resources on our [website](#) for providers to support good, local complaint handling.

Creating clarity about complaints

Working with partners to simplify the system

The complaints system should be simple for people to access. We work with partners in the sector to ensure that people are guided to the right body at the right time, and receive a prompt investigation of their complaint.

LGO and CQC

Our role investigating individual complaints sits alongside the CQC's role to regulate and inspect services, ensuring their quality and safety. We work closely with the regulator to share information.

We now have a range of channels that ensure information about individual complaints and the regulator's view of quality are strongly linked.

- > We supported over 1,000 people during the year to speak with the right organisation about their concern or complaint. We transfer live calls between our organisations to ensure that people get in touch with the right body.
- > We share our complaints data with the CQC each month, which it uses alongside their own data sources to identify repeat concerns and events.
- > We alert the CQC when we make a decision about a complaint where we think there has been a breach in CQC's standards of quality and safety.

Working across health and social care

People who have social care needs often have a range of health services involved in their overall care. Complaints regularly span the two sectors. The drive for health and social care bodies to work more collaboratively means the distinction between the two sectors is becoming increasingly blurred. Therefore, we have taken steps to ensure that the complaints system is as seamless as possible.

The Parliamentary and Health Service Ombudsman (PHSO) investigates unresolved complaints about health services, but where a complaint involves both health and social care bodies a new PHSO and LGO Joint Working Team will carry out a single investigation that looks at all aspects of the complaint. The team has been operational since April 2015 and completed 180 investigations during the year. Working in this new way allows both the complainant and body being investigated to have a single point of contact during the investigation, and results in a quicker, more focused investigation taking place.

We will be publishing a report highlighting the cases our joint working team investigated during its first year shortly.

Reforming the ombudsman landscape

The developments we have made, alongside our partners, to improve the complaints system are rooted in a desire to give people a clear and simple route to redress when public services let them down. It is the Government's intention to create a single public service ombudsman, bringing together the work of the LGO and PHSO into a single organisation and we fully support this proposal.

A new, single service would be better placed to present a comprehensive picture of complaints about public services, health and social care. It would also enhance its ability to use the learning from its investigations to help improve local public services.

Data tables

A note on the data tables

- > We categorise 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 we agree with. Our annual review letters to councils recognise those instances where we have agreed with the remedy offered.
- > Councils and providers should 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.

Data annex: local authorities

			Decisions made							
Local Authority	Received*	Complaints per 100,000**	Investigated in detail						Total decisions	Upheld %***
			Upheld	Not upheld	Closed after initial enquiries	Referred back for local resolution	Advice given	Incomplete/ invalid		
Allerdale BC	1	1.0	0	0	0	1	0	0	1	
Amber Valley BC	0		0	1	0	0	0	0	1	
Barking & Dagenham	7	3.8	1	3	2	0	0	0	6	25%
Barnet LB	20	5.6	3	1	2	11	1	1	19	75%
Barnsley MBC	9	3.9	1	0	0	6	0	0	7	
Basildon BC	0		0	0	0	0	0	0	0	
Bath & NE Somerset C	5	2.8	2	1	0	4	0	0	7	67%
Bedford BC	4	2.5	0	2	1	2	0	0	5	0%
Bexley LB	6	2.6	3	1	0	3	1	0	8	75%
Birmingham City C	55	5.1	17	5	8	29	1	2	62	77%
Blackburn w/Darwen	9	6.1	2	1	0	3	0	0	6	67%
Blackpool BC	9	6.3	5	2	1	4	0	2	14	71%
Bolton MBC	6	2.2	1	1	1	4	0	1	8	50%
Bournemouth BC	12	6.5	2	5	2	6	0	1	16	29%
Bracknell Forest C	4	3.5	0	1	0	1	0	1	3	
Brent LB	17	5.5	4	0	5	13	0	1	23	100%
Brighton & Hove City	27	9.9	4	5	11	6	0	3	29	44%
Bristol City C	14	3.3	3	0	1	6	0	1	11	100%
Broadland DC	1	0.8	0	1	0	0	0	0	1	0%
Bromley LB	35	11.3	8	5	3	9	0	3	28	62%
Buckinghamshire CC	13	2.6	2	2	2	5	1	2	14	50%
Bury MBC	13	7.0	2	4	2	6	0	1	15	33%

Data annex: local authorities

			Decisions made							
Local Authority	Received*	Complaints per 100,000**	Investigated in detail						Total decisions	Upheld %***
			Upheld	Not upheld	Closed after initial enquiries	Referred back for local resolution	Advice given	Incomplete/invalid		
Calderdale MBC	13	6.4	3	3	2	5	0	0	13	50%
Cambridgeshire CC	15	2.4	7	2	1	9	0	1	20	78%
Camden LB	14	6.4	4	3	2	6	0	3	18	57%
Canterbury City C	1	0.7	0	0	0	1	0	0	1	
Carlisle City C	1	0.9	0	0	0	0	0	0	0	
Central Bedfordshire	7	2.8	3	0	0	4	0	1	8	100%
Cheshire East C	15	4.1	8	6	1	5	0	0	20	57%
Cheshire W & Chester	6	1.8	2	3	1	4	0	1	11	40%
City of Bradford MDC	19	3.6	3	4	5	3	0	1	16	43%
City of London	2	27.1	0	0	0	1	0	0	1	
Colchester BC	1	0.6	0	0	0	1	0	0	1	
Cornwall Council	46	8.6	6	3	8	21	1	1	40	67%
County Durham C	32	6.2	6	5	6	12	0	2	31	55%
Coventry City C	12	3.8	2	2	2	4	0	0	10	50%
Croydon LB	31	8.5	3	5	6	9	4	1	28	38%
Cumbria CC	10	2.0	3	3	2	6	0	1	15	50%
Darlington BC	12	11.4	7	1	2	0	0	1	11	88%
Derby City C	12	4.8	1	4	2	4	0	0	11	20%
Derbyshire CC	36	4.7	8	7	3	21	0	0	39	53%
Devon CC	42	5.6	11	5	13	8	0	4	41	69%
Doncaster MBC	13	4.3	3	5	3	3	0	0	14	38%
Dorset CC	24	5.8	3	5	5	8	0	0	21	38%

Data annex: local authorities

			Decisions made							
Local Authority	Received*	Complaints per 100,000**	Investigated in detail						Total decisions	Upheld %***
			Upheld	Not upheld	Closed after initial enquiries	Referred back for local resolution	Advice given	Incomplete/invalid		
Dudley MBC	6	1.9	1	0	1	4	0	0	6	100%
Ealing LB	19	5.6	2	2	1	13	0	0	18	50%
East Cambs DC	0		0	1	0	0	0	0	1	
East Devon DC	1	0.8	0	0	0	1	0	0	1	
East Dorset DC	1	1.1	0	0	0	1	0	0	1	
East Riding of Yorks	15	4.5	4	1	3	5	0	0	13	80%
East Sussex CC	51	9.7	19	14	13	15	0	5	66	58%
Elmbridge BC	1	0.8	0	0	0	1	0	0	1	
Enfield LB	16	5.1	3	2	3	6	0	2	16	60%
Erewash BC	1	0.9	0	0	0	1	0	0	1	
Essex CC	52	3.7	8	7	7	26	0	2	50	53%
Forest Heath DC	1	1.7	1	0	0	0	0	1	2	
Gateshead MBC	7	3.5	2	1	0	1	0	1	5	67%
Gloucestershire CC	23	3.9	1	8	2	10	0	2	23	11%
Great Yarmouth BC	1	1.0	0	0	0	1	0	0	1	
Greenwich RB	16	6.3	1	2	3	7	0	2	15	
Hackney LB	14	5.7	2	3	0	7	0	1	13	40%
Halton BC	3	2.4	1	0	0	2	0	0	3	
Hammersmith & Fulham	5	2.7	1	1	0	1	0	0	3	50%
Hampshire CC	37	2.8	6	1	3	24	0	1	35	86%
Haringey LB	14	5.5	2	2	6	6	0	0	16	50%
Harrow LB	13	5.4	2	2	2	7	0	1	14	50%

Data annex: local authorities

			Decisions made							
Local Authority	Received*	Complaints per 100,000**	Investigated in detail						Total decisions	Upheld %***
			Upheld	Not upheld	Closed after initial enquiries	Referred back for local resolution	Advice given	Incomplete/invalid		
Hartlepool BC	3	3.3	0	1	0	1	0	0	2	0%
Havering LB	8	3.4	5	3	1	2	0	0	11	63%
Herefordshire C	10	5.5	2	4	1	4	0	0	11	33%
Hertfordshire CC	35	3.1	4	2	3	24	0	1	34	67%
Hillingdon LB	16	5.8	2	3	2	9	0	1	17	40%
Hounslow LB	15	5.9	5	3	2	9	0	0	19	63%
Isle of Wight C	19	13.7	10	2	2	5	0	0	19	83%
Islington LB	13	6.3	3	5	1	1	0	1	11	38%
Kensington & Chelsea	8	5.0	0	2	0	5	0	0	7	0%
Kent CC	62	4.2	18	9	4	28	0	0	59	67%
Kingston upon Hull	11	4.3	2	1	0	7	0	1	11	67%
Kingston upon Thames	9	5.6	1	0	1	2	0	0	4	100%
Kirklees MBC	19	4.5	6	4	1	3	0	1	15	60%
Knowsley MBC	8	5.5	2	1	0	4	0	0	7	67%
Lambeth LB	16	5.3	2	8	3	5	0	0	18	20%
Lancashire CC	68	5.8	20	6	4	33	0	3	66	77%
Leeds City C	24	3.2	3	5	7	6	0	1	22	38%
Leicester City C	17	5.2	8	3	1	9	0	2	23	73%
Leicestershire CC	22	3.4	2	4	3	11	0	5	25	33%
Lewisham LB	22	8.0	4	5	5	10	0	0	24	44%
Lincolnshire CC	36	5.0	6	5	5	18	0	4	38	55%
Liverpool City C	33	7.1	11	5	5	6	2	1	30	69%

Data annex: local authorities

			Decisions made							
Local Authority	Received*	Complaints per 100,000**	Investigated in detail						Total decisions	Upheld %***
			Upheld	Not upheld	Closed after initial enquiries	Referred back for local resolution	Advice given	Incomplete/invalid		
Luton BC	12	5.9	0	2	1	7	0	1	11	0%
Manchester City C	17	3.4	5	1	1	12	1	1	21	83%
Mansfield DC	1	1.0	0	0	0	1	0	0	1	
Medway C	16	6.1	7	0	3	7	0	0	17	100%
Merton LB	7	3.5	0	1	2	3	0	1	7	0%
Middlesbrough BC	6	4.3	1	1	1	3	0	0	6	50%
Milton Keynes C	7	2.8	2	0	2	4	0	0	8	100%
Newark & Sherwood DC	1	0.9	0	0	0	1	0	0	1	
Newcastle City C	11	3.9	0	1	2	8	0	0	11	0%
Newcastle-under-Lyme	1	0.8	0	0	0	1	0	0	1	
Newham LB	10	3.2	1	4	2	6	0	0	13	20%
Norfolk CC	46	5.4	4	3	6	19	0	3	35	57%
North Devon DC	1	1.1	0	0	0	1	0	0	1	
North East Lincs DC	9	5.6	1	1	1	2	0	0	5	50%
North Herts DC	1	0.8	0	0	0	1	0	0	1	
North Lincolnshire C	7	4.2	1	0	0	6	0	1	8	100%
North Somerset C	5	2.5	3	1	0	3	0	1	8	75%
North Tyneside MBC	6	3.0	2	1	1	1	0	1	6	67%
North Yorks CC	37	6.2	11	7	5	14	0	1	38	61%
Northampton BC	1	0.5	1	0	1	0	0	0	2	
Northants CC	23	3.3	4	4	1	14	0	0	23	50%
Northumberland C	9	2.8	1	1	1	6	0	1	10	50%

Data annex: local authorities

			Decisions made							
Local Authority	Received*	Complaints per 100,000**	Investigated in detail						Total decisions	Upheld %***
			Upheld	Not upheld	Closed after initial enquiries	Referred back for local resolution	Advice given	Incomplete/ invalid		
Nottingham City C	18	5.9	2	1	3	10	0	2	18	67%
Notts CC	37	4.7	5	2	7	15	0	5	34	71%
NW Leics DC	1	1.1	0	0	0	1	0	0	1	
Oadby & Wigston BC	2	3.6	0	0	0	2	0	0	2	
Oldham MBC	7	3.1	2	1	2	5	0	0	10	67%
Oxfordshire CC	22	3.4	3	5	2	9	1	0	20	38%
Peterborough City C	6	3.3	1	1	1	4	0	0	7	50%
Plymouth City C	13	5.1	7	1	2	6	1	0	17	88%
Poole BC	7	4.7	1	2	1	4	0	1	9	33%
Portsmouth City C	13	6.3	0	1	2	5	0	2	10	0%
Reading BC	8	5.1	0	2	1	2	0	2	7	0%
Redbridge LB	23	8.2	4	2	4	9	0	0	19	67%
Redcar & Cleveland C	7	5.2	1	1	1	2	0	0	5	50%
Richmond upon Thames	6	3.2	1	2	2	1	0	2	8	33%
Rochdale MBC	8	3.8	2	0	4	3	0	0	9	100%
Rotherham MBC	6	2.3	2	4	0	4	0	0	10	33%
Runnymede BC	1	1.2	0	0	0	1	0	0	1	
Rushmoor BC	1	1.1	0	0	0	1	0	0	1	
Rutland CC	1	2.7	0	0	1	0	0	0	1	
Salford City C	13	5.6	2	1	0	7	0	2	12	67%
Sandwell MBC	23	7.5	5	3	2	11	0	3	24	63%
Scarborough BC	1	0.9	0	1	0	0	0	0	1	0%

Data annex: local authorities

			Decisions made							
Local Authority	Received*	Complaints per 100,000**	Investigated in detail						Total decisions	Upheld %***
			Upheld	Not upheld	Closed after initial enquiries	Referred back for local resolution	Advice given	Incomplete/invalid		
Sefton MBC	24	8.8	7	4	1	12	0	1	25	64%
Sheffield City C	32	5.8	12	6	3	12	1	3	37	67%
Shropshire Council	22	7.2	7	5	3	8	0	2	25	58%
Slough BC	4	2.9	1	0	0	3	0	0	4	100%
Solihull MBC	9	4.4	5	2	0	4	0	0	11	71%
Somerset CC	21	4.0	8	2	0	15	0	0	25	80%
South Glos C	15	5.7	3	5	1	6	0	1	16	38%
South Kesteven DC	1	0.7	0	0	0	1	0	0	1	
South Tyneside MBC	10	6.8	1	3	0	4	0	1	9	25%
Southampton City C	10	4.2	3	1	0	7	0	0	11	75%
Southend-on-Sea BC	11	6.3	3	2	1	5	0	0	11	60%
Southwark LB	9	3.1	2	1	1	5	0	0	9	67%
St Helens MBC	9	5.1	2	3	1	4	0	0	10	40%
Staffordshire CC	38	4.5	14	3	5	17	1	1	41	82%
Stevenage BC	0		1	0	0	0	0	0	1	
Stockport MBC	17	6.0	3	2	2	8	0	0	15	60%
Stockton-on-Tees BC	2	1.0	3	2	0	1	0	0	6	60%
Stoke-on-Trent City	12	4.8	4	1	2	4	0	2	13	80%
Suffolk CC	24	3.3	2	2	4	13	0	1	22	50%
Sunderland City C	7	2.5	0	0	4	3	0	0	7	
Surrey CC	69	6.1	14	9	12	32	0	4	71	61%
Sutton LB	8	4.2	2	0	0	6	0	1	9	100%

Data annex: local authorities

			Decisions made							
Local Authority	Received*	Complaints per 100,000**	Investigated in detail						Total decisions	Upheld %***
			Upheld	Not upheld	Closed after initial enquiries	Referred back for local resolution	Advice given	Incomplete/ invalid		
Swindon BC	5	2.4	0	1	1	4	0	0	6	0%
Tameside MBC	8	3.6	1	0	1	5	0	0	7	100%
Tandridge DC	1	1.2	0	0	0	0	0	1	1	
Telford & Wrekin BC	8	4.8	3	3	2	2	0	0	10	50%
Tendring DC	1	0.7	0	0	0	0	0	0	0	
Thurrock C	8	5.1	2	0	1	5	0	0	8	100%
Torbay C	7	5.3	4	1	0	4	0	0	9	80%
Tower Hamlets LB	10	3.9	2	3	0	7	0	0	12	40%
Trafford MBC	16	7.1	3	1	3	4	0	0	11	75%
Uttlesford DC	0		0	0	0	1	0	0	1	
Wakefield City C	19	5.8	3	8	2	5	0	0	18	27%
Walsall MBC	10	3.7	3	1	0	8	0	0	12	75%
Waltham Forest LB	10	3.9	3	1	3	2	1	0	10	75%
Wandsworth LB	9	2.9	5	3	4	3	0	0	15	63%
Warrington C	11	5.4	2	3	2	6	0	0	13	40%
Warwickshire CC	33	6.0	1	6	13	7	1	0	28	14%
Watford BC	1	1.1	0	0	0	1	0	0	1	
Wealden DC	2	1.3	1	1	0	0	0	0	2	50%
West Berkshire C	4	2.6	0	0	0	1	0	1	2	
West Sussex CC	43	5.3	4	8	10	16	0	2	40	33%
Westminster City C	6	2.7	1	0	0	2	0	2	5	100%
Wigan MBC	9	2.8	5	3	2	1	0	0	11	63%

Data annex: local authorities

			Decisions made							
Local Authority	Received*	Complaints per 100,000**	Investigated in detail						Total decisions	Upheld %***
			Upheld	Not upheld	Closed after initial enquiries	Referred back for local resolution	Advice given	Incomplete/invalid		
Wiltshire Council	19	4.0	5	3	2	8	0	0	18	63%
Windsor & Maidenhead	14	9.7	3	2	0	8	0	1	14	60%
Wirral MBC	17	5.3	10	3	3	4	0	2	22	77%
Woking BC	1	1.0	0	0	0	1	0	0	1	
Wokingham BC	3	1.9	0	0	0	3	0	0	3	
Wolverhampton City C	7	2.8	2	5	0	5	0	0	12	29%
Worcester City C	0		0	1	0	0	0	0	1	
Worcestershire CC	20	3.5	4	5	1	4	1	1	16	44%
York City C	11	5.6	4	2	1	4	0	1	12	67%

* 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

		Decisions made								
Provider name* (CQC database)	Received**	Investigated in detail		Closed after initial enquiries	Referred back for local resolution	Advice given	Incomplete/ invalid	Total decisions	% Upheld***	
		Upheld	Not upheld							
1st Choice Nursing and Care Services Limited	0	1	0	0	0	0	0	1	100%	
4U Support Ltd	1	0	0	0	0	0	0	0		
7Jay Home Care Ltd	1	0	0	0	1	0	0	1		
A and J McLellan Ltd	1	0	0	0	0	0	0	0		
A Class Care Ltd	1	0	0	0	0	0	0	0		
A D R Care Homes Limited	1	0	0	0	1	0	0	1		
A Walsh	1	0	1	0	1	0	0	2	0%	
Abbeyfield East Devon Extra Care Society Limited	2	0	1	0	0	0	0	1	0%	
Abbeyfield Kent Society Limited	1	0	0	0	0	0	0	0		
Accredited Care Limited	1	0	0	0	0	0	0	0		
Acegold Limited	1	0	0	0	1	0	0	1		
ADL Plc	2	0	2	0	0	0	0	2	0%	
Age Concern - Manchester	1	0	0	0	1	0	0	1		
Age Concern - Tower Hamlets	0	0	0	1	0	0	0	1		
Agincare Live In Care Services Limited	1	0	0	1	0	0	0	1		
Agincare UK Limited	1	1	0	1	0	0	0	2	100%	
Agnes & Arthur	1	0	0	0	1	0	0	1		
Allied Healthcare Group Limited	3	1	1	1	2	0	1	6	50%	
Almondsbury Care Limited	1	0	0	0	0	0	0	0		
Amore Elderly Care Limited	2	0	0	0	1	0	0	1		

Data annex: independent providers

		Decisions made							
Provider name* (CQC database)	Received**	Investigated in detail		Closed after initial enquiries	Referred back for local resolution	Advice given	Incomplete/ invalid	Total decisions	% Upheld***
		Upheld	Not upheld						
Amphion Home Care Services Limited	1	1	0	0	0	0	0	1	100%
Anchor Trust	1	1	0	1	0	0	0	2	100%
Archmore Care Services Ltd	1	0	1	0	0	0	0	1	0%
Arranmore Park Limited	1	0	0	0	1	0	0	1	
Ascot Residential Homes Limited	0	0	1	0	0	0	0	1	0%
Ashram Housing Association	1	1	0	0	0	1	0	2	100%
Assured Lifestyle Limited t/a Home Instead Senior Care	1	0	0	0	1	0	0	1	
Autumn House Care Limited	1	0	0	1	0	0	0	1	
Avante Care and Support Limited	1	1	0	0	0	0	0	1	100%
Avery Healthcare Group	3	0	0	0	2	0	0	2	
Avery Homes Hatfield Limited	1	0	0	0	1	0	0	1	
Avery Homes Nuthall Limited	1	0	0	0	1	0	0	1	
B & M Investments Limited (t/a B&M Care)	1	0	0	0	1	0	0	1	
B Jugon	1	0	0	0	1	0	0	1	
Barchester Healthcare Homes Limited	11	4	0	1	4	0	0	9	100%
Barron Kirk Quality Care Limited	0	1	0	0	0	0	0	1	100%
Bayford New Horizons Limited t/a Bluebird Care (Chichester)	2	0	0	0	2	0	0	2	
Baylham Care Centre LTD	1	0	0	1	0	0	0	1	
Beech Hill Grange Limited	1	0	0	1	0	0	0	1	

Data annex: independent providers

		Decisions made							
Provider name* (CQC database)	Received**	Investigated in detail		Closed after initial enquiries	Referred back for local resolution	Advice given	Incomplete/ invalid	Total decisions	% Upheld***
		Upheld	Not upheld						
Belrose Limited	1	0	0	0	0	0	0	0	
Blakeshields Limited	1	0	0	0	1	0	0	1	
Bluebird Care Services Limited	0	1	0	0	0	0	0	1	100%
Bondcare (Larchwood) Limited	1	0	0	0	1	0	0	1	
Bondcare Homes Limited	1	0	0	0	1	0	0	1	
Bradgate Home Care Ltd	1	0	0	1	0	0	0	1	
Breckland Care at Home									
Community Interest Company	1	0	0	0	0	0	0	0	
Bupa Care Homes (AKW) Limited	4	0	2	1	1	0	0	4	0%
Bupa Care Homes (ANS) Limited	4	2	0	1	2	0	0	5	100%
Bupa Care Homes (CFC Homes) Limited	4	0	0	2	2	0	0	4	
Bupa Care Homes (CFHCare) Limited	3	1	1	0	1	1	0	4	50%
Bupa Care Homes (GL) Limited	4	0	0	1	1	0	1	3	
Butts Croft Limited	1	0	0	0	1	0	0	1	
Candlelight Homecare Limited	0	0	0	0	1	0	0	1	
Care 1st Limited	1	0	0	0	1	0	0	1	
Care-Away Limited	1	0	0	0	0	0	0	0	
Care By Us Ltd	1	0	0	0	1	0	0	1	
Care Homes of Distinction Limited	1	0	1	0	0	0	0	1	0%
Care Services Thirsk Limited	1	0	0	0	1	0	0	1	
Care Solutions (St Helens) Ltd	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							
		Upheld	Not upheld	Closed after initial enquiries	Referred back for local resolution	Advice given	Incomplete/ invalid		
Care UK Community Partnerships Limited	3	2	0	0	3	0	0	5	100%
Care UK Limited	2	0	0	0	0	0	1	1	
Care Worldwide (Ashton) Limited	1	0	0	0	1	0	0	1	
Carebase (Guildford) Limited	1	0	1	0	0	0	0	1	0%
Carewatch Care Services Limited	1	0	0	1	0	0	0	1	
Caring Hands Domiciliary Care Limited	1	0	0	0	1	0	0	1	
Caring Homes Healthcare Group Limited	6	2	1	1	1	0	0	5	67%
Carlcare Limited t/a Caremark (Kingston)	0	1	0	0	0	0	0	1	100%
Carrington House Ltd	1	0	0	0	0	0	0	0	
Cathedral View Limited	1	0	0	0	1	0	0	1	
Cavendish Close Limited	0	1	0	0	0	0	0	1	100%
Cavendish Healthcare (UK) Ltd	1	0	0	0	0	0	1	1	
CCHM Ltd	0	1	0	0	0	0	0	1	100%
Cheerhealth (Selsey) Limited	0	0	1	0	0	0	0	1	0%
Cherry Garden Properties Limited	1	0	0	0	1	0	0	1	
Cheshire Residential Homes Trust	0	1	0	0	0	0	0	1	100%
Chilton House Limited	1	0	0	0	0	0	0	0	
Christies Care Ltd	1	0	1	0	0	0	0	1	0%
Churchgate Healthcare Ltd	1	0	0	0	1	0	0	1	
City Care Services Limited	1	0	1	0	0	0	0	1	0%

Data annex: independent providers

		Decisions made							
Provider name* (CQC database)	Received**	Investigated in detail		Closed after initial enquiries	Referred back for local resolution	Advice given	Incomplete/ invalid	Total decisions	% Upheld***
		Upheld	Not upheld						
Civicare (Beds Herts & Bucks) Ltd	1	0	0	0	1	0	0	1	
Claregrange Limited	2	0	0	0	0	0	0	0	
Clarendon Care Group Limited	1	0	0	0	0	0	0	0	
Coastal Care Homes Limited	1	0	0	0	0	0	1	1	
Colten Care (1693) Limited	1	0	0	0	1	0	0	1	
Comfort Care Services (Colchester) Limited	1	0	0	0	1	0	0	1	
Concept Care Solutions Limited	1	0	0	0	1	0	0	1	
Consultus Care & Nursing Agency Limited	1	0	1	0	0	0	0	1	0%
Cornwall Care Ltd	0	0	0	1	0	0	0	1	
Country Court Care Homes 2 Limited	1	0	0	0	0	0	1	1	
Country Court Care Ltd	1	0	1	0	0	0	0	1	0%
Countrywide Care Homes Limited	1	0	0	0	1	0	0	1	
Court Healthcare Limited	1	0	0	0	1	0	0	1	
Crabwall Claremont Limited	0	1	0	0	0	0	0	1	100%
Creative Support Limited	2	0	0	3	0	0	0	3	
Croft House (Care) Limited	1	0	0	0	0	0	1	1	
Croftwood Care Limited	2	0	0	0	1	0	0	1	
Crown Care II LLP	1	0	0	0	1	0	0	1	
Culpeper Care Limited	1	1	0	0	0	0	0	1	100%
Cyprian Care Ltd	1	1	0	0	0	0	0	1	100%
D A Care Limited	1	0	0	0	0	0	0	0	

Data annex: independent providers

		Decisions made							
Provider name* (CQC database)	Received**	Investigated in detail		Closed after initial enquiries	Referred back for local resolution	Advice given	Incomplete/ invalid	Total decisions	% Upheld***
		Upheld	Not upheld						
Dcapital Ltd	1	0	0	0	0	0	0	0	
Diamond Resourcing Plc	1	0	0	0	0	0	0	0	
DISC Ltd	1	0	0	1	0	0	0	1	
D Lalgee	1	0	0	0	0	0	0	0	
Dominic Care Limited	1	0	0	0	0	0	0	0	
Dr Gurkirit Kalkat and Mr GS Nijjar	1	0	1	0	0	0	0	1	0%
Dr R K Tandon	1	0	0	0	1	0	0	1	
Drs Care Limited	1	0	0	0	1	0	0	1	
Dukeries Health Care Limited	2	1	0	0	1	0	0	2	100%
Eastgate Care Limited	1	0	0	1	0	0	0	1	
Eastleigh Care Homes Limited	0	0	1	0	0	0	0	1	0%
Eckling Grange Limited	1	1	0	0	0	0	0	1	100%
Elite Care Services UK Ltd	1	0	0	1	0	0	0	1	
Elmfield Residential Home Limited	1	0	0	0	0	0	0	0	
Eminence Care Limited	1	0	0	0	1	0	0	1	
Essex Cares Limited	1	0	0	1	0	0	0	1	
European Healthcare Group	1	0	0	0	0	0	1	1	
Ex Carewatch Care Services Limited	2	0	0	1	1	0	0	2	
Excelcare Ltd	0	0	0	1	0	0	0	1	
Eyhurst Court Limited	0	1	0	0	0	0	0	1	100%
Far Fillimore Care Homes Ltd	1	0	1	0	0	0	0	1	0%

Data annex: independent providers

		Decisions made							
Provider name* (CQC database)	Received**	Investigated in detail		Closed after initial enquiries	Referred back for local resolution	Advice given	Incomplete/ invalid	Total decisions	% Upheld***
		Upheld	Not upheld						
Fernbrook Care Homes Limited	1	0	0	0	0	0	0	0	
First Care Services Limited	1	0	1	0	0	0	0	1	0%
Fonthill Care Ltd	1	0	0	0	0	0	0	0	
Four Crest Care (Watton) Limited	1	0	1	0	0	0	0	1	0%
Four Seasons 2000 Limited	0	1	0	0	0	0	0	1	100%
Four Seasons (Evedale) Limited	1	0	0	0	1	0	0	1	
Four Seasons (Granby Care) Limited	1	0	1	0	0	0	0	1	0%
Four Seasons (No 9) Limited	1	0	0	0	1	0	0	1	
Four Seasons Health Care (England) Limited	5	1	0	1	1	0	1	4	100%
Four Seasons Homes No 3 Limited	1	0	0	0	0	0	0	0	
Foxholes Nursing Home Limited	1	0	0	0	1	0	0	1	
Freedom Support Ltd	1	0	0	0	0	0	0	0	
Generations Care Agency Limited	1	1	0	0	0	0	0	1	100%
Glebe Care Limited	1	0	0	0	1	0	0	1	
GN Care Homes Ltd	1	0	0	0	1	0	0	1	
Golden Age Care Limited	1	0	0	0	0	0	0	0	
Golden Age Management Limited	1	0	0	0	1	0	0	1	
Goldenage Healthcare Limited	1	0	0	0	1	0	0	1	
Greensleeves Homes Trust	0	1	0	0	0	0	0	1	100%
Greenswan Consultants Limited	1	0	1	0	0	0	0	1	0%

Data annex: independent providers

		Decisions made							
Provider name* (CQC database)	Received**	Investigated in detail		Closed after initial enquiries	Referred back for local resolution	Advice given	Incomplete/ invalid	Total decisions	% Upheld***
		Upheld	Not upheld						
Grwp Gofal Cymru Care Homes South Limited European Care	1	0	0	0	0	0	0	0	
Guardian Homecare UK Limited	1	0	0	0	1	0	0	1	
Guinness Care and Support Limited	2	0	0	1	1	0	0	2	
Hamax Ltd	1	0	0	0	1	0	0	1	
Hamilton House Medical Limited	1	0	0	0	1	0	0	1	
Haresbrook Park Limited	1	0	0	0	0	0	0	0	
Harmony Care and Support Limited	1	0	0	0	1	0	0	1	
Hartley House Limited	1	0	0	0	1	0	0	1	
HC-One Limited	2	0	0	0	1	0	0	1	
Heatherland Health Care Limited	1	0	0	0	1	0	0	1	
Heritage Care Limited	1	0	0	0	0	0	1	1	
High Trees Care Ltd	1	0	0	0	0	0	0	0	
Hinstock Manor Residential Home Limited	0	1	0	0	0	0	0	1	100%
Holmwood Residential Care Limited	1	0	1	0	0	0	0	1	0%
Holy Cross Care Homes Limited	0	0	1	0	0	0	0	1	0%
Home Healthcare Ltd	1	0	1	0	0	0	0	1	0%
Home Instead Senior Care South Bucks	1	1	1	0	0	0	0	2	50%
Housing & Care 21	1	0	1	1	0	0	0	2	0%

Data annex: independent providers

		Decisions made							
Provider name* (CQC database)	Received**	Investigated in detail		Closed after initial enquiries	Referred back for local resolution	Advice given	Incomplete/ invalid	Total decisions	% Upheld***
		Upheld	Not upheld						
Hyde Lea Nursing Homes Limited	1	0	1	0	0	0	0	1	0%
Ideal Care (North) Limited	1	0	0	0	0	0	0	0	
IHI Care Services Ltd	1	0	0	0	1	0	0	1	
Ilminster & District (OPW) Housing Society Limited	1	0	0	0	0	0	0	0	
Imperial Care Homes Limited	1	0	0	0	0	0	0	0	
Integrated Nursing Homes Limited	1	0	0	0	0	0	0	0	
James Hudson (Builders) Limited	1	0	0	0	0	0	0	0	
Karelink Limited	1	0	0	0	1	0	0	1	
Kelly Park Limited	1	0	0	0	1	0	0	1	
Kents Hill Care Limited	0	0	1	0	0	0	0	1	0%
Key Healthcare (St Helens) Limited	2	0	1	0	1	0	0	2	0%
Kingsley Care Homes Limited	1	0	0	0	1	0	0	1	
Kingsmead Care Home Ltd	1	1	0	0	0	0	0	1	100%
Lakeview Rest Homes Limited	1	0	0	0	0	0	1	1	
Lambton House Ltd	1	1	0	0	0	0	0	1	100%
Landmark Care Homes Limited	1	0	0	0	0	0	0	0	
Leicestershire County Care Ltd	2	0	0	1	1	0	0	2	
Leonard Cheshire Disability	0	2	0	0	0	0	0	2	100%
Life Style Care plc	1	0	0	0	1	0	0	1	
Lilian Faithfull Homes	1	0	0	1	0	0	0	1	

Data annex: independent providers

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Provider name* (CQC database)	Received**	Investigated in detail		Closed after initial enquiries	Referred back for local resolution	Advice given	Incomplete/ invalid	Total decisions	% Upheld***
		Upheld	Not upheld						
Little Court Care Home Limited	1	0	0	0	1	0	0	1	
LJM Homecare Limited	1	0	0	0	0	0	0	0	
Local Solutions	1	0	0	1	0	0	0	1	
Loga Care Limited	1	0	0	0	0	0	0	0	
London Residential Health Care Limited	2	0	0	0	2	0	0	2	
Louth Care Limited	1	0	0	0	0	0	1	1	
M & S Care Limited	1	0	0	0	1	0	0	1	
M D Homes	1	0	0	1	0	0	0	1	
M G L Health Care Limited	1	0	0	0	0	0	0	0	
Magenta Domiciliary Care Services Ltd	1	0	0	0	1	0	0	1	
Maldon Lodge Care Home Ltd	0	0	1	0	0	0	0	1	0%
Maples Care Home (Bexleyheath) Limited	1	0	1	0	0	0	0	1	0%
Manorcourt Care (Norfolk) Limited	1	0	0	1	0	0	0	1	
Maria Mallaband Care Homes Limited	1	1	0	0	0	0	0	1	100%
Martlane Limited	1	0	0	0	0	0	0	0	
Mayfield Care LTD	1	0	0	0	1	0	0	1	
Mears Homecare Limited	1	0	1	0	0	0	0	1	0%
Medicrest Limited	1	0	0	0	1	0	0	1	
Mega Resources Limited	1	0	1	0	0	0	0	1	0%
Melrose Care Limited	1	0	0	0	0	0	1	1	

Data annex: independent providers

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Provider name* (CQC database)	Received**	Investigated in detail		Closed after initial enquiries	Referred back for local resolution	Advice given	Incomplete/invalid	Total decisions	% Upheld***
		Upheld	Not upheld						
Meridian Healthcare Limited	3	1	0	0	3	0	0	4	100%
Meritum Intergrated Care LLP	0	0	0	1	0	0	0	1	
Methodist Homes	2	0	0	1	0	0	0	1	
Midshires Care Limited	6	3	0	0	2	0	0	5	100%
Mihomecare Ltd	4	0	0	0	2	0	0	2	
Millfield Lodge Care Home Ltd	0	1	0	0	0	0	0	1	100%
Miss G Patton	1	0	0	0	1	0	0	1	
Moat House Care Home Limited	1	0	0	0	0	0	0	0	
Morepower Limited t/a AQS Homecare	1	0	0	0	0	0	0	0	
Mosaic Community Care Limited	1	0	0	0	1	0	0	1	
Mr & Mrs A S Benepal	1	0	0	0	1	0	0	1	
Mr & Mrs J A Barton t/a Inglewood RCH	1	0	0	0	1	0	0	1	
Mr & Mrs J Fieldhouse	1	0	0	0	1	0	0	1	
Mr & Mrs M O'Connell	1	0	0	0	1	0	0	1	
Mr & Mrs N Frances	1	1	0	0	0	0	0	1	100%
Mr & Mrs V Panchalingathurai	1	0	0	0	1	0	0	1	
Mr and Mrs Vaz t/a as Parklands Nursing Home	1	1	0	0	0	0	0	1	100%
Mr Clifford Strange and Mrs Philippa Strange	1	1	0	0	0	0	0	1	100%
Mr David Arthur Salter	0	0	1	0	0	0	0	1	0%
Mr Frederick Bilsland	0	0	1	0	0	0	0	1	0%

Data annex: independent providers

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Provider name* (CQC database)	Received**	Investigated in detail		Closed after initial enquiries	Referred back for local resolution	Advice given	Incomplete/invalid	Total decisions	% Upheld***
		Upheld	Not upheld						
Mr Gregory Brian Reeve	1	0	1	0	0	0	0	1	0%
Mr James Smith and Mrs Denise Smith	1	1	0	0	0	0	0	1	100%
Mr Jonathan Smith & Mr Antony Smith & Mrs Brenda Smith	1	0	0	0	1	0	0	1	
Mr Mohammed Saleem Chaudhry & Dr Lubna Ezad	1	0	0	0	1	0	0	1	
Mrs & Mr Nicolaou	1	1	0	0	0	0	0	1	100%
Mrs Gillian Conroy and Mr John Conroy	1	0	0	0	0	0	0	0	
Mrs Helen Macpherson Young Wilcox	1	0	0	0	1	0	0	1	
Mrs Kimberley Ellen Dupree	1	1	0	0	0	0	0	1	100%
Mrs Lisa Charig and Mr Mark Charig	1	0	0	0	1	0	0	1	
Mrs S Poordil and Mr M Poordil	1	0	0	0	1	0	0	1	
Mrs Sarah Angela Ageros	1	0	0	1	0	0	0	1	
Mrs Tanya Maria Jane Larkin	1	0	0	0	0	0	0	0	
Mrs Y N Kassam and Ms Neemat Kassam	0	1	0	0	0	0	0	1	100%
Ms Catherine Burns	1	0	0	0	1	0	0	1	
Ms Katrine Price (Quality Care)	1	0	0	0	1	0	0	1	
N Notaro Homes Limited	1	1	0	0	0	0	0	1	100%
Naseby Care Home Limited	1	0	0	0	0	0	0	0	
Nazareth Care Charitable Trust	2	0	0	1	1	0	0	2	

Data annex: independent providers

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Provider name* (CQC database)	Received**	Investigated in detail		Closed after initial enquiries	Referred back for local resolution	Advice given	Incomplete/invalid	Total decisions	% Upheld***
		Upheld	Not upheld						
Nestor Primecare Services Limited	2	1	0	0	1	0	0	2	100%
New Century Care (Ash) Limited	1	0	0	0	1	0	0	1	
New Century Care (Bognor Regis) Limited	1	0	0	0	1	0	0	1	
New Directions Care and Support Services Limited	1	0	0	0	1	0	0	1	
New Horizons Trust Home Care Services	0	1	0	0	0	0	0	1	100%
North London Homecare & Support Limited	0	1	0	0	0	0	0	1	100%
Oaklands Rest Home Limited	1	0	0	0	0	0	1	1	
Oasis Community Care Limited	0	1	0	0	0	0	0	1	100%
Oldfield Residential Care Limited	1	2	0	0	0	0	0	2	100%
Orchard Carehomes Ltd	2	0	0	0	0	0	0	0	
Orders of St John Care Trust	4	2	0	1	1	0	0	4	100%
Ourris Properties Limited	1	0	0	0	1	0	0	1	
Outlook Care	0	0	1	0	0	0	0	1	0%
Outreach (Sefton) Limited	0	0	1	0	0	0	0	1	0%
Pathways 4 Care Ltd	1	0	0	0	0	0	0	0	
Peatons Limited	0	1	0	0	0	0	0	1	100%
PHUL Ltd	1	0	0	0	1	0	0	1	
Pilling Care Homes Limited	1	0	0	1	0	0	0	1	
Porthaven Care Homes Limited	2	0	0	1	0	0	0	1	
Premier Care Homes Limited	1	0	0	0	1	0	0	1	

Data annex: independent providers

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Provider name* (CQC database)	Received**	Investigated in detail		Closed after initial enquiries	Referred back for local resolution	Advice given	Incomplete/invalid	Total decisions	% Upheld***
		Upheld	Not upheld						
Premier Care (Midlands) Limited	1	0	0	0	1	0	0	1	
Pressbeau Limited	0	0	0	1	0	0	0	1	
Prestige Nursing Limited	1	0	0	0	0	0	0	0	
Primecare Homes Britannia Limited	1	0	0	0	0	1	0	1	
Priory Supporting Care Ltd	1	0	0	0	1	0	0	1	
Pulse8+ Ltd	1	0	0	0	1	0	0	1	
Quality Care and Companionship Ltd	1	0	0	1	0	0	0	1	
Quality Care Homes Limited	1	0	0	0	0	0	0	0	
Quantum Care Limited	1	1	0	0	1	0	0	2	100%
Quay Court (Care Centre) Limited	1	0	0	0	1	0	0	1	
R Y S A Limited	1	0	0	0	0	0	0	0	
Rearsby Home Limited	1	1	0	0	0	0	0	1	100%
RedHouse Care Limited	0	0	1	0	0	0	0	1	0%
Regal Healthcare Properties Limited	0	0	0	1	0	0	0	1	
Revitalise Respite Holidays	1	0	0	0	1	0	0	1	
Roche Health Care Limited	0	0	1	0	0	0	0	1	0%
Rolamgold Limited	1	0	0	0	1	0	0	1	
Romney House Limited	1	0	1	0	0	0	0	1	0%
Roseland Care Limited	2	0	0	0	2	0	0	2	
Royal Court Care Limited	0	1	0	0	0	0	0	1	100%

Data annex: independent providers

		Decisions made							
Provider name* (CQC database)	Received**	Investigated in detail		Closed after initial enquiries	Referred back for local resolution	Advice given	Incomplete/invalid	Total decisions	% Upheld***
		Upheld	Not upheld						
Ruddington Care Homes Limited	1	0	0	0	1	0	0	1	
Rushcliffe Care Limited	1	0	0	0	1	0	0	1	
S Croudace	1	0	0	0	1	0	0	1	
Safe Quarter Limited	1	0	0	0	1	0	0	1	
Salisbury Autistic Care Limited	0	0	1	0	0	0	0	1	0%
Salubre Limited	1	1	0	0	0	0	0	1	100%
Sanctuary Care Limited	2	0	0	1	1	0	0	2	
Sentimental Care Limited	1	0	0	0	0	0	1	1	
Sentinel Health Care Limited	1	0	0	0	1	0	0	1	
Seva Care Group	0	0	0	1	0	0	0	1	
Sevacare (UK) Limited	1	0	0	0	1	0	0	1	
SevaSupport Ltd	0	0	0	1	0	0	0	1	
Shaw Healthcare (de Montfort) Limited	1	0	0	0	0	0	0	0	
Signature At Hertford (Operations) Ltd	1	0	0	0	0	0	0	0	
Smallwood Homes Limited	1	0	0	1	0	0	0	1	
Sohal Health LLP	0	0	1	0	0	0	0	1	0%
Somerset Care Limited	1	0	0	0	1	0	0	1	
South Coast Nursing Homes Limited	1	0	0	0	0	0	1	1	
South London Nursing Homes Limited	1	0	0	0	1	0	0	1	

Data annex: independent providers

		Decisions made							
Provider name* (CQC database)	Received**	Investigated in detail		Closed after initial enquiries	Referred back for local resolution	Advice given	Incomplete/invalid	Total decisions	% Upheld***
		Upheld	Not upheld						
SPM Quality Care Limited	1	0	0	0	0	0	0	0	
Springfield Mind Ltd	0	1	0	0	0	0	0	1	100%
Springhill Care Group	1	0	1	0	0	0	0	1	0%
St Barnabas Southwold	0	1	0	0	0	0	0	1	100%
Sterling Care and Support	0	0	1	0	0	0	0	1	0%
Stonehaven (Healthcare) Limited	1	0	0	0	1	0	0	1	
Sudera Care Associates Limited	1	0	0	0	0	0	0	0	
Summerfield Medical Ltd	1	0	0	0	0	0	0	0	
Sunnyhill Residential Care Home Ltd	1	0	1	0	0	0	0	1	0%
Sunrise Operations Banstead Limited	1	0	0	1	0	0	0	1	
Sunrise Operations Mobberley Limited	1	0	0	0	1	0	0	1	
Sunrise Operations Purley Limited	0	1	0	0	0	0	0	1	100%
Sunrise Operations Southbourne Limited	1	0	0	0	1	0	0	1	
Sunrise Operations UK Limited	4	3	0	0	1	0	0	4	100%
Sunrise Senior Living VW Limited	1	0	0	1	0	0	0	1	
Supreme Care Services Limited	1	0	0	1	0	0	0	1	
Surrey Care Services Limited	1	0	0	0	1	0	0	1	
T L Care (Havering) Limited	1	0	0	0	1	0	0	1	
Tamaris (South East) Limited	1	0	1	0	0	0	0	1	0%

Data annex: independent providers

		Decisions made							
Provider name* (CQC database)	Received**	Investigated in detail		Closed after initial enquiries	Referred back for local resolution	Advice given	Incomplete/ invalid	Total decisions	% Upheld***
		Upheld	Not upheld						
Tamaris Health Care (England) Limited	1	0	0	0	1	0	0	1	
The Albemarle Rest Home Limited	0	1	0	0	0	0	0	1	100%
The Brendoncare Foundation	1	0	0	0	0	0	0	0	
The Council of St Monica Trust	1	0	0	0	1	0	0	1	
The Croll Group	0	1	0	0	0	0	0	1	100%
The Regard Partnership Limited	0	1	0	0	0	0	0	1	100%
The Trustees of the Earley Charity	1	0	0	0	0	0	0	0	
TLC Care At Home Limited	1	0	0	0	1	0	0	1	
Torr Home	0	1	0	0	0	0	0	1	100%
Towertrend Limited	1	0	0	0	0	0	0	0	
Transformation Consultancy Limited	1	1	0	0	0	0	0	1	100%
Triangular Care Services Limited	1	0	0	1	0	0	0	1	
Tulip Care Limited	1	0	0	0	1	0	0	1	
Turning Point	2	0	0	1	1	0	0	2	
Twinglobe Care Homes Limited	0	1	0	0	0	0	0	1	100%
United Health Limited	3	0	0	0	2	0	0	2	
United Response	1	0	1	0	0	0	0	1	0%
Unity Homes Limited	1	0	1	0	0	0	0	1	0%
V Gulati	1	0	0	0	1	0	0	1	
Vanguard Care Limited	1	0	0	0	0	0	0	0	

Data annex: independent providers

		Decisions made							
Provider name* (CQC database)	Received**	Investigated in detail		Closed after initial enquiries	Referred back for local resolution	Advice given	Incomplete/invalid	Total decisions	% Upheld***
		Upheld	Not upheld						
Verulam Health Care Limited	1	0	0	0	0	0	1	1	
Vintage Care Limited	1	0	0	1	0	0	0	1	
Way Ahead Community Services Limited	1	0	0	0	1	0	0	1	
Wellbeing Residential Group	1	0	0	0	1	0	0	1	
Wellburn Care Homes Limited	0	2	0	0	0	0	0	2	100%
Welwyn Garden City Housing Association Limited	1	0	0	0	1	0	0	1	
Wessex Care Limited	1	0	0	0	1	0	0	1	
West Sussex Care Limited (Home Instead Senior Care Chichester)	1	0	0	0	1	0	0	1	
Westgate Healthcare Limited	1	0	0	0	1	0	0	1	
Westminster Homecare Limited	1	0	0	0	0	0	0	0	
Whitefield House Ltd	1	0	0	1	0	0	0	1	
Willows Care Home Limited	1	1	0	0	0	0	0	1	100%
Windmill Care Limited	1	1	0	0	0	0	0	1	100%
Wirral Autistic Society	0	0	1	0	0	0	0	1	0%
Woodheath Care Limited	0	0	1	0	0	0	0	1	0%
Woodleigh Christian Care Home Limited	1	0	0	0	1	0	0	1	
York Heritage (The Hall Thornton le Dale) Limited	1	1	0	0	0	0	0	1	100%

Data annex: independent providers

- * 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.