

David Hogarth comments

I write as an individual but am also the co-ordinator of a befriending charity [excised]. I have considerable relevant experience as many of those who were referred to us whilst still in their own homes have now moved into residential or nursing care. I also regularly attend board meetings of the Care Quality Commission

Theme 1: Consumer protection issues in the care home sector

Q2: Compliance with consumer law

On page 7 of its guidance on the use of covert surveillance (February 2015) the Care Quality Commission warn people using hidden cameras that "Installing equipment secretly could break the contract of service, so it's important to check what the care service's policy is". I invite you to agree that any such clause is an unfair attempt to prevent visitors and other stakeholders from gathering necessary evidence to check out suspicions and so support a complaint.

Q3: Adequacy of current care home consumer protection

In the above-mentioned guidance the Care Quality Commission in no way suggests that such contract terms are illegal or even poor practice. If that is the case, I would conclude that protection against this form of unfairness is insufficient.

Q4: Barriers to raising complaints - effectiveness of current complaint and redress systems

a) One formidable barrier to complaining is that the person to whom the complaint is addressed - the care home manager - may well bear a measure of responsibility for whatever is amiss. The complainant will often be unable to assess whether this is the case. The proper destination for complaints should be an outside body such as the local authority or the Care Quality Commission. However the message put out by the Commission is always "Take your complaint to the manager".

b) Another barrier faced by would-be complainants is that they have suspicions but not the evidence needed to convince themselves or compel reluctant managers to take action. Homes should install CCTV or auditory surveillance which would allow them to check out suspicions that are brought to them. Alternatively, they should be proactive in helping stakeholders to use covert surveillance

Q5: Quality of information and advice available when choosing care homes

MY experience is that it is impossible to be confident about the Care Quality Commission's ratings, particularly when they say that a home is Good. Their information gathering techniques are normally adequate to pick up on matters such as medicine management, which can be verified during an inspection but they do not seem able to

uncover lapses in kindness and compassion. Ratings of Good in the Caring domain are especially untrustworthy. The evidence underlying a CQC Good for Caring rating consists of opinions of a small number of vocal residents, opinions of chance visitors, a sampling of records and the results of short observations of staff and residents interacting.. This does not enable them to pick up on many instances of appalling abuse as the many instances in the attached table reveal. In their April 2016 inspection report the CQC said that Clinton House, St Austell, was a kind and compassionate place. [excised by CMA]. The Commission need to make clear how limited their evidence is - or far better - improve it.

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