



Parliamentary
and Health Service
Ombudsman

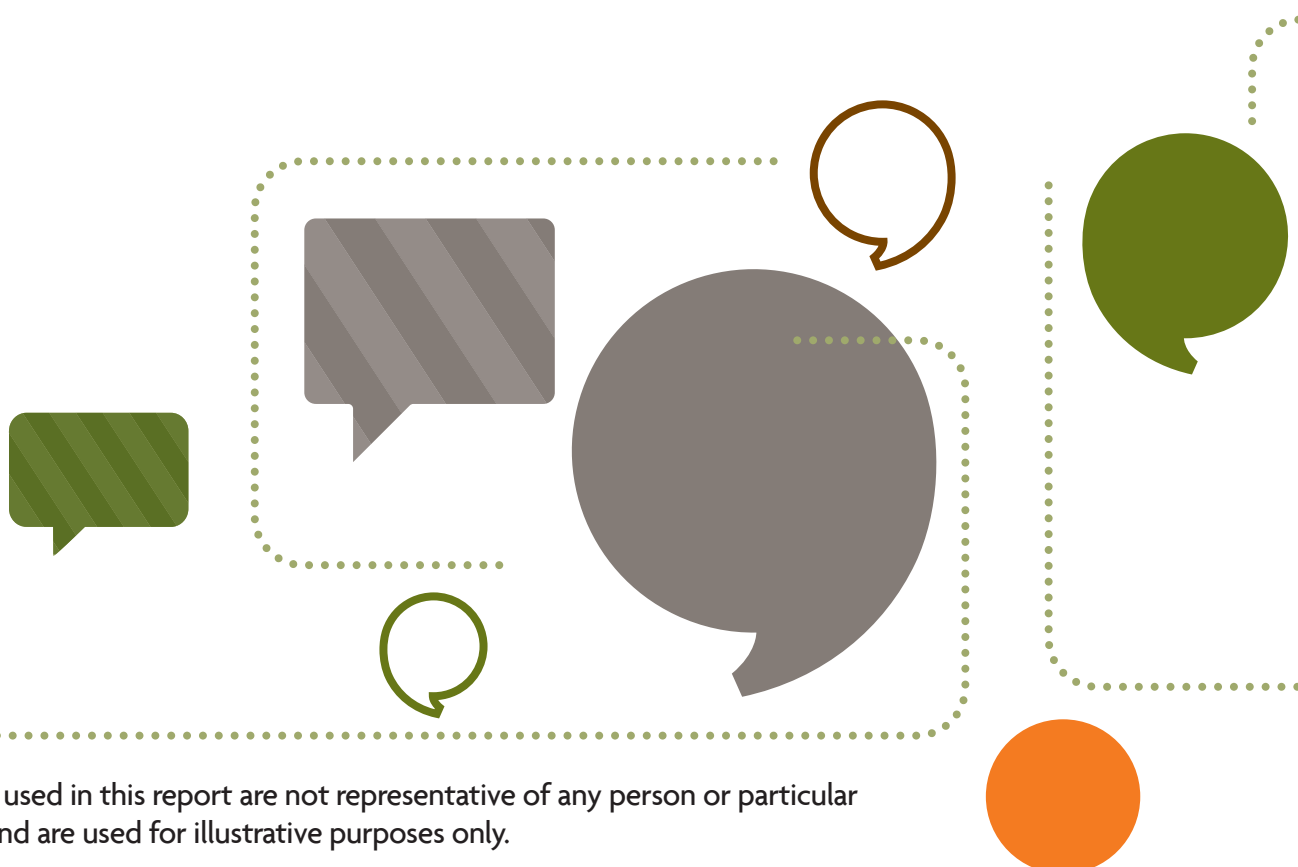
Breaking down the barriers

Older people and complaints
about health care



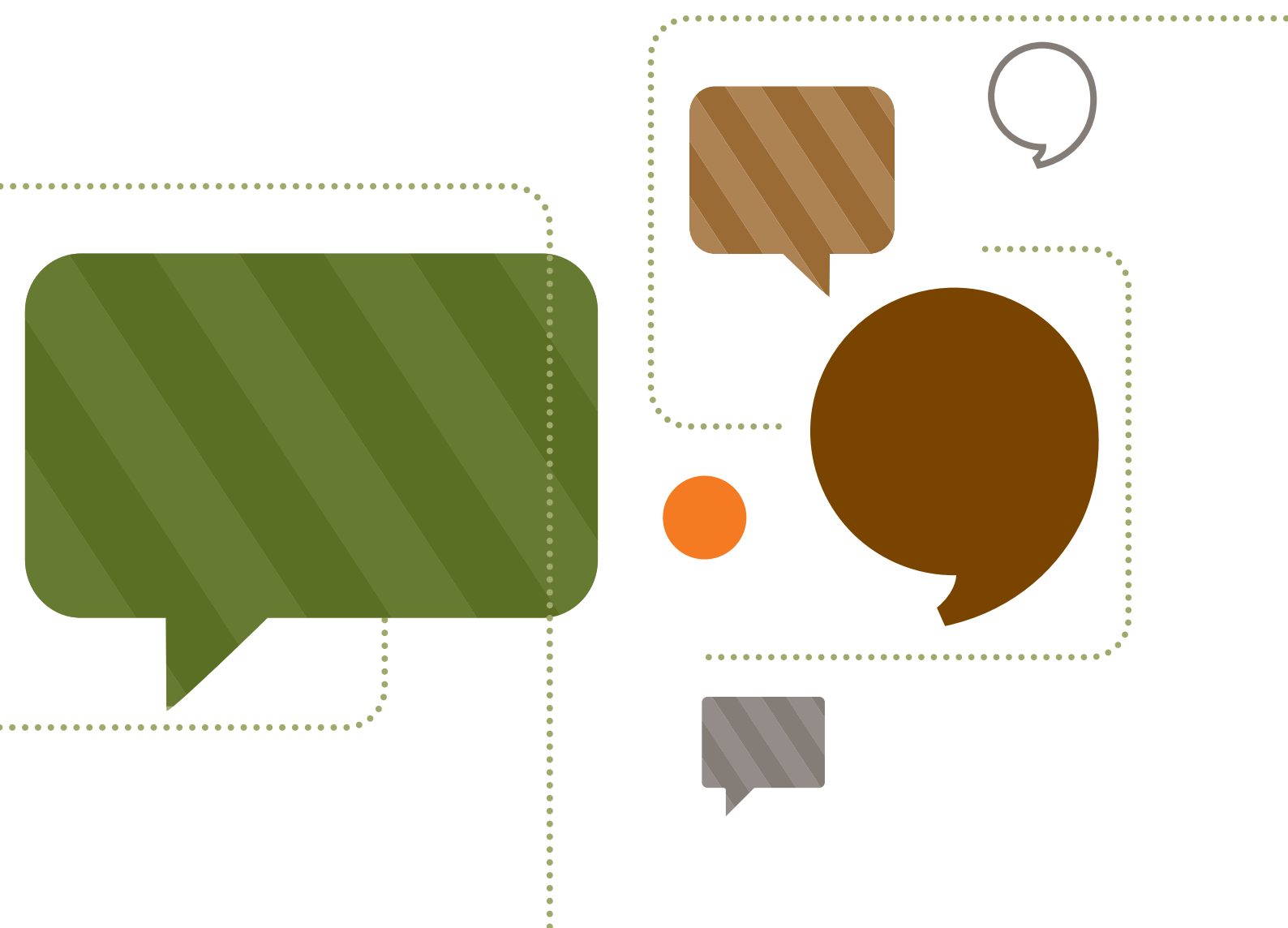
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The images used in this report are not representative of any person or particular individual and are used for illustrative purposes only.

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Executive summary

People are more likely to need to use health care services as they enter later life. Yet when it comes to complaining about poor care, evidence we have gathered for this report shows that older people are often reluctant to speak up or simply don't know how to.

Making it easier for older people to have a voice when public services fail them is essential - not just so that individual wrongs can be put right, but so that services can learn from past experiences and improve.

Through a combination of personal testimonies from focus groups with older people, information from a national survey we conducted, and evidence from our own casework, our report highlights the significant barriers that older people can face when looking to complain about their care.

We found that older people:

- Lack information about how to complain, and don't know where to go;
- Don't want to make a fuss and worry about what will happen if they do;
- Feel complaining would make little difference; and
- Can lack support to complain.

These are barriers which we know can prevent anyone from making a complaint, regardless of their age. However, for older people, additional factors, such as living alone and the lack of on-hand emotional and practical support, can make these barriers even harder to overcome.

Change needs to happen. Our report makes a number of recommendations to improve older people's experience of the complaints system. We want all NHS providers to make older people aware of how to complain, point them to the support that is available to them, and make it clear that their future care will not be compromised if they complain. We also recommend that organisations that provide care use our framework for showing what good complaint handling is, *My expectations*, to measure how effectively they are handling their own complaints.



Making it easier for older people to have a voice when public services fail them is essential.



Introduction

Despite being the most frequent users of health care services, older people¹ are among those least likely to complain about poor care when they receive it. This is because they often lack the support or confidence needed to complain, they worry about what will happen to them if they raise concerns, and they are unsure that complaining will make any difference.

We are the organisation responsible for making final decisions on complaints that have not been resolved by the NHS in England. We have seen evidence of the particular barriers older people and their carers face when they want to raise concerns about poor care. We are sharing this so that action can be taken to help these complaints be heard.

Not all older people struggle to use the complaints system. In our casework we see many examples of older people who have raised concerns about the care that they or a loved one have received. However, the fact remains that there are a number of issues that particularly affect the ability of some older people to complain effectively. Too few older people make complaints when things go wrong. Older people also say they are

left frustrated by a process that can feel like it just isn't worth the hassle. They can worry about making a fuss but, crucially, the fewer complaints that get made, the more missed opportunities we see for health care services to learn from mistakes.

Using information collected from a national survey², focus groups with older people and their carers, and case studies, we provide a number of broad recommendations in this report aimed at policy makers and organisations that provide health care. If implemented these have the potential to improve older peoples' experiences of the complaints system.

As the size of the older population continues to grow, it is crucial that health care services can demonstrate a culture that welcomes complaints from the population they serve

¹ Throughout the report we loosely refer to "older people" as people of state pension age or older, but as many studies have shown, chronological age isn't always the best guide to how an individual ages. In some sections, we focus on statistics for people aged 75 and older, who are considered the group most likely to make use of health care services.

² *What people think about complaining*, online survey commissioned by the Parliamentary and Health Service Ombudsman and carried out by YouGov Plc. Total sample size was 4,263 adults. Fieldwork was undertaken between 1-7 April 2015.



the most. There also needs to be adequate systems in place to gather feedback, and learn from complaints when people raise them.

The Health Select Committee, the Public Administration and Constitutional Affairs Committee (PACAC) and the Department of Health have all recommended a number of far-reaching changes to the complaints system in recent months. The *Hard Truths*³ report, published by the Government in response to the Mid Staffordshire Public Inquiry, specifically mentioned how vulnerable people find the complaints system complicated and hard to navigate. The report made a number of recommendations about making it easier for people to use the complaints services. It also emphasised the need for far greater attention to be given to learning from complaints at all levels across the healthcare sector.

Progress is being made. In response to the *Hard Truths* report, in partnership with the Local Government Ombudsman (LGO) and Healthwatch England, we published *My expectations*⁴, which sets out what people expect from health and social care providers when they make a complaint. *My expectations* provides a framework that can be used by organisations that provide services across health and social care to measure people's experience of making complaints about the care they provide.

The Care Quality Commission has started to provide a toolkit to its inspectors, based on *My expectations*, to identify key lines

of enquiry when looking to understand the effectiveness of complaint handling among organisations that provide health and social care. This is a positive step which should further encourage organisations that provide and commission services to use *My expectations* to shape the way they interact with complaints.

Finally, the Government is now examining options for people to have their complaints investigated through a new, streamlined public ombudsman service, which will incorporate the services currently provided by ourselves and the LGO. This should significantly simplify the complaints system and reduce the instances of people falling through the gaps of the separate health and social care complaints systems, an issue which can be particularly problematic for older people.

Until then we will continue to conduct joint investigations with the LGO into complaints that involve both health and social care which haven't been resolved locally. We now offer a single investigation process that reduces the complexity for complainants who bring their complaints about health and social care to us.

We would like to thank all the older people and their carers who took their time to share their views.

We would also like to thank Independent Age for their support in arranging and delivering the focus groups we held with older people and their carers.

³ *Hard Truths: The Journey to Putting Patients First* (Department of Health, 2014).

⁴ *My expectations for raising concerns and complaints* (Parliamentary and Health Service Ombudsman, Local Government Ombudsman and Healthwatch England, 2014).



National picture

The UK population is ageing. By 2030, around one in ten people living in the UK will be 75 or over⁵. Over the same period there will be a doubling in the number of people over 85⁶. As the proportion of older people within the UK increases, so too will the number of people living with long-term health conditions, with over half of those aged 60 and over reportedly having a long-term condition⁷.

Given this, it is unsurprising to find that older people are the age group most likely to rely on and use health care services across the country.

People aged 65 or over account for one in six of the population, but half of all the time spent in hospital beds. People aged 85 or over account for one in 44 of the population but one in six hospital bed days, and around 60% of community dispensed prescriptions are given to those aged 65 and over⁸.

However, despite being the greatest users of health and social care, there is evidence to suggest that older people are often less likely to complain if they receive poor service.

Complaints from those aged 65 and over about their healthcare only made up around a quarter of all the complaints we received about health care services in England in 2014-15. Research commissioned by the Care Quality Commission, conducted by ICM Research, also highlights this issue; among those aged 65 and over, 16% indicated that it is unlikely they would voice a concern or raise a complaint, compared to 10% of those aged between 25 and 64⁹.

There are a number of broader issues more likely to affect older people, which impact on their ability to complain effectively:

⁵ *UK Population projections* (Office of National Statistics).

⁶ *Ready for Ageing?* (House of Lords Select Committee on Public Service and Demographic Change, 2013).

⁷ *Long Term Conditions Compendium of Information: Third Edition* (Department of Health, 2012).

⁸ *Focus on the Health and Care of Older People* (Health and Social Care Information Centre, June 2014).

⁹ *Fear of raising concerns about care* (ICM, 2013).

Large numbers of older people live alone

3.5 million older people aged 65 or over live alone. Nearly half (49%) of over 75s live alone – that's over 2 million people¹⁰. People aged 75 and over are the least likely of any age group to have at least one close friend; one in nine (11%) of them report having no close friend at all, compared to 2% of those aged 18 to 24¹¹. As the case studies in this report show, older people can sometimes rely on close friends and family to make complaints on their behalf, particularly those living with conditions that may make it difficult for them to complain. The absence of support networks can affect the ability of some older people to raise concerns.

Older people are significantly more likely to have ongoing health needs

58% of older people are living with a long term health condition¹⁴. As we show later in this report, many older people say they would be worried about the impact that complaining might have on the care they receive. This fear can be compounded because of the likelihood of needing to continue to access the services they want to complain about.

Many older people do not use the internet:

Increasingly organisations are encouraging people to complain or give feedback online. The internet is often the first place that people look for information, including about how to complain. But only around a third of people aged 75 and over have the internet at home, compared to 94% of those aged 65-74¹². Although having internet access at home can be common, a high percentage of older people living at home with limited day-to-day activities report they never use the internet¹³.

All of this evidence highlights how older people are at a particular risk of being excluded from the complaints system.

¹⁰ *Labour Force Survey* (Office for National Statistics, 2015).

¹¹ *Inequalities in Social Capital by Age and Sex* (Office for National Statistics, 2015).

¹² *Communications Market Report UK* (Ofcom, 2014).

¹³ *The Bigger Picture* (James Lloyd and Andy Ross, Independent Age and The Strategic Society Centre, 2014).

¹⁴ *Long Term Conditions Compendium of Information: Third Edition* (Department of Health, 2012).



Our evidence

Our evidence on the particular barriers older people face when it comes to raising concerns and complaints is from the following sources:

National survey with the UK population

Earlier in the year we undertook a national survey with 4,263 people. The survey explored experiences and perceptions of complaining about the NHS in England and some UK public services. The survey included responses from 689 individuals over the age of 65¹⁵.

We have used evidence from the responses of the older people who participated in this survey throughout this report.

Talking to older people and their carers

Earlier this year we worked with a national charity, Independent Age,¹⁶ to organise three focus groups across the country with older people and their carers. We asked people about their experiences of raising concerns when they felt that something had gone wrong, and what they felt were the main obstacles to raising a concern or a complaint.

The focus groups took place in London (Notting Hill), Manchester (Eccles) and the South Coast (Poole), and a total of 35 older people and their carers came to the groups. The majority of people were over the age of 65, although some carers were younger.

Our case work

We have also included a number of case studies about complaints we have investigated.

Information from our casework is inevitably based on those people who have been able to complain about an organisation, and who felt able to take their complaint further when they were dissatisfied with the response they received. Nevertheless, the cases we have included do help to illustrate the kinds of issues older people experience when dealing with the health and social care sector.

¹⁵ *What people think about complaining*, online survey commissioned by the Parliamentary and Health Service Ombudsman and carried out by YouGov Plc. Total sample size was 4,263 adults. Fieldwork was undertaken between 1-7 April 2015.

¹⁶ Independent Age is a national charity that supports older people with free advice and information on health and social care, as well as offering volunteer befriending services.



‘Where do I go?’

Arguably the biggest barrier preventing older people from making a complaint is knowing how to complain and who to complain to.

Data from the national survey shows how among those aged 65 and over, 1 in 10 said that they wouldn't know where to go for information on how to raise a complaint about an organisation that provided a public service, such as the NHS. Among those aged 75 and over, this figure rises to 18%. When it comes to taking the matter further, if they were not happy with how an organisation has dealt with a complaint, 15% of those aged 65 and over wouldn't know where to go. This rises to 26% among the over 75s only.

Specific rights on complaining about an NHS service are set out in *The NHS Constitution*, but awareness of these basic entitlements remains fairly low. Research by the Department of Health highlights how the majority (76%) of the general public are unaware of *The NHS Constitution* even among NHS staff, 31% are unaware of it.¹⁷

What have we seen?

The older people and carers we spoke to told us how their awareness of how to go about complaining was low, and how they are told by organisations that provide health and social care to use communication channels that are unfamiliar to them.

‘The problem is that when people have a problem they don't know where to go; they are referred to a computer which they don't have; they are referred to a library which is too far away to get to...[and] they wouldn't know what to do anyway.’ (Manchester focus group participant, carer).

Organisations are increasingly providing information on how to raise concerns and complaints online, often in direct response to increasing expectations and demand among people who use public services. In 2010-11 only 16% of complainants found out about our service via an internet search, by 2014-15 this figure had risen to over a quarter (26%).

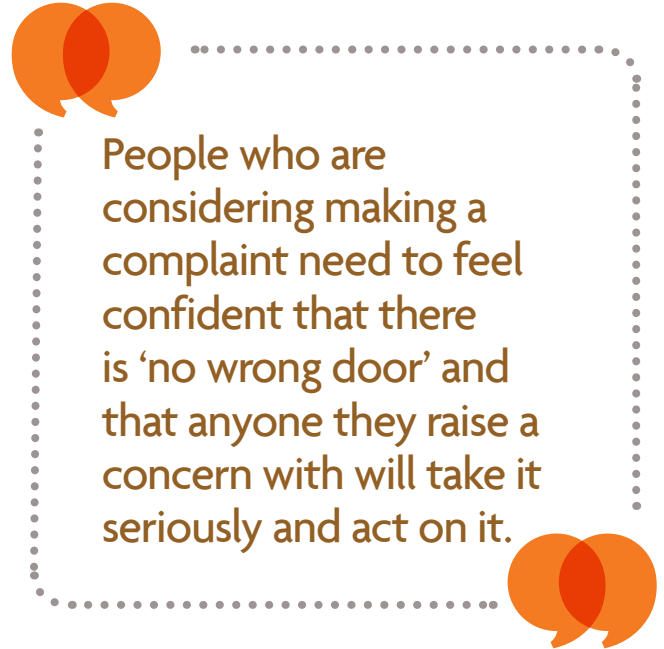
¹⁷ Report on the effects of *The NHS Constitution* (Department of Health, 2015).



However, there are big disparities between the different age groups. Among those aged 75 and over, just 17% found out about our service online, compared to 27% among all other age groups. As organisations increasingly provide information and guidance to people who use their service online, there is a danger that some older people can be left behind.

'They will say to you "email me" but older people don't have a computer... I don't want to use a computer.' (Poole focus group participant)

The care that many people receive can often straddle the boundary between healthcare and social care and this can make it even more confusing for people to know where to direct their complaint, particularly if care is being delivered by lots of different people. The problem of knowing where to go is compounded for older people when it is not immediately clear who is responsible for the care they receive, and therefore for dealing with their complaint. In this context, people who are considering making a complaint need to feel confident that there is 'no wrong door' and that anyone they raise a concern with will take it seriously and act on it.



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One focus group participant's story

The following example from the Poole focus group describes the difficulties faced by a daughter and mother looking to complain about the care received by their father and husband within his home following a stroke:

'[After] having a big stroke my father was in the stroke unit at hospital. He was still compos mentis... [but] was experiencing some difficulties but wanted the rest of his life to be dignified [and spent at home]. The Trust arranged for him to have care at home delivered 24/7, and social services would specially adapt his bedroom including a hoist to get him in and out of bed. [At first] we were happy with this but


then [things] started to go wrong. There were up to 80 different care workers coming in to look after my father. He was given painful treatments and you could hear him moaning. People came in and treated my father as if he were a vegetable. [On one occasion] he was left dangling by his legs. We found him in bed with no sheets just a blanket covering him. They said, "they couldn't find any sheets..."

At this point they decided to complain:

'We went to the hospital but they said it was the [organisation that provided the care] responsible. They said that the council was funding it but [the council] told us to go to the care provider directly. In the end we said we could go to the [local] press... but they didn't like this. They threatened

that they would withdraw the funding. They said he could end up in a care home that was "under investigation". They said there were no other care providers who [would take him on]. My mother kept on at them and they said, "well, he was only supposed to live for a month..."





‘I don’t want to make a fuss and worry what will happen if I do’

Among those aged 65 and over who had experienced a problem with the NHS or another public service but not complained, over half (56%) indicated that they would be worried about the impact that complaining about an organisation might have on the way they were treated in the future.

Older people are sometimes stereotypically described as having a ‘mustn’t grumble’ mindset and approach to life. While this is a generalisation, we have seen that older people can under-report poor service or downplay the difficulties they experience in later life.

Although the general increase in complaints about health care services in England might suggest that people are more willing to challenge professionals, older people are one section of the population who can still sometimes be less confident and won’t always push for what they need¹⁸. More worrying still, there is evidence that older people can prove even more reluctant to complain when they believe they are going to need a service again¹⁹.

What have we seen?

This is supported by the comments from a number of older people we spoke to directly, who described their concerns that complaining would see them singled out, especially if they were based in a care setting and relied on the organisation for ongoing care:

‘If you complain in a ward it’s a case of the staff saying “that’s the one who complains over there in the corner”’
(Manchester focus group participant, carer).

This can also be an issue that we see in our casework. The following case summary is based on a joint investigation by us and the LGO. It concerns a complaint made by Mrs A about the care her father received. Mrs A highlighted her concerns about complaining about the organisation that provided the social care while her father was still in its care.

¹⁸ *Barriers to Choice: A review of public services* (David Boyle, Cabinet Office).

¹⁹ *Waiting for Change* (Charlotte Potter, Age UK, 2009).



Mrs A's story

Trust's poor communication and council's failure to make appropriate sick leave arrangements led to anxiety and distress

Mrs A complained that her father, Mr B, suffered heart failure because he was not given enough of his medication. She also said that her father's discharge from hospital after his readmission was delayed because of faults by the council.

What happened

Mr B went to hospital after he fell at home. During this time, his condition deteriorated. Mr B did not take his regular medication for fluid retention, which was restarted five days later at a lower dose than usual. Mr B developed fluid on the lungs as a result of his heart condition, and was treated for a chest infection. His condition improved and he was discharged home the following month. There was some confusion in how paperwork was sent from the Trust to a social worker, especially when the social worker was absent on sick leave. The next day he was readmitted to hospital where he suffered a heart attack. He was discharged home again the next month.

As Mr B was too unwell to complain, his daughter, Mrs A, complained to us on his behalf. Because the complaint concerned the actions of a local authority – which provided Mr B's social care – as well as an NHS organisation, we asked whether the complaint could be shared with the Local Government Ombudsman (LGO). Mrs A was reluctant for the investigation to cover social services and initially asked us not to investigate its actions unless '*absolutely necessary*', as her father was still under its

care. We agreed to make the LGO aware of the complaint to see if a joint investigation was necessary. Sadly, Mr B died shortly afterwards.

What we found

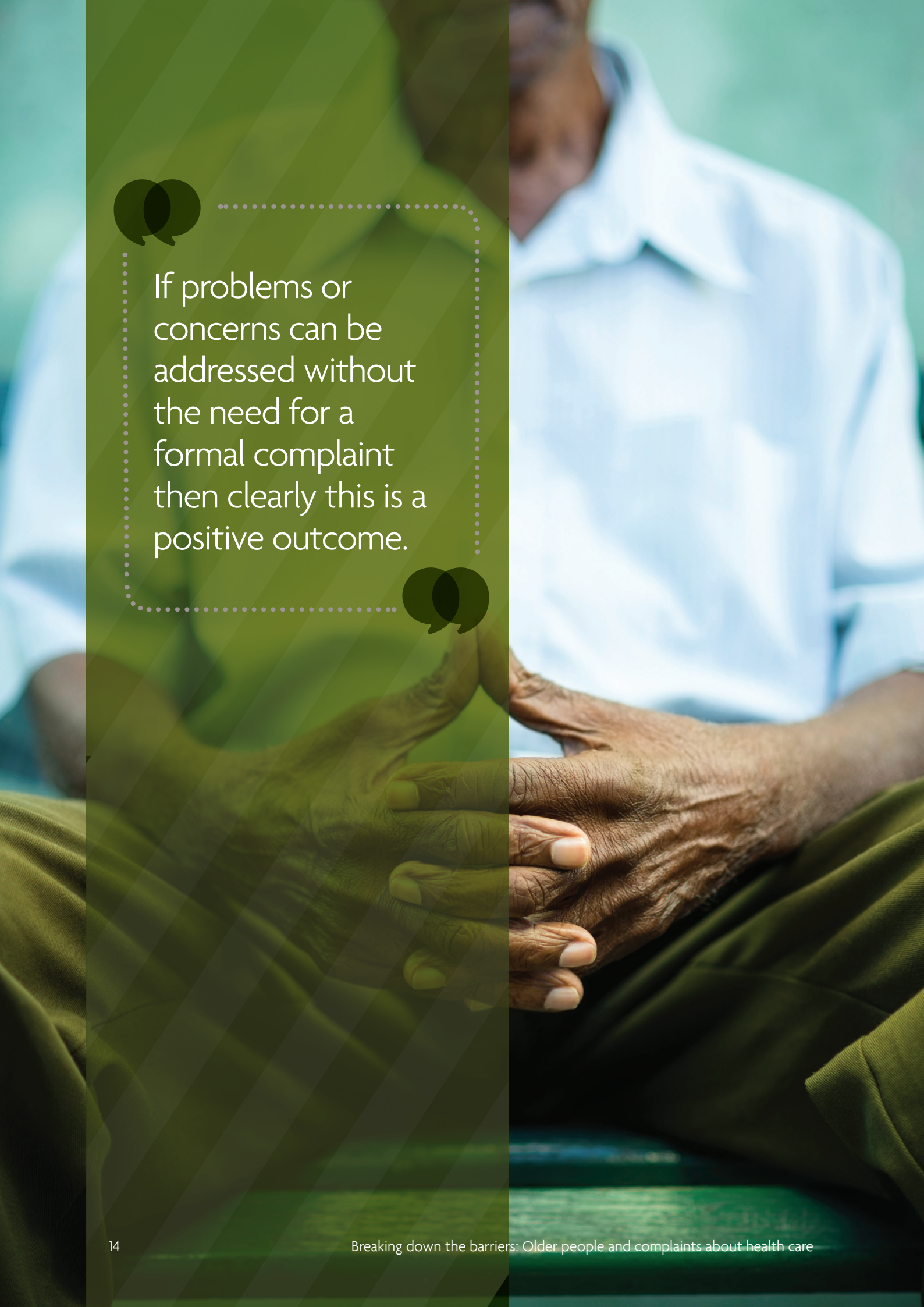
We partly upheld Mrs A's complaint, which we investigated jointly with the LGO. There was fault in the initial hospital care given to Mr B, but the Trust had put things right. We found fault in the Trust's communication with Mr B's family, which led to anxiety and distress, and also in the way the complaint was handled. The council failed to make sure alternative arrangements and contacts were in place when the social worker working on Mr B's case was absent from work.

Putting it right

The Trust wrote to Mrs A to acknowledge and to apologise for the anxiety and distress it had caused. It also drew up plans to address the faults found and reassured Mrs A that it would use the lessons learned to improve its service for future patients.

The council agreed to apologise to Mrs A for the delay responding to her original complaint and for not updating the absent social worker's voicemail. It also agreed to make sure systems were in place to effectively manage the caseloads and telephone messages for absent social workers.



The background of the page is a photograph of an elderly person's hands being held by a healthcare professional. The person's hands are wrinkled and aged, while the healthcare professional's hands are smoother. They are both wearing light blue medical scrubs. The image is partially covered by a dark green overlay on the left side, which contains the text.

If problems or concerns can be addressed without the need for a formal complaint then clearly this is a positive outcome.



There can be reluctance among older people to complain, particularly if they feel they may be getting an individual into trouble:

'[Older people] don't want to cause trouble; they might be upset but they don't want to cause a fuss. But if they could just talk to someone, if they had someone to share it with so it could just be put right. But to actually complain [formally] that is a big step.' (Manchester focus group participant, carer).

'Older people have been brought to feel that if it is a person in authority or someone with qualifications you don't query it. The last thing that older people want to do is complain. It's [not] in you, you haven't been brought up like that.' (Manchester focus group participant, older person).

If problems or concerns can be addressed without the need for a formal complaint then clearly this is a positive outcome. Informally raising concerns to staff is often the easiest and quickest way to resolve issues. One older couple discussed the advantage of being able to talk through things informally with their doctor:

'It's just about who you get. When we speak to our doctor he is so good because he will listen and [be patient]... but if you are in the hospital well that's not something that's available.' (London focus group participant, older person)

However, it is important that older people feel able to make a formal complaint if necessary:


'To actually get as far as filling out [the formal] form...you would probably think, 'well, perhaps it was just that nurse, perhaps she has just had a bad day'' (Manchester focus group participant, older person).

'I think [some of those delivering public services] rely on our age group not to complain, there is an [acceptance] among older people sometimes.' (Poole focus group participant, older person).

This example from an older lady in the Poole focus group, highlights the reluctance to complain amongst certain older people, even when a problem is having an ongoing impact on their quality of life. She felt that little would change if she did complain and didn't want to cause a fuss. As a result, she ultimately decided not to complain.

'I went to a private clinic for an NHS cataracts operation... It went wrong and I lost the sight in my eye... It had quite a big impact on me; I don't feel I can drive anymore so a bit of my [independence] has gone. I had to have lots of follow up at the hospital, they were shocked.

'I did request some of the notes from the operation but I didn't complain... I just thought it would be too much hassle; I didn't want a fuss... I wasn't expecting to get anything from it.'



‘I’m not sure what difference it would make’

Of those aged 65 and over who had made a complaint to the NHS or another public service in the past 12 months, 40% felt it made (or would make) no difference.

Older people can lack confidence in the complaints system. This lack of confidence can have an impact on individuals’ views on the value of complaining. While some older people who receive a poor service will feel determined to make a complaint, over time people can become fatalistic or feel resigned that the service they have always been used to is the one they have to accept.

What have we seen?

Data from our national survey shows that 76% of the UK population aged 65 and over had used an NHS service in the past 12 months. Of these, 14% indicated there was something they were unhappy with when using these services. Of those older people who indicated they were unhappy with an NHS or another public service, only half went on to complain. Among those older people who didn’t complain, our survey shows how 32% of those aged 65 and over felt that complaining would not make a difference.

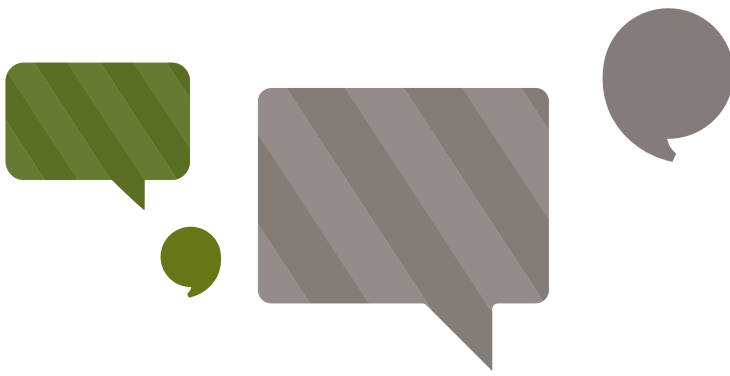
Across the three focus groups, participants were generally positive about the NHS and care services they have used, and felt that on the whole the health and social care system delivered an excellent service in often difficult circumstances.

Nevertheless, we also heard about a number of negative experiences. Dissapointingly, among many of the older people we spoke to, there was a prevailing sense that making a formal complaint when something goes wrong wasn’t worth the time or effort:

‘There is no point [complaining about somebody being rude].’ (Manchester focus group participant, older person).

‘Fill in this form, speak to that person, it’s such a faff.’ (London focus group participant, older person).

‘I know it is probably something to be doing, but you have other priorities.’ (Poole focus group participant, older person).



We asked older people about the factors which would encourage them to complain, to better understand how we can increase the likelihood of them raising concerns when something is not right. As well as an overall focus on getting their problem solved, there was also a desire to see that the issues that affected them, did not affect other people in the future:

'When I think about what I would like to complain about, my problem has gone, it's happened. So what I want now is an explanation of why it happened, I want to know what went wrong... and make sure it doesn't happen to anyone else.'
(Manchester focus group participant, older person).

This puts an emphasis on organisations that provide care services, and those that handle complaints like ourselves to highlight the positive impact that complaining can have, not just on the individuals involved, but also for other people who may find themselves in a similar position.

The recommendations we make at the end of an investigation not only focus on putting right the individual's complaint but, where we recognise that others may be affected by the same situation, we can recommend changes to ongoing procedures and practice. This means that one complaint can often improve the experience of others who use the service, now and in the future.

The following case that we investigated highlights the positive difference that one complaint can have on many people.



Among many of the older people we spoke to there was a prevailing sense that making a formal complaint when something goes wrong wasn't worth the time or effort.





Mr F's story

Remedying individual injustice; improving the experience of others

Miss D complained about the care provided to her father in 2010, and the way the Trust dealt with her complaint.

What happened

Miss D's father, Mr F, was admitted to hospital for a routine bladder operation. He developed an infection and died around a week later. Miss D complained to the Trust about the care her father received after his operation. It responded to say there had been problems with the nursing staffing levels at the time but it now had a new system to monitor staffing.

Miss D was not satisfied with this response and pursued her complaint. There were serious delays in responding to her. In a meeting with Miss D, the Trust acknowledged that the nursing care had been poor, leading to a missed opportunity to recognise the deterioration in her father's condition sooner. The Trust explained that it had made improvements to its care and complaint handling since.

Miss D brought her complaint to us because she was not satisfied that the Trust had done enough to put right the failings in the care or the complaint handling.

What we found

The Trust failed to monitor Mr F's condition and did not give him the nursing care

he needed. It could have identified the deterioration in his condition sooner and treated his infection sooner. Because the infection was very severe, there was a 70% to 80% probability that Mr F would have died even if the care had been provided as it should have been. But an opportunity was missed to save his life.

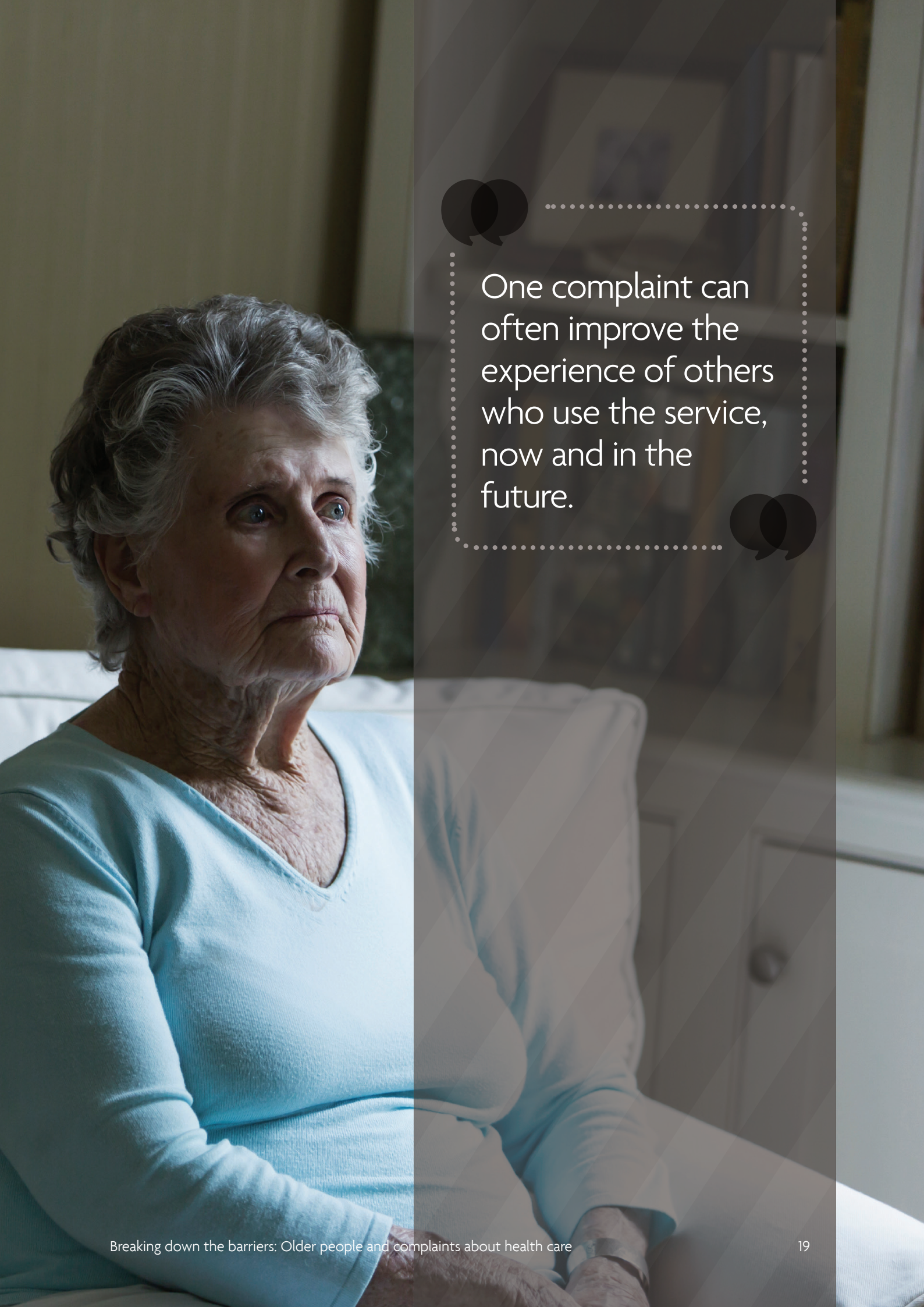
The Trust also missed the opportunity to learn lessons from Miss D's complaint. However, it had made substantial improvements to both the care and the complaint handling since, which should prevent the same thing from happening to other people.

Putting it right

The Trust wrote to Miss D to acknowledge the failings we found and apologise for them. It also explained how it would make sure that it learnt lessons from complaints. As a result, the backlog of customer complaints has now been resolved and changes have been made to ensure the complaints process is better managed, and complaints are resolved faster.

The Trust also paid her £1,500 in recognition of the effect of its failings on her.





One complaint can often improve the experience of others who use the service, now and in the future.



‘I would need support’

Among those older people who have complained about the NHS or another public service in the past 12 months, only around a quarter (28%) could recall being offered support to make their complaint.

Like many, older people will not always feel confident about how to go about making a complaint. Some older people will need support with the process, especially where it requires gathering documentary evidence or filling in a long form. Where an older person has undergone a stressful experience or they are still receiving the care they have concerns about, they may need additional support and encouragement to make a complaint.

Older people who are receiving care in a hospital setting, or indeed from a GP, may feel reluctant to complain and will not always go on to make a complaint without the intervention of a family member, friend or advocacy group.

What have we seen?

The national survey shows how a significant number of older people would not feel confident about making a complaint. Among those aged 65 and over who had not complained about the NHS or another public service organisation, 14% indicated they would lack the confidence to do so.

For potentially vulnerable older people, who may lack the social support networks to help them complain, an absence of offered support can have a particularly detrimental impact on their ability to make a complaint.

The focus group discussions with older people highlighted how many vulnerable older people were strongly reliant on support from friends, family and advocacy or advice groups when it came to complaining, particularly if they were suffering from long term health problems. Working with advocacy and advice groups to share information on complaining was seen to be a worthwhile approach.



'How about if Age UK and Independent Age, if they both correspond with you [the Ombudsman]...those are the sort of people who would give us notices...' (Poole focus group participant, older person)

'Leaflets would be really useful. They would keep people to the facts [when they make a complaint]. We tend to go into the story but they [health and care services managing complaints] are just interested in the facts.' (Poole focus group participant, older person).

The fact that complaining was seen to be a complex, drawn out process, added to the feeling that, without the support of friends, family or an advocate, many older people would not consider complaining.

'My mum wouldn't be able to do it, she's in her nineties, she has dementia, without support there would be no chance.' (London focus group participant, carer).

'I think if someone has got a family or something, someone like a daughter who will say 'oh come on, let's push on with this, let us get this sorted'. If you are on your own it's quite different, you do feel more vulnerable.' (London focus group participant, older person).

A number of individuals also mentioned the value of support they had received from within the hospital, from the Patients Advice and Liaison Service (PALS), as well as the value of having access to complaints services:

'I have been into PALS, with a couple of things. There are a couple of ladies who in there who are absolutely fantastic. As long as you are clear and to the point and don't go rambling off on your little stories. [With my problem] they have been absolutely really, really fabulous.' (Poole focus group participant, older person).

Unfortunately in the end, a consistent theme throughout the focus groups remained the bureaucratic hurdles many older people feel they have to overcome to pursue a complaint. The following case summary is about a man who made a complaint to us on behalf of his father, Mr H. Without his son's support there was little chance that Mr H would have raised concerns about the care he received.

For potentially vulnerable older people, who may lack the social support networks to help them complain, an absence of offered support can have a particularly detrimental impact on their ability to make a complaint.





Mr H's story

Multiple failures in nursing care of older patient

Mr H's son complained about the poor nursing care his elderly father suffered during a three-week stay in hospital.

What happened

Mr H spent three weeks in hospital with suspected pneumonia. While he was there he ate and drank very little and developed a pressure ulcer. Despite tests showing he had MRSA, nothing was done about this for almost two weeks. Mr H's son, Mr J, who is a nurse, visited him in hospital and witnessed a nurse giving his father medicine without first checking his identity, and handling his tablets without gloves or first washing her hands.

As Mr H was unable to give consent and would not understand proceedings, Mr J, who had power of attorney, complained on his behalf about the failures in service. He said his father *'had trust in the health service and would not have complained'* but as a healthcare professional, Mr J was upset and distressed by the poor care his father received. Mr J also complained that the Trust's complaint handling was poor, with no one at the Trust motivated to investigate his concerns. He said that the Trust had not fully addressed his complaint, and not responded when it said it would.

What we found

Nurses did not monitor Mr H's eating and drinking properly or give him the support he needed. His pressure ulcer became worse during his time in hospital, and nurses did not seek specialist help with this when they should have done. Staff repeatedly failed to check Mr H's MRSA test results and a nurse did not follow proper procedure when administering his tablets.

The Trust's formal response to Mr J's complaint did not address all of his concerns, was significantly delayed, and was only prompted by our repeated intervention.

Putting it right

The Trust acknowledged and apologised for its failings and put together an action plan to show how it will prevent these failings happening again. Mr J also received £1,000 compensation in recognition of the service failure and poor complaint handling.





Our conclusions and recommendations

It is clear that older people can find it hard to know how to raise a concern or a complaint and feel less confident to push for what they need. We think this is for three reasons; they can lack the confidence and knowledge of how to go about complaining, they worry about the impact complaining might have on their own care and treatment, and they can also lack support.

If people are not proactively invited to give feedback, and supported to raise concerns or complaints, then organisations that provide services across health and social care are missing key opportunities to learn from what they are doing well, and where improvements are needed. Therefore we are recommending two things:

1. Organisations that provide health care services need to make everyone who uses their service aware of how to complain, point them to the support with making a complaint that is available to them, and make clear that their future care will not be compromised if they do complain. Organisations should use *My expectations* to measure how effectively they are doing this, and to understand those areas they need to improve, in order to meet peoples' expectations of what should happen when they raise a complaint.

2. Commissioners of health care services should use *My expectations* as a framework for seeking evidence to determine how well organisations that provide care welcome, listen to and respond to complaints as part of their quality monitoring activity. NHS England has developed toolkits for commissioners of primary care, and acute, community and mental health care services to support them to do this²⁰.

These recommendations should have a positive impact for all people who use health care services, not just older people. However, because of the particular characteristics that older people have, and the particular barriers they face, implementing these changes would have a particular significance for the group most likely to rely on health care services.

²⁰ Assurance of Good Complaints Handling for Primary Care - A toolkit for commissioners.
Assurance of Good Complaints Handling for Acute and Community Care - A toolkit for commissioners.
(NHS England, November 2015).



What we will do

We will work with NHS England to develop a model survey based on the 'I statements' contained within *My expectations*. The survey, which will be available in summer 2016, should support individual organisations that provide health and social care services to measure public satisfaction with their local complaints service. We will continue to work with the organisations that provide NHS services to improve local complaint handling, and provide clear signposting to our service.

Older people often need support in order to complain, yet a large number lack the necessary networks that can provide this. Providing targeted support and information for older people and their carers, via advocacy groups, was something older people and their carers felt was incredibly useful.

We will continue to work with organisations that provide advocacy to raise awareness of our service, and offer targeted information and support to enable people to complain. We are working with those that provide advocacy to streamline our approach to putting people in contact with local support when they first use our service, if they tell us this is something they would like. This is something we will look to introduce by summer 2016.

The creation of a single public ombudsman service should make it easier for older people to complain, by helping to reduce the complexity of the complaint system. Until that happens we will continue to work with the LGO to identify and investigate those complaints that straddle health and social care, to make it as straightforward as possible for older people to bring their complaints to us. We will also continue to raise awareness of our work by publishing information about the cases we resolve which highlight the difference complaining can make.



Providing targeted support and information for older people and their carers, via advocacy groups, was something older people and their carers felt was incredibly useful.



**Parliamentary and Health Service
Ombudsman**

Millbank Tower
Millbank
London SW1P 4QP

Tel: 0345 015 4033

Fax: 0300 061 4000

Email: phso.enquiries@ombudsman.org.uk

www.ombudsman.org.uk

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