



Communities Directorate


Close to Home - An Inquiry into Older People and Human Rights in Home Care (November 2011)



Equality and Human Rights Commission

Self - Assessment


(as at 24.4.12)

Overall Recommendation: To address gaps in the current legal and regulatory framework

Recommendation	Progress (R/A/G)	Supporting Commentary
<p>1. The definition of ‘public function’ under Section 6(3) (b) HRA 1998 should be extended to include the provision of home care by private and voluntary sector organisations, at least when this is publicly arranged. This would bring home care into line with residential care services</p>		<p>Section 6 of the Human Rights Act (HRA) applies to all our services.</p> <p>Under our current contracts Clause 29.5 of the Domiciliary Care Contract 2009, it states that <i>“The Contract will act in respect of any person who receives of requests services under this Contract as if the Provider were a public authority for the purpose of the Human Rights Act 1998”</i>. (NB. Confirmed with Rob Barnett 17.1.12 – clause used is fine)</p> <p>Our contract also notes those current and future obligations under the Human Rights Act 1998 and any codes of practice and guidance issues by the Government and the appropriate enforcement agencies.</p> <p>In practical terms it is extended in the following:</p> <ol style="list-style-type: none"> 1. Quality assurance / monitoring of the services including the new monitoring tool. 2. All Contracts / specifications across Adult Social Care (Domiciliary / Residential and Supported Living services, Sheltered) etc) have clauses that stipulate how each provider must comply with Human Rights Act. Providers are signed up to this. 3. Tenders – Include HRA 4. In addition our new monitoring tool that will be fully operational shortly will be used to measure provider compliance that includes Dignity and Human Rights Act in their own sub headings.
<p>2. As there is no longer an independent regulatory body inspecting or monitoring adult social care commissioning, the oversight framework introduced in October 2010 to uphold standards should be evaluated by government no later than September 2012 to assess its effectiveness in promoting and protecting the human rights of older people receiving home care</p>		<p>No Action Required</p>

<p>3. The government should implement the provisions in the Equality Act 2010 outlawing age discrimination in services and public functions by no later than by April 2012, recognising the adverse impact of age differentiated treatment in social care and the link between negative ageist attitudes and human rights abuses of older people</p>		<ul style="list-style-type: none"> • Reference is made to the Equality Act 2010 in all new contracts /specifications • As part of the review process undertaken by Social Workers, Workers monitor that the services provided to older people do not perpetuate age discrimination. • Quality Assurance (QA) will be writing to all Providers (200+) with a contract variation to ensure contract compliance with the changes in the Equality Act from April 2012. • As part of ensuring contract compliance, QA to request a copy from Providers of their updated Equality Policy which will incorporate the requirements of the Act. <p>Action Point 1: QA Team – To issue a contract variation letter to all Providers and obtain copy of Provider’s Equality Policies.</p>
<p>4. The CQC risk-based approach to the regulation of home care needs to place more reliance of care providers and obtaining the unconstrained voices of service users. We believe it is essential that the CQC inspects each care provider location at least once a year, as proposed by the Care Quality Commission (CQC) itself. These inspections should be complemented by a broad and fully inclusive range of methods of capturing information from users and their representatives – including by capitalising on the intelligence available from Local HealthWatch organisations</p>		<p>To complement CQC Inspections, Halton have planned visits to providers as detailed below and we also undertake monitoring based upon risk :-</p> <ul style="list-style-type: none"> • Nursing Homes : 2 visits per year (however all have had more visits carried out) • Care Homes : 1- 2 visits per year • Domiciliary : 1 visit per year (however most have received 2 – 3 visits) • Supporting People services : 1 per year • Sheltered : 1 per year <p>There is a methodology that describes how HBC monitor the services. If there are safeguarding issues, complaints etc then it may trigger a monitoring visit.</p> <p>We engage with Service Users via face to face consultation, questionnaires, Peer visits, family via annual questionnaires & face to face visits and other Stakeholders e.g. Health care professionals and we encourage advocacy.</p> <p>In terms of the HRA – there is a component that has been included in our recent consultation with service users & their family members. We have managed to collate data in this area for Human Rights.</p> <p>We have received approx 500 responses across domiciliary and residential at the moment. We are awaiting responses back from our other existing services across homeless, Mental Health, Floating Support and Domestic Abuse services.</p> <p>Domiciliary Findings – Human Rights & Dignity</p> <ul style="list-style-type: none"> • 94% feel that the services they receive help them to feel in control of their daily life. • 98% of respondents feel the services they receive allow them to live as independently as

		<p>possible.</p> <ul style="list-style-type: none"> • Dignity - 98% of respondents feel they are treated with dignity and respect by their care workers. <p>Residential Findings – Human Rights & Dignity</p> <ul style="list-style-type: none"> • 97% felt comfortable approaching care home workers with questions and requests and felt family members human rights were considered by care staff at all times. • 93% stated they were very or fairly satisfied with the care they or their family member receive • 92% Family member is offered good variety of food and drink • 8 in 10 thought there were enough activities • 93% care home staff always polite and respectful • 92% strongly agree / family member is encouraged to maintain regular relationships and have regular contact with family and friends
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<p>5. Given that the CQC has no regulatory remit over personal assistants who are not supplied by a care provider, local authorities should develop ways of supporting those who employ their own personal assistants, to ensure older people's human rights are protected. This could include steps such as funding advocacy and advice services and facilitating voluntary registers for personal assistants</p>		<ul style="list-style-type: none"> • Halton has developed 7 guidance booklets to help those who want to employ their own Personal Assistant. For those who need support to do this, then the Direct Payment Officers will work closely with the individual and their family to ensure they have all the relevant information and support available to make the decision to employ their own Personal Assistant. Training for Personal Assistants is available through the Social Care Alliance. • Halton Borough Councils funds a range of advocacy services (see table below). These services are aimed at supporting people through either generic advocacy support or specialist provision. Future developments in relation to advocacy will include the implementation of an advocacy hub that will be formed in conjunction with the inception of the new Healthwatch programme from April 2013.
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	HBC funding	Other funding
Information giving	N/a	N/a
Advice	N/a	N/a
Befriending	£48,402	£55,341 (ACMM)
Short term issue based or crisis Advocacy	£57,366	

		<table border="1"> <tr> <td>Citizen Advocacy</td> <td>£4,680</td> <td></td> </tr> <tr> <td>Advocacy visitors</td> <td></td> <td></td> </tr> <tr> <td>Self-advocacy</td> <td>£42,398</td> <td>£3,238 (HHT)</td> </tr> <tr> <td>Peer Advocacy</td> <td>£12,061</td> <td>£15,198 (PCT)</td> </tr> <tr> <td></td> <td>HBC funding</td> <td>Other funding</td> </tr> <tr> <td>Collective or group advocacy</td> <td>£35,096</td> <td>£3,040 (PCT) £3,238 (HHT)</td> </tr> <tr> <td>Professional advocacy</td> <td>£124,702</td> <td>£3,040 (PCT) £20,000 (HHT)</td> </tr> <tr> <td>Independent Mental Capacity advocates (IMCA)</td> <td>£18,314</td> <td></td> </tr> <tr> <td>Independent Mental Health Advocates (IMHA)</td> <td></td> <td>£29,352 (PCT)</td> </tr> <tr> <td>Independent Domestic Violence Advisors (IDVA)</td> <td>£27,000</td> <td></td> </tr> <tr> <td>Independent Sexual Violence Advisors (ISVA)</td> <td>£20,552</td> <td></td> </tr> <tr> <td>TOTAL</td> <td>£390,571</td> <td>£132,447</td> </tr> </table>	Citizen Advocacy	£4,680		Advocacy visitors			Self-advocacy	£42,398	£3,238 (HHT)	Peer Advocacy	£12,061	£15,198 (PCT)		HBC funding	Other funding	Collective or group advocacy	£35,096	£3,040 (PCT) £3,238 (HHT)	Professional advocacy	£124,702	£3,040 (PCT) £20,000 (HHT)	Independent Mental Capacity advocates (IMCA)	£18,314		Independent Mental Health Advocates (IMHA)		£29,352 (PCT)	Independent Domestic Violence Advisors (IDVA)	£27,000		Independent Sexual Violence Advisors (ISVA)	£20,552		TOTAL	£390,571	£132,447
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Action Point 2 : Commissioning Team – Development and implementation of an Advocacy Hub as outlined above.



6. The Law Commission’s proposal for a single statutory scheme for adult social care, an approach that we broadly support, should be implemented as soon as parliamentary time is available. The new statute should be expressly underpinned by human rights principles, putting social care on the same footing as NHS services		No Action Required
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7. In fulfilling its commitment to implement the Law Commission’s recommendation that adult		<ul style="list-style-type: none"> Halton’s present and historical arrangement for investigation of abuse allegations, concerns and disclosures is that if they are:
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<p>safeguarding boards be placed on a statutory footing and led by local authorities, the government should ensure that there are clear lines of accountability when agencies other than local authorities conduct investigations. As part of this legislative change, consideration should also be given to strengthening and broadening the role of Directors of Adult Social Services in relation to adults not receiving publically funded community care services who may be at risk of harm</p>	<p style="text-align: center;"></p> <p style="text-align: center;"></p>	<p>(i) About matters occurring in any setting other than a hospital, the local authority takes the lead in coordinating the investigative process (although others e.g. Police might lead the investigation)</p> <p>(ii) About matters occurring in hospital, the NHS Trust investigates. Only if it were classed as a Serious Untoward Incident would the local authority (and other partners represented on the Safeguarding Adults Board and Quality & Performance sub-group) get to know anything about the individual case.</p> <p>There are some issues that have been highlighted with the current process and these need to be resolved.</p> <p>Action Point 3 : Divisional Manager (Independent Living) - Establish a short term 'Task and Finish' group (to include members from HBC and local NHS Trusts) to :-</p> <ul style="list-style-type: none">○ Review the current arrangements; and○ Consider the position regarding a local private hospital (The Priory) <ul style="list-style-type: none">• The Council is in the process of establishing an Adult's Safeguarding Unit. The Unit will lead on adults safeguarding and dignity work across the Health and Social care Economy and will provide a model which efficient, flexible and responsive service to the local population. <p>Action Point 4: Establishment of an Adults Safeguarding Unit for Halton</p> <ul style="list-style-type: none">• Our local inter-agency Safeguarding Adults policy states the following: "People who fully fund their own care and support whether in a care home or other setting within the community, will be fully supported by these Safeguarding Adults Procedures." <p>We also see evidence of people who self-fund receiving a safeguarding service as we record this data.</p>
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Overall Recommendation: To address the lack of awareness among local authorities about what human rights obligations mean in practice



Recommendation	Progress (R/A/G)	Supporting Commentary
<p>8. Local authorities should mainstream human rights into their decision-making processes and business plans to ensure compliance with the HRA, including their positive obligations to promote and protect human rights. Human rights considerations should be at the centre of assessment, procurement and commissioning of home care, for example incorporating human rights requirements into care provider service specifications</p>		<ul style="list-style-type: none"> Halton stipulates that the Equality Act 2010 and Human Rights Act are complied with in all new tenders /contracts & specifications, contract monitoring & consultation documents. There are also regular discussions with existing providers on how this can be practically applied to existing or new services.
<p>9. Before October 2012 local authorities should review their policies and practice in the light of this inquiry's findings as to the causes of potential breaches of human rights in home care. As a minimum this should include examination of the following:</p> <ul style="list-style-type: none"> the effectiveness of systems to overcome barriers that older people experience in raising concerns or making complaints the design and operation of Resource Allocation Systems with a view to identifying and removing any age-related bias that may exist the extent to which differential treatment linked to age is present in care planning and support for community participation whether the diverse needs of older people are being met through commissioning practices the extent to which their commissioning supports the delivery of care by a 		<ul style="list-style-type: none"> Since Feb '10 we have held three Dignity Matters events to promote the work in progress to embed dignity and improve people's care experiences which is taking place across the multi-agencies. These events have allowed local residents including older and vulnerable people to feedback their concerns and work in partnership with both health and social care organisations to overcome barriers. Widespread publicity of a multi-agency Complaints Contact List has taken place to provide people with contact details to support systems in place. <div style="text-align: center;">  <p>Multi-Agency Concerns & Complaints</p> </div> <p>The 'Help Us, Help You' campaign was launched November 2011 to facilitate a less formal approach in raising concerns or complaints. Also, Complaints and advocacy awareness sessions are being developed as another means of support.</p> <ul style="list-style-type: none"> Halton has introduced generic policies and procedures connected with Self Directed Support including the Resource Allocation system and as such this removes any sort of age related bias in terms of care planning etc. The existing contracts for homecare, domiciliary care, residential care all cover in depth the extent of required training to ensure that the workforce is sufficiently qualified and equipped

<p>sufficiently skilled, supported and trained workforce.</p>		<p>to deliver the required quality of service. The list of training is available through all relevant contracts and will be reviewed as part of the contract renegotiation for April 2013.</p> <ul style="list-style-type: none"> Action Plans from the Dignity Matters events highlighted the range of dignity-related training being provided across the multi-agencies. A new Dignity e-learning programme has been developed with the first module launched December 2011 – Basic Awareness. The programme specifically incorporates Human Rights, modules 2 and 3 are to be launched Feb/Mar '12.  <p>Dignity E-Learning Programme Sept '11.c</p>
<p>10. The Ministry of Justice, the Department for Communities and Local Government and the Department of Health should collaborate on producing guidance for local authorities on their duties under the HRA, including their positive obligations to promote and protect human rights, to provide a framework for operating more responsively to the needs of their communities when the Localism Bill is brought into force</p>		<p>No Action Required</p>
<p>11. To enhance the leadership of local authority elected members, training and guidance should be provided on using their scrutiny function and their roles on Health and Wellbeing Boards to maximise the promotion and protection of the human rights of older people</p>		<ul style="list-style-type: none"> Several Elected Members have undertaken Safeguarding Adults training, sessions have also been run with Elected Members regarding developing services for Older People and 'Aging Well'. Members of the Health Policy & Performance Board have been involved in scrutiny reviews relating to Safeguarding and Dignity over the past 2/3 years. Quality Assurance are about to start a training programme for Elected Members who are undertaking visits to services. As part of the visits the Elected Members will be carrying out consultation with service users. Some of these questions will focus on Human Rights and Dignity. Training will focus on the documentation they will be using and on the specific areas they should be focussing on but specifically on the guidance and protection of Human Rights

		<p>of older people.</p> <p>Action Point 5 : QA Team - To commence training programme for elected Members as outlined above.</p>
12. Through their guidance and training to HealthWatch Local organisations, HealthWatch England should adopt a proactive role in disseminating understanding of obligations under the HRA and the value of a human rights approach to home care		No Action Required
13. To ensure maximum human rights protection, consideration should be given to incorporating HRA obligations into local authorities' contracts with providers, to include clauses giving service users 'third party' rights to challenge the care provider for any breach of their human rights for which the care provider is directly responsible		<p>The contract doesn't stipulate 3rd Party rights to challenge the care provider for any breach of their human rights for which the care home is directly responsible – BUT it does include: <i>The Provider will act in respect of any person who receives or requests services under this Contract as if the Provider were a public authority for the purpose of the Human Rights Act 1998.</i></p> <p>NB. Rob Barnet has concluded that this clause is acceptable</p>
14. Commissioning practice needs to balance allocation of resources against assessed home care needs that must be met, to ensure contracted providers can pay at least the National Minimum Wage to care workers, including payment for time spent travelling		<ul style="list-style-type: none"> • National Minimum wage is £6.08. • The Carers are paid £6.40 - £7.20. Travel time is included in our fee, we don't include payment for travel as an additional payment. • During the last Tender (Domiciliary), Halton implemented a scoring matrix and gave more points to Providers with good pay and conditions for their staff. This was an important factor before giving contracts to providers.
15. The Commission will work with the Association of Directors of Adult Social Services to produce voluntary national standards and guidance for elected local authority members and local authority officers with responsibility for commissioning home care or assessing home care needs (a) on their obligations under the		No Action Required




HRA, including positive human rights obligations, and (b) on the value of applying a human rights approach to home care services.		
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Overall Recommendation: To address the lack of awareness about human rights and care entitlements amongst older people and their families

Recommendation	Progress (R/A/G)	Supporting Commentary
<p>16. Much more consumer information should be compiled and made accessible about the quality of care providers and their specialist areas to enable home care users to make an informed choice, including by means of:</p> <ul style="list-style-type: none"> the development of in-depth provider profiles on the CQC website support for a consumer feedback website steps by local authorities to draw together and provide relevant information on care providers in their area increased information sharing between the Local Government Ombudsman, local authorities and providers. 		<ul style="list-style-type: none"> The My Life portal is a directory of services across HBC. http://halton.olminfoserve.co.uk/home/rascontentonly.aspx The 'Help Us, Help You' campaign was launched November 2011 to facilitate a less formal approach in raising concerns or complaints. Also, Complaints and advocacy awareness sessions are being developed as another means of support. HBC regularly meet with CQC, other local authorities and Providers around information sharing. <p>Action Point 6 : Information Team – To complement on line information, co-ordinate the production of a directory of services to support people in their choice of provider.</p>
<p>17. We welcome the steps being taken by the Social Care Institute for Excellence, Skills for Care, National Centre for Independent Living, Social Care Association and others to develop tools such as voluntary personal assistant (PA) registers in order to support those older people using direct payments looking for a better understanding of the workforce. However, in order that older people can, if they choose, benefit from the greater autonomy inherent in personalised home care, an increased focus is needed by government and local authorities on developing advocacy, guidance and brokerage</p>		<ul style="list-style-type: none"> Support and information is provided to those who wish to access the Northwest Personal Assistant Register and support is given to PA's who want to register their CV for potential employers to select. Halton host support group meetings on a quarterly basis for those in receipt of a Direct Payment – providing speakers on Employment Law, HMRC, Training Requirements, Managing your Direct Payment. See reference made in section 5 regarding advocacy services provided, along with the development of an advocacy 'hub'. In addition to the development of the 'Hub' work will be progressed to develop the local Age UK Information provision service into an advocacy service for Older People.

schemes.		Action Point 7 : Commissioning Team – Development of advocacy services for Older People, as outlined above.
18. The Commission will work with stakeholders including UKHCA to produce guidance for older people and their families about how their human rights should be protected in home care, however funded, and what to do if those rights are at risk – including the option of legal redress as a last resort.		No Action Required However some of our providers belong to the UK Home Care Association. This gives them guidance and templates that they can use.

Overall Recommendation: To ensure there are better arrangements in place to detect threats to human rights in home care

Recommendation	Progress (R/A/G)	Supporting Commentary
19. The CQC, local authorities and providers should develop more flexible ways of ensuring systems for exchanging information are designed to detect threats to human rights, including through the CQC and ADASS protocol		<ul style="list-style-type: none"> • North West Sharing Protocol is in place – All Authorities share concerns of contractual breaches/ suspensions etc. • The Divisional Manager and QA Manager meet quarterly with CQC to share information. This raises any queries or concerns. • We also share information with Halton & St Helens PCT.
20. The Local Government Ombudsman should take steps to increase public awareness of their role to investigate complaints about home care from self-funders		<p>Halton don't do anything locally to promote that the Ombudsman can investigate complaints about providers from self-funders.</p> <p>Action Point 8 : Complaints Team - Put a link on HBC's website to http://www.lgo.org.uk/news/2010/oct/new-complaints-service-self-funded-adult-social-care/</p>
21. The CQC should take steps to ensure maximum awareness by care workers of the protection available to whistleblowers under the Public Interest Disclosure Act, and the CQC's own role in responding to whistle blowing alerts		<ul style="list-style-type: none"> • CQC have just introduced a Whistleblowing Quick Guide, this alongside the NHS and Social Care Whistleblowing Helpline has been issued via email to all members of Halton Dignity Champions' Network and also all Halton providers – Domiciliary, Residential, Supporting People and Sheltered Accommodation to promote and raise their awareness. Whistleblowing is included in the Dignity E-learning and Safeguarding training. Whistleblowing policies are in place across multi-agencies. • Our 'Safeguarding Adults – Inter-agency Policy, Procedures & Guidance' in its section on the

<p>22. To ensure that threats to human rights are detected as early as possible, the CQC should take all available steps to facilitate feedback by any reasonable means from older people, their families and others. CQC should ensure that such intelligence is fed into their compliance monitoring and early warning risk assessments and acted upon where risks to human rights are indicated</p>		<p>Legislative Framework contains information on the Public Interest Disclosure Act.</p> <ul style="list-style-type: none"> • CQC will also alert Quality Assurance if they have received complaints, concerns or have had a visit that highlighted issues in any of the areas detailed. Halton reciprocate this arrangement with CQC if there are any alerts, triggers or concerns. • Also we alert the Social Work team and the host authority if they are from out of borough. • The 'Help Us, Help You' campaign was launched November 2011 to facilitate a less formal approach in raising concerns or complaints. Also, Complaints and advocacy awareness sessions are being developed as another means of support. <p style="text-align: center;">  Help us Help You.doc </p>
<p>23. With support from the Social Care Institute for Excellence and other organisations such as UKHCA, home care providers should share good practice that embraces a human rights approach to home care for older people</p>		<p>Providers have many opportunities where good practice can be shared e.g. quarterly provider forums for both residential and home care providers, steering groups and they attend conferences/training.</p> <p>For example during 2010, Dignity Training sessions were held by the Dignity Co-ordinator with all providers.</p>

Overall Recommendation: To address the status of home care workers

Recommendation	Progress (R/A/G)	Supporting Commentary
<p>24. Skills for Care, the National Care Forum, the UKHCA, the Social Care Association, the English Community Care Association, the Health Professions Council, trade unions and other partners should work together to consider what steps will best enhance the status and skills of care workers, particularly those related to promoting and protecting human rights</p>		<p>No Action Required</p>
<p>25. The Commission strongly endorses the</p>		<ul style="list-style-type: none"> • In the Domiciliary care tenders all providers stipulate their own costs.

<p>recommendation of the Low Pay Commission that commissioning policies of local authorities should reflect the actual costs of care, including at the very least the National Minimum Wage</p>	<p>?</p>	<ul style="list-style-type: none">• Minimum wages – The Council evaluates wages / hourly rates as part of the tenders for social care. As part of the domiciliary care tender, the providers were measured and awarded points on pay, benefits and terms and conditions. All of Halton’s providers do pay minimum wages and above.• Investigations currently taking place to explore the costs associated with care.
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Action Points

Action Point	Description	Responsible Person	By When	Progress Commentary
1	Issue a contract variation letter to all Providers and obtain copy of Provider's Equality Policies.	Donna Ryan	April 2012	Completed - Letters were sent week commencing 3 rd March 2012
2	Develop and implement Advocacy Hub	Mark Holt	April 2013	Consultation on the development of both the Advocacy Hub and Healthwatch is currently taking place with a range of local forums including the LINKs and Halton Older Peoples Empowerment Network. Once these events are completed the draft specification for the Advocacy Hub will be completed and the service agreed will then go out to tender towards the end of 2012. The new service that will be aligned with Healthwatch will be operational by April 2013.
3	Address current issues associated with current safeguarding processes via a short term multi-agency 'Task and Finish' group	Helen Moir	April 2012	Following meeting of the Group, a proposal is to be presented to the Board with a view to resolving the issues. This proposal to include the addition of the Priority and Northwest Specialist Commissioning to the draft Safeguarding Adults Protocol. Once agreed this can be embedded in the safeguarding procedures.
4	Establish an Adults Safeguarding Unit within the Communities Directorate of Halton Borough Council	Helen Moir	April 2012	Funding received from the NHS Mersey Cluster for 3 posts to develop an integrated safeguarding unit/hub. Principal Manager post has been appointed to and recruitment processes for other posts are being initiated.
5	Training programme to be held for elected Members who are undertaking visits to services.	Donna Ryan	April 2012	Training programme established which is being organised by the Council's Training Department – 15 Councillors are undertaking this training from March – June 2012. NB. Safeguarding, Equality & Diversity, Dignity & Dementia are the initial training that should be carried out. Councillors then have to the option to continue with further training at a later stage.
6	Co-ordinate the production of a directory of services to support people in their choice of provider to complement the information on the My Life Portal	Helen Moir	June 2012	Meeting to take place with Communications and Marketing shortly to review current information and co-ordinate the production of additional information.
7	Ensure that the development of advocacy services for Older People is incorporated into	Mark Holt	April 2013	As well as developing an advocacy hub (see recommendation 5 above) there will be further development of generic advocacy services to

	the work of the Advocacy Hub as outlined in Action Point 3			extend into delivery of citizen and peer advocacy using trained volunteers. This will allow the existing paid services to focus on completion of specialist work that supports the whole system. This will be completed in line with the commissioning of the Advocacy Hub from April 2013.
8	Include a link on HBC's website to the Local Government Ombudsman relating to their role in investigating complaints about providers from self-funders	John Gibbon	March 2012	Information about the LGO role in investigating complaints from self-funders is included on the Adult social care complaints webpage . Information was also included in the Council's "Inside Halton" magazine March 2012 edition which goes to all households in the borough.