

Complaints Policy and Procedure

Legal Reference

1.0 The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Outcome Statement

2.0 Service users or others acting on their behalf:

☐ Are sure that their comments and complaints are listened to and acted on effectively.

☐ Know that they will not be discriminated against for making a complaint.

2.1 This is because we comply with the regulations and will:

☐ Ensure that we have systems in place to deal with comments and complaints, including providing service users with information about that system.

☐ Support service users or others acting on their behalf to make comments and complaints.

☐ Consider fully, respond appropriately and resolve, where possible, any comments and complaints.

2.2 Service users and their representatives are assured that concerns and complaints will be dealt with quickly and sympathetically.

2.3 Staff welcome comments and complaints when the level of service delivered does not meet the needs of the service user or where other concerns and complaints have been identified.

Policy Statement

3.0 We believe that service users, staff and visitors should be provided with a safe environment which embraces all aspects of their life. This includes being assured that on any occasion where the service standard falls below that which could reasonably be expected, there are systems in place to address this.

We are committed to this in relation to the management of comments and complaints by the following.

3.1 Service users and those acting on their behalf can be confident that their comments and complaints are listened to and dealt with effectively because:

☐ There are clear procedures followed in practice, monitored and reviewed, for receiving, handling, considering and responding to comments and complaints, and a named contact who is accountable for doing so.

☐ The complaints process is available, understood and well-publicised, and reflects established principles of good complaint handling. The process will ensure:

a. That the details of the complaint, and the desired outcome, have been properly understood

b. That advice and advocacy support is available to those who wish or need such support

c. That what is required to resolve the complaint, and the likely timescale, is explained.

☐ Investigations are both proportionate and sufficiently thorough.

☐ A documented audit trail of the steps taken and the decisions reached is kept.

☐ Consideration of the complaint is undertaken by staff who are competent to address the issues raised, provide honest explanations that are based on facts and include the reasons for the decisions made.

☐ Whenever possible complaints are reviewed by someone not involved in the events leading to the complaint.

☐ Comments and complaints are investigated and resolved to the satisfaction of the person raising the complaint unless:

a. The complaint falls outside the remit of the service providers responsibility

b. The complaint cannot be upheld.

☐ The provider has clear procedures followed in practice, monitored and reviewed for dealing with unreasonably persistent complainants in a Complaints Policy and Procedure

☐ They are informed of the timescales and process that the provider will follow in responding to their complaint and be kept informed of progress.

☐ That they can ask the social services customer care manager to assist them in making a complaint where this applies.

☐ That they can use the company complaint process where their care, treatment and support was funded by the company, whether or not that care, treatment and support was provided in an company facility.

☐ They know the steps they can take if they are not satisfied with the findings or outcome once the complaint has been responded to, and are advised of their right to refer the matter to the next stage of the complaints system, including the Health Service Ombudsman, Local Government Ombudsman or Independent Sector Complaints Adjudication Service, where these options apply.

3.5 We recognise that there is a fine divide between a “grumble”, “a comment” and a “complaint”. Service users and their relatives do not need to make a “formal complaint” for their dissatisfaction to be acted upon.

3.6 All complaints will be acted upon quickly and effectively.

3.7 We recognise that complaints are not personal criticism and will ensure that complaints are seen as an opportunity to improve the level and standard of service provided.

3.8 We will endeavour to resolve all complaints “in house”, but recognise that this may not always be possible. Where a solution cannot be agreed we will ensure that the matter is referred to an independent arbiter for their views.

3.9 The service provider will supply, on request, a written copy of the complaints

procedure to any service user or anyone acting on behalf of a service user.

3.10 We fully support our service users right to refer any complaint, at any stage, to The Care Quality Commission.

The Care Quality Commission can be contacted at:

Address: CQC National Correspondence

Citygate

Gallowgate

Newcastle upon Tyne

NE1 4PA Tel:0300 0616161 Email: enquiries@cqc.org.uk

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Procedure

4.0 The manager is responsible for ensuring that each service user and /or their representatives are aware that there is a complaints procedure.

This should be achieved by:

☐ An inclusion in the Statement of Purpose of the Complaints Procedure.

☐ Notices posted in the office.

☐ Inclusion of complaints analysis in newsletters, meetings and reports

☐ Ensuring that prospective service users are given a copy of the

Complaints Procedure

4.1 The style, content and format of the complaints information should be such that it is easily understood by service users and appropriate to their needs.

4.2 On occasions where an “informal complaint” or “grumble” is received, the manager should ensure that a record of this is made in the Complaints

Register and steps taken to try to resolve the issues raised.

4.3 The manager should seek to resolve informal complaints in a timely and effective manner. Where this does not happen to the satisfaction of the complainant, they should be offered the opportunity to elevate the informal complaint to become a “Formal Complaint”.

Formal Complaints

4.4 Formal complaints should (wherever possible) be made in writing using the Complaint Form or by sending a letter to the manager in which the writer states that they wish to make a complaint.

Complaints may also be made verbally and should be recorded and acted upon as if they were written.

4.5 Where the manager receives a formal complaint or an informal complaint has been elevated to become a formal complaint, the manager must:

- ☐ Make an opening entry in the Complaints Register.
- ☐ Write to the complainant within 7 calendar days to acknowledge the complaint
- ☐ Inform them who the investigating manager will be.
- ☐ Provide an estimation of how long the investigation is likely to take
- ☐ Inform the complainant that they may refer the matter to the Care Quality Commission at any time.

4.6 The complaints process is confidential and the name of any complainant should not be readily identifiable from general entries in registers and logs or from the covers of files and folders.

4.7 Each complaint should be assigned a unique reference number using the information entered into the Complaints Register. This reference number should be used on all documentation that relates to the complaint.

4.8 The manager should create a “Complaint Folder” in which to place all relevant documentation relating to the complaint, complainant and investigation. A label should be placed on the outer cover of the Complaint Folder which

includes the complaint reference number but does not identify the complainant either by name or date of birth etc.

4.9 Each Complaint Folder should only show the following detail on its outer cover:

- ☐ Unique Reference Number (from Complaints Register)
- ☐ The person responsible for investigating the complaint

4.10 The manager is responsible for the thorough investigation of all complaints and should take responsibility for ensuring that investigations undertaken by others are in line with the best practice standards required.

4.11 Wherever possible the investigation should be completed within 28 days of receiving a formal complaint. If the investigation is to exceed this period, the manager should write to the complainant with a revised conclusion date.

4.12 Following the completion of the investigation, the manager should provide the complainant with a written Complaint Investigation Report. This document should identify:

- ☐ The nature of the complaint
- ☐ The actions taken to investigate the complaint
- ☐ The people involved in the investigation
- ☐ The findings of the investigation
- ☐ Conclusion
- ☐ Action plan
- ☐ The appeal process if not satisfied with the outcome
- ☐ The right to take the matter to the Care Quality Commission at any time

4.13 The manager may decide to hold a “close-out” meeting with the complainant to discuss the findings and conclusions in order to determine what may be the best action plan for the future. A record of this meeting should be made and included in the Complaint Folder.

4.14 Where the complainant remains dissatisfied with the outcome of the complaint or any aspect of the complaint handling process, they have the right to refer the matter to the Local Government Ombudsman (LGO). This process has normally been open only to those service users whose care is funded through the local authority. However, from 1st October 2010 the Local Government Ombudsman (LGO) will be able to act on behalf of all service users – including those who fund their own care.

4.15 The manager should be aware of the contact details and address of the LGO and be able to provide these to service users on request.

4.16 The manager is obliged to provide information upon request and service users should be aware that the LGO is totally independent in all cases and acts in an impartial manner at all times.

Summary Of Complaints

4.17 The manager is responsible for ensuring that complete and comprehensive records of all complaints are kept within the company offices.

4.18 The manager is required to make available to the Care Quality a summary of all complaints arising over the previous 12 months.

The presentation and content of this summary should be decided by the manager and agreed with CQC.

The Following Evidence Will Demonstrate That The Required Outcomes Are Being Met And Relevant Standards Achieved

5.0 There should be evidence that:

☐ There is a complaints system in place which is known by service users and staff

☐ Service users have been given a copy of the Complaints procedure

when they commenced receipt of services

- ☐ The complaints system is used by service users
- ☐ Staff are aware that they should use the Grievance Procedure – not the complaints system
- ☐ The provider sees complaints as a positive method of improving services
- ☐ Complaints are managed within stated time scales
- ☐ Service users are aware that they can take their complaint to CQC at any time
- ☐ Contact details for CQC are readily available

Training Required

6.0 Staff should be aware of the following:

- ☐ Induction training should include information about the complaints system used.
- ☐ Ongoing training should be aimed at ensuring staff understand that the complaints system is a positive tool for identifying opportunities for improvement.
- ☐ Complaints should not be seen as criticism, either on a personal level or, criticism of the service in general.
- ☐ What may appear trivial to one person may be seen as a major issue for another.

6.1 Staff should not use the complaints system as a means of raising an issue or as a means of making a complaint. They should instead use Procedure P017 – Disciplinary Process and Grievances.

6.2 Staff need to be aware of those service users whose vision is impaired or are registered as blind in order to ensure that they are supplied with a copy of the complaints procedure in a format which is appropriate to their needs.

Forms And Referenced Documents For This Procedure

7.0 - Complaint Form



7.1 Complaint Investigation Report

7.2 Complaint Register