

Distinguished. World

Complaints (and Compliments) Policy

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| Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 | 16, 17, 20 |
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CQC Single Assessment Framework Topics

Safe Topic Areas:

Learning culture

Safeguarding

Safe and effective staffing

Effective Topic Areas

How staff, teams and services work together

Caring Topic Areas

Independence, choice and control

Responding to people's immediate needs

Responsive Topic Areas:

Listening to and involving people

Well-led Topic Areas:

Freedom to speak up

Governance, management and sustainability

Partnerships and communities

Learning, improvement and innovation

Please see the 'Quality Statements' section for full guidance

Scope

This policy is intended to ensure that complaints are dealt with effectively, in a timely manner and that all complaints or comments by service users, their relatives, carers and advocates, are taken seriously.

It is not designed to apportion blame, to consider the possibility of negligence or to provide compensation; it is not part of the organisation's disciplinary policy. This organisation believes that failure to listen to, or acknowledge, complaints leads to an aggravation of problems, dissatisfaction of the service and possible litigation.

This policy and procedure are provided for the regulated activity of personal care.

Equality Statement

Our organisation is committed to equal rights and the promotion of choice, person centred care and independence. This policy demonstrates our commitment to creating a positive culture of respect for all individuals. The intention is, as required by the Equality Act 2010, to identify, remove or minimise discriminatory practice in the nine named protected characteristics of age, disability, sex, gender reassignment, pregnancy and maternity, race, sexual orientation, religion or belief, and marriage and civil partnership. It is also intended to reflect the Human Rights Act 1998 to promote positive practice and value the diversity of all individuals.

Key Points

- This organisation believes that failure to listen to, or acknowledge, complaints leads to an aggravation of problems, dissatisfaction of service users and possible litigation.
- Failure to listen to and manage complaints effectively can lead to a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the CQC quality statement, 'We make it easy for people to share feedback and ideas or raise complaints about their care, treatment and support. We involve them in decisions about their care and tell them what's changed as a result.'
- This organisation supports the idea that most complaints, if dealt with early, openly and honestly, can be resolved at a local level.
- Our complaints policy is intended to respect and accepts the rights of service users to make complaints and to register comments and concerns about the services received.
- We provide accessible complaints literature for service users, families and other representatives to ensure they understand how they can make a complaint or raise a concern about the service they receive.
- We adopt the five principles of the [National Complaints Managers' Group \(England\), 'Good Practice Guidance for Handling Complaints Concerning Adults and Children Social Care Services.'](#)
- Every written and/or verbal complaint is acknowledged within three working days.
- All complaints are aimed to be investigated within 14 days of being made wherever possible and no later than 28 days for complex or difficult complaints.
- On occasion, due to the complexity of the complaint and/or involvement of external agencies, e.g. the Police, this may be extended. The nominated lead for the complaint within the organisation will keep the complainant informed of any delays and include reasons where possible.
- All complaints will be brought to the attention of the Registered Manager without delay.
- The organisation, through the Registered Manager, audits complaints to identify themes and trends which may be indicative of organisational and safeguarding concerns.
- Compliments are important for learning and should be used to share, celebrate and widely implement best practice.
- We recognise that some service users and family members do not feel comfortable making a complaint. We will consider what actions we must take to resolve any negative feedback including comments, 'grumbles' or concerns. We will ensure we learn from these and keep a record of this feedback to form part of our complaints auditing.

Policy Statement

Our complaints policy is intended to respect and accepts the rights of service users to make complaints and to register comments and concerns about the services received. It further accepts

that they should find it easy to do so. We welcome complaints, seeing them as opportunities to learn, adapt, improve and provide better services.

This organisation supports the idea that most complaints, if dealt with early, openly and honestly, can be resolved at a local level between the complainant and the organisation. The complaints procedure is made available to service users and their families. A copy is always kept in their care and support plan in their homes and available in a format that can be understood by them and meets their communication needs.

The Local Government and Social Care Ombudsman published '[Caring about complaints: lessons from our independent care provider investigations in March 2019](#).' This provides helpful guidance on learning from the themes and trends identified by the ombudsman to help organisations provide the best service possible.

A useful resource, '[Acting on compliments, feedback and complaints about adult social care – a good practice guide for adult social care practitioners](#),' can support adult social care organisations to inform their approach to complaints.

They have identified the following five principles:

- **Principle one:** ensure that the complaints process is accessible.
- **Principle two:** ensure that the complaints process is straightforward for persons using this service and their representatives.
- **Principle three:** ensure that appropriate systems are in place to keep persons using this service informed throughout the complaints process.
- **Principle four:** ensure that the complaints process is resolution focused.
- **Principle five:** ensure that quality assurance processes are in place to enable organisational learning and service improvement from complaints and customer feedback.

The Policy

The organisation is obliged morally, and through its regulatory framework, to effectively manage complaints and to use these to learn, instigate remedial action and ensure continuous improvement.

This organisation aims to ensure that its complaints procedure is properly and effectively implemented and that service users feel confident that their complaints and concerns are listened to and acted upon promptly and fairly.

This includes ensuring:

- The complaints process is accessible.
- The complaints process is straightforward for people and/or their representatives.

- People and/or their representatives are kept updated during the complaint and our processes are solution focused.
- Our quality assurance processes support learning and improvement as a result of complaints and customer feedback.

All staff and managers will be trained in the policy, and how to deal with minor complaints to the satisfaction of service users and family to minimise the risk of them escalating to major complaints or concerns. Where major complaints are raised by service users, their family or any other stakeholder then these will be managed in a timely and professional manner.

How People Can Make a Complaint

- In person
- By telephone
- Through a member of our staff
- Through an advocate or representative

Where someone complains orally, we will make a written record and provide a copy of it within three working days.

Our staff will help people to raise their concern or complaint if required or requested. We will make sure we know if our usual way of dealing with complaints might make it difficult for someone to use our service, for example if English is not their first language or they need to engage with us in a particular way.

In addition, if someone needs extra assistance, we will aim to put them in touch with someone who can help such as an advocacy service. Independent advocacy can help individuals to understand their rights, access information to make informed choices, and have their voice heard, including when they are dissatisfied with a service they have received.

Please also see the 'Advocacy Policy' for further information.

Anonymous Complaints

We deal with anonymous complaints under the same procedure; however, it is better if the complainant can provide contact details so we can tell them about the outcome of our investigation.

Aims of the Complaints Procedure

The complaints procedure aims to ensure that:

- Service users, their carers and representatives, are aware of how to make a complaint and that the organisation provides easy to use opportunities for them to register their complaints which are appropriate to their needs.
- Complaints will be acknowledged in writing within three working days and will usually be completed and responded to between 14 and 28 days. On occasions where there are complex concerns or external agencies (e.g. the Police) are involved this may be extended. The organisation will keep the complainant updated on any delays and, where possible, the reasons.
- A named person will be responsible for the administration of the procedure.
- All complaints will be dealt with promptly, fairly and sensitively, with due regard to the upset and worry that they can cause to both staff and service users.
- We will supply a copy of the complaints procedure to every person using this service and to any representative if that representative so requests, in a format that they can understand and meets their communication needs.
- Some complaints will require links with other policies and procedures, which may include:
 - Managing Expectations about Complaints
 - Safeguarding Adults and Children
 - CQC Notifications
 - Whistleblowing
 - Duty of Candour

The written copy of the complaint's procedure includes details for the:

- Local authority complaints manager.
- CQC contact details including telephone, email and address.
- The procedure (if any) that has been notified by CQC to the provider for making of complaints to CQC relating to the care service.
- Local Government and Social Care Ombudsman (LGSCO).

Responsibilities

The Registered Manager is responsible for managing complaints. However, there may be a specific post with delegated responsibility for some/all complaints. Communication between this post holder and the Registered Manager should be clear and transparent in order that the Registered Manager can demonstrate and evidence compliance.

Staff have a responsibility to comply with this policy which states that they must help people using this service, families and others to make complaints, taking complaints seriously and responding to them, or passing them to the appropriate person.

Where the complaint is about the Registered Manager, then the complaint will be managed by a board director or equivalent. Where no director is in place, and the Registered Manager is the most senior person, then the organisation will seek an appropriate independent person with experience in dealing with complaints and concerns to investigate the complaint.

Where the complaint is about a director or equivalent, then the complaint will be managed by another board member. Where no alternative director/board member is available, then the organisation will seek an appropriate independent person with experience in dealing with complaints and concerns about directors to investigate the complaint.

Where an independent person is commissioned to manage the complaint, they will follow the organisation's 'Complaints Policy' and procedure.

Complaints Procedure

All complaints must be brought to the attention of the Registered Manager (or delegated other), without delay. They will ensure its receipt is recorded on the complaints log and will keep a full record of the complaint including the investigation, reports, meetings, outcomes, actions required and timescales of the complaint. Upon receipt of a complaint staff will check any language or communication needs. They must confirm (in the person's preferred language and format) our understanding of the concern and ask the person to tell us (if possible) what outcome they are hoping for.

Staff will explain to the complainant that their concern or complaint will be dealt with in an open and honest way and provide assurance that any future dealings with the service provider will not be affected just because the person has expressed a concern or made a complaint, if this is a concern.

Where a complaint is about more than one body, for example us as a service provider and the local authority, we will work with the other bodies to decide who should take the lead in dealing with the complaint or concerns. We will always keep the complainant updated about who is taking the lead role, including providing them with a named person, who is investigating their concerns.

Recording Complaints

It is important to record suitable data to enable this organisation to fully investigate and respond to the complaint, as well as using complaint information to track themes and trends. As a minimum, this organisation will record the:

- Service user's name and contact details,
- Date the complaint was received,
- Nature of the complaint,
- Name of the staff member responsible for handling the complaint,
- Action taken and the outcome at the frontline response stage,
- Date the complaint was closed at the frontline response stage,
- Date the investigation stage was initiated (if applicable),
- Action taken and outcome at investigation stage (if applicable),
- Date the complaint was closed at the investigation stage (if applicable), and
- Underlying cause of the complaint and any remedial action taken.

If the service user (or representative) does not want to provide any of this information, staff should reassure them that the complaint will be managed appropriately and record whatever information they are able to.

Verbal Complaints

- This organisation believes that all verbal concerns or complaints, no matter how seemingly unimportant, must be taken seriously.
- Front-line care staff who receive a verbal complaint will be expected to seek to solve the problem immediately.
- If front line staff cannot solve the problem immediately, they should ask a manager to get involved and resolve the problem.
- Staff will be expected to remain polite, courteous, sympathetic and professional to the complainant. They are taught that there is nothing to be gained by adopting a defensive or aggressive attitude.
- At all times in responding to the complaint, staff are required to remain calm and respectful.
- Staff should not accept blame, make excuses or blame other staff.
- If the complaint is being made on behalf of the service user by an advocate, it must first be verified that the person has permission to speak for the service user, especially if confidential information is involved. (It is very easy to assume that the advocate has the right or power to act for the person using this service when they may not). If in doubt it should be ascertained that the service user's explicit permission is granted discussing the complaint with the advocate.

- After talking a problem through, the Manager dealing with the complaint will suggest a course of action to resolve the complaint. If this course of action is acceptable, then a member of staff should clarify the agreement with the complainant and agree a way in which the results of the complaint will be communicated to the complainant (i.e. through another meeting or by letter).
- If the suggested plan of action is not acceptable to the complainant, they should be given a copy of this organisation's complaints procedure if they do not already have one and receive support to understand how the complaint will be recorded, investigated and acted upon.
- Full records of all verbal complaints must be kept, including keeping a record of all actions, investigations, meetings, timescales, findings and outcomes.
- It is important to note that not all verbal complaints are minor, and just because they are not written does not mean that they are not serious.

Written Complaints

Preliminary steps:

- When we receive a written complaint, it is passed to the Registered Manager or their delegate, who records it in the Complaints Log and sends an acknowledgment letter within 3 working days to the complainant.
- The Registered Manager (or their delegate) also includes a leaflet detailing the organisation's procedure for the complainant. The person leading the complaint will consider the service user's needs and provide information in a format suitable for the person making the complaint.
- If necessary, further details are obtained from the complainant.
- If the complaint is not made by the service user but on the service user's behalf, then consent of the service user must be obtained and a record of the consent must be recorded.
- If the complaint raises potentially serious matters, advice could be sought from a legal advisor. If legal action is taken at this stage, the registered manager must follow the legal advice on how to manage the complaint.
- Consideration of a serious matter will include the Registered Manager assessing whether onward referral to Safeguarding, CQC and/or the Police is required.

Investigation of the Complaint by the Organisation

- Complaints will usually be completed and responded to between 14 and 28 days, and the organisation will be in a position to provide a full explanation to the complainant, either in writing or by arranging a meeting with the individuals concerned.

- The complaint should not be investigated by someone with previous involvement in the issue or complaint.
- Investigation planning should include:
 - What happened? (this could include, for example, records of phone calls or meetings, work requests, recollections of staff members or internal emails),
 - What should have happened? (this should include any relevant policies or procedures that apply), and
 - Is there a difference between what happened and what should have happened, and is this organisation responsible?
- If the issues are too complex for the investigation to be completed within 28 days or are delayed due to an external agency, e.g. the Police, the complainant will be informed of any delays and include where possible reasons.
- Staff should consider if this meets the duty of candour requirements (see the 'Duty of Candour Policy').
- Where the complaint cannot be resolved between the parties, an arbitration service will be used. This arbitration service and its findings will be final to both parties. The cost of this will be borne by the organisation.

Meeting

- If a meeting is arranged, the complainant will be advised that they may, if so desired, bring a friend, relative or a representative, such as an advocate.
- At the meeting a detailed explanation of the results of the investigation will be given, in addition to an apology if deemed appropriate (an apology is not necessarily an admission of liability). Such a meeting gives management the opportunity to show the complainant that the matter has been taken seriously and investigated thoroughly.

Follow-up Action

- After the meeting, or if the complainant does not want a meeting, a written account of the investigation will be sent to the complainant. This will be in their preferred communication format.
- The written account of the investigation will:
 - Be clear and easy to understand, written in a way that is person-centred and non-confrontational,
 - Avoid technical terms, but where these must be used, an explanation of the term should be provided,
 - Address all the issues raised and demonstrate that each element has been fully and fairly investigated,
 - Include an apology where things have gone wrong,
 - Highlight any area of disagreement and explain why no further action can be taken, and

- Indicate that a named member of staff is available to clarify any aspect of the letter.
- Contact the CQC if the complainant is not satisfied with the outcome (using '[CQC - Give feedback on care](#)').
- Raise the complaint with the local authority, if the complainant's service has been arranged or funded by their local council.
- Ask the Local Government and Social Care Ombudsman to investigate their complaint.
- The outcomes of the investigation and the meeting are recorded in the Complaints Log, and any shortcomings in the organisation's procedures will be identified and acted upon.
- The organisation's management formally reviews all complaints monthly as part of its quality monitoring and improvement procedures to identify the lessons learned.
- Lessons learned from complaints will be used to develop action plans for continuous improvement and to update services, policies and procedures, and training and will be shared at staff and management meetings.

Confidentiality

Confidentiality is maintained during the complaints process unless there are professional statutory obligations which would not make this possible, such as those in relation to safeguarding.

Compliments

Compliments will be used as a positive learning tool and will be audited to identify positive and best practice. Action plans will be developed to share & demonstrate how the learnings from compliments can be used to embed high quality care and will be used as case studies to improve staff performance across all teams.

As with action plans for improving after complaints, action plans will be monitored to ensure best practice is being embedded with updates where the agreed actions are not achieving the expected positive outcomes.

Learning From Complaints

This organisation has clear systems in place to act on issues identified in complaints including:

- Seeking to identify the root cause of complaints,
- Taking action to reduce the risk of recurrence, and
- Systematically reviewing complaints to improve service delivery.

Learning may be identified from individual complaints (regardless of whether the complaint is upheld or not) and from analysis of complaints data. Any actions identified from learning will:

- Detail the action required,
- Identify the staff member responsible for the action/s,
- Have a target date for action to be taken, and
- Share learning with staff.

Abusive or Vexatious Complainers

This organisation takes seriously any comments or complaints regarding its service. We aim to deal with all complaints in ways which are demonstrably consistent, fair and reasonable. In a minority of cases, people pursue their complaints in a way which can either impede the investigation of their complaint or can have significant resource issues for the service. This can happen either while their complaint is being investigated, or once the service has finished dealing with the complaint. This can arise from the inability of the organisation to meet the outcomes of the complaints, i.e. the complaints are unresolved. Please see the 'Managing Expectations about Complaints Policy' which sets out how we will decide if the engagement during a complaint becomes difficult to manage, and what we will do in those circumstances.

Local Government and Social Care Ombudsman (LGSCO)

The Local Government and Social Care Ombudsman (LGSCO) can consider complaints from people who arrange or fund their own adult social care. This is in addition to complaints about care arranged and funded by local authorities.

The LGSCO's role includes those who "self-fund" from their own resources or have a personalised budget. In most cases they will only consider a complaint once the care provider has been given reasonable opportunity to deal with the situation. It is a free service.

- Their job is to investigate complaints in a fair and independent way.
- They are not biased and do not champion complaints.
- They are independent of politicians, local authorities, government departments, advocacy and campaigning groups, the care industry and the CQC.
- They are not a regulator and do not inspect care providers.

The LGSCO is fully independent of the CQC, and deal with individual injustices that people have suffered. The CQC deals with complaints about registered services as a whole and does not consider individual matters. They can share information with the CQC but only when deemed

appropriate. The CQC will redirect individual complaints to the LGSCO and the LGSCO will inform CQC about outcomes that point to regulatory failures.

Local Authority Funded Service Users

Any service user part or wholly funded by their local authority can complain directly to the Complaints Manager (adults) who is employed directly via the local authority.

Relevant Contacts

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| <i>Local Authority Complaints Manager (Adults)</i> Compliance and Complaints Customer Services Essex County Council PO Box 11, County Hall Chelmsford Essex CM1 1QH | The Local Government and Social Care Ombudsman PO Box 4771 Coventry CV4 0EH <ul style="list-style-type: none">• Advice Line: 0300 061 0614• https://www.lgo.org.uk/ |
| <i>Social Services Local Office</i> | <i>The Parliamentary and Health Service Ombudsman</i> Millbank Tower Millbank London SW1P 4QP <ul style="list-style-type: none">• Call Customer Helpline on 0345 015 4033 from 8:30am to 5:30pm, Monday to Friday, except bank holidays. Calls are charged at local or national rates.• Send a text to 'call back' service: 07624 813 005, with name and mobile number |
| <i>Out of Hours Service (Social Services)</i> *This service is available when social services offices are closed* 0345 606 1212 | <i>Police</i> The local police can be contacted via the non-emergency number 101 |
| <i>The Care Quality Commission</i> Tel: 03000 616161 Give Feedback on Care: | |

<https://www.cqc.org.uk/giv>

[e-feedback-on-care](#)

Email:

enquiries@cqc.org.uk

Staff Training

All staff will receive guidance on induction and annually to cover:

- The complaints handling procedure.
- How to handle and record complaints and the frontline response.
- Who they can refer a complaint to, in case they are not able to handle the matter.
- The need to try and resolve complaints early and as close to the point of service delivery as possible.

In addition, staff who are required to investigate complaints will receive additional support to ensure they understand their role and have the right skills and knowledge to manage complaint investigations.

References and Further Reading

Managing Expectations about Complaints Policy

Safeguarding Adults Policy

Safeguarding Children in an Adult Setting Policy

Whistleblowing Policy

Duty of Candour Policy

[Regulation 16: Receiving and acting on complaints, CQC](#)

[Regulation 20: Duty of Candour, CQC](#)

[Complaints Matter, CQC](#)

[Resources for care providers, Local Government and Social Care Ombudsman](#)

[How to Complain, Local Government and Social Care Ombudsman](#)

[Caring about complaints: lessons from our independent care provider investigations, The Local Government and Social Care Ombudsman](#)

[How to complain to the NHS, NHS](#)

[Adult Social Care: Quality Matters](#)

[Acting on compliments, feedback and complaints about adult social care – a good practice guide for adult social care practitioners, Quality Matters](#)

[Complaints about privately arranged adult social care, Local Government and Social Care Ombudsman](#)

Quality Statements

Learning culture

We have a proactive and positive culture of safety based on openness and honesty, in which concerns about safety are listened to, safety events are investigated and reported thoroughly, and lessons are learned to continually identify and embed good practices.

Safeguarding

We work with people to understand what being safe means to them as well as with our partners on the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.

Safe and effective staffing

We make sure there are enough qualified, skilled and experienced people, who receive effective support, supervision and development. They work together effectively to provide safe care that meets people's individual needs.

How staff, teams and services work together

We work effectively across teams and services to support people. We make sure they only need to tell their story once by sharing their assessment of needs when they move between different services.

Independence, choice and control

We promote people's independence, so they know their rights and have choice and control over their own care, treatment and well-being.

Responding to people's immediate needs

We listen to and understand people's needs, views and wishes. We respond to these in that moment and will act to minimise any discomfort, concern or distress.

Listening to and involving people

We make it easy for people to share feedback and ideas or raise complaints about their care, treatment and support. We involve them in decisions about their care and tell them what's changed as a result.

Freedom to speak up

We foster a positive culture where people feel that they can speak up and that their voice will be heard.

Governance, management and sustainability

We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

Partnerships and communities

We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

Learning, improvement and innovation

We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.

[Key questions and quality statements - Care Quality Commission](#)