



## **Complaints Policy**

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## **Complaints Policy**

### **1 Introduction**

a. This policy is intended to comply with Regulation 16 of the Fundamental Standard Regulations.

b. Care with Heart accepts the rights of service users and their representatives to make complaints and to register comments and concerns about the services received. We further accept that they should find it easy to do so. We welcome complaints, seeing them as opportunities to learn, adapt, improve and provide better services.

### **2 The Policy**

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

b. It is not designed to apportion blame, to consider the possibility of negligence or to provide compensation; it is not part of the company's disciplinary policy.

c. We believe that failure to listen to or acknowledge complaints leads to an aggravation of problems, service user dissatisfaction and possible litigation.

d. The organisation supports the idea that most complaints if dealt with early, openly and honestly can be sorted at a local level between just the complainant and the organisation. The complaints procedure is made available to service users and families.

e. ADASS have published a Good Practice Guide on handling complaints concerning Adults and Children in Social Care settings. They have identified the following five principles:

- i Principle one: ensure that the complaints process is accessible
- ii Principle two: ensure that the complaints process is straightforward for service users and their representatives
- iii Principle three: ensure that appropriate systems are in place to keep service users informed throughout the complaints process
- iv Principle four: ensure that the complaints process is resolution focused
- v Principle five: ensure that quality assurance processes are in place to enable organisational learning and service improvement from complaints and customer feedback

### **3 Aim of the Complaints Procedure**

a. We aim to ensure that the complaints procedure is properly and effectively implemented, and that service users feel confident that their complaints and worries are listened to and acted upon promptly and fairly.

b. Specifically, we aim to ensure that:

- i Service users, carers and their representatives are aware of how to complain and that the company provides easy to use opportunities for them to register their complaints
- ii A named person will be responsible for the administration of the procedure
- iii Every written complaint is acknowledged within 5 working days
- iv All complaints are investigated within 14 days of being made
- v All complaints are responded to in writing within 28 days of being made
- vi Complaints are dealt with promptly, fairly and sensitively, with due regard to the upset and worry that they can cause to both service users and staff.

#### **4 Legislative and Guidance Framework**

- i Concerns about a care service <https://www.scie.org.uk/contact/concerns>
- ii Regulation 16 Receiving and acting on complaints  
<https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-16-receiving-acting-complaints>
- iii CQC Complaints Matter  
[https://www.cqc.org.uk/sites/default/files/20141208\\_complaints\\_matter\\_report.pdf](https://www.cqc.org.uk/sites/default/files/20141208_complaints_matter_report.pdf)
- iv Regulation 20 Duty of Candour <https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-20-duty-candour>
- v Local Government and Social Care Ombudsman annual review of complaints  
<file://svr2012/redirectedusers/wendyerskine/Downloads/FINAL.pdf>
- vi Local Government and Social Care Ombudsman How to Complain  
<https://www.lgo.org.uk/make-a-complaint>

#### **5 Responsibilities**

- a. The service Manager is responsible for following through complaints

## **Complaints Procedure**

### **6 Verbal Complaints**

- a The organisation accepts that all verbal complaints, no matter how seemingly unimportant, must be taken seriously.
- b Front-line care staff who receive a verbal complaint are expected to seek to solve the problem immediately.
- c If they cannot solve the problem immediately, they should offer to get the registered manager to deal with the problem.
- d Staff are 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.
- e At all times in responding to the complaint, staff are encouraged to remain calm and respectful.
- f Staff should not, make excuses or blame other staff.
- g 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 service user when they may not). If in doubt it should be assumed that the service user's explicit permission is needed prior to discussing the complaint with the advocate.
- h After discussing the problem, the manager or member of staff dealing with the complaint will suggest a means of resolving it. If this course of action is acceptable then the 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).
- i If the suggested plan of action is not acceptable to the complainant, then the member of staff or manager will ask the complainant to put their complaint in writing to the Registered Manager. The complainant should be given a copy of the company's complaints procedure if they do not already have one.
- j Details of all verbal and written complaints must be recorded in the complaints log, the service user's electronic record.

### **7 Serious or Written Complaints**

- a. Preliminary steps:
  - vi When we receive a written complaint, it is passed to the registered manager, who records it in the complaints log and sends an acknowledgment letter within 5 working days to the complainant.
  - vii The manager also includes a leaflet detailing the organisation's procedure for the complainant.
  - viii 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, preferably in writing, must be obtained from the complainant where required.

ix If the complaint raises potentially serious matters, advice could be sought from a legal advisor. If legal action is taken at this stage, any investigation by the organisation under the complaint's procedure ceases immediately.

b. Investigation of the complaint by the organisation:

- i Immediately on receipt of the complaint, the service manager will start an investigation and within 14 days should be in a position to provide a full explanation to the complainant, either in writing or by arranging a meeting with the individuals concerned.
- ii If the issues are too complex for the investigation to be completed within 28 days, the complainant will be informed of any delays.
- iii Where the complaint cannot be resolved between the parties, an arbitration service will be used. This service and its findings will be final to both parties. The cost of this will be borne by the organisation.

c. Meeting:

- i 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
- ii 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)
- iii Such a meeting gives the management the opportunity to show the complainant that the matter has been taken seriously and investigated thoroughly.

d. Follow-up action:

- i 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 includes details of how to approach the CQC if the complainant is not satisfied with the outcome, utilising the Your Experience button on their website.
- ii The outcomes of the investigation and the meeting are recorded in the complaints log, and any shortcomings in company procedures will be identified and acted upon.
- iii The company management formally reviews all complaints at least every six months as part of its quality monitoring and improvement procedures to identify the lessons learned.

## **8 Vexatious Complainers**

- a. This organisation takes seriously any comments or complaints regarding its service. However, there are service users who can be treated as "vexatious complainers" due to the inability of the organisation to meet the outcomes of the complaints, which are never resolved.

- b. Vexatious complainers need to be dealt with by an arbitration service, so that the repeated investigations become less of a burden on the organisation, its staff and other service users.

## **9 Local Government Ombudsman (LGO)**

- a. Since October 2010 the Local Government Ombudsman (LGO) 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, which the LGO has dealt with for more than 35 years.
- b. The LGO's new role includes those who "self-fund" from their own resources or have a personalised budget. It will ensure that everyone has access to the same independent ombudsman service, regardless of how the care service is funded. In most cases they will only consider a complaint once the care provider has been given reasonable opportunity to deal with the situation.
- c. 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 department, advocacy and campaigning groups, the care industry, and the CQC; they are not a regulator and do not inspect care providers.
- d. The link below is to the LGO's web-page on "Adult social care" and has a short film that provides an overview of their adult social care service; it explains their role and how the service will benefit both service users and care providers. A free copy of the film and manuscript is available to download from the same location.

**<http://www.lgo.org.uk/adult-social-care/>**

- e. The LGO is fully independent of the CQC. They deal with individual injustices that people have suffered and the CQC will refer all such complaints to them.
- f. 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 LGO, and the LGO will inform CQC about outcomes that point to regulatory failures.

## **10 Local Authority-funded Service Users**

- a. 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.

## **11 Relevant Contacts**

### *Social services*

Care with Heart works in a number of different counties, including Oxfordshire, Berkshire and Nottinghamshire. Contact numbers for the relevant social services can be found on local authority web sites.

### *The Parliamentary and Health Service Ombudsman*

Millbank Tower  
Millbank  
London  
SW1P 4QP  
Tel. 0345 015 4033

### *The Local Government Ombudsman*

10th Floor,  
Millbank Tower,  
Millbank,  
London  
SW1P 4QP  
Advice Line Tel: 0300 061 0614 [for complainants]

### *The Care Quality Commission*

Citygate  
Gallowgate  
Newcastle Upon Tyne  
NE1 4PA  
Tel. 03000 616161

They will take details of concerns and respond appropriately and proportionately to the information divulged.

## **12 Training Statement**

All staff, during induction are made aware of the complaints policy and provide confirmation that they understand the policy. All staff are asked to read regular updates to this policy and provide confirmation of understanding

## **13 Document Version History**

<b>Version</b>	<b>Name</b>	<b>Date</b>	<b>Notes</b>
V 1.0	Ian Trinder	11/08/2019	Original document
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