

6 Skelmersdale Walk to 20-22 Wenlock Road, London N1 7GU

Complaints and Compliments Policy

Summary	Care Quality Support recognises that there will be times when the service provided does not meet the expectations of the service users or their representatives. Therefore, there must be a robust and consistent process for receiving and handling complaints appropriately and for ensuring that the information gained is used as an opportunity for organisational learning and continuous improvement of services.
Scope	This policy provides a robust framework for all staff employed, either directly or indirectly (including non-executive directors, volunteers, governors) in the investigation of concerns and complaints. The following people may be affected by this policy: All staff. Whether temporary or permanent, Local Authorities, Commissioners. Families, NHS, and Service users.
Document Type	Policy & Procedure
Verified By	Care Quality Support
Issued Date	2023-03-10
Review Date	2024-03-10

Introduction

This policy sets out our intent and objectives for the complaints handling process, including offering a clear and approachable system for stakeholders to complain, thoroughly investigating all complaints to identify the cause, issues and corrective actions required, and implementing measures to prevent reoccurrences where applicable. It is organisation policy to welcome complaints and look upon them as an opportunity to learn, adapt, improve, and provide better services. The policy is not designed to apportion blame, to consider the possibility of negligence or to provide compensation. It is not part of **Care Quality Support** disciplinary policy.

Care Quality Support believes that failure to listen to or acknowledge complaints will lead to an aggravation of problems, service user dissatisfaction and possible litigation.

Care Quality Support supports the concept that in most complaints, if dealt with early, openly the policy is not designed to apportion blame, to consider the possibility of negligence or to provide compensation.

It is not part of **Care Quality Support** policy and honestly, can be sorted at a local level between just the complainant and **Care Quality Support**.

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If this fails due to either **Care Quality Support** or the complainant is dissatisfied with the result the complaint will be referred to the Care Quality Commission and legal advice will be taken as necessary.

1.1. **Care Quality Support** welcomes the views of service users, families, and other stakeholders regarding the service we provide.

1.2. **Care Quality Support** recognises that there will be times when the service provided does not meet the expectations of the service users or their representatives. Therefore, there must be a robust and consistent process for receiving and handling complaints appropriately and for ensuring that the information gained is used as an opportunity for organisational learning and continuous improvement of services.

1.3. **Care Quality Support** is committed to delivering a fair, open and clear process for complaints to ensure a satisfactory outcome for all stakeholders who raise a complaint.

1.4. This policy sets out our intent and objectives for the complaints handling process, including offering a clear and approachable system for stakeholders to complain, thoroughly

investigating all complaints to identify the cause, issues and corrective actions required and implementing measures to prevent reoccurrences where applicable.

1.5. Compliments received by **Care Quality Support** will be used as an opportunity to share good practice and to encourage staff to continue to provide a good quality service.

1.6. **This policy aims to ensure that:**

- To deal with complaints in line with CQC Regulation 17: Complaints to ensure that service users are sure that their comments and complaints are listened to and acted on effectively and know that they will not be discriminated against for making a Complaint.
- Staff recognise the importance of complaints and compliments in providing feedback about the services provided.
- All complaints are well managed and are investigated and resolved quickly, fairly and consistently and in accordance with company policies and procedures
- Staff are empowered to deal with complaints as they arise in an open and non-defensive way
- Learning from complaints is identified and used for improvement and where action can be taken to avoid reoccurrence, this is completed.
- Faults are acknowledged, remedied and a clear and relevant explanation and apology offered.
- The complaints service is accessible, well publicised, open and transparent and that staff know how to escalate complaints
- The complaints procedure is supportive for those who find it difficult to complain.
- There are clear standards of response an individual can expect when they make a Complaint.

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- Good practice identified from compliments is shared across the organisation.

EQUALITY AND HUMAN RIGHTS

Care Quality Support recognises that some sections of our society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the protected characteristics of age, disability, gender, race, religion or belief, sexual orientation, and transgender.

The Equality Act also requires regard to socio-economic factors including pregnancy /maternity and marriage/civil partnership. **Care Quality Support** is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as an employer. **Care Quality Support** believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices. **Care Quality Support** also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires organisations to uphold and promote Human Rights in everything they do. It is unlawful for an organisation to perform any act which contravenes the Human Rights Act. **Care Quality Support** is committed to carrying out its functions and service delivery in line with the Human Rights based approach and the FREDA principles of Fairness, Respect, Equality Dignity, and Autonomy.

1.7. **Care Quality Support** will ensure that all complaints are reviewed at the highest level of the organisation to identify learning opportunities for those directly involved in the complaint and the organisation as a whole.

1.8. **Care Quality Support** is committed to promoting equality and diversity. No service user or any other person involved in the investigation and resolution of a concern or complaint will receive unfair treatment as a result of raising a complaint.

Who to contact if you have a complaint or concern:

The individual responsibility for following through complaints about **Care Quality Support** is the Registered Manager: **Care Quality Support**

Contact details:

Care Quality Support

Address: Care Quality Support

Telephone: 02080642464

Email: admin@carequalitysupport.co.uk

Key Lines of Enquiries to meet Complaints Policy and Procedure

Caring

C2: How does the service support people to express their views and be actively involved in making decisions about their care, support and treatment as far as possible?

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Safe	S6: Are lessons learned and improvements made when things go wrong?
Responsive	R2: How are people's concerns and complaints listened to and responded to and used to improve the quality of care?
Safe	S1: How do systems processes and practices keep people safe and safeguarded from abuse?
Well-led	W2: Does the governance framework ensure that responsibilities are clear and that quality performance, risks and regulatory requirements are understood and managed?

2. Openness, Transparency and Duty of Candour

2.1. Following the Francis Report (2013) it is a requirement for clinicians to be candid with clients about avoidable harm and for safety concerns to be reported openly and truthfully. **Care Quality Support** must be accurate, candid and must not provide misleading information to service users, their families, regulators, and commissioners.

2.2. Definitions of Openness, Transparency and Candour are as follow:

- **Openness** - enabling concerns and complaints to be raised freely without fear, with questions asked being answered.
- **Transparency** - accurate information about performance and outcomes to be shared with staff, service users, commissioners, and regulators.
- **Candour** - any client harmed by a healthcare service is informed of the fact and an appropriate remedy offered, regardless of whether a complaint has been made.

2.3. Being open involves:

- Acknowledging, apologising, and explaining when things go wrong.
- Conducting a thorough investigation into the incident, complaint, or claim.
- Reassuring clients and their families that lessons learnt will help prevent incidents occurring; and
- Providing support for those involved to cope with the physical and psychological consequences of what happened.

2.4. **Care Quality Support** and everyone working for the organisation must be honest, open, and truthful in all their dealings with service users and families, and organisational and personal interests must never be allowed to outweigh the duty, to be honest, open and truthful.

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2.5. **Care Quality Support** follows the Parliamentary Health Service Ombudsman (PHSO) Principles of Good Complaints Handling as set out below:

- **Getting it right** – quickly acknowledging and putting the right issues identified. Considering all the factors when deciding the remedy with fairness for the complainant and where appropriate others that have suffered.
- **Being customer-focused** – apologising and explaining, managing expectations, dealing with people professionally and sensitively and remedies that consider individual circumstances.
- **Being open and accountable** – clear about how decisions are made, proper accountability, delegation and keeping clear records
- **Acting fairly and proportionately** – fair and proportionate remedies, without bias and Discrimination.
- **Putting things right** – consider all forms of remedy such as apology, explanation, remedial action or financial offer.
- **Seeking continuous improvement** – using lessons learned to avoid repeating poor service and recording outcomes to improve services.

3. Scope

3.1. This policy applies to all, directly and indirectly, employed staff within **Care Quality Support** and other persons working within the organisation.

3.2. This policy should be read in conjunction with:

- *Safeguarding Adults Policies*
- *Information Governance Policies pertaining to record-keeping*
- *Duty of Candour Policy*

4. Definitions

4.1. **A complaint is** “an expression of dissatisfaction made to an organisation, either written or spoken, and whether justified or not, which requires a response. There is no difference between a ‘formal’ complaint and an ‘informal’ complaint. Both are expressions of dissatisfaction”, The Patient’s Association, 2013.

4.2. It is, however, important to differentiate between concerns and complaints.

4.3. **A concern** is an expression of dissatisfaction about an event or service which can usually be remedied to the individual’s satisfaction within a short period of time if dealt with quickly, openly, and honestly, through informal discussion with the staff team within the service. The complainant does not expect a formal response.

4.4. A complaint can also be an expression of dissatisfaction with a service that has personally affected an individual and which requires a proportionate investigation and a formal response in order

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to promote resolution between the parties concerned. It is usually historic (i.e., happened in the past) and cannot be immediately remedied.

4.5. A compliment is an expression of satisfaction made about the service provided by **Care Quality Support** as a whole, a staff team or an individual member of staff. Compliments received by **Care Quality Support** will be used as a chance to share good practices across the organisation and to encourage staff to continue to provide a good quality service.

5. Responsibilities as an employer:**Registered Manager:**

The registered person should:

- be familiar with the purpose of a complaints procedure and the outcomes it has for their service users create an atmosphere in which service users feel able to provide various forms of feedback on the services they receive.
- encourage staff to react positively to all forms of service user feedback.
- establish procedures to meet the current regulatory requirements for reporting, dealing with and using service users' comments on services, including informal and formal complaints.
- promptly and thoroughly investigate any formal complaint made by a service user.
- enable the person to have the support of a friend or advocate if needed.
- make service users aware of their right to escalate their complaint if they are dissatisfied with the outcome or the handling of their complaint by the care provider.
- co-operate with any other agency appropriately investigating a complaint by a service user.
- ensure that the information about service user satisfaction gained from all forms of feedback, including complaints, is used in the service's quality assurance system.
- ensure that staff observe appropriate professional Codes of Practice in relation to complaints and other feedback.

5.1. It is the responsibility of the **Registered Manager** to ensure that ALL staff are aware of and use this policy.

5.2. All staff have a responsibility to read this policy and understand its impact on their area of work. Staff should be able to respond appropriately to a complainant and endeavour to achieve immediate resolution. If this is not possible, all staff have the responsibility to escalate the concern/complaint in accordance with this policy.

5.3. The Registered Manager is responsible for ensuring that all concerns/complaints are fully investigated and responded to within the agreed timeframe.

5.4. Responsibility for ensuring compliance with this policy rests with the Registered Manager.

6. Procedure

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Complaints can arise from a number of issues including:

- A failure to comply with policy, procedure, or standards of service delivery.
- A decision that the complainant believes is not fair or clear to them.
- The behaviour of **Care Quality Support** staff, volunteers, associates, or contractors.

Complainants can also approach the Care Quality Commission (CQC) to raise their complaints. Complaints received via the CQC will be treated in the same way as all other complaints. The CQC will be asked to confirm whether complaint responses should be sent directly to complainants or sent to the CQC to pass on. All complaints received via the CQC should be reported to the HR department for information and monitoring.

6.1. Concerns can provide valuable lessons for services within the organisation. Concerns can usually be resolved quickly and satisfactorily by way of an apology, by providing the service required or by providing an acceptable explanation. Staff who receive a concern should document the concern following this procedure. If the concern is resolved locally, this should be indicated.

6.2. Any concern or other comment not made in the form of a formal complaint, but which cause concern about the quality or safety of services, should be escalated following this procedure and subject to an investigation and response to the same standard as a formal complaint.

6.3. If the concern cannot be resolved to the satisfaction of the complainant, they should be asked whether they would like the concern to be formally investigated and responded to. If this is the case, the concern becomes a stage 1 complaint.

6.4. There are three stages of complaint review:

- Stage 1 (Local Resolution)
- Stage 2 (Complaint Review)
- Stage 3 (Ombudsman)

6.5. At any stage, the complaints handler or the Manager can make a judgement that the complaint requires review and refer it to the Ombudsman if necessary.

Stage 1 (see appendix 1)**Oral Complaints**

All oral complaints, no matter how seemingly unimportant, should be taken seriously.

All team members are involved in customer service so may be involved in handling informal complaints. Team members dealing with a complaint should work to the following simple formula:

1. Listen
2. Ask questions

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3. AGREE to a solution – check satisfaction
4. Implement the solution – NOW
5. Follow up and check satisfaction

The aim should be to deal with less significant issues in an informal way at the point of service delivery to ensure a speedy resolution.

Front line care staff who receives an oral complaint should seek to solve the problem immediately.

6.6. Stage 1 complaints can be either written (including by e-mail) or verbal. Verbal complaints should not be treated as any less serious than written complaints and should be handled in the same manner.

Any verbal complaint must be logged into the **Complaint logbook**. Complaints can be made to any member of 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 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.

6.7. If a Stage 1 complaint is received, either in writing or verbally, the staff member who receives the complaint should record it following this procedure. If the complaint was verbal, the member of staff recording the complaint should confirm with the complainant that the information recorded is accurate. This can be face to face or over the telephone. The recorded complaint and the original complaint, if in writing, should be forwarded to the **Registered Manager**. (Use complaint investigation form appendix 2).

6.8. If a complainant was not satisfied with the outcome of their concern, and they would like their complaint to be formally investigated and responded to, the **Registered Manager** should make sure this is done. The complainant should be informed that their complaint is being escalated and it should be confirmed with the complainant that the information recorded is accurate.

6.9. Stage 1 complaints will be handled, ensuring the following take place:

- Acknowledgement of stage 1 complaints within 2 working days, informing complainants of the investigation process and expected timescales for a response.
- Early resolution during a face-to-face meeting if appropriate.
- A thorough investigation of complaints that cannot be resolved by a face to face meeting, ensuring investigation methods and findings are documented.
- Formal written response provided to the complainant within 28 days, describing the methods used in the investigation, findings and any action taken as a result.

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- Complainant kept informed of the reason for delay if a response is likely to take longer than 28 days, with the contact at a minimum of every 28 days.
- A full apology is offered if the complaint is upheld.
- Information sent to the complainant informing them of how to escalate their complaint to stage 2 if they are not satisfied with the response.

Stage 2

6.10. Not all conclusions will satisfy the complainant and they have the right to request a review of the initial investigation into their complaint. This must be done within 6 months of the response to their complaint at stage 1, and usually in writing following this procedure. If the complainant is unable to make a request in writing, this may be done verbally.

6.11. A request to review the initial investigation into the complaint should be recorded and escalated following this procedure.

6.12. Stage 2 complaints will be handled following this procedure, ensuring the following take place:

- Acknowledgement of stage 2 complaints within 2 working days informing complainants of the investigation process and expected timescales for a response.
- **The Registered Manager** is informed of the escalation of the complaint and a senior manager not involved in the initial investigation of the complaint is assigned to review the investigation if possible.
- A thorough review of the investigation of the initial complaint ensures methods and findings are documented.
- Formal written response provided to the complainant within 28 days, describing the methods used in the investigation, findings and any action taken as a result.
- Complainant kept informed of the reason for delay if a response is likely to take longer than 28 days, with contact at a minimum of every 28 days.
- A full apology is offered if the complaint is upheld.
- Information sent to the complainant informing them of how to escalate their complaint to external bodies for an independent review if they are not satisfied with the response.

Stage 3

6.13. Should the complainant remain unhappy with the response provided to the complaint at Stage 2, they are entitled to report the matter to the relevant body.

Response letter sent to the complainant

Compliments

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6.14. A service may receive a compliment either in writing or verbally. The member of staff who receives the compliment should ensure that compliments are forwarded to the Registered Manager and allow them to be logged?

7. Complaints Investigation and Risk Management

7.1. The procedures for managing complaints, incidents and claims for negligence are dealt with under separate policies. However, if during the course of investigating an incident, a complaint is received, the incident procedure should take precedence in terms of investigation. If the investigation of a complaint reveals the need to take action under the serious incident procedure or the safeguarding procedures, the investigator should inform the **Safeguarding Team** or Managing Director and again the incident procedure should take precedence in terms of investigation. In these circumstances, the complainant should be informed of the investigation, kept updated on progress and informed of the outcome.

7.2. If the investigation of a complaint reveals a possibility that there may have been negligence, the **Managing Director** must be immediately notified. The existence of negligence does not prevent a full explanation from being given and if appropriate, an apology. An apology is not an admission of liability.

8. Unreasonably Persistent Complainers

8.1. Complainants that could be described as unreasonably persistent through either the quantity or unreasonableness of their complaints require a considered approach. At no time should a complaint be excluded from consideration under this policy. In cases where the Manager considers that a complainant is unreasonably persistent, they should consider putting in place a system for managing this that is appropriate and proportional to the situation. This should be considered in isolation and may involve the advocates or other relevant people.

If a complainant has made unreasonable complaints in the past, we will not assume that their next complaint is unreasonable. Each case will be considered on its merits.

All relevant correspondence will be evaluated to consider the circumstances, including:

- whether a complainant has made persistent or unreasonable demands.
- whether there is a strong likelihood that complaints are being made to intentionally cause harassment, divert resources or disrupt the proper workings of **Care Quality Support**
- or threatening to staff or has produced excessive correspondence.
- whether the complainant displays vexatious behaviour.

8.2. Such systems may include any or all of the following:

- A letter to the complainant setting out responsibilities for the parties involved if **Care Quality Support** is to continue processing the complaint. If terms are contravened, consideration will then be given to implementing other actions as indicated below:
- Decline contact with the complaint, either in person, by telephone, by fax, by letter, by email or any combination of these, provided that one form of contact is maintained.

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This may also mean that only one **Care Quality Support** employee will be nominated to maintain contact (and a named deputy in their absence). The complainant will be notified of this person.

- Notify the complainant, in writing, **Care Quality Support** has responded fully to the points raised and has tried to resolve the complaint but there is nothing more to add and continuing contact on the matter will serve no useful purpose. The complainant will also be notified that the correspondence is now at an end.

Confidentiality

Under the Data Protection Act 2018 and the Human Rights Act 1998, all personal and sensitive organisational information, however, received, is treated as confidential, including:

- anything of a personal nature that is not a matter of public record about a customer, member of staff, or volunteer
- sensitive organisational information.

We will ensure that the members of staff managing the complaint only involve other agencies and share information with the consent of the individual concerned, unless:

Care Quality Support is required to share information by law

- The information is necessary for the safeguarding of vulnerable adults or children.

9. Complaints that cannot be dealt with under this policy

9.1. A complaint made by an employee about any matter relating to their employment.

9.2. A complaint, the subject of which has previously been investigated under this policy.

9.3. A complaint that is being or has been investigated by the Ombudsman.

9.4. A complaint arising out of an alleged failure to comply with a request for information under the Freedom of Information Act 2000 or a subject access request under the Data Protection Act 2018.

9.5. A complaint which **Care Quality Support** has been notified that criminal proceedings have been commenced in relation to the substance of the complaint where it will prejudice the proceedings.

10. Learning from Compliments and Complaints

10.1. **Care Quality Support** views feedback in the form of complaints and compliments to be a valuable resource in continually monitoring and improving the quality of service provided.

10.2. All compliments received will be reviewed by the **Quality and Governance Team** to identify if any good practices can be shared across the organisation.

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10.3. Complaint trends, lessons learned, and any action taken as a result will be reviewed within the quality and governance structures of **Care Quality Support** at all levels of the organisation.

If it is identified that the actions implemented are applicable to other services, the action will be added to the action plans of those services. The implementation of actions will be monitored.

11. Records and Retention

11.1. A comprehensive record of all documentation related to a complaint will be retained following this procedure, including all internal correspondence, such as emails and file notes, investigation records and statements from staff which should be timed and dated where possible.

11.2. Copies of concern or complaint correspondence must not be kept in the service user's medical records, subject to the need to record any information which is strictly relevant to their health. Concern or complaint correspondence must be kept and stored separately whether in paper or electronic format, with access only given where strictly required according to the job role.

11.3. In line with the Data Protection Act 2018, complaints documentation is classified as personal data. Clients are able to request copies of complaints files in the same way as they do for their health records.

12. Training Requirements

12.1. All staff required to complete a complaints form will be shown how to do this as part of their induction training program. Further training will be provided for staff in specialised roles where relevant.

13. Policy Review Statement

13.1. This document may be reviewed at any time at the request of either staff or management but will automatically be reviewed every year from initial approval and thereafter on an annual basis unless organisational changes, legislation, guidance, or non-compliance prompt an earlier review.

Contacting External Organisations:

Complainants have the right to refer their complaint to the Local Government Ombudsman (LGO) if they are unhappy with the outcome of the investigation. Once a complaint has been fully dealt with by **Care Quality Support** and the Complainant remains unsatisfied with the outcome, they can complain to the Local Government Ombudsman (LGO).

The LGO provides a free, independent service. Complainants can contact the LGO Advice Team for information and advice, or register one's complaint:

Telephone: 0300 061 0614

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Email: advice@lgo.org.uk

Website: www.lgo.org.uk

The LGO will not usually investigate a complaint until the provider has had an opportunity to respond and resolve matters.

Care Quality Commission (CQC)

National Correspondence

Citygate

Gallowgate

Newcastle upon Tyne

NE1 4PA

Tel: 03000 616161

Fax: 03000 616171

Please note that CQC does not investigate complaints on behalf of individuals. They however welcome any information that they may use as part of their intelligence gathering.

14. Associated Documents and References

- *Consent to Care*
- *Consent to Share*
- *Data Protection Act 2018*
- *Health and Social Care Act 2008 (regulated activities) Regulations 2014*
- *Human Rights Act 1998*
- *Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. Online Accessed on 23/12/2021*
- *Mental Capacity Act*
- *Mental Capacity Act 2005*
- *National Care Standards at Home 2005*
- *Regulation 20 – Duty of Candour*
- *Risk Management*
- *Safeguarding Policies*

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- *Serious Incidents Requiring Investigation*
- *The Care Act 2014*

Getting Help

If you require any help with any matters relating to this policy and procedure, please speak to your line manager or Senior Manager.

It is the responsibility of every member of staff to ensure that they are working within this policy and keep up to date with changes in policy that may affect their practice at work.