



COMPLAINTS POLICY

Author: Janette Walker Reviewed by Claire Lee	Operations Director Care and Development Director
Latest Issue Date:	6th October 2020
Policy No: 91	Version No 07

COMPLAINTS POLICY

Introduction

1.0 Ivy Care aim is to provide high quality services to everyone we support and work with.

We believe that if we are made aware when people are not satisfied then we can learn from this, to avoid mistakes in the future and so continue to improve the services we provide and ensure positive relationships.

Policy Scope

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 in the home 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 homes responsibility
 - b. The complaint cannot be upheld.
 - The home has clear procedures followed in practice, monitored and reviewed for dealing with unreasonably persistent complainants in a fair and consistent manner, but ensures that the point they make is properly considered.
 - The manager encourages and supports a culture of openness that ensures any comment or complaint is listened to and acted on.
 - The home ensures that a full record of the complaint is logged in line with approved procedures.
 - The information from complaints is used to identify non-compliance, or any risk of non-compliance, with the regulations and to decide what will be done to return to compliance.
 - The person knows how to contact the Local Government Ombudsman in order to raise any concerns they may have about the management, operation and running of the home.
- 3.2 The home is registered with the Care Quality Commission and:
- Will produce a summary of complaints at a time and in a format set out by the Care Quality Commission and then send the summary within the time frame specified.
- 3.3 Service users benefit from a home which:
- Takes into account relevant guidance, including that from the Care Quality Commission which may from time to time be published.
- 3.4 Service users or those acting on their behalf are able to use the comments and complaints process because:
- They are treated in a manner that respects their human rights and diversity in a fair and equal way.
 - They know how to obtain or access information about the complaints system.
 - Any comments and complaints are dealt with in a sensitive and timely manner by taking into account the individual circumstances.

- Their comments and complaints can be made either verbally, through sign language or in writing.
 - Where they lack confidence or capacity to make a complaint, staff help them in a way that they find the most supportive. Alternatively, the manager accepts comments and complaints made by others acting on their behalf.
 - Making a complaint will not cause them to be discriminated against or have any negative effect on their care, treatment or support.
 - 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 NHS complaint process where their care, treatment and support was funded by the NHS, whether or not that care, treatment and support was provided in an NHS 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 home 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 user’s right to refer any complaint, at any stage, to relevant professional body.

Procedure

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

This should be achieved by:

- An inclusion in the Statement of Purpose of the Complaints Procedure.
- Notices posted in the home.
- Inclusion of complaints analysis in team meetings and Quality Assurance reports

- Ensuring that prospective service users are given a copy of the Complaints Procedure
 - Ensuring the 'Complaints Guide' is made available
- 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 recorded in the Complaints Monitoring form 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 Stage 1

- 4.4 Formal complaints should (wherever possible) be made in writing using the Complaint Form (Form 27 or form 28- service user complaints 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 file and record details of the complaint using the Complaints Monitoring Form (30) and transpose these details onto the Company Dashboard for monitoring and analytical purposes.
 - 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. We aim to respond to all complaints within 28 days. Normally it will be much sooner than this, but some complaints may take a little more 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 Monitoring form and Company Dashboard. 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 response and should include the following:
- 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:
 - a. Action required
 - b. By whom
 - c. Time scale
 - d. required outcome
 - e. How will this be known / evidenced
 - The letter should inform the complainant that they have the right to ask for a review of the decision by the Head of Operations if they are unhappy with the outcome.
 - The manager should then send to the Head of Operations copies of:
 - The Record of Complaints Form
 - The investigation report
 - The response given to the complainant

Stage 2

- 4.14 If the complainant is not satisfied with the investigation carried out at stage 1 the Care and Development Director may carry out a further review or delegate this to an appropriate manager or above.
- The review will examine the details of the complaint and the evidence from the investigation.

Stage 3

If the complainant remains unsatisfied with the response received from the Care and Development Director they may appeal to the Executive Chairman of the company.

- 4.15 **Stage 4 Review**

If the complainant is not satisfied with the response they will be provided with details for the Local Government Ombudsman (LGO).

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

Ivy Care is registered with and regulated by the Care Quality Commission (CQC), the CQC cannot get involved in individual complaints about providers, but is happy to receive information about our services at any time and share this information with professional external bodies.

Summary Of Complaints

- 4.17 The manager is responsible for ensuring that complete and comprehensive records of all complaints are kept within the home.
- 4.17 The manager is required to make available to the Care Quality Commission a summary of all complaints arising over the previous 12 months
- 4.18 The Senior Management team will oversee the Dashboard and report on this to the Board of Directors.

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

- 5.0
 - The home has a documented Complaints system which is used
 - There is a complaints monitoring form which has logged actual complaints
 - There are records which show that the relevant response times have been achieved consistently
 - Where response times have not been met, there are records which show that the complainant has been kept informed
 - The home can show that it welcomes complaints – there is evidence that the home sees complaints as an opportunity to improve
 - There are records which show that complaints are investigated appropriately
 - There is a clear evidence trail from the receipt of a complaint, through the investigation, reporting and feedback process to a final conclusion and resolution
 - Information in the home informs service users how to contact the Care Quality Commission / Local Government Ombudsman
 - The home is able to show that, following a complaint, they have made changes which address the complaint and leads to the improvement of services
 - The home has records of complaints outcomes which have been analysed to identify trends or persistent complainers
 - Service user surveys may indicate levels of satisfaction with the complaints process.

5.1 Where no complaints have been logged, you should not assume that everything is perfect.

A lack of complaints may be indicative of:

- The home provides a first class service
- Service users may be unaware of the complaints process or are not encouraged to use it
- Service users may not know that they are able to complain
- Service users may feel that complaining is pointless as the home does not listen or act
- Service users may feel intimidated at the prospect of complaining
- The complaints process may be too onerous or complicated for service users

5.2 The manager is able to demonstrate that they are aware of any current complaints and their progress towards resolution.

Training Required

6.0 Staff should be aware of the following:

- Induction training includes information about the complaints system used in the home.
- 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 home in general.
- What may appear trivial to one person may be seen as a major issue for another.

6.1 **Employees of Ivy Care 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 Disciplinary Process and Grievances procedures.**

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.

The Complaints policy should be read in conjunction with the following documents:

- The service specific complaints Notice 91b
- The Quality Assurance Policy
- Whistle Blowing Policy
- Safeguarding Policy

Useful Contacts and Addresses

Care Quality Commission – National Correspondence
Citygate
Gallowgate

Newcastle upon Tyne
NE1 4PA

Tel: 03000 616161

Public Concern at work
Bank Chambers
6-19 Borough High Street
London SE19QQ

Tel 020 7404 6609
E-mail re@pcaw.org.uk.

The Local Government and Social Care Ombudsman

Tel: 0300 061 0614
Email: advice@lgo.org.uk

DOCUMENT CHANGE HISTORY			
Plan Version No.	Issue Date	Summary of Changes	Section No./ Paragraph No.
1	March 2016	Updated policy implemented in January 2014	
2	February 2017	Updated policy implemented in March 2016	Line 4.2 Complaints book changed to register

			Line4.12 Removal of reference to using a complaints investigation report (Form 29) to feedback to the complainant and changed to written response. 4.16 Removed managers form and replaced with register. 4.16 Changed Operations Manager to Head of Operations.
3	August 2018	Vs3 -Policy reviewed and updated	4.4 Formal stages 1,2 & 3 4.18 Review & analysis of complaints Introduction of Useful contact details
4	August 2019	Vs4 – Policy reviewed and updated.	4.15 Stage 4 added
5	October 2019	Vs5 – Policy updated with change to Director of Operations.	Whole document
6	January 20	Vs6 – Updated to move to three stages and address areas not required.	Section 4
7	October 2020	V07 – Updated to reflect change in Operations Director – now to contact Care and Development Director	Section 2,3 and 4