

## **COMPLAINTS**

Receiving and acting on complaints

Name: Access Your Care Ltd.

### **Policy Statement**

This organisation policy is intended to comply with Regulation 16 of the Fundamental Standards Regulations.

This organisation accepts the rights of clients 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. It welcomes complaints, seeing them as opportunities to learn, adapt, improve and provide better services.

### **The Policy**

This policy is intended to ensure that complaints are dealt with properly and that all complaints or comments by clients and 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 company's disciplinary policy. This organisation believes that failure to listen to or acknowledge complaints leads to an aggravation of problems, client dissatisfaction and possible litigation. 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 client and families in their client Guide. A copy is always kept in their Care Plan in their homes and available in a format that can be understood.

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:

- Principle one: ensure that the complaints process is accessible
- Principle two: ensure that the complaints process is straightforward for clients and their representatives
- Principle three: ensure that appropriate systems are in place to keep clients 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

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

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

Specifically, we aim to ensure that:

- Clients, 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
- A named person will be responsible for the administration of the procedure
- Every written complaint is acknowledged within 5 working days
- All complaints are investigated within 14 days of being made
- All complaints are responded to in writing within 28 days of being made
- Complaints are dealt with promptly, fairly and sensitively, with due regard to the upset and worry that they can cause to both clients and staff.

### **Responsibilities**

The Registered Manager is responsible for following through complaints. However, there may be a specific post with responsibility for complaints. Communication between this post and the Registered Manager should be clear and transparent in order that the Registered Manager can demonstrate and evidence compliance. **The post holder responsible for complaints is the Quality assurance Lead. (Q A Lead)**

## **Complaints Procedure**

### **Verbal complaints**

- The organisation accepts that all verbal complaints, no matter how seemingly unimportant, must be taken seriously.
- Front-line care staff who receive a verbal complaint are expected to seek to solve the problem immediately.
- If they cannot solve the problem immediately, they should offer to get their line manager to deal with the complaint.
- 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.
- At all times in responding to the complaint, staff are encouraged to remain calm and respectful.
- Staff should not, make excuses or blame other staff.
- If the complaint is being made on behalf of the client by an advocate, it must first be verified that the person has permission to speak for the client, especially if confidential information is involved. (It is very easy to assume that the advocate has the right or power to act for the client when they may not). If in doubt it should be assumed that the client's explicit permission is needed prior to discussing the complaint with the advocate.
- After discussing the complaint, 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).
- 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.
- Details of all verbal and written complaints must be recorded as a client event on the company's data base; the client event should be printed out and stored in the client's file.

### **Serious or written complaints**

- Preliminary steps:

When we receive a written complaint, it is passed to the QA lead, who records it as a client event. The Quality assurance lead sends an acknowledgment letter within 5 working days to the complainant.

The QA lead will inform the Registered Manager of the complaint and seek advice where required.

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

### **Investigation of the complaint by the organisation:**

Immediately on receipt of the complaint, the QA lead 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.

If the issues are too complex for the investigation to be completed within 14 days, the complainant will be informed of any delays and the expected time for resolutions to be made. In any case a complainant should receive a resolution within 28 days.

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.

### **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 the 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 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.

The outcomes of the investigation and the meeting are recorded on the Client event tab on the company's data base and if required linked to staff members. Any shortcomings in company procedures, staff performance will be identified and acted upon.

The Registered Manager reviews complaints monthly as part of their audit process and the companies' senior management team formally reviews all complaints at least every six months as part of its quality monitoring and improvement procedures to identify the lessons learned.

### **Vexatious Complainers**

This organisation takes seriously any comments or complaints regarding its service. However, there are clients 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. Vexatious complainers will be referred to the arbitration service, so that the repeated investigations become less of a burden on the organisation, its staff and other clients.

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

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.

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. 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.

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 clients 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/>

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. 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.

### **Local Authority-funded Clients**

Any client 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**

Local Authority Complaints Manager (Adults)  
Steve Divine. North Somerset  
Social Services Local Office  
Town Hall Walliscote Road  
Weston Super Mare  
BS23 2UQ  
Telephone: 01275 888801

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]

### **To Raise Concerns, contact:**

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.

### **Related Policies**

Accessible Information and Communication

Adult Safeguarding

Consent

Dignity and Respect

Duty of Candour

Good Governance

Quality Assurance

## **Training Statement**

The Registered Manager is responsible for organising and co-ordinating training on the complaints procedure.

All staff receive training in dealing with and responding to verbal and written complaints. The complaints policy and procedures are included in new staff members' induction training. In order to learn from mistakes, staff group meetings and supervisions are used to discuss formal complaint issues, in order that all staff can share and learn from the experiences.

**Flow chart of complaints procedure**

**START**  
 Complaint received verbally or written. Person receiving complaint to complete complaint record sheet . Open client event- Pass CRS to RM or QA Lead

Update details of complaint on client/staff event on Caras. Relay any relevant information/changes etc to relevant staff and record on Clients/staff event tab on caras any actions taken. RM/QA Lead to record lessons learnt in complaints Audit spreadsheet

**HAS COMPLAINT BEEN RESOLVED BY END OF DAY?**  
 YES  
 NO

Complete complaint progress sheet and pass to RM/QA Lead

RM/QA Lead to acknowledge complaint verbally within 24 hours and if no investigation is required send written final response within 5 days.

**Does complainant accept final response?**  
 YES  
 NO

**Is investigation required?**  
 YES

Complaint outcome to be recorded on Client Event. Hard copy of complaint to be filed in complaints folder. Electronic copies saved in letters kept on client file and in main complaints file on Data/Access your care//complaints. RM/QA Lead to record lessons learnt in complaints Audit spreadsheet  
**END**

NO

RM to issue final response and advise Service User of options to take complaint further if they wish to do so – NSC & CQC, Ombudsman

RM /QA Lead to send holding letter pending investigation and to liaise with NSC/CQC and Complainant. Visit to be made to Complainant if required for further information. Staff statements to be taken.

**Has complaint been resolved within 2 weeks?**  
 YES  
 NO

Final response letter to be sent once all actions completed. outcome to be recorded on Client Event. Hard copy of complaint to be filed in complaints folder. Electronic copies saved in letters kept on client file and in main complaints file on Data/Access your care//complaints.  
**END**

RM/QA Lead to verbally inform and write to complainant with ongoing response letter and timescales of further actions to be taken.

YES



