



Complaints Policy and Procedure

Purpose

- The Registered Provider operates an effective mechanism for the receipt, recording, investigation and resolution of all complaints, in order to comply with the regulations.
- The arrangements for investigation of complaints are fair and transparent.
- Complaints and suggestions from Service Users or their relatives are a valued source of information regarding the quality of our service, and are a primary source of information regarding possible abuse.
- Care Quality Commission and Local Government Ombudsman guidelines are adhered to.

Scope

- Service Users.
- Relatives.
- Other professionals outside agencies.
- All employees and contractors.

Policy

- In all cases complaints and concerns shall be treated seriously in a sensitive and confidential manner.
- Complaints and suggestions must be handled in such a way as to first of all reach a satisfactory outcome with the complainant, and to turn a potentially difficult and damaging problem into a source of quality improvement.
- A copy of a basic complaints procedure will be given to all Service Users and their representatives, if appropriate, on admission within the Admission Booklet, copies will also be made available throughout the service and information regarding how to make a complaint displayed on each unit.
- All formal or serious complaints will be investigated by a person not related to the immediate source of the complaint.
- The recording of complaints will not be confined to “serious” or “substantial” complaints. The existence of records for complaints of an apparently minor nature is an indication of the effectiveness of the procedure, the openness of the culture of the organisation and its employees, and their vigilance in the area of abuse.
- Complaints will be recorded within the daily notes of the Service Users’ files in order to identify any pattern of complaints relating to an individual, including care or service provision in order to update and review the Care Planning process.
- Complaints will remain on file in order to identify any pattern of complaint relating to all or a group of Service Users. This record will contain minor complaints in addition to serious complaints, and will be accessible to all members of staff where appropriate, unless this is a safeguarding issue. In order for this to be established, members of staff are to make appropriate entries, in a timely fashion, to Care Planning or risk assessments.
- The central information, with regards to complaints, suggestions and compliments, will be regularly reviewed and analysed. The summary will be regularly considered by the Management Meeting for quality assurance purposes.
- Compliments will be recorded centrally and made available for all parties to read, also on the personnel file of any member of staff individually complimented.
- Employees who are the subject of a complaint should not communicate directly with the complainant unless accompanied by a senior member of staff, unless requested directly to do so by the complainant.

- Where the complaint gives rise to concerns regarding the wellbeing of one or more Service Users, serious consideration must be given to suspension of the person or persons complained about, and an investigation must be initiated immediately in order to identify any risk to the health and welfare of the Service User involved.

Procedure

Standard Arrangements

- There are several distinct levels of dealing with a complaint, and it is important for the speedy and effective resolution that each level is followed.
- The principles applied are:
 - The nearer the person dealing with the complaint is to direct service delivery, the better the likely outcome of the complaint. That person has a better detailed knowledge of the service and can react quickly and appropriately. An exception to this principle will be made in the case of a complaint which alleges abuse, in which case the complaint will be immediately and directly reported to a senior manager. At this point the safeguarding policy should be followed as per local authority advice and the necessary notification made to the CQC.
 - Accepting that personalities can be a factor in complaints, the multiple stages allow this problem to be avoided.
 - The complaints process will only be regarded as “completed” when the complainant or their representative has indicated, in writing if possible, that they are satisfied with the outcome of the complaint procedure.
 - Complaints and suggestions will in all cases be taken seriously, recorded, their practicality/usefulness investigated, and the complainant informed of the decided outcome.
- Appoint an investigator from within the business that will be responsible for dealing with each specific complaint. This person should be senior and appropriately qualified to complete the investigation.
- Thistle Manor must be able to respond to complaints in writing. Telephone conversations are not sufficient in themselves, as they do not constitute a proper record, although any conversation should be documented.
- All complaints should be acknowledge within 3 working days of the complaint and a response given within 5 working days. If the company is unable to give a response within this timescale, due to investigations or procedural matters, then the complainant should be notified of this delay within the 5 working days from the complaint. Complaints should all be responded to within 28 days unless there is special circumstances to consider.
- Update the complainant in writing about your progress during the investigation.
- The complaint procedure must be publicly available. It must be:
 - On your website;
 - Clearly visible in public areas of your registered address;
 - Sent out with all contracts for care; and
 - Included within all Service User Guides
- Investigations and outcomes will be recorded on the complaints form, adding additional sheets as required.
- All employees are warned that written complaints recording rules must be complied with, and those records held where they are freely available to supervisors and managers. Any attempt to conceal a complaint may give rise to formal disciplinary action.
- The complainant will be requested to examine the written records of the complaint and sign to indicate agreement with the outcome.
- In the event of a continued disagreement which cannot be resolved internally, the complainant will be advised to approach an appropriate external authority, such as the CQC, funding authorities such as Social Services or NHS, an independent advocacy service, or the local government Ombudsman.
- Staff members with a continued disagreement regarding a complaint can follow the procedures outlined in the Grievance Policy, available in the Employee Handbook.

- For privately funded Service Users a range of advocacy services are available. The Registered Manager should support the Service User to contact an appropriate independent advocate if the Service User shows any signs of being unable to fully make, or further pursue, the complaint.
- The completed complaints form will then be handed to the Registered Manager for permanent filing centrally.
- The Management Meeting will periodically review all complaints since the previous meeting in order to identify trends and matters which may have appeared to be relatively minor at the time, but which indicate a deeper problem.
- The number of complaints should be submitted to the local authority as part of the quarterly audits.
- The services action plan should be updated to include all actions to be taken to resolve any requirements or recommendations made following any investigation.

Written Procedure

- A complaint can be made: by telephone; in writing; by email; or in person. All responses will be made/followed up in writing.
- Complaints can be made to:

Roefield Specialist Care Limited
Thistle Manor
Edisford Road
Clitheroe, Lancashire
BB7 3LA

01200 422681

enquiries@roefieldcare.co.uk

- Complainants must receive an acknowledgment within 3 working days. In this acknowledgment let them know who will be investigating the complaint.
- A complaint must be made no more than 12 months after:
 - The date the event occurred, or if later,
 - the date the event came to the notice of the complainant.

The time limit will not apply if the senior management is satisfied that:

- The complainant can give a good reason for not making the complaint within that time limit; and
- despite the delay, it is still possible to investigate the complaint effectively and fairly.
- All complaints will be dealt with by a senior person within the care organisation.
- Complainants will receive (as far as reasonably practical):
 - Assistance to help them understand the complaints procedure; and
 - advice on where they may obtain such assistance.
- Thistle Manor, Roefield Specialist Care Limited will only accept complaints from a third party under certain conditions:

Either:

- Where you know that the Service User has consented, either verbally or in writing;

or:

- Where then Service User cannot complain unaided and cannot give consent because they lack capacity within the meaning of the Mental Capacity Act 2005; and
- The representative is acting in the Service User's best interests – for example, where the matter complained about, if true, would be detrimental to the Service User.

All complainant should be notified that:

“Once your complaint has been fully dealt with by Thistle Manor, Roefield Specialist Care Limited, if you are not satisfied with the outcome you can complain to the Local Government Ombudsman (LGO). The LGO provides a free, independent service. You can contact the LGO Advice Team for information and advice, or to register your complaint:

T: 0300 061 0614

E: advice@lgo.org.uk

W: www.lgo.org.uk

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

Our service is registered with and regulated by the CQC. The CQC cannot get involved in individual complaints about providers, but is happy to receive information about our services at any time. You can contact the CQC at:

Care Quality Commission,
CQC National Correspondence
PO Box 1258
Newcastle upon Tyne
NE99 5AU
Tel 01234 5678912
Fax 01234 567 8913
03000 616161

Monitoring

Record the following information on a complaints log:

- Each complaint received;
- The subject matter and outcome of each complaint;
- Details of the reasons for delay where an investigation took longer than the agreed response period agreed; and
- The date the report of the outcome of the investigation was sent to the complainant.

Annual Reports

Each provider must prepare an annual report for each year in which it must:

- Specify the number of complaints received.
- Specify the number of complaints that the provider decided were well-founded, partly or fully.
- Specify the number of complaints that the provider has been informed have been referred to other bodies.
- Give the subject matter of complaints received.
- Summarise any matters of importance in those complaints themselves or in the way that the complaints were handled.
- Summarise any matters where action has been or is to be taken to improve services as a consequence of those complaints.
- Providers must ensure that its annual complaint report is available to anyone on request.

Acknowledgement Letters

The acknowledgement letter should include an offer to discuss the complaint with the complainant at a mutually agreed time, to go over:

- The manner in which the complaint is to be handled; and
- The period (response period) within which the investigation of the complaint is likely to be completed.
- The acknowledgement can be sent by letter or email.
- Take account of the complainant's preferences when communicating with him or her.

Final Response Letter

The final response letter must include a report giving:

- A detailed explanation of how the complaint has been considered;
- The conclusions reached, including any remedial action needed; and confirmation that any action needed has either already been taken or, if not yet taken, the proposed timescale when such action will be completed.
- The letter must inform complainants of their right to take their complaint to the LGO if they are not happy with the outcome.
- The final letters should be signed by a member of the Senior Management or sent by email in their name.

General Information for Staff Managing Complaints

Complaints you do not have to investigate

Thistle Manor, Roefield Specialist Care Limited is not required to investigate the following complaints:

- A complaint by an employee relating to their employment (you should handle this in a different way, for example through your grievance procedure);
 - A complaint that was made in person or by telephone and is resolved to the complainant's satisfaction no later than the next working day after the day the complaint was made; and
 - A complaint that has already been investigated and resolved.
- In these circumstances, the provider will, as soon as is reasonably practicable, notify the complainant in writing of its decision to not investigate the complaint and the reasons why. It would be best practice to have a standard letter for this purpose.

Duty to co-operate

If a complaint involves more than one provider/commissioner of services there is a duty on local authorities and the NHS to co-operate and provide a single response. Every provider must work with CCGs or local authorities to provide single response to complaints.

Note: this form will be used to record expressions of minor concerns which may be dealt with on the spot as well as obvious "complaints" which may require formal investigation. It should also be used to record compliments offered to employees of the organisation.

CF1 : Complaints Form ID:

For
Office use

Name of Complainant:

Name of the Service User to which
the complaint refers (if applicable):

Details of complaint or concern (include as much information as possible such as dates, times and witnesses):

Names of any employees specifically complained of or complimented:

This form should be attached to a complaints form to record the investigation, actions and outcomes.

CF2 : Investigation Record

Complaint ID:

PART 1

Investigations carried out (attach additional pages if required):

PART 2

Action taken or recommended by investigator:

PART 3a

Did this action satisfy the complainant? (circle as appropriate)

Yes / No

If the answer to this question is YES then go to SIGNATURES.

If NO, please state why?

PART 3b

Further Actions taken to satisfy the complainant?**PART 4a**

Did these further actions satisfy the complainant? (circle as appropriate) Yes / No

If the answer to this question is YES then go to SIGNATURES.

If NO, please state why?

PART 4b

Name of organisation to which the complaint was referred, in the event of a failure to satisfy the complainant with further actions:

SIGNATURES

Signature of Complainant:

Date:

Signature of Investigator:	
Date:	
Signature of Registered Manager:	
Date:	