

CQC Outcome 17: Complaints Policy

Policy Statement

This policy has been produced to show how this care home complies with Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and Outcome 17: Complaints of the Care Quality Commission's *Guidance about Compliance: Essential Standards of Quality and Safety*.

Regulation 19 requires care providers to have an effective system in place "for identifying, receiving, handling and responding appropriately to complaints and comments made by service users, or persons acting on their behalf".

To show legal compliance the home must:

- a. bring the complaints system to the attention of service users and people acting on their behalf in a suitable manner and format
- b. facilitate the making of complaints when one is being made
- c. fully investigate all complaints and (where relevant) work with other services where the complaint is of a joint nature to address the issues raised.

This policy should be read and used in relation to other policies on:

- a. Service User Feedback
- b. CQC Outcome 16: Assessing and Monitoring the Quality of Service Provision.

This care home works on the principle that if a service user wishes to make a complaint or register a concern they should find it easy to do so. It is the home's policy to welcome complaints and look upon them as an opportunity to learn, adapt, improve and provide better services. This policy is intended to ensure that complaints are dealt with properly and that all complaints or comments by service users and their relatives and carers are taken seriously.

The policy is not designed to apportion blame, to consider the possibility of negligence or to provide compensation. It is not the same as the home's disciplinary policy. However, the home understands that failure to listen to or acknowledge complaints will lead to an aggravation of problems, service user dissatisfaction and possible litigation.

The home supports the principle that most complaints, if dealt with early, openly and honestly, can be sorted at a local level between the complainant and the organisation. If this fails due to the complainant being dissatisfied with the result, the organisation will respect the right of the complainant to take the complaint to the next stage.

The aim is always to make sure 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.

Goals

1. Service users, their representatives and carers are aware of how to complain and that the home provides easy-to-use opportunities for them to register their complaints.
2. A named person is responsible for the administration of the procedure.

3. Every written complaint is acknowledged within two working days.
4. Investigations into written complaints are held within 28 days.
5. All complaints are responded to in writing by the organisation.
6. Complaints are dealt with promptly, fairly and sensitively with due regard to the upset and worry that they can cause to both staff and service users.

The named complaints manager with responsibility for following through complaints is:

The home works on the basis that, wherever possible, complaints are best dealt with on a local level, ie within the home. Then if either of the parties is not satisfied by a local process, the person will be advised that they can take their complaint to the local authority, if they receive funding support from it, or directly to the Local Government Ombudsman if they are self-funding. Local authority-funded residents may also decide to take their complaint to the Local Government Ombudsman if they are dissatisfied with the way that the organisation or the local authority has handled their complaint.

The Care Quality Commission states that it will always welcome hearing about any concerns, though it will not investigate any complaint directly. It can be contacted by phone on 03000 616 161, by e-mail to enquiries@cqc.org.uk or by post to:

Care Quality Commission

Citygate

Gallowgate

Newcastle-upon-Tyne NE1 4PA.

In the event of the complaint involving alleged abuse or a suspicion that abuse has occurred, the organisation will refer the matter immediately to the Local Safeguarding Board manager. Usually the board will call a strategy meeting to decide on the actions to be taken next. This could entail an assessment of the allegation by a member of the Safeguarding Authority team.

Verbal Complaints

1. All verbal complaints, no matter how seemingly unimportant, are taken seriously.
2. Front-line care staff who receive a verbal complaint are instructed to address the problem straight away.
3. If staff cannot solve the problem immediately they should offer to get the manager to deal with the problem.
4. All contact with the complainant should be polite, courteous and sympathetic. There is nothing to be gained by staff adopting a defensive or aggressive attitude.
5. At all times staff should remain calm and respectful.
6. Staff should not make excuses or blame other staff.
7. 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.
8. After talking the problem through, the manager or the member of staff dealing with the complaint will suggest a course of action to resolve the complaint. If this course of action is acceptable then the

member of staff will clarify the agreement with the complainant and agree a way in which the results of the complaint will be communicated to the complainant (ie through another meeting or by letter).

9. 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 and give them a copy of the home's complaints procedure.
10. In both cases details of the complaints will be recorded in the complaints book.

Written Complaints

Preliminary steps

1. When a complaint is received in writing it is passed to the named complaints manager, who records it in the complaints book and sends an acknowledgment letter within two working days. The complaints manager will deal with the complaint throughout the process.
2. If necessary, further details will be 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.
3. A leaflet detailing the home's procedure will be forwarded to the complainant.
4. If the complaint raises potentially serious matters, advice will be sought from a legal advisor. If legal action is taken at this stage any investigation under the complaints procedure will cease immediately pending the outcome of the legal intervention.
5. If the complainant is not prepared to have the investigation conducted by the care home or its parent organisation he or she will be advised to contact the local authority (if it provides the individual's funding), the Local Government Ombudsman service (if the individual self-funds), or an organisation such as Age UK or Counsel and Care, which can provide advice on how to proceed. The CQC could also be contacted under these circumstances, though it will not investigate a complaint directly.

Investigation of the Complaint

1. Immediately on receipt of the complaint the organisation will launch an investigation and within 28 days the organisation 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.
2. If the issues are too complex to complete the investigation within 28 days, the complainant will be informed of any delays.

Meeting

1. If a meeting is arranged the complainant will be advised that they may, if they wish, bring a friend or relative or a representative such as an advocate.
2. At the meeting a detailed explanation of the results of the investigation is given and also an apology if it is deemed appropriate (apologising for what has happened need not be an admission of liability).
3. Such a meeting gives the organisation the opportunity to show the complainant that the matter has been taken seriously and has been thoroughly investigated.

Follow-up action

1. 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 will include details of how to approach the local authority complaints service or Local Government Ombudsman if the complainant is not satisfied with the outcome.
2. The outcomes of the investigation and the meeting are recorded in the complaints book and any shortcomings in procedures are identified and acted upon.
3. The management reviews all complaints to determine what can be learned from them. It regularly reviews the complaints procedure to make sure it is working properly and is legally compliant.

Training

All care staff are trained to respond correctly to complaints of any kind. Complaints policy training is included in the induction training for all new staff and updated as indicated by any changes in the policy and procedures and in the light of experience of addressing complaints.

Please note that a signed dated version of this policy with relevant review date details is available for inspection within the Home in hard copy format.