

LARCHFIELD MANOR

QUALITY POLICY STATEMENT

QP-01

Title: COMMENTS, SUGGESTIONS AND COMPLAINTS (KLOES)

1. INTRODUCTION

- 1.1. This policy has been produced to show how our service complies with the requirements of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities).
- 1.2 The Regulations and the Fundamental Standards of Quality and Safety. Regulation 16 require our service to have in place an effective system “for identifying, receiving, handling and responding appropriately to complaints and comments made by Service Users, or persons acting on their behalf.
3. We will ensure that all our Service Users are aware of this policy and they or their representative understand how to make a complaint.
4. Our service believes that if a Service User wishes to make a complaint or register a concern they should find it easy to do so.
5. We welcome complaints and look upon them as an opportunity to learn, adapt, improve and provide better services.

2.0 POLICY

- 2.1 To ensure that Service Users are aware of this policy and know how to make a complaint, and that they and those who represent them feel confident that their complaints and are listened to and acted upon promptly and fairly.

3.0 PRINCIPALS AND GOALS

- 3.1 We are committed to the six principals of good practice in the management of complaints, as identified by the Health Services Ombudsman:
 - Getting it right.
 - Being customer focused.
 - Being open and accountable.
 - Acting fairly and proportionately.
 - Putting things right.
 - Seeking continuous improvement.
- 3.2 The goals of our complaints procedure are to:
 - Take a flexible approach towards handling individual complaints which focuses on the needs and wishes of the people involved.
 - Keep the procedure simple so that it is much easier for people to share experiences and for service to respond.
 - Make sure that people’s experiences help to improve services.

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4.0 OUR APPROACH TO COMPLAINTS

- 4.1 It is our policy that all comments, suggestions and complaints are dealt with quickly and effectively. All complaints are treated sensitively, taking into account the individual circumstances.
- 4.2 We shall make every effort to provide the best possible service. However, there may be occasions when people are not happy with the service and therefore we recognise the right of all Service Users, relatives, representatives and members of staff to inform us of any problems or complaints (however small) which will be listened to and acted upon.
- 4.3 We will ensure that Service Users or those acting on their behalf who make a complaint are treated in a manner that respects their human rights and diversity in a fair and equal manner. The Service User will be supported to make a complaint using their preferred communication method.
- 4.4 Where Service Users lack confidence or capacity to make a complaint, they will be supported by staff in a sensitive manner to follow the complaints procedure. Complaints from people acting on the Service User's behalf will be treated with the same respect as if they had come from the Service User.
- 4.5 We will make every effort to resolve complaints to the complainant's satisfaction unless the complaint cannot be upheld or is outside our remit or our responsibility.
- 4.6 We are always looking to improve our services and promote a no blame culture. All comments, suggestions or complaints regardless of how small they may appear will be treated seriously and used to improve the service offered.

5.0 RESPONDING TO VERBAL COMPLAINTS

- 5.1 Staff should follow the following procedure when responding to verbal complaints:
- Any member of staff who receives a verbal complaint, no matter how seemingly unimportant, they must take it seriously.
 - Staff who receive a verbal complaint should seek to solve the problem immediately.
 - If staff cannot solve the problem immediately they should offer to get a senior member of staff to deal with the problem.
 - 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.
 - At all times staff should remain calm and respectful.
 - Staff should not accept blame, make excuses or blame other staff.

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- 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.
- After talking the problem through, the senior member or the member of staff dealing with the complaint should suggest a course of action to resolve the complaint. 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 a meeting or by letter).
- If the suggested plan of action is not acceptable to the complainant, then the member of staff should ask the complainant to put their complaint in writing to the service and give them a copy of the services complaints policy.
- In both cases details of the complaints Staff must make a record using a Complaints Form, C4014, and make an entry of the relevant details in the Complaints Log, C4015.

5.2 We support 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 service will respect the right of the complainant to take the complaint to the next stage.

6.0 WRITTEN COMPLAINTS PROCESS

6.1 When a written complaint is received it must be:

- Passed to the manager or named complaints manager, who records it in the complaints Log and sends an acknowledgment letter within three working days.
- The complaints manager will be responsible for dealing with the complaint throughout the process.
- Where the complaints manager feels there is insufficient information to deal with the complaint 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.
- The services complaints procedure will be forwarded to the complainant with an offer of explanation if needed.
- 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.
- If the complainant is not prepared to have the investigation conducted by the service 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

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on how to proceed. The CQC could also be contacted under these circumstances, though it will not investigate a complaint directly.

7.0. STAFFING COMPLAINTS OR CONCERNS

7.1 Where a member of staff has a complaint they should in the first instance report it to the manager. If the manager is not present they should report the complaint to their line manager.

7.2 If a member of staff has a concern about the health and wellbeing of a Service User they should refer to the Whistleblowing Policy QP-71, for the actions to be taken.

7.0 INVESTIGATION OF COMPLAINTS

7.1 Immediately on receipt of the complaint the service will commence an investigation and within 28 days the service 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.

7.2 If the issues of the complaint are too complex to complete the investigation within 28 days, the complainant will be informed in writing of any delays.

7.3 On completion of the investigation, the complaints manager will make arrangements to discuss with the complainant the outcome of the investigation: how it has been resolved, what actions were taken or are to be taken and will remind the complainant of their right to take the complaint to the Local Authority Social Services or Local Government Ombudsman, or through the NHS complaint process where the care, treatment and support was funded by the NHS, if you are not satisfied with the resolution.

7.4 Where the complaint involves the Mental Health Act and the complainant chooses to seek the help of the Local Authority Commissioner or the Care Quality Commission, the service will make every effort to work in conjunction with these agencies to arrive at a satisfactory resolution

7.5 Since April 2009 the Care Quality Commission cannot investigate individual complaints unless they involve Service Users who have mental incapacity under the Mental Health Act, however they still welcome feedback about the service you have received.

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8.0 STAFF TRAINING

8.1 All care staff should be trained to respond correctly to complaints of any kind. The complaints policy and procedure should be 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.

9.0 MENTAL CAPACITY

9.1 Family members or representatives of Service Users who suffer from mental incapacity who are not satisfied with the outcome of their complaint may at any stage contact the Local Authority Social Care Service or the Care Quality Commission at the following address:

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.....
.....

Telephone:

<p>The member of staff who has been designated to manage complaints in the:</p> <p>Name of service:</p> <p>..... (Name and position).</p>

5.0 EXTERNAL CONTACTS

5.1 Circumstances where you would rather report a concern to an outside body. The following are a list of external contacts for you to consider:

The Care Quality Commission – who are responsible for the regulation of adult social and health care in England:

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<http://www.cqc.org.uk/contact-us> • Phone: 03000 616161 • Email: enquiries@cqc.org.uk
Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA

Independent charity Public Concern at Work
0808 168 0225 or by email at advice33@pcaw.co.uk. They can talk staff through the
options address is www.pcaw.co.uk

Local Authority Safeguarding Board:

Telephone:

E mail:

Address:

NB The manager should seek the comments of the Care Quality Commission before implementing this policy.

Guidance for managers

What the Care Quality Commission requires

Key Lines of Enquiry 2018 - **Responsive R2: How are people's concerns and complaints listened and responded to and used to improve the quality of care?**

Prompt	Compliance Evidence
R2.4 How are people who raise concerns or complaints protected from discrimination, harassment or disadvantage?	This procedure addresses the prompt Refer to SD-16 Comments Suggestions and Complaints