Concerns and Complaints Policy

Policy Statement

This policy sets out the values, principles and procedures, which underpin the company's (Salford Care & Support Services Ltd) approach to handling complaints to comply with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 16: Receiving and Acting on Complaints.

It also shows how the company is meeting the Quality Statement, "Listening to and Involving People", which CQC is using from 2023 for its assessment purposes.

"We make it easy for people to share feedback and ideas or raise complaints about their care, treatment and support. We involve them in decisions about their care and tell them what's changed as a result."

Regulation 16 requires care providers to have an effective system to identify, receive, handle and respond appropriately to complaints and comments made by people who use the service, or persons acting on their behalf, and others involved with the service.

Regulation 16 is one of the fundamental standards with which providers must comply to meet their registration requirements. It states the following.

1. Any complaint received must be investigated and necessary and proportionate action must be taken in response to any failure identified by the complaint or investigation.

2. The registered person must establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by people who use the service and other persons in relation to the carrying on of the regulated activity.

3. The registered person must provide to the Commission, when requested to do so and by no later than 28 days beginning on the day after receipt of the request, a summary of:

    a. complaints made under such complaints system

    b. responses made by the registered person to such complaints and any further correspondence with the complainants in relation to such complaints

    c. any other relevant information in relation to such complaints as the Commission may request.

To be compliant with this regulation, the company will:

- bring the complaints system to the attention of people who use the service and people acting on their behalf in a suitable manner and format – please also refer to policy 18a Easy Read Complaints
- facilitate the making of complaints when one is being made
- acknowledge and investigate all verbal and written complaints and (where relevant), work with other services where the complaint is of a joint nature to address the issues raised
- ensure that people who use the service have access to and the help of an independent advocacy service, which they might need to make a complaint where they lack the capacity or means to make the complaint without such assistance; an advocate can assist the person at all stages in the complaints process (see also the separate policy on Advocacy).

Where appropriate, the company will also refer users to the leaflet published by the Care Quality Commission (CQC), *How to Complain About a Health or Social Company*.

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

- Responding to the Experiences of Service Users (England and Wales)
- Quality Assurance and Management
- Escalation
- Duty of Candour
- general safeguarding policies.

This company works on the principle that if a person who uses the service or anyone who acts in their best interests wishes to make a complaint or register a concern they should find it easy to do so. It is the company's policy to welcome complaints and look upon them as an opportunity to learn, adapt, improve and provide better services. This policy ensures that complaints are dealt with properly and that all complaints or comments by individuals 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 disciplinary policy. However, the company understands that failure to listen to or acknowledge complaints could lead to an aggravation of problems, dissatisfaction of people who use the service and possible litigation.

The company supports the principle that most complaints, if dealt with early, openly and honestly, can be sorted at a local level, ie between the complainant and the care home. If

this fails due to the complainant being dissatisfied with the result, the company respects the right of the complainant to take the complaint to the next stage by seeking a review with the relevant reviewing body of how the complaint was addressed.

The aim is always to make sure that the complaints procedure is properly and effectively implemented and that individuals feel confident that their complaints and worries are listened to and acted upon promptly and fairly.

Principles of Complaints Handling

1. People who use the service, their representatives and carers are always made aware of how to complain, for example, by having a complaints notice displayed prominently in public areas, having copies of the complaints procedure included in the information given to people who use the service, and having the procedure available in alternative formats in line with users' communication needs.

2. People who use the service, their representatives and carers are always made aware that the company provides easy-to-use opportunities for them to register their complaints.

3. A named person is always responsible for the administration of the procedure.

4. Every written complaint is acknowledged within two to three working days.

5. Investigations into written complaints are held within 28 days.

6. All complaints are responded to in writing by the company.

7. Complaints are dealt with promptly, fairly and sensitively with due regard to the upset and worry that they can cause to people who use the service and those against whom the complaint has been made.

8. The company recognises national guidance on complaints' handling, which uses a three-stage (two stages for some self-funding people) model of:

    a. local resolution

    b. complaints review

    c. independent external adjudication by Local Government and Social Care Ombudsman (LGSCO), Health Service Ombudsman or through the Independent Healthcare Advisory Services (IHAS).

9. The person to whom complaints should be made is the Registered Manager who is Fiona Langton unless the complaint is about her, in which case it should be made to the Nominated Individual who is Robert Baillie.

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The Complaints Procedure

Stage one: local resolution

The company works on the basis that wherever possible, complaints are best dealt with directly with the people who use the service by its staff and management, who will arrange for the appropriate enquiries to be made in line with the nature of the complaint. This can involve using an independent investigator as appropriate or if the complaint raises a safeguarding matter a referral to the local safeguarding adults authority.

Stage two: complaints review

In line with national guidance, the company then recognises that if the complaint is still not resolved, the complainant has a right to take their complaint to the body responsible for the commissioning of the service, eg local authority and/or health service (again depending on the nature of the complaint and type of service involved). A self-funding person whose care and support has no local authority involvement is entitled to go directly to the LGSCO for resolution.

Stage three: independent external adjudication

If complainants are still dissatisfied with the management and outcome of their complaint, the company is aware that they can refer the matter to the LGSCO/Health Service Ombudsman in respect of some private healthcare providers through the IHAS for external independent adjudication.

Role of the Care Quality Commission

The company makes its users aware that the Care Quality Commission (CQC) does not investigate any complaint directly, but it welcomes hearing about any concerns. It accordingly provides users with information about how to contact the CQC by referring them to the CQC's leaflet *How to Complain About a Health or Social Company* (July 2013) (available on the CQC website).

The company also sends to the CQC any information about complaints requested or required as part of CQC's compliance reviewing policy.

Safeguarding issues

In the event of the complaint involving alleged abuse or a suspicion that abuse has occurred, the company refers the matter immediately to the local safeguarding adults' authority, which will usually 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.

The company will also notify the CQC under the (revised) Care Quality Commission (Registration) Regulations 2009, Regulation 18(e) Notification of Other Incidents of "any abuse or allegation of abuse in relation to a service user".

Verbal Complaints

The company adopts the following procedures for responding to complaints and concerns made verbally to staff or to managers.

1. All verbal complaints, no matter how seemingly unimportant, are taken seriously and are immediately acknowledged as concerns.
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 person who uses the service by an advocate it must first be verified that the person has permission to speak for the person who uses the service, especially if confidential information is involved. It is very easy to assume that the advocate has the right or power to act for the person who uses the service when they may not. If in doubt it should be assumed that the person'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 complaints procedure.
10. Details of all verbal complaints are recorded in the complaints book by the staff or managers who receive the complaint and on the individual's care records with information on how a specific matter was addressed.

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Written Complaints

The company adopts the following procedures for responding to written complaints, which might be made by letter or on a form which the company makes available.

Preliminary steps

1. When a complaint is received in writing it is passed on to a named person, eg the registered manager or registered provider/complaints manager who records it in the complaints book and sends an acknowledgement letter within two working days, which describes the procedure to be followed.

2. The complaints manager/named person is responsible for dealing with the complaint throughout the process, including for any investigations carried out by an independent person, who will report to the named person/complaints manager.

3. If necessary, further details are obtained from the complainant by the person carrying out the investigation. If the complaint is not made by the person who uses the service but on their behalf, then consent of the person, wherever practical in writing, is obtained from the complainant to provide that information.

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 should cease immediately pending the outcome of the legal intervention.

5. A complainant, who is not prepared to have the investigation conducted by the company or its parent organisation or is dissatisfied with the response to the complaint, is advised to contact the organisation or organisations responsible for commissioning their services (local authority and/or health service) for a review of their complaint.

6. The complainant then has the option of taking the matter to independent external adjudication and will be referred to the information provided by the CQC in its leaflet *How to Complain About a Health or Company* (February 2014).

7. If the complaint involves safeguarding issues requiring an alert to the local safeguarding authority, the company will follow the safeguarding procedures, carrying out any internal investigation in line with any plan agreed with the safeguarding staff (with information shared with the CQC).

Investigation of a complaint (other than safeguarding)

1. Immediately on receipt of a written complaint, the company will launch an investigation and aims within 28 days 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 delay and the reason for the delay.

Meeting

1. If a meeting is arranged the complainant is 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 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 is sent to the complainant.

2. This includes details of how to take the complaint to the next stage if the complainant is not satisfied with the outcome.

3. The outcomes of the investigation and the meeting are recorded in the complaints book and any shortcomings in procedures are identified and acted upon.

4. 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.

Review

Signed:	R Baillie
Date:	08/08/2024
Policy review date:	07/08/2025