

COMPLAINTS POLICY

Ashall Care Ltd

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Policy Statement

This organisation's policy is intended to comply with Regulation 16 of the Fundamental Standard Regulations.

This organisation accepts the rights of Residents, families and advocates 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. Residents and families are provided with clear information on how to make a complaint and our staff are competent to always support individuals with making a complaint.

It welcomes complaints as opportunities to learn, adapt, improve, and provide better services.

Our organisation will comply with legislation, national guidelines, regulations and best practice when managing complaints and suggestions. In accordance with the Equality Act 2010, we will ensure our processes are fair and transparent and do not discriminate directly or indirectly, against those with protected characteristics.

The Policy

This policy is intended to ensure that complaints are dealt with properly and that all complaints or comments by Residents or their relatives, carers, and advocates are taken seriously. It is not designed to apportion blame, consider the possibility of negligence, or provide compensation. It is not part of the company's Disciplinary policy or Grievance process.

This organisation believes that failure to listen to or acknowledge complaints leads to an aggravation of problems, Resident 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 Residents and families in their Residents guide. A copy is always kept in their care plan in their homes and available in a format that can be understood.

ADASS has published a Good Practice Guide on Handling Complaints concerning Adults and Children in Social Care Settings. They have identified the following five principles:

- Ensure that the complaints process is accessible
- Ensure that the complaints process is straightforward for Residents and their representatives
- Ensure that an appropriate system is in place to keep Residents informed throughout the complaints process
- Ensure that the complaints process is resolution-focused
- Ensure that quality assurance processes are in place to enable organisational learning and service improvement from complaints and customer feedback

Any complaints made by staff will be signposted to the Grievance policy if the complaint relates to them as an individual, or via the Whistleblowing policy where a protected disclosure is made.

Aim of the Complaints Procedure

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

- Residents, 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
- We will acknowledge a complaint in 3 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 Residents and staff

Responsibilities

The registered manager is responsible for following through with 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 so that the registered manager can demonstrate evidence of compliance.

If the complaint is concerning the registered manager then another manager or director on the senior management team will handle the complaint. Information on where to send the complaint or whom to speak to, if it involves the registered manager is included in the complaints procedure in the Resident guide.

Charlotte Shatwell – Company Director

Gareth Shatwell – Company Director

Complaints From A Representative

If the Resident directly affected does not want to complain themselves, they can ask someone else to make the complaint on their behalf and represent them throughout the process.

A representative can be anyone such as:

- A family member
- A friend
- An advocate
- A legal representative

There is no restriction on who may act as a representative and this list is not exhaustive.

Our organisation will support them by signposting Residents to an advocate in the event they do not have any other representation and are not happy to raise the complaint themselves.

Our organisation can only accept complaints from a representative in certain situations. These are;

- Where it is known that the Resident has consented, either verbally or in writing (and this includes the willingness for us to share personal information with the representative)
- Where the Resident cannot complain unaided and cannot give consent because they lack capacity in line with the Mental Capacity Act 2005, and the representative is acting in the Residents' best interests

If the Resident does not consent to us discussing the complaint with their representative then we take this into account. We will explain to the person making the complaint that only the issues that directly affect them can be investigated. If we do not have consent to share personal information about the Resident we will not be able to investigate any matters relating to the Resident or share personal information about the Resident which may leave some of their concerns unanswered.

If we receive a complaint where the Resident directly affected does not have the capacity to consent to the complaint being made on their behalf, we first determine if the person making the complaint on their behalf has a legitimate interest in the person's welfare and that there is no conflict of interest. We also need to determine if the person making the complaint has a right of access to the personal information of the Resident directly affected. E.g. are they an attorney with authority to manage the property and affairs of the individual or are they a person appointed by the Courts to make decisions about such matters

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 problem
- 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
- After discussing the problem, the manager or member of staff dealing with the complaint will suggest a means of resolving it
- If this course of action is acceptable, the member of staff should clarify the agreement with the complainant and agree on 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, 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 in the complaints book, the Resident's file, and the home records

Serious or Written Complaints

Preliminary steps:

- When we receive a written complaint, it is passed to the designated lead manager, who records it in the complaints book and sends an acknowledgement letter within 3 working days to the complainant
- With this letter, the manager also includes a leaflet detailing the organisation's procedure for the complainant
- The designated lead is the named person who deals with the complaint through our process
- If necessary, further details are obtained from the complainant. If the complaint is not made by the Resident but on the Resident's behalf, the consent of the Resident, preferably in writing, must be obtained from the complainant where required
- If the complaint raises potentially serious matters, advice could 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 complaints manager 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 28 days, the complainant will be informed of any delays
- 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 allows the management 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.

- If the complainant is not happy with the response they receive or if they had not received an answer within a reasonable time, they can complain to the Local Government & Social Care Ombudsman. The Ombudsman believes that up to 12 weeks is a reasonable time for a council or care provider to look at a complaint and reply to the complainant
- The outcomes of the investigation and the meeting are recorded in the complaints book and any shortcomings in company procedures will be identified and acted upon.
- The company management 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, some Residents 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 need to be dealt with by the arbitration service so that repeated investigations become less of a burden on the organisation, its staff, and other Residents.

Accessibility

Policies and procedures are available in accessible formats, well publicised, readily available, and accessible to individuals using the service, their families, significant others, visitors, staff, and others working at the service.

The Local Government & Social Care Ombudsman (LGSCO)

Investigate all complaints about adult care services, care provided by a council or care arranged directly with a care provider by:

- Someone paying with their own or family money
- Someone using money provided by a council, via direct payment for example

There is a step-by-step process for making an online complaint on the LGSCO website or a phone number to contact them.

A complaint should be made within 12 months of the problem. If left any longer the
The ombudsman may not be able to help.

The CQC and the LGSCO work together to promote high-quality services for all people who use adult social care services. This is particularly the case where when investigating a complaint the LGSCO detect service failures by a care provider that may affect its registration status with the CQC. An information-sharing agreement and memorandum of understanding set out how information is shared.

Local Authority-funded Residents

Any Resident part or wholly funded by their LA can complain directly to the complaints manager (adults) who are employed directly via the LA.

Relevant Contacts

Local Authority Complaints Manager (Adults)
Social Care Complaints Service
Loxley House
Station Street
Nottingham
NG2 3NG
Email: socialcarecomplaints@nottinghamcity.gov.uk
Tel: 0115 8765974
Text number: 07949185329

Nottinghamshire County Council Adult Social Care Services
Bassetlaw District Council
17b The Square
Retford
Nottinghamshire
DN22 6DB
Tel: 0300 500 80 80

County Police HQ:
Tel: 101 option 2

Out of Hours Service (Social Services) 0115 8765974*
*This service is available when social services offices are closed

The Parliamentary and Health Service Ombudsman (NHS funded Residents)
Millbank Tower
Millbank
London, SW1P 4QP
Tel. 0345 015 4033

The Local Government & Social Care Ombudsman
10th Floor, Millbank Tower,
Millbank,
London, SW1P 4QP

Advice Line Tel: 0300 061 0614 [for complainants]

The CQC cannot get involved in individual complaints about providers but is happy to receive information about services at any time.

To raise concerns, contact:

The Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA
Tel. 03000 616161

The CQC 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
Grievance
Whistleblowing

Related Guidance

CQC Regulation 16: Receiving and acting on complaints:

<https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-16-receiving-acting-complaints>

CQC Complaints Matter:

https://www.cqc.org.uk/sites/default/files/20141208_complaints_matter_report.pdf

CQC Regulation 20: Duty of Candour:

<https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-20-duty-candour>

Local Government and Social Care Ombudsman Annual Review of Complaints:

<https://www.lgo.org.uk/information-centre/reports/annual-review-reports>

Local Government and Social Care Ombudsman: How to Complain:

<https://www.lgo.org.uk/make-a-complaint>

[How we can help - Local Government and Social Care Ombudsman](#)

Training Statement

All staff, during induction, are made aware of the organisation's policies and procedures, all of which are used for training updates. All policies and procedures are reviewed and amended where necessary, and staff are made aware of any changes. Observations are undertaken to check skills and competencies. Various methods of training are used, including one-to-one, online, workbook, group meetings, and individual supervision. External courses are sourced as required.

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Person responsible for updating this policy:	Charlotte Shatwell
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