

Complaints Policy

Introduction

Quality statements are the commitments that providers, commissioners and system leaders should live up to. Expressed as 'we statements', they show what is needed to deliver high-quality, person-centred care.

When they refer to 'people' we mean people who use services, their families, friends and unpaid carers. This includes:

- people with protected equality characteristics
- those most likely to have a poorer experience of care or experience inequalities.

Elizabeth Finn Homes (EFH) will commit to the following quality statements for:

Learning culture

We have a proactive and positive culture of safety based on openness and honesty, in which concerns about safety are listened to, safety events are investigated and reported thoroughly, and lessons are learned to continually identify and embed good practices.

Safeguarding

We work with people to understand what being safe means to them as well as with our partners on the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.

Safe and effective staffing

We make sure there are enough qualified, skilled and experienced people, who receive effective support, supervision and development. They work together effectively to provide safe care that meets people's individual needs.

How staff, teams and services work together

We work effectively across teams and services to support people. We make sure they only need to tell their story once by sharing their assessment of needs when they move between different services.

Independence, choice and control

We promote people's independence, so they know their rights and have choice and control over their own care, treatment and well-being.

Responding to people's immediate needs

We listen to and understand people's needs, views and wishes. We respond to these in that moment and will act to minimise any discomfort, concern or distress.

Listening to and involving people

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.

Freedom to speak up

We foster a positive culture where people feel that they can speak up and that their voice will be heard.

Governance, management and sustainability

We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

Partnerships and communities

We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

Learning, improvement and innovation

We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.

Scope

This policy is intended to ensure that complaints are dealt with effectively, in a timely manner and that all complaints or comments by residents, their relatives, carers and advocates, are taken seriously.

It is not designed to apportion blame, to consider the possibility of negligence or to provide compensation; it is not part of EFH disciplinary policy. EFH believes that failure to listen to, or acknowledge, complaints leads to an aggravation of problems, dissatisfaction of the service and possible litigation.

This policy and procedure are provided for the regulated activity of accommodation for persons who require nursing or personal care.

Equality Statement

EFH is committed to equal rights and the promotion of choice, person-centred care and the promotion of independence. This policy demonstrates our commitment to creating a positive culture of respect for all individuals. The intention is, as required by the Equality Act 2010, to identify, remove or minimise discriminatory practice in the nine named protected characteristics of age, disability, sex, gender reassignment, pregnancy and maternity, race, sexual orientation, religion or belief, and marriage and civil partnership. It is also intended to reflect the Human Rights Act 1998 to promote positive practice and value the diversity of all individuals.

Policy Statement

Key Points

- EFH believes that failure to listen to, or acknowledge, complaints leads to an aggravation of problems, dissatisfaction of residents and possible litigation.
- Failure to listen to and manage complaints effectively can lead to a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the CQC quality statement, '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.'
- EFH supports the idea that most complaints, if dealt with early, openly and honestly, can be resolved at a local level.
- Our complaints policy is intended to respect and accept the rights of residents to make complaints and to register comments and concerns about the services received.

- We provide accessible complaints literature for residents, families and other representatives to ensure they understand how they can make a complaint or raise a concern about the service they receive.
- We adopt the five principles of the National Complaints Managers' Group (England) 'Good Practice Guidance for Handling Complaints Concerning Adults and Children Social Care Services.'
- Every written and/or verbal complaint is acknowledged within three working days.
- All complaints are aimed to be investigated within 14 days of being made wherever possible and no later than 28 days for complex or difficult complaints.
- On occasion, due to the complexity of the complaint and/or involvement of external agencies, e.g. the Police, this may be extended. The nominated lead for the complaint within EFH will keep the complainant informed of any delays and include reasons where possible.
- All complaints will be brought to the attention of the Registered Manager without delay.
- EFH, through the Registered Manager, audits complaints to identify themes and trends which may be indicative of organisational and safeguarding concerns.
- Compliments are important for learning and should be used to share, celebrate, and widely implement best practice.
- We recognise that some residents and family members do not feel comfortable making a complaint. We will consider what actions we must take to resolve any negative feedback including comments, 'grumbles,' or concerns. We will ensure we learn from these and keep a record of this feedback to form part of our complaints auditing.

Our complaints policy is intended to respect and accepts the rights of residents 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. We welcome complaints, seeing them as opportunities to learn, adapt, improve, and provide better services.

EFH supports the idea that most complaints, if dealt with early, openly and honestly, can be resolved at a local level between the complainant and the organisation. The complaints procedure is made available to residents and their families. A copy is always kept in our homes and available in a format that can be understood by them and meets their communication needs.

The Local Government and Social Care Ombudsman published 'Caring about complaints: lessons from our independent care provider investigations in March 2019.' This provides helpful guidance on learning from the themes and trends identified by the ombudsman to help organisations provide the best service possible.

The National Complaints Managers' Group (England) 'Good Practice Guidance for Handling Complaints Concerning Adults and Children Social Care Services' provides a framework for managing complaints, endorsed by the Local Government and Social Care ombudsman and ADASS (Association of Directors of Adult Services). A useful resource, 'Acting on compliments, feedback and complaints about adult social care – a good practice guide for adult social care practitioners,' can also support adult social care organisations to inform their approach to complaints.

They have identified the following five principles:

1. Principle one: ensure that the complaints process is accessible.
2. Principle two: ensure that the complaints process is straightforward for persons using this service and their representatives.
3. Principle three: ensure that appropriate systems are in place to keep persons using this service informed throughout the complaints process.
4. Principle four: ensure that the complaints process is resolution focused.
5. Principle five: ensure that quality assurance processes are in place to enable organisational learning and service improvement from complaints and customer feedback.

The Policy

EFH is obliged morally, and through its regulatory framework, to effectively manage complaints and to use these to learn, instigate remedial action and ensure continuous improvement.

EFH aims to ensure that its complaints procedure is properly and effectively implemented and that residents feel confident that their complaints and concerns are listened to and acted upon promptly and fairly.

All staff and managers will be trained in the policy, and how to deal with minor complaints to the satisfaction of residents and family to minimise the risk of them escalating to major complaints or concerns. Where major complaints are raised by residents, their family, or any other stakeholder then these will be managed in a timely and professional manner.

How People Can Make a Complaint

- In person
- By telephone
- Through a member of our staff
- Through an advocate or representative
- By letter
- By email

Where someone complains orally, we will make a written record and provide a copy of it within three working days.

Our staff will help people to raise their concern or complaint if required or requested. We will make sure we know if our usual way of dealing with complaints might make it difficult for someone to use our service, for example if English is not their first language or they need to engage with us in a particular way.

In addition, if someone needs extra assistance, we will aim to put them in touch with someone who can help such as an advocacy service. Independent advocacy can help individuals to understand their rights, access information to make informed choices, and have their voice heard, including when they are dissatisfied with a service they have received.

*Please also see the 'Advocacy Policy' for further information.

Anonymous Complaints

We deal with anonymous complaints under the same procedure; however it is better if the complainant can provide contact details so we can tell them about the outcome of our investigation.

All anonymous complaints will be escalated to Senior Management Team without delay.

Aims of the Complaints Procedure

The complaints procedure aims to ensure that:

- Residents, their carers and representatives, are aware of how to make a complaint and that EFH provides easy to use opportunities for them to register their complaints which are appropriate to their needs.
- Complaints will be acknowledged in writing within three working days and will usually be completed and responded to between 14 and 28 days. On occasions where there are complex concerns or external agencies (e.g. the Police) are involved this may be extended. EFH will keep the complainant updated on any delays and, where possible, the reasons.
- A named person will be responsible for the administration of the procedure.
- All complaints will be dealt with promptly, fairly and sensitively, with due regard to the upset and worry that they can cause to both staff and residents.
- We will supply a copy of the complaints procedure to every person using this service and to any representative if that representative so requests, in a format that they can understand and meets their communication needs.
- Some complaints will require links with other policies and procedures, which may include:

- Managing Expectations about Abusive Complaints
- Safeguarding Adults and Children
- CQC Notifications
- Whistleblowing
- Duty of Candour

The written copy of the complaint's procedure includes details for the:

- Local authority complaints manager.
- CQC contact details including telephone, email and address.
- The procedure (if any) that has been notified by CQC to the provider for making of complaints to CQC relating to the care service.
- Local Government Social Care Ombudsman (LGSCO).

Responsibilities

The Registered Manager is responsible for managing complaints. However, commensurate with the type of complaint there may be a specific post with delegated responsibility for the complaint. Communication between this post holder and the Registered Manager should be clear and transparent in order that the Registered Manager can demonstrate and evidence compliance.

Staff have a responsibility to comply with this policy which states that they must help people using this service, families and others to make complaints, taking complaints seriously and responding to them, or passing them to the appropriate person.

Where the complaint is about the Registered Manager, then the complaint will be managed by a board director or equivalent. Where no director is in place, and the Registered Manager is the most senior person, then the organisation will seek an appropriate independent person with experience in dealing with complaints and concerns to investigate the complaint.

Where the complaint is about a director or equivalent, then the complaint will be managed by another board member. Where no alternative director/board member is available, then EFH will seek an appropriate independent person with experience in dealing with complaints and concerns about directors to investigate the complaint.

Where an independent person is commissioned to manage the complaint, they will follow the organisation's 'Complaints Policy' and procedure.

Complaints Procedure

All complaints must be brought to the attention of the Registered Manager (or delegated other) without delay. They will ensure its receipt is recorded on the complaints log and keep a full record of the complaint including the investigation, reports, meetings, outcomes, actions required and timescales of the complaint. Upon receipt of a complaint staff will check any language or communication needs. They must confirm (in the person's preferred language and format) our understanding of the concern and ask the person to tell us (if possible) what outcome they are hoping for.

Staff will explain to the complainant that their concern or complaint will be dealt with in an open and honest way and provide assurance that any future dealings with the service provider will not be affected just because the person has expressed a concern or made a complaint, if this is a concern.

Where a complaint is about more than one body, for example us as a service provider and the local authority, we will work with the other bodies to decide who should take the lead in dealing with the complaint or concerns. We will always keep the complainant updated about who is taking the lead role, including providing them with a named person, who is investigating their concerns.

Recording Complaints

It is important to record suitable data to enable EFH to fully investigate and respond to the complaint, as well as using complaint information to track themes and trends. As a minimum, EFH will record the:

- Resident's name and contact details,
- Date the complaint was received,
- Nature of the complaint,
- Staff member responsible for handling the complaint,
- Action taken and outcome at frontline response stage,
- Date the complaint was closed at the frontline response stage,
- Date the investigation stage was initiated (if applicable),
- Action taken and outcome at investigation stage (if applicable),
- Date the complaint was closed at the investigation stage (if applicable), and
- Underlying cause of the complaint and any remedial action taken.

If the resident (or representative) does not want to provide any of this information, staff should reassure them that the complaint will be managed appropriately and record whatever information they are able to.

Verbal Complaints

EFH believes that all verbal concerns or complaints, no matter how seemingly unimportant, must be taken seriously.

EFH staff who receive a verbal complaint will be expected to seek to solve the problem immediately. If this has been completed, then the outcome should be escalated to the manager to inform them of the action taken.

If EFH staff cannot solve the problem immediately, they should ask a manager to get involved and resolve the problem.

Staff will be 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 required to remain calm and respectful.

Staff should not accept blame, make excuses, or blame other staff.

If the complaint is being made on behalf of the resident by an advocate, it must first be verified that the person has permission to speak for the resident, 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 using this service when they may not). If in doubt it should be ascertained that the resident's explicit permission is granted before discussing the complaint with the advocate.

After talking a problem through, the manager dealing with the complaint will suggest a course of action to resolve the complaint. If this course of action is acceptable, then a 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 another meeting or by letter).

If the suggested plan of action is not acceptable to the complainant, they should be given a copy of EFH complaints procedure if they do not already have one and receive support to understand how the complaint will be recorded, investigated and acted upon.

Full records of all verbal complaints must be kept, including keeping a record of all actions, investigations, meetings, timescales, findings and outcomes.

It is important to note that not all verbal complaints are minor, and just because they are not written does not mean that they are not serious.

Written Complaints

Preliminary steps:

- When we receive a written complaint, it is passed to the Registered Manager or their delegate, who records it in the Complaints Log and sends an acknowledgment letter within three working days to the complainant.
- The Registered Manager (or their delegate) also includes a leaflet detailing EFH procedure for the complainant. The person leading the complaint will consider the resident's needs and provide information in a format suitable for the person making the complaint.
- If necessary, further details are obtained from the complainant.
- If the complaint is not made by the resident but on the resident's behalf, then consent of the resident must be obtained and a record of the consent must be recorded.
- If the complaint raises potentially serious matters, advice could be sought from the Senior Management Team / Director who may consult a legal advisor. If legal action is taken at this stage, the Registered Manager must follow the legal advice on how to manage the complaint.
- Consideration of a serious matter will include the Registered Manager assessing whether onward referral to Safeguarding, CQC and/or the Police is required.
- There should be a dialogue with the operations team to ensure escalation to Turn to Us and thus the charity commission is not required.

Investigation of the Complaint by the Organisation

- Complaints will usually be completed and responded to between 14 and 28 days, and EFH will be in a position to provide a full explanation to the complainant, either in writing or by arranging a meeting with the individuals concerned.
- The complaint should not be investigated by someone with previous involvement in the issue or complaint.
- Investigation planning should include:
 - What happened? (this could include, for example, records of phone calls or meetings, work requests, recollections of staff members or internal emails),
 - What should have happened? (this should include any relevant policies or procedures that apply), and
 - Is there a difference between what happened and what should have happened, and is EFH responsible?
- If the issues are too complex for the investigation to be completed within 28 days or are delayed due to an external agency, e.g. the Police, the complainant will be informed of any delays and include, where possible, reasons. Staff should consider if this meets the duty of candour requirements (see the 'Duty of Candour Policy').
- Where the complaint cannot be resolved between the parties, an arbitration service will be used. This arbitration service and its findings will be final to both parties. The cost of this will be borne by EFH.

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 gives management the opportunity 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. This will be in their preferred communication format.

The written account of the investigation will:

- Be clear and easy to understand, written in a way that is person-centred and non-confrontational,
- Avoid technical terms, but where these must be used, an explanation of the term should be provided,
- Address all the issues raised and demonstrate that each element has been fully and fairly investigated,
- Include an apology where things have gone wrong,
- Highlight any area of disagreement and explain why no further action can be taken, and
- Indicate that a named member of staff is available to clarify any aspect of the letter.

The written account will include details of how to:

- Contact the CQC if the complainant is not satisfied with the outcome (using 'CQC – Give feedback on care').
- Raise the complaint with the local authority if the complainant's service has been arranged or funded by their local council.
- Ask the Local Government and Social Care Ombudsman to investigate their complaint.
- The outcomes of the investigation and the meeting are recorded in the Complaints Log, and any shortcomings in EFH procedures will be identified and acted upon.
- EFH management formally reviews all complaints monthly as part of its quality monitoring and improvement procedures to identify the lessons learned.
- Lessons learned from complaints will be used to develop action plans for continuous improvement and to update services, policies and procedures, and training and will be shared at staff and management.

Confidentiality

Confidentiality is maintained during the complaints process unless there are professional statutory obligations which would not make this possible, such as those in relation to safeguarding.

Compliments

Compliments will be used as a positive learning tool and will be audited to identify positive and best practice. Action plans will be developed to share and demonstrate how what is learned from compliments can be used to embed high quality care and will be used as case studies to improve staff performance across all teams.

As with action plans for improving after complaints, action plans will be monitored to ensure best practice is being embedded with updates where the agreed actions are not achieving the expected positive outcomes.

Learning From Complaints

EFH has clear systems in place to act on issues identified in complaints including:

- Seeking to identify the root cause of complaints,
- Taking action to reduce the risk of recurrence, and
- Systematically reviewing complaints to improve service delivery.

Learning may be identified from individual complaints (regardless of whether the complaint is upheld or not) and from analysis of complaints data. Any actions identified from learning will:

- Detail the action required,
- Identify the staff member responsible for the action/s,
- Have a target date for action to be taken, and
- Share learning with staff.

Abusive or Vexatious Complainers

EFH Complaints Policy

We aim to deal with all complaints in ways which are demonstrably consistent, fair and reasonable. In a minority of cases, people pursue their complaints in a way which can either impede the investigation of their complaint or can have

significant resource issues for the service. This can happen either while their complaint is being investigated or once the service has finished dealing with the complaint. This can arise from the inability of EFH to meet the outcomes of the complaints, i.e. the complaints are unresolved. Please see the Managing Expectations about Comments, Complaints and Concerns Policy which sets out how we will decide if the engagement during a complaint becomes difficult to manage, and what we will do in those circumstances.

Local Government and Social Care Ombudsman (LGSCO)

The Local Government and Social Care Ombudsman (LGSCO) can consider complaints from people who arrange or fund their own adult social care. This is in addition to complaints about care arranged and funded by local authorities.

The LGSCO's role includes those who 'self-fund' from their own resources or have a personalised budget. In most cases they will only consider a complaint once the care provider has been given reasonable opportunity to deal with the situation. It is a free service.

- Their job is to investigate complaints in a fair and independent way.
- They are not biased and do not champion complaints.
- They are independent of politicians, local authorities, government departments, advocacy and campaigning groups, the care industry and the CQC.
- They are not a regulator and do not inspect care providers.

The LGSCO is fully independent of the CQC, and deal with individual injustices that people have suffered. The CQC deals with complaints about registered services as a whole and does not consider individual matters. They can share information with the CQC but only when deemed appropriate. The CQC will redirect individual complaints to the LGSCO and the LGSCO will inform CQC about outcomes that point to regulatory failures.

Local Authority-funded Residents

Any resident part or wholly funded by their local authority can complain directly to the Complaints Manager (adults) who is employed directly via the local authority.

Relevant Contacts

The Care Quality Commission

Tel: 03000 616161

Give Feedback on Care:

<https://www.cqc.org.uk/give-feedback-on-care>

enquiries@cqc.org.uk

Staff Training

All staff will receive guidance on induction to cover:

- The complaints handling procedure.
- How to handle and record complaints and the frontline response.
- Who they can refer a complaint to, in case they are not able to handle the matter.

- The need to try and resolve complaints early and as close to the point of service delivery as possible.

In addition, staff who are required to investigate complaints will receive additional support to ensure they understand their role and have the right skills and knowledge to manage complaint investigations.

Seeking Feedback about

EFH will seek feedback from people, families, staff, involved professionals and volunteers about their experiences of Management of Complaints, where it is appropriate to do so. We will seek feedback in person during conversations and via surveys and meetings. We will respond to feedback and tell people about changes and improvements we make as a result of their feedback.

References

Managing Expectations about Complaints Policy

Safeguarding Adults and Children Policy

Whistleblowing Policy

Duty of Candour Policy

Regulation 16: Receiving and acting on complaints, CQC

Regulation 20: Duty of Candour, CQC

Complaints Matter, CQC

Good Practice guidance for handling complaints concerning adults and children social care services (England) May 2016, National Complaints Managers' Group

Resources for care providers, Local Government and Social Care Ombudsman
How to Complain, Local Government and Social Care Ombudsman

Caring about complaints: lessons from our independent care provider investigations, The Local Government and Social Care Ombudsman

Review date	Next Review Date
May 2024	May 2027