

Policy name:	Complaints Policy		
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Related policies and guidance	Safeguarding Policy		

Policy Statement

1. We believe that all stakeholders should be assured that on any occasion where our actions fall below that, which could reasonably be expected, there are systems in place to address this. Stakeholders in the context of this policy include the following:

- Our customers who use our services
- Individuals associated with our customers, including friends, relatives, social workers, health professionals.
- Commissioners of our service, for example officers from Southend Council who contract with us for the delivery of services
- Members of the public
- We are committed to this in relation to the management of comments and complaints by the following.

This policy should be read in conjunction with SCL Safeguarding Policy as there may be circumstances where a complaint needs to be treated under our Safeguarding Policy.

1.1 All stakeholders can be confident that their comments and complaints are listened to and dealt with effectively because:

- There are procedures for receiving, handling, considering and responding to comments and complaints, and a named contact who is accountable for doing so.
- The complaints process is available and well-publicised to reflect best practice principles of complaint handling. The process will ensure:
 - a. That the details of the complaint, and the desired outcome, have been properly understood
 - b. That advice and advocacy support is available to those who wish or need such support
 - c. That what is required to resolve the complaint, and the likely timescale, is explained.

- Investigations are both proportionate and sufficiently thorough.
 - A documented audit trail of the steps taken and decisions made is kept.
 - Consideration of the complaint is undertaken by staff who are competent to address the issues raised, provide honest explanations that are based on facts and include the reasons for the decisions made.
 - Complaints are reviewed by someone not involved in the events leading to the complaint.
 - Comments and complaints are investigated and resolved to the satisfaction of the person raising the complaint unless:
 - a. The complaint falls outside the remit of SCL responsibility
 - b. The complaint cannot be upheld.
 - SCL has procedures for dealing with unreasonably persistent complainants in a fair and consistent manner but ensures that the point they make is properly considered.
 - Managers and all staff encourage and support a culture of openness that ensures any comment or complaint is listened to and acted on.
 - SCL ensures that a full record of the complaint is logged in line with approved procedures.
 - Information from complaints is used to identify non-compliance with statutory regulations and inform corrective actions.
 - The person knows how to contact the Care Quality Commission (where a service is regulated) in order to inform the Commission of concerns they may have about the management, operation and running of that service.
- 1.2 Where a SCL service is registered with the Care Quality Commission it will produce a summary of complaints at a time and in a format set out by the Care Quality Commission and then send the summary within the time frame specified.
- 1.3 SCL takes into account relevant guidance, including that from the Care Quality Commission which may from time to time be published for the benefit of stakeholders.
- 1.4 Stakeholders are able to use the comments and complaints process because:
- They are treated in a manner that respects their human rights and diversity in a fair and equal way.
 - They know how to access information about the complaints system.
 - Any comments and complaints are dealt with in a sensitive and timely manner by taking into account the individual circumstances.
 - Their comments and complaints can be made either verbally, through sign language or in writing.
 - Where a stakeholder lacks confidence or capacity to make a complaint, staff help them in a way that they find the most supportive. Alternatively, SCL accepts comments and complaints made by others acting on their behalf.
 - Making a complaint will not cause them to be discriminated against or have any negative effect on their care, treatment or support.
 - They are informed of the timescales and process SCL will follow in

- responding to their complaint and be kept informed of progress.
- That they can ask the social services customer care manager to assist them in making a complaint where this applies.
 - That they can use the NHS complaint process where their care, treatment and support was funded by the NHS, whether or not that care, treatment and support was provided in an NHS facility.
 - They know how to escalate their complaint within SCL where they are not satisfied with the findings or outcome once the complaint has been responded to. They are aware of and are advised of their right to refer the matter to The Local Government Ombudsman where they have exhausted the SCL complaints process. The Ombudsman can be contacted at:
Tel: 0300 061 0614
E-Mail: advice@lgo.org.uk
Internet: www.lgo.org.uk

1.5 All complaints will be acted upon quickly and effectively and we will strive to resolve complaints at the first opportunity at the first point of contact with the complainant.

1.6 We recognise that complaints are not personal criticism and will ensure that complaints are seen as an opportunity to improve the level and standard of service provided.

1.7 SCL will supply, on request, a written copy of the complaint's procedure to any service user or anyone acting on behalf of a stakeholder

1.8 We fully support our stakeholder's right to share information about their complaint, at any stage (**where the service is registered as regulated activity**), to The Care Quality Commission.

The Care Quality Commission can be contacted at:

CQC National Customer Service Centre
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Telephone: 03000 616161
Fax: 03000 616171

The Care Quality Commission will not investigate individual complaints but is happy to receive information about care providers

2.0 Each SCL Manager is responsible for ensuring that stakeholders and representatives are aware that SCL has a complaints procedure.

This should be achieved by:

- An inclusion in the Service Brochures and Statements of Purpose
- Notices posted in SCL services and Head Office
- Inclusion of complaints analysis in meetings and reports
- Ensuring that prospective customers of SCL and their representatives are given a copy of the Complaints Procedure

2.1 The style, content and format of the complaints information should be such that it is easily understood by service users and appropriate to their needs.

2.2 On occasions where an “informal complaint” or “grumble” is received, the manager should ensure that a record of this is made and steps taken to try to resolve the issues raised.

2.3 The manager should seek to resolve informal complaints in a timely and effective manner. Where this does not happen to the satisfaction of the complainant, they should be offered the opportunity to elevate the informal complaint to become a “Formal Complaint”.

Formal Complaints

2.4 Formal complaints should (wherever possible) be made in writing using the Complaint Form (Form 011) or by sending a letter to the relevant manager in which the writer states that they wish to make a complaint. Complaints may also be made verbally and should be recorded and acted upon as if they were written.

2.5 Where the manager receives a formal complaint or an informal complaint has been elevated to become a formal complaint, the manager must:

- Make an opening entry in their Complaints Register (Form 013).
- Write to the complainant within 3 calendar days to acknowledge the complaint
- Inform them who the investigating manager will be.
- Give a summary of the complaints that will be investigated
- Provide an estimation of how long the investigation is likely to take (in general no more than 28 days)
- Inform the complainant that they may refer the matter to the Care Quality Commission at any time (where the service is registered with CQC).
- Report the complaint to Head Office Business Manager so the complaint can be tracked and monitored to its conclusion.

2.6 The complaints process is confidential and the name of any complainant should not be readily identifiable from general entries in registers and logs or from the covers of files and folders.

- 2.7 The manager should create a “Complaint Folder” in which to place all relevant documentation relating to the complaint, complainant and investigation. The Complaint Folder should include the complaint reference number but does not identify the complainant either by name or date of birth etc.
- 2.9 The manager is responsible for the thorough investigation of all complaints and should take responsibility for ensuring that investigations undertaken by others are in line with the best practice standards required.
- 2.10 Wherever possible the investigation should be completed within 28 days of receiving a formal complaint. If the investigation is to exceed this period, the manager should write to the complainant with a revised conclusion date.
- 2.11 Following the completion of the investigation, the manager should provide the complainant with a written Complaint Investigation Report . This document should identify:
- The nature of the complaint
 - The findings of the investigation
 - Conclusion
 - Action plan
 - a. Action Required
 - b. By whom
 - c. Timescale
 - d. Required outcome
 - e. How will this be known / evidenced
 - Any further right of appeal
 - The right to have their complaint investigated by the Local Government Ombudsman if they are not satisfied with the outcome
- 2.12 The manager may decide to hold a “close-out” meeting with the complainant to discuss the findings and conclusions in order to determine what may be the best action plan for the future. A record of this meeting should be made and included in the Complaint Folder.
- 2.13 Where the complainant remains dissatisfied with the outcome of the complaint or any aspect of the complaint handling process, they have the right to escalate their concern to the Operations Director of SCL, stating the grounds on which they are dissatisfied. The Operations Director will review the complaint and provide a response within 28 days of receiving the escalated complaint. Where the complaint still remains dissatisfied with the outcome or any aspect of the complaint handling process, they have the right to escalate their concern to the Managing Director of SCL. The Managing Director will review the complaint and provide a final response within 28 days of receiving the escalated complaint.

Should the complainant still remain dissatisfied then are entitled to refer the matter to the Local Government Ombudsman (LGO).

Summary Of Complaints

2.14 The manager is responsible for ensuring that complete and comprehensive records of all complaints are kept and that SCL Business Manager is kept fully updated on all steps of the complaint being dealt with.

2.15 Where a service is registered with CQC, the registered manager is required to make available to the Care Quality a summary of all complaints arising over the previous 12 months.

The presentation and content of this summary should be decided by the manager and agreed with CQC.

The Following Evidence Will Demonstrate That The Required Outcomes Are Being Met And Relevant Standards Achieved

3.0 There should be evidence that:

- There is a complaints system in place which is known by stakeholders and staff
- Stakeholders (in particular our customers) have been given a copy of the Complaints procedure on the commencement of our services
- The complaints system is used by stakeholders
- Staff are aware that they should use the Grievance Procedure – not the complaints system
- SCL and staff see complaints as a positive method of improving services
- Complaints are managed within stated time scales
- Stakeholders are aware that they can take their complaint to the LGO if they are not satisfied with the outcome
- Contact details for the LGO and CQC are readily available.

Training Required

4.0 Staff should be aware of the following:

- Induction training should include information about the complaints system used.
- Ongoing training should be aimed at ensuring staff understand that the complaints system is a positive tool for identifying opportunities for improvement.
- Complaints should not be seen as criticism, either on a personal level or, criticism of the home in general.
- What may appear trivial to one person may be seen as a major issue for another.

4.1 Staff should not use the complaints system as a means of raising an issue or as a means of making a complaint. They should instead use Procedure 12.05 – Disciplinary Process and Grievances.

4.2 Staff need to be aware of those stakeholders whose vision is impaired or are registered as blind in order to ensure that they are supplied with a copy of the

complaints procedure in a format which is appropriate to their needs.