



# Policies and Procedures

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Comments, Complaints  
and Compliments  
Procedure - England  
Version 12 - 25/06/2020

# Comments, Complaints and Compliments Procedure - England

## Policy Contents

<b>POLICY CONTENTS .....</b>	<b>2</b>
<b>POLICY STATEMENT .....</b>	<b>3</b>
<b>ROLES AND RESPONSIBILITIES .....</b>	<b>4</b>
<b>PROCESS FLOWCHART .....</b>	<b>5</b>
<b>INTRODUCTION .....</b>	<b>6</b>
<b>COMPLAINTS PROCEDURE .....</b>	<b>6</b>
1. Considering a Complaint .....	6
2. Making a Complaint .....	6
3. Staying Informed .....	8
4. Receiving Outcomes .....	9
5. Reflecting on the Experience .....	9
6. Recording and Monitoring .....	9
<b>COMMENTS PROCEDURE .....</b>	<b>10</b>
<b>COMPLIMENTS PROCEDURE.....</b>	<b>10</b>
<b>APPENDIX 1 CONTACT DETAILS .....</b>	<b>12</b>
<b>APPENDIX 2 RESPONSE TIMEFRAMES.....</b>	<b>13</b>
<b>APPENDIX 3 LEGISLATION AND REGULATION.....</b>	<b>14</b>
Legislation and helpful guides.....	14
Linked Policies and Procedures.....	14
<b>APPENDIX 4 DOCUMENT INFORMATION SHEET .....</b>	<b>15</b>
Applicability Matrix.....	15

# Comments, Complaints and Compliments Procedure - England

## Policy Statement

- Every person we support and those directly associated with them has the right to make a complaint or give their views and will be supported to do so if necessary. We also welcome complaints and feedback from other professionals or people living in the community about our services.
- We encourage and embrace all complaints and comments and see them as an opportunity to learn and develop whilst compliments and suggestions allow us to share and embed good practice.
- All colleagues will be open, non-defensive and transparent in their handling of any comment or complaint.
- People making complaints or comments will be treated with respect and sensitivity.
- People have the right to complain anonymously if they wish.

Full details of the policy are contained in the Comments and Complaints Policy document reference QD1.

### Who is affected by this policy?

- 1.1. **People We Support:** this includes people currently using our services, those who have in the past, and anyone whose contact with Community Integrated Care is concerned with his/her wellbeing or having been a consumer or potential consumer of services.
- 1.2. **People directly associated with those we support** in a personal capacity — their relatives, friends, visitors and representatives.
- 1.3. **Colleagues:** including temporary colleagues, volunteers and office-based workers where appropriate.

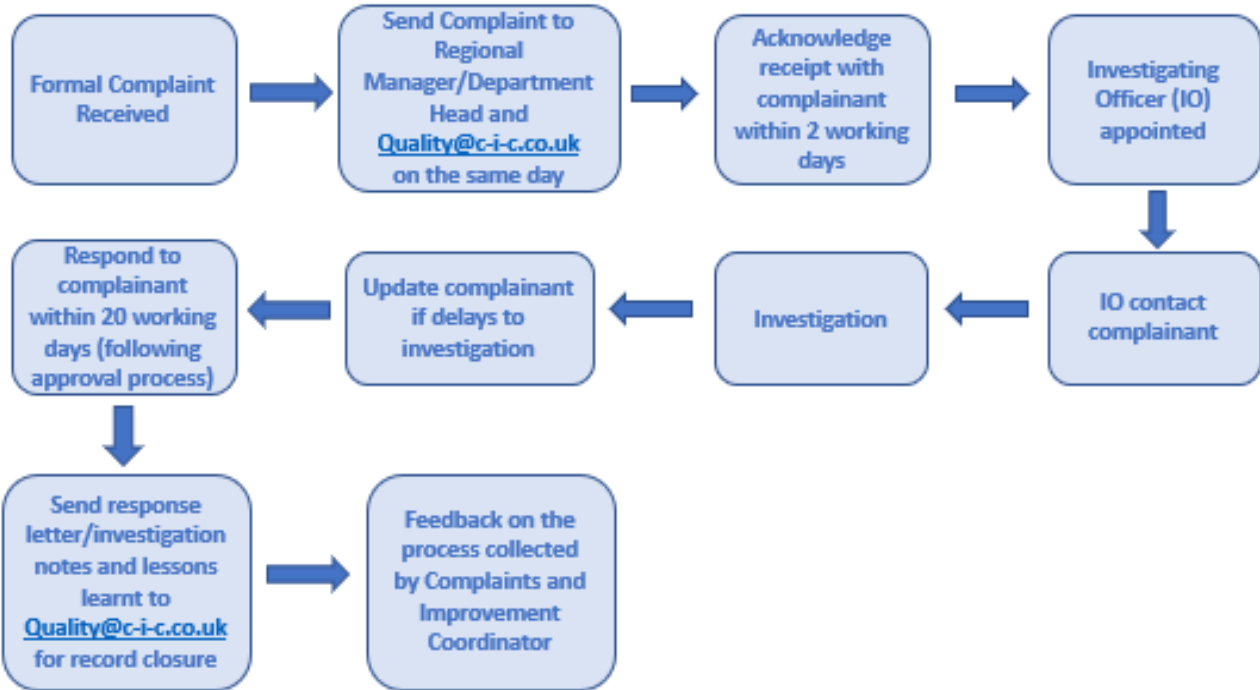
## Comments, Complaints and Compliments Procedure - England

### Roles and Responsibilities

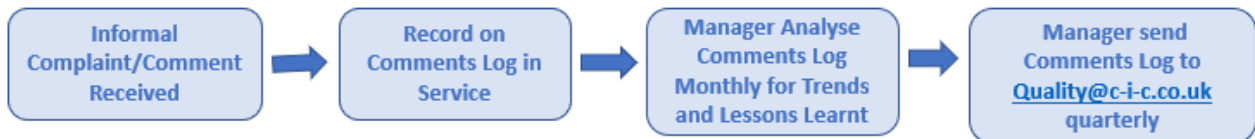
Job Role/Group	Responsibility
<b>All Colleagues</b>	Adhere to this procedure and to ensure that complainants are treated courteously and with respect and in accordance with stated timescales. Where appropriate, colleagues should assist complainants to raise a complaint.
<b>All Managers</b>	Ensure comments, compliments and complaints are dealt with in line with this procedure within their service.
<b>Regional Managers</b>	Ensure that comments, compliments and complaints are dealt with in line with the procedure within the services they cover.
<b>Head of Operations</b>	Ensure that comments, compliments and complaints are dealt with in line with the procedure for the region.
<b>Managing Directors</b>	Ensure that analysis of comments, complaints and compliments is undertaken and communicated.
<b>Complaints and Improvement Coordinator</b>	Day to day administration of the procedure.
<b>Quality and Performance Manager</b>	Day to day responsibility for the management of this procedure.
<b>Director of Quality</b>	Ensure that analysis of comments, complaints and compliments is undertaken and communicated.
<b>Quality and Standards Control Group</b>	Review trends and to use the knowledge gained to improve services.
<b>Chief Executive</b>	Ultimate responsibility for the standard of care and support within the charity lies with the Chief Executive.

# Comments, Complaints and Compliments Procedure - England Process Flowchart

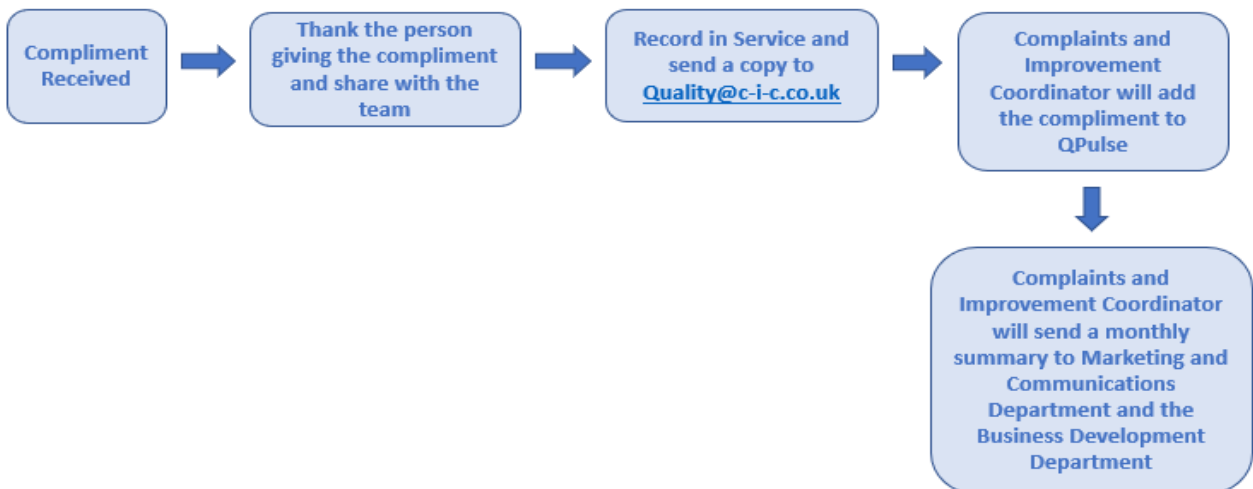
## Formal Complaints



## Informal Complaints/Comments



## Compliments



Comments, Complaints and Compliments Procedure -

## Introduction

**For the purposes of this procedure:**

**A complaint is an expression of dissatisfaction, whether verbal or written, and whether justified or not and which requires further investigation. This is also referred to as a formal complaint.**

**Comments are remarks, observations or criticisms that may require immediate action but do not require a full investigation. These are usually verbally raised. This is also referred to as an informal complaint.**

## Complaints Procedure

### 1. Considering a Complaint

- 1.1. Managers of all frontline services must ensure that the people we support/their families/advocates/supporters of the charity are given information about making complaints at the start of the service being provided, in an appropriate accessible format that meets their needs.
- 1.2. People we support/their families/advocates/supporters of the charity wishing to make a complaint or provide comments must be provided with assistance to do so from colleagues or guidance to independent advocates where they wish or need it.
- 1.3. People we support/their families must be reassured that their care and support will not be affected by any complaint they make or concern they raise.
- 1.4. People can also raise complaints with the Care Quality Commission, the Local Authority who funded the service or to the Local Government Ombudsman.  
  
Fundraising complaints can be raised with the Fundraising Regulator (see Appendix 1).

### 2. Making a Complaint

- 2.1. Complaints may be made at any time and in whichever format the complainant chooses, although generally this will be verbally in person, by telephone, in writing, by email, via our website, through sign language or any other appropriate method.
- 2.2. Where a complaint is made verbally, the person receiving the complaint should use our internal complaint form to record the details of it. A copy of the complaint form should be sent to the complainant to ensure details have been correctly captured.

- 2.3. People wishing to remain anonymous have the right to do so and the complaint will still be investigated and given the same consideration as those from a named person.
- 2.4. If a person we support has capacity, and a complaint is made by someone else about their care and support, the person we support should give consent to the investigation. If the person we support lacks capacity and there is a relevant Power of Attorney, they should be informed and involved. The Complaint Consent Form should be completed to evidence consent.
- 2.5. If the complaint is also a Speak Out concern, the Speak Out procedure should be followed. Speak Outs are also referred to as Whistleblows.
- 2.6. Where a complaint involves an allegation which could have an impact on safeguarding people we support, the appropriate safeguarding procedures must be followed.
- 2.7. Where a complaint involves a notifiable safety incident relating to care and treatment, the appropriate Duty of Candour policy and procedure must be followed.
- 2.8. All complaints are to be sent on the same day by the person receiving the complaint to the relevant Regional Manager and Complaints and Improvement Coordinator. If the Regional Manager/Head of Operations or Department Head is implicated in a complaint, it will be sent instead to their line manager. Fundraising complaints should also be sent to the Community Fundraising Manager.
- 2.9. A complaint may be escalated to a Head of Operations/Department Head if considered necessary and serious complaints must always be copied to the Head of Operations/Department Head.

**Serious complaints are considered to be:**

- **Safeguarding incidents (which will then be notified via the safeguarding process and direction to be taken from the Local Authority Safeguarding Team)**
- **Serious breaches of health and safety**
- **Fraud in excess of £500 where Community Integrated Care funds are involved**
- **Any complaint via statutory body such as Local Government Ombudsman or Care Quality Commission**
- **Any complaint which if upheld would have serious implications for the charity such as reputation, legal proceedings etc**

- 2.10. The Complaint & Improvement Coordinator will record the details into Q PULSE. The complainant will be contacted **within 2 working days** to acknowledge receipt by the most appropriate person i.e. the person receiving the complaint or the Complaints and Improvement Coordinator. A letter of acknowledgement will be sent if required by the complainant.
- 2.11. The Regional Manager (or Head of Operations/Department Head) must then allocate an Investigating Officer (IO) and advise them and quality@c-i-c.co.uk **within 2 working days**.
- 2.12. Consideration must be given as to whether the Investigating Officer should be a person independent of the service or department against which the complaint has

been made, unless the person making the complaint has agreed otherwise or there are exceptional circumstances.

- 2.13. The Investigating Officer must telephone the person **as soon as practically possible** to introduce themselves and find out how the person wants their complaint handling (e.g. suggested timescale for response), how they want to receive feedback, (e.g. verbally, face-to-face or in writing) and their expectations of any outcome.

### 3. Staying Informed

- 3.1. As a base timeframe we allow for **20 working days** from the date the complaint was made however, this is only an indicative timeframe and must be flexible to the person making the complaint and the nature of their complaint. Where we are required to complete responses in a different timescale, these must be taken into account – (see Appendix 2).
- 3.2. The Investigating Officer will fully investigate the complaint within the agreed timescales (or less if possible).
- 3.3. The Investigating Officer must contact the complainant on a **regular** basis to keep them informed of the investigation progress (unless the complainant indicates that they do not wish to be updated in this way).
- 3.4. The Investigating Officer is responsible for updating [quality@c-i-c.co.uk](mailto:quality@c-i-c.co.uk) on the investigation progress. The Complaints and Improvement Coordinator will complete the stages in QPULSE to reflect the current position.
- 3.5. On completion of the investigation, even if face to face or verbal feedback has been requested, the Investigating Officer will draft a complaint response and send it for approval with all investigation material to their Regional Manager or appropriate Department Head e.g. Community Fundraising Manager for fundraising complaints, within the timescale specified (normally **18 working days**). This approval is required to ensure a consistent standard of response is given to the complainant with an appropriate level of detail. It also allows support to be provided when required.
- 3.6. If the complainant is not the person we support or the appropriate Power of Attorney there will need to be consideration of the level of information that can be provided and this will be dependent on the circumstances. We may have to consider the level of personal information we are allowed to share and whether the person we support has given their consent to these matters to be investigated.
- 3.7. If verbal or face-to-face feedback has been requested, the Investigating Officer should arrange to give the feedback.
- 3.8. If a written response is required, the Investigating Officer will send the approved response letter, which includes any agreed improvement actions, to the complainant and ensure that copies are sent to any other relevant third parties, including the service or department the complaint was raised against. Refer to “How To Respond To A Complaint” guidance.
- 3.9. If any actions are to be carried out as a result of the investigation, the IO will draft an action plan with the manager of the service/department, send a copy of the agreed action plan to the manager of the service, Regional Manager/appropriate



Department Head and quality@c-i-c.co.uk. The Complaints and Improvement Coordinator will add the actions to QPULSE for monitoring.

- 3.10. Where the complaint was made anonymously or the complainant requested no written response, the details of complaint and confirmation that no written response is required should be entered into QPULSE. This will be entered by the Complaints and Improvement Coordinator along with the response and investigation material for future communication should it be required.

## 4. Receiving Outcomes

- 4.1. If the complainant is unhappy with the response, they may appeal to the line manager of the Investigating Officer or a more senior manager if required, or to an external body (see Appendix 1). If appealing to Community Integrated Care, this should be received within 1 month of the response being provided.

## 5. Reflecting on the Experience

- 5.1. Where possible a follow up survey will be carried out by the Complaints and Improvement Coordinator to every complainant (unless anonymous) within 1 month of the outcome response being delivered to provide us with information about the complainant's experience, unless the complainant has requested not to be contacted at the initial stage of making a complaint.
- 5.2. The Quality and Standards Control Group (QASCG) will review details of complaints received and their status on a quarterly basis, this will then feed into the Quality and Standards Committee (QASC).
- 5.3. In exceptional circumstances, complaints may be highlighted to the Executive Team. This includes but is not limited to complaints that may have a high reputational impact or an issue that would be considered appropriate for adding to the Critical Issues Register.

## 6. Recording and Monitoring

- 6.1. Complaints must be logged on QPULSE by the Complaints and Improvement Coordinator, together with documentation and outcomes.
- 6.2. The manager of the service must ensure a record of complaints and outcomes is kept at the service.
- 6.3. Any actions to be taken in response to the complaint will be recorded on to QPULSE.
- 6.4. The Complaints & Improvement Coordinator will monitor complaints management and send copies of complaint responses to the Managing Director or The Chief Operating Officer (Independent Living) for Fundraising related complaints on a **monthly basis**.
- 6.5. The Director of Quality will conduct monthly quality assurance spot checks in relation to complaint responses given to complainants through sampling letters held in QPULSE. Spot checks should consider whether a consistent approach is

being applied, whether investigations are conducted in a consistent manner, and whether responses are in line with Policy and Procedures.

- 6.6. Complaints are analysed at the Quality and Standards Control Group (QASCG) and a trend report produced on a quarterly basis.

## Comments Procedure

- 7.1. Minor comments or suggestions made verbally should be logged at the Service using the log QD1-07. They may be recorded using the Making Your Views Known form if required.
- 7.2. If a person we support has capacity, and a complaint is made by someone else about their care and support, the person we support should give consent to the investigation. If the person we support lacks capacity and there is a relevant Power of Attorney, they should be informed and involved. The Complaint Consent Form should be completed to evidence consent. This should also be recorded on the comments log.
- 7.3. If any actions are required as a result of the comment or suggestion, the manager of the service should add them to the comments log and ensure that feedback is given to the person making the comment.
- 7.4. The comments log should be reviewed by the manager on a monthly basis to monitor for themes or trends which need to be addressed. The comments log should be sent to [quality@c-i-c.co.uk](mailto:quality@c-i-c.co.uk) on a quarterly basis for central oversight and analysis.
- 7.5. Comments and actions relating to Fundraising should be forwarded to the Community Fundraising Manager to monitor for themes and trends.

## Compliments Procedure

**A compliment is an expression of praise, commendation, or admiration for a person(s).**

- 8.1. Compliments should be recorded at the Service and a copy sent to the Quality Department (or to the Community Fundraising Manager for fundraising based compliments). They may be recorded using the Making Your Views Known form if required.
- 8.2. The person receiving the compliment, thank you card or feedback, should thank the person and reassure them their compliments will be passed on to the team.
- 8.3. The Complaints and Improvement Coordinator will add the details of the compliment onto the compliments register within QPULSE and send copies of the compliment to the appropriate Regional Manager/Departmental Manager or Head of Operations depending on the nature of the compliment received.
- 8.4. The Complaints and Improvement Coordinator will produce a monthly summary of compliments received from QPULSE and send to the Marketing and

Communications Department and Business Development Department for use as anonymous testimonials on the charity's website and tenders if considered appropriate.

## Appendix 1 Contact Details

A complaint may be made to the Local Authority contracts unit or funding body paying for the service, details can be provided by the manager of the service.

The complainant has the right to refer the complaint to the Local Government Ombudsman if they are unhappy with the outcome of the investigation.

### Community Integrated Care

Quality Department  
Old Market Court  
2 Miners Way  
Widnes  
WA8 7SP  
Telephone: 0151 420 3637  
Email: [quality@c-i-c.co.uk](mailto:quality@c-i-c.co.uk)  
[www.c-i-c.co.uk](http://www.c-i-c.co.uk)

### Local Government and Social Care Ombudsman

53-55 Butts Road  
Coventry  
CV1 3BH  
Telephone: 0300 061 0614  
[www.lgo.org.uk/make-a-complaint/](http://www.lgo.org.uk/make-a-complaint/)

### Care Quality Commission

CQC National Customer Service Centre  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA  
Telephone: 03000 616161  
<https://www.cqc.org.uk/contact-us/how-complain/complain-about-service-or-provider>

### Local Authority

You can find the contact details of your local council by visiting the website at [www.gov.uk](http://www.gov.uk)

### The Fundraising Regulator

Fundraising Regulator 2nd Floor CAN Mezzanine Building  
49-51 East Road  
London  
N1 6AH  
Telephone: 0300 999 3407  
<https://www.fundraisingregulator.org.uk/complaints/make-complaint>

### Institute of Fundraising

Charter House  
13-15 Carteret Street  
London  
SW1H 9DJ  
Telephone: 020 7840 1000  
[info@institute-of-fundraising.org.uk](mailto:info@institute-of-fundraising.org.uk)

# Appendix 2 Response Timeframes

Cheshire West and Chester local authority  
St Helens SP funded services

15 days  
7 days

All other services

20 working days  
(unless agreed otherwise)

# Appendix 3 Legislation and Regulation

## Legislation and helpful guides

CQC Complaints Matter

Health and Social Care Act 2008

Principals of Good Complaint Handling - Parliamentary and Health Service Ombudsman

Guidance on Good Practice guides – Local Government Ombudsman

A guide to better customer care – Department of Health

## Regulation

### Care Quality Commission Fundamental Standards; Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 England and Wales (for all regulated care services)

- Regulation 16: Receiving and acting on complaints
- Regulation 20: Duty of candour

Reference: [www.cqc.org.uk/content/fundamental-standards](http://www.cqc.org.uk/content/fundamental-standards)

### Health and Social Care Standards: My support, my life.

- 1: I experience high quality care and support that is right for me
- 2: I am fully involved in all decisions in all decisions about my care and support
- 3: I have confidence in the people who support and care for me
- 4: I have confidence in the organisation providing my care and support
- 5: I experience a high-quality environment if the organisation provides the premises

### Health and Social Care Principles:

#### Responsive care and support

- If I make a complaint it is acted on.

Reference: <http://www.newcarestandards.scot/>

## Linked Policies and Procedures

Complaint Form .....	QD1-01
Making Your View Known Comments Form .....	QD1-02
Comments Log .....	QD1-07
How to Respond to a Complaint Guidance .....	QD1-09
Complaint Consent Form .....	QD1-10
Safeguarding Adults at Risk (England) policy .....	QD6
Safeguarding Children (England) policy .....	QD8
Grievance procedure .....	HR12
Speak Out procedure .....	HR20

## Appendix 4 Document Information Sheet

<b>Policy or Procedure Title*</b>	Comments, Complaints and Compliments Procedure - England
<b>Reference Number*</b>	QD1.1a
<b>Description</b>	Management and resolution of comments and complaints to improve service delivery and customer satisfaction
<b>Version* and Active Date*</b>	Version:12– Date: 25/06/2020
<b>Document Author</b>	Nicola Catterall
<b>Document Lead*</b>	Nicola Catterall
<b>CIC Department*</b>	Quality and Innovation
<b>Related Policy/Procedure</b>	QD1, HR12, HR20
<b>Date of Last Review</b>	25/06/2020
<b>Keywords</b>	Complaints, complaint, comments, compliments, concern
<b>Template Version</b>	16

## Applicability Matrix

### Service Type

Registered LD Service	<input checked="" type="checkbox"/>	Supported Living	<input checked="" type="checkbox"/>	Residential Care Home	<input checked="" type="checkbox"/>	Residential Nursing Home	<input checked="" type="checkbox"/>
Respite Care	<input checked="" type="checkbox"/>	Intermediate Care	<input checked="" type="checkbox"/>	Extra Care	<input checked="" type="checkbox"/>	Day Care	<input checked="" type="checkbox"/>
Support at Home	<input checked="" type="checkbox"/>	Support in the Community	<input checked="" type="checkbox"/>	Support Services (Head Office)	<input checked="" type="checkbox"/>		

### Client Group

Learning Disabilities	<input checked="" type="checkbox"/>	Mental Health	<input checked="" type="checkbox"/>	Older People	<input checked="" type="checkbox"/>	Autism	<input checked="" type="checkbox"/>
Dementia	<input checked="" type="checkbox"/>	Sensory Impairment	<input checked="" type="checkbox"/>	Physical Disabilities	<input checked="" type="checkbox"/>	Acquired Brain Injury	<input checked="" type="checkbox"/>
Children	<input checked="" type="checkbox"/>	Adults	<input checked="" type="checkbox"/>	England	<input checked="" type="checkbox"/>	Scotland	<input type="checkbox"/>