



COMMENTS, COMPLIMENTS AND COMPLAINTS PROCEDURE



Scope & objectives

This procedure applies to Community Integrated Care and to Inspirit Care Ltd trading as Inspirit and/or CIC Group (collectively known as “the organisation”) excluding services commissioned by Chester West and Chester Council, who have a localised version of this procedure.

Its purpose is to ensure the effective collation, deployment and measurement of all complaints, comments and compliments about our services.

People we support and carers must be treated equally irrespective of age, gender, race, religion, sexual orientation and disability. They must not be discriminated against for making a complaint and must have equal access to service provision regardless of these factors.

Staff should only use the procedure with regard care of people we support as it is not a substitute for the organisation’s Disciplinary and Grievance Policies.

Responsibilities

It is the responsibility of the Executive Team to review trends and to use the knowledge gained to improve services.

The Head of Audit, Quality and Corporate Performance has responsibility for ensuring that analysis of complaints and compliments is undertaken and communicated.

The Quality and Performance Manager has day to day responsibility for the management of this procedure.

It is the responsibility of all Managers to ensure comments, compliments and complaints are dealt with in line with this procedure within their service.

The Quality Officer is responsible for the day to day administration of the procedure.

It is the responsibility of all staff to adhere to this procedure and to ensure that complainants are treated courteously and with respect and in accordance with stated timescales. Where appropriate, staff should assist complainants to raise a complaint.

Documentation

	Ref
Safeguarding Adults at Risk (England) policy	QD6
Adult Support and Protection (Scotland) policy	QD7
Safeguarding Children (England) policy	QD8
Whistleblowing policy	HR20
Record of Complaint Form	QD1.1-01
Making Your View Known Comments Form	QD1.1-02



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Making Your Views Known poster	QD1.1-03
Complaint Flowchart	QD1.1-04
Compliment Flowchart	QD1.1-05
Comments Flowchart	QD1.1-06
Comments Log	QD1.1-07
Complaint File Index	QD1.1-08
Action Plan	QD4.1 AP

References

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
SSI 2011/210 Social Care

Procedure

1. General

- 1.1 People we support wishing to make a complaint or provide comments must be provided with assistance to do so from staff members or independent advocates where they wish or need it.
- 1.2 The manager of each service should ensure that a localised version of the complaints procedure is available in an appropriate accessible format that meets the needs of people who use the service.
- 1.3 Compliments, Comments or Complaints may be made either verbally in person, through sign language, by telephone, in writing, by email or any other appropriate method.
- 1.4 Where a complaint involves an allegation which could have an impact on safeguarding or protecting people we support, the appropriate safeguarding or adult support and protection procedures must be followed.
- 1.5 Issues raised by the Whistleblowing process will be handled as a complaint if appropriate to the nature of the issue concerned, or by the Grievance or Safeguarding processes as necessary.



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2. Complaints

2.1 All written and non-resolved verbal complaints are to be sent **immediately** to the Regional Manager and the Quality Department at Support Services (quality@c-i-c.co.uk). The internal complaint form should be used to record verbal complaints.

2.2 Complainants wishing to remain anonymous have the right to do so. The complaint will still be investigated and given the same consideration as those with a named complainant.

2.3 Severity of Complaints

The severity of complaints will be categorised as stated below for analysis purposes, however this will not impact upon the process of investigation in any way, as all complaints will be treated as equally important.

Serious (RED)

- Fraud in excess of £500 where Community Integrated Care funds are involved
- Serious breaches of health and safety
- Safeguarding or Adult Protection incidents (which will then be handled via the safeguarding process)

Major (AMBER)

- Any complaint via statutory body such as Local Government Ombudsman, Care Quality Commission or Care Inspectorate
- Any complaint which if upheld would have serious implications for the organisation such as reputation, legal proceedings etc

Minor (YELLOW)

- Any other not listed above

2.4 The manager of the service should retain a copy of the complaint in the local complaints file and complete the Complaint File Index. The Q PULSE reference number should be added to the log when it has been issued by the Quality Department.

2.5 The Quality Assistant will assess the nature of the complaint, with guidance from the Quality Officer if required. Any incident that adversely affects a person we support is a potential safeguarding incident and will be processed initially as a safeguarding event via Q Pulse and the Regional Manager advised to progress, if not already done.

2.5.1 Where a complaint is received that covers any incident that is classed as a safeguarding issue, a letter of acknowledgement will be sent to the complainant. It will be handled as



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part of the safeguarding process and will be logged as a safeguarding incident as well as a complaint.

2.5.2 The Quality Assistant will add the initial details to the Complaints register within Q PULSE following the guidance Adding an Incident (Q Pulse - Actions Module), assign the reference number to the complaint, which is to be used in all correspondence. Minimum details to be logged include:

- Details
- Regional Manager
- Fault Category
- Raised Against
- Raised Date
- Person Receiving the Complaint
- Date QD informed
- Severity

2.6 The Quality Assistant will send a copy of the Complaint and all other material received in relation to the complaint to the relevant Regional Manager and Quality Improvement Manager (and additionally to the Clinical Governance Manager if the complaint concerns clinical issues). Where the complaint is a potential safeguarding incident, the Quality Assistant will telephone the Regional Manager to alert them in addition to action at 2.5.1 above.

2.7 The Regional Manager or Quality Improvement Manager may escalate the complaint to the Regional Director if deemed necessary.

2.8 Additionally, Serious Complaints must immediately be notified to the relevant Regional Director.

2.9 The Regional Manager will assign an Investigating Officer (IO) to the complaint and advise the Quality Assistant who will then send an Acknowledgement Letter to the complainant within two days of receiving the initial complaint, advising the name of the IO.

2.10 The Quality Assistant will send a copy of the Acknowledgement Letter to the IO and will also advise them of the deadline for the complaint to be concluded (20 working days from the date the complaint was made).

2.11 The Quality Assistant will update Q Pulse with the IO's name and the date the Acknowledgement Letter was sent.

2.12 The IO will fully investigate the complaint.



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- 2.13 The IO will draft a response and send it for approval with all investigation material to their line manager and the Quality Assistant within the timescale specified (18 working days from initial receipt of complaint).
- 2.14 Once the letter has been approved by the IO's line manager, the Quality Assistant will send it for final approval to the Head of Audit, Quality and Corporate Performance and then to the complainant once approved, with copies to any other relevant third parties, including the service the complaint was raised against.
- 2.15 Where the complaint was made anonymously, the Quality Assistant will retain the draft response and investigation material for future communication should it be required.
- 2.16 The Regional Manager should attempt to confirm that the complaint has been resolved to the satisfaction of the complainant wherever possible, unless:
- The complaint falls outside of the remit of the organisation's responsibility
 - The person is a vexatious complainant and has a history of making complaints without sufficient grounds
 - The complainant is unacceptably abusive
- 2.17 If the IO has not sent any final information by the last week of the investigation deadline, the Quality Officer will chase the IO and confirm whether a holding letter should be sent out to the complainant. The Quality Officer will send out this letter where applicable.
- 2.18 The Quality Assistant will add details of the final response and whether the complaint has been upheld to Q PULSE, together with the root cause category for analysis purposes.
- 2.19 If there are any actions to be carried out as a result of the investigation, the Investigating Officer will draft an action plan with the manager of the service and send a copy of the agreed action plan to the Quality Assistant and Regional Manager. The Quality Assistant will record the actions and timescales in Q PULSE.
- 2.20 The Quality Assistant will scan all the documents relating to the complaint and file in G/quality department/Complaints and attach copies to the record in Q PULSE.
- 2.21 The Quality Assistant will send the following documents to the service involved in the complaint:
- Record of Complaint Form (if completed)
 - Acknowledgement Letter to Complainant
 - Investigation Report
 - Final Letter to Complainant



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3. Compliments

- 3.1 Written and verbal compliments are to be kept at the Service in a compliments book and copies sent to the Quality Department at Support Services (quality@c-i-c.co.uk) with the full name and address, where available, of the person giving the compliment.
- 3.2 The Quality Officer will add the details of the compliment onto the Compliments register within Q PULSE following the guidance Entering an Action (Q Pulse Actions Module).
- 3.3 The Quality Officer will send copies of the compliment to the appropriate Regional Manager /Departmental Manager depending on the nature of the compliment received.
- 3.4 The Quality Officer will scan the original compliment, save in G/quality department/compliments and attach a copy to the record in Q PULSE.
- 3.5 The Quality Officer will produce a monthly summary of compliments received from Q PULSE and send to the Marketing Department for use as anonymous testimonials on the organisations website if considered appropriate.

4. General Comments

- 4.1 Comments and suggestions made verbally should be logged at the Service using the log QD1.1-07. They may be recorded using the Making Your Views Known comment form if required.
- 4.2 The manager of the service should advise the Quality Officer if any follow up actions are required and should ensure that feedback is given to the person making the comment.
- 4.3 The Quality Officer will update the register within Q PULSE following the guidance Entering an Action (Q Pulse Action Module).

5. Recording Comments, Compliments or Complaints

- 5.1 Forms are available to download from Click and services should ensure they are clearly available to people should they wish to use it. Other forms may be used where partnerships such as commissioners wish to use other dual branded documentation.
- 5.2 Completed forms that are handed into a service should be kept at the service and a copy should be forwarded to the Quality Department at Support Services.



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6. Unresolved Complaints – internal appeal process

- 6.1 If the complainant is unhappy with the response they may appeal to the line manager of the Investigation Officer or a more senior manager if required.
- 6.2 Receipt of the appeal letter will be acknowledged within two working days by the Quality Officer. A further investigation will be undertaken by the line manager of the Investigating Officer or nominated individual who will respond within 20 working days. Should the investigation take longer, the complainant will be informed.

7. Unresolved Complaints – external appeal process

- 7.1 In England, the complainant has the right to refer the complaint to the Local Government Ombudsman.
- 7.2 In Scotland, the complainant has the right to complain directly to Care Inspectorate for the complaint to be investigated or to the Scottish Public Services Ombudsman if they are unhappy with the outcome of the investigation.
- 7.3 Contact details for the Local Government Ombudsman, Scottish Public Services Ombudsman and Care Inspectorate can be located at Appendix 1.
- 7.4 Alternatively 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.

8. Company monitoring of complaints

- 8.1 It is important that an organisation-wide monitoring of all complaints takes place, to ensure we:-
- Identify areas for improvement.
 - Address them in a systematic way.
 - Monitor quality and consistency.
 - Identify and address trends.
- 8.2 The Head of Audit, Quality and Corporate Performance will review details of complaints received and their status on a regular basis, which will be circulated to the Executive Team (ET) for their review.
- 8.3 A summary of the ET report will be circulated to the Board of Trustees as required.



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Appendix 1 - Contact Details

Community Integrated Care / Inspirit Care Ltd

Quality Department
Old Market Court
2 Miners Way
Widnes
WA8 7SP

Telephone: **0151 420 3637**

Email: quality@c-i-c.co.uk

www.c-i-c.co.uk/comments-compliments-and-complaints-0

English Services

Local Government Ombudsman

PO Box 4771
Coventry
CV4 0EH

Telephone: LGO Advice Team: **0300 061 0614** or **0845 602 1983**

www.lgo.org.uk/making-a-complaint/

Scottish Services

Scottish Public Services Ombudsman

4 Melville Street
Edinburgh
EH3 7NS

Telephone: **0800 377 7330**

www.spsso.org.uk

Care Inspectorate

Compass House
11 Riverside Drive
Dundee
DD1 4NY

Telephone: **0845 600 9527**

Email: enquiries@careinspectorate.com

<http://www.careinspectorate.com>