

Scope & objectives

This procedure applies to Community Integrated Care trading as CIC Group and to Inspirit Care Ltd trading as Inspirit and/or CIC Group (collectively known as “the organisation”).

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

Service users, residents 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 policy with regard to service users or residents care as it is not a substitute for the organisation’s Disciplinary and Grievance Policies.

Responsibilities

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

The Head of Internal Audit and Quality 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 Service 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 complete the complaints form.

Documentation

Ref

Care Standards Act 2000
Health and Social Care Act 2008
Safeguarding policy
Whistleblowing policy
Record of Complaint Form

HR20
QD 1.1.1-01

Document Number:	QD 1.1.1	Document Owner:	Quality and Performance Manager
Linked Document Ref:	QD1, HR20	Review Date(s):	At least every 12 months
EFQM Criteria:	Processes – Customer Relationships 5e	Page No:	1 of 7
Manual:	Operations	Version No & Date:	v 20 : May 2010

Comments Form
Making Your Views Known poster

QD 1.1.1-02
QD 1.1.1-03

Procedure

Service users 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. Complaints

- 1.1 All written and non-resolved verbal complaints are to be logged on a Complaint Form and sent immediately to the Service Manager who will send immediately to the Quality Department at Support Services.
- 1.2 Exceptions to 1.1 are made when a verbal complaint of a similar nature has been made three times in any 12 month period. These types of complaints must be forwarded immediately to the Quality Department at Support Services.
- 1.3 The Quality Officer will receive the complaint and add the initial details to the Complaints register within Q PULSE following the guidance Adding an Incident (Q Pulse CAPA Module).
- 1.4 The Quality Officer will assess the nature of the complaint. Any incident that adversely affects a Service User is a potential safeguarding incident and will be processed initially as a safeguarding event and the Service Manager advised to progress. If the local Safeguarding teams advise the organisation that the incident is not a safeguarding issue, the Quality Officer will log the incident as detailed in para 1.4.1.
 - 1.4.1 Minimum details to be logged include
 - Details
 - Service Manager
 - Fault Category
 - Raised Against
 - Raised Date
 - Person Receiving the Complaint
 - Date QD informed
 - Severity
 - Resolution

1.4.2 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.

Major

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

Minor

- Any other not listed above

- 1.5 The Quality Officer will assign the next document number to the complaint and add to the Complaint Form. This number is to be used in all correspondence.
- 1.6 The Quality Officer will send a copy of the Complaint Form and all other material received in relation to the complaint to the relevant Service Director (and additionally to the Clinical Governance Manager if the complaint concerns clinical issues).
- 1.7 The Service Director will assign an Investigating Officer assigned to the complaint and advise the Quality Officer who will then send an Acknowledgement Letter to the complainant within two days of receiving the initial complaint.
- 1.8 The Quality Officer 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 (28 days from the date the complaint was made).
- 1.9 The Quality Officer will update the Complaints Log with the IO name, date the Acknowledgement Letter was sent out and the date the IO was informed of their role in the complaint.
- 1.10 The IO will fully investigate the complaint.
- 1.11 The IO will send a draft response and all investigation material to the Quality Officer within the timescale specified (28 days from initial receipt of complaint).
- 1.12 Once the letter has been approved by the Service Director, the Quality Officer will send to the complainant.
- 1.13 The responder 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 complaint is not upheld
- The person is a vexatious complainant and has a history of making complaints without sufficient grounds
- The complainant is unacceptable abusive

- 1.14 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.
- 1.15 The Quality Officer will add details of the final response and whether the complaint has been upheld to Q PULSE.
- 1.16 The Quality Officer will scan all the documents relating to the complaint and file in G/Admin CEO/Homes File and attach copies to the record in Q PULSE.
- 1.17 The Quality Officer will send the following documents to the Home involved in the complaint:
- Record of Complaint Form
 - Acknowledgement Letter to Complainant
 - Investigation Report
 - Final Letter to Complainant

2. Compliments

- 2.1 Verbal compliments are to be logged at each Service in the compliments book.
- 2.2 Written compliments are to be kept at the Service and copies sent to the Quality Department at Support Services with the full name and address, where available, of the person giving the compliment.
- 2.3 The Quality Officer will add the details of the compliment onto the Compliments register within Q PULSE following the guidance Adding an Incident (Q Pulse CAPA Module).
- 2.4 The Quality Officer will send copies of the compliment to the relevant Service Director and the Lead Manager/Assistant Director/Departmental Manager.
- 2.5 The Quality Officer will scan the original compliment and the Acknowledgement Letter, save in G/CEO Admin/Home Files and attach a copy to the record in Q PULSE.

3. Comments

- 3.1 Comments and suggestions made verbally should be logged at the Service and passed to the Quality Department with full name and address of the person making the comment.
- 3.2 The Quality Officer will log the comment in the Comments Log and pass to the relevant Lead Manager/Assistant Director/Departmental Manager.
- 3.3 The Quality Officer will send an Acknowledgement Letter to the person making the comment within two days.
- 3.4 The Lead Manager/Assistant Director/Departmental Manager should advise the Quality Officer of the actions taken for any comment that is taken forward.
- 3.5 The Quality Officer will write to the person making the comment to advise of any action to be taken. The Quality Officer will update the register within Q PULSE following the guidance Adding an Incident (Q Pulse CAPA Module).

4. Recording Comments, Compliments or Complaints

- 4.1 Compliments, Comments or Complaints may be made either verbally, through sign language, in writing or by email.
- 4.2 A comments form is available to download from the Intranet and Services should ensure they are clearly available to stakeholders should they wish to use it. Other forms may be used where partnerships such as Primary Care Trusts wish to use other dual branded documentation.
- 4.3 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.
- 4.4 The Quality Officer will follow the procedures above for each Comment, Compliment or Complaint.

5. Unresolved Complaints – internal appeal process

- 5.1 If the complainant is unhappy with the response they may appeal to the Director of Operations or CEO.
- 5.2 Receipt of the complaint will be acknowledged within two working days by the Quality Officer. A further investigation will be undertaken by the Director of Operations or CEO who will respond within 28 days. Should the investigation take longer, the complainant will be informed.

6. Unresolved Complaints – external process

- 6.1 The complainant has the right to refer the complaint the Care Quality Commission or Care Commission at any stage of the process.
- 6.2 Contact details for the Care Quality Commission and the Care Commission (Scotland) can be located at Appendix 1.
- 6.3 Alternatively a complaint may be made to the local Authority or Primary Care Trust providing the service, details can be provided by the service manager.

7. Company monitoring of complaints

- 7.1 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.
- 7.2 The Head of Internal Audit and Quality will produce a summary of complaints received and their status on a quarterly basis, which will be circulated to the Executive Board for their review.
- 7.3 A summary of the EB report will be circulated to the Board of Trustees as required.

Appendix 1

Contact Details

English Services

Care Quality Commission

National Correspondence
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Telephone: 03000 616161
Email: enquiries@cdc.org.uk
www.cdc.org.uk

Scottish Services

The Care Commission,

Compass House
11 Riverside Drive
Dundee
DD1 4NY

Telephone: 0845 603 0890
Email enquiries@carecommission.com
www.carecommission.com