

Restoration Residential Care Home
8 Oakmead Road, Croydon, Surrey, CR0 3AS
Phone: 02086843287, Fax: No fax facility

Complaints, Suggestions and Compliments Policy and Procedure

Purpose

- The Registered Provider operates an effective mechanism for the receipt, recording, investigation and resolution of all complaints, in order to comply with the regulations.
- The arrangements for investigation of complaints are fair and transparent.
- Complaints and suggestions from Service Users or their relatives are a valued source of information regarding the quality of our service, and are a primary source of information regarding possible abuse.
- Care Quality Commission and Local Government Ombudsman guidelines are adhered to.

Scope

- Service Users.
- Relatives.
- Other professionals outside agencies.
- All employees.

Policy

- In all cases complaints and concerns shall be treated seriously in a sensitive and confidential manner.
- Complaints and suggestions must be handled in such a way as to first of all reach a satisfactory outcome with the complainant, and to turn a potentially difficult and damaging problem into a source of quality improvement.
- A copy of this complaints procedure will be given to all Service Users and their representatives at the beginning of the service, and copies will also be made available throughout the service.
- All formal or serious complaints will be investigated by a person not related to the immediate source of the complaint.
- The recording of complaints will not be confined to “serious” or “substantial” complaints. The existence of records for complaints of an apparently minor nature is an indication of the effectiveness of the procedure, the openness of the culture of the organisation and its employees, and their vigilance in the area of abuse.
- Complaints will be recorded on Service Users’ files in order to identify any pattern of complaints relating to an individual, including care or service provision in order to update and review the Care Planning process.
- Complaints will be recorded centrally in order to identify any pattern of complaint relating to all or a group of Service Users. This record will contain minor complaints in addition to serious complaints, and will be accessible to all members of staff where appropriate, unless this is a safeguarding issue. In order for this to be established, members of staff are to make appropriate entries, in a timely fashion, to Care Planning or risk assessments.
- The central information, with regards to complaints, suggestions and compliments, will be regularly reviewed and analysed. The summary will be regularly considered by the Management Meeting for quality assurance purposes.
- Compliments will be recorded centrally and made available for all parties to read, also on the personnel file of any member of staff individually complimented.
- Employees who are the subject of a complaint should not communicate directly with the complainant unless accompanied by a senior member of staff, unless requested directly to do so by the complainant.
- Where the complaint gives rise to concerns regarding the wellbeing of one or more Service Users, serious consideration must be given to suspension of the person or persons complained about, and an investigation must be initiated immediately in order to identify any risk to the health and welfare of the Service User involved.

Procedure

Standard Arrangements

- There are several distinct levels of dealing with a complaint, and it is important for the speedy and effective resolution that each level is followed.
- The principles applied are:
 - The nearer the person dealing with the complaint is to direct service delivery, the better the likely outcome

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in which case the complaint will be immediately and directly reported to a senior manager. At this point the safeguarding policy should be followed as per local authority advice and the necessary notification made to the CQC.

- Accepting that personalities can be a factor in complaints, the multiple stages allow this problem to be avoided.
- The complaints process will only be regarded as “completed” when the complainant or their representative has indicated, in writing if possible, that they are satisfied with the outcome of the complaint procedure.
- Complaints and suggestions will in all cases be taken seriously, recorded, their practicality/usefulness investigated, and the instigator informed of the decided outcome.
- Appoint a complaints manager within the business that will be responsible for dealing with all complaints. It could be the Registered Manager, a care Manager or a HR Manager. Within smaller businesses, it is very likely that the service provider him/herself will be the designated complaints manager. Whoever is appointed, they must be in a senior position within the business.
- The Home must be able to respond to complaints both by email and in writing. Telephone conversations are not sufficient in themselves, as they do not constitute a proper record.
- It is helpful to have a dedicated email address and inbox for managing the complaints and ensure that someone, preferably the complaints manager, reviews the inbox on a daily basis.
- Set a Service Level Agreement (SLA) for responding to complaints. QCS Ltd would recommend that your SLA be no more than 24 hours, i.e. you respond to the complaint within 24 hours of receipt either in full, or to acknowledge that it will be investigated.
- Update the complainant in writing about your progress during the investigation.
- The complaint procedure must be publicly available. It must be:
 - On your website;
 - Clearly visible in public areas of your registered address;
 - Sent out with all contracts for care, and
 - Included within all Service User Guides
- Investigations and outcomes will be recorded on the complaints form, adding additional sheets as required.
- All employees are warned that written complaints recording rules must be complied with, and those records held where they are freely available to supervisors and managers. Any attempt to conceal a complaint may give rise to formal disciplinary action.
- The complainant will be requested to examine the written records of the complaint and sign to indicate agreement with the outcome.
- In the event of a continued disagreement which cannot be resolved internally, the complainant will be advised to approach an appropriate external authority, such as the CQC, funding authorities such as Social Services or NHS, an independent advocacy service, or the local government Ombudsman.
- For privately funded Service Users a range of advocacy services are available. The Registered Manager should support the Service User to contact an appropriate independent advocate if the Service User shows any signs of being unable to fully make, or further pursue, the complaint.
- The completed complaints form will then be handed to the Registered Manager for permanent filing, centrally and on the Service User file.
- The Management Meeting will periodically (recommended every three months) review all complaints since the previous review in order to identify trends and matters which may have appeared to be relatively minor at the time, but which indicate a deeper problem.
- The services action plan should be updated to include all actions to be taken to resolve any requirements or recommendations made following any investigation.

Written Procedure

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- A complaint can be made: by telephone; in writing; by email; or in person. All responses will be made/followed up in writing (preferably email).
- Complaints can be made to:

Restoration Residential Care Home

8 Oakmead Road
Croydon
Surrey
CR0 3AS

02086843287

restorationcare3@yahoo.co.uk

- Complainants must receive an acknowledgment within 24 hours. In this acknowledgment let them know who will be investigating the complaint.
- Set a time limit for the acceptance and investigation of complaints. 12 months is appropriate. Once established you can state that:

A complaint must be made no more than 12 months after:

- The date the event occurred, or if later,
- the date the event came to the notice of the complainant

The time limit will not apply if Restoration Residential Care Home is satisfied that:

- The complainant can give a good reason for not making the complaint within that time limit; and
- despite the delay, it is still possible to investigate the complaint effectively and fairly.
- State also how you will deal with anonymous complaints.
- All complaints will be dealt with by a senior person within the organisation.
- Complainants will receive (as far as reasonably practical):
 - Assistance to help them understand the complaints procedure; and
 - advice on where they may obtain such assistance.

- The notice board at your registered address (or other prominent public place) should include a display of advocacy services with contact details. It needs to be regularly reviewed, to ensure that advocacy services contact details are up to date.
- Restoration Residential Care Home will only accept complaints from a third party under certain conditions:

Either:

- Where you know that the has consented, either verbally or in writing;
- or:
- Where then cannot complain unaided and cannot give consent because they lack capacity within the meaning of the Mental Capacity Act 2005; and
- The representative is acting in the 's best interests – for example, where the matter complained about, if true, would be detrimental to the .

- The procedure must be available, upon request, in other languages and formats. You only need to prepare a special format on request to keep costs low.
- You should state your expected turnaround/resolution time. This should be 28 days, but be realistic advising longer where necessary.
- All complaint investigations should be completed within 6 months at the latest, unless a different time period has been agreed. This should only be done when there is a good reason for it.
- Complainants have the right to refer their complaint to the Local Government Ombudsman if they are unhappy with the outcome of the investigation. The complainant also has the right to alert the Care Quality Commission .

Suggested wording:

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“Once your complaint has been fully dealt with by Restoration Residential Care Home, if you are not satisfied with the outcome you can complain to the Local Government Ombudsman (LGO). The LGO provides a free, independent service. You can contact the LGO Advice Team for information and advice, or to register your complaint:

T: 0300 061 0614

E: advice@lgo.org.uk

W: www.lgo.org.uk

The LGO will not usually investigate a complaint until the provider has had an opportunity to respond and resolve matters.

Our service is registered with and regulated by the Care Quality Commission . The CQC cannot get involved in individual complaints about providers, but is happy to receive information about our services at any time. You can contact the CQC at:

03000 616161

Care Quality Commission (CQC)
National Correspondence
Citygate, Gallowgate
Newcastle upon Tyne NE1 4PA
Tel: 03000 616161
Fax: 03000 616171

Monitoring

Record the following information on a complaints log:

- Each complaint received;
- The subject matter and outcome of each complaint;
- Details of the reasons for delay where an investigation took longer than the agreed response period agreed; and
- The date the report of the outcome of the investigation was sent to the complainant.

Annual Reports

Each provider must prepare an annual report for each year in which it must:

- Specify the number of complaints received.
- Specify the number of complaints that the provider decided were well-founded, partly or fully.
- Specify the number of complaints that the provider has been informed have been referred to other bodies.
- Give the subject matter of complaints received.
- Summarise any matters of importance in those complaints themselves or in the way that the complaints were handled.
- Summarise any matters where action has been or is to be taken to improve services as a consequence of those complaints.
- A “year” means a period of 12 months ending on 31st March.
- Providers must ensure that its annual complaint report is available to anyone on request.

Acknowledgement Letters

The acknowledgement letter should include an offer to discuss the complaint with the complainant at a mutually agreed time, to go over:

- The manner in which the complaint is to be handled; and

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- The period (response period) within which the investigation of the complaint is likely to be completed.
- If the complainant does not accept the offer of a discussion, the provider must determine the response period (which should always be within 6 months) and notify the complainant in writing of that period.
- The acknowledgement can be sent by letter or email.
- Take account of the complainant's preferences when communicating with him or her.

Final Response Letter

The final response letter must include a report giving:

- A detailed explanation of how the complaint has been considered;
- The conclusions reached, including any remedial action needed; and confirmation that any action needed has either already been taken or, if not yet taken, the proposed timescale when such action will be completed.
- The letter must inform complainants of their right to take their complaint to the LGO if they are not happy with the outcome.
- The final letters should be signed by the "responsible individual" or sent by email in their name.

If the response is not ready within 6 months, you should:

- Notify the complainant in writing accordingly and explain the reason why; and
- Send the complainant in writing a response in accordance with the above as soon as reasonably practicable after 6 months.

General Information for Staff Managing Complaints

People who can complain

A complaint can be made by:

- Someone who receives or has received services;
- Someone who is affected (or likely to be affected) by the action, omission or decision of the provider who is the subject of the complaint; or
- A representative of either of these, under certain conditions.
- If a provider is not satisfied that the representative is acting with the 's consent or in their best interests, the provider must notify the representative in writing, and state the reason for its decision.

Complaints you do not have to investigate

Restoration Residential Care Home is not required to investigate the following complaints:

- A complaint by an employee relating to their employment (you should handle this in a different way, for example through your grievance procedure);
- A complaint that was made in person or by telephone and is resolved to the complainant's satisfaction no later than the next working day after the day the complaint was made; and
- A complaint that has already been investigated and resolved.
- In these circumstances, the provider will, as soon as is reasonably practicable, notify the complainant in writing of its decision to not investigate the complaint and the reasons why. It would be best practice to have a standard letter for this purpose.

Duty to co-operate

If a complaint involves more than one provider/commissioner of services there is a duty on local authorities and the NHS to co-operate and provide a single response. Every provider must work with CCGs or local authorities to provide single response to complaints.

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Key Contacts:

Social services (for services funded by social services)

02087706080

Clinical Commissioning Group (for services funded by the Clinical Commissioning Group)

Priory Crescent, SM3 8LR

02036681200

Independent advocacy services

03004562370

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Note: this form will be used to record expressions of minor concerns which may be dealt with on the spot as well as obvious “complaints” which may require formal investigation. It should also be used to record compliments offered to employees of the organisation.

The original of this form will be:

Held in a clearly labelled “Complaints in progress” file in the Registered Manager’s office while the complaint is being investigated.

Transferred to a central complaints file as soon as the matter is closed; and

A copy will be placed on the relevant file.

Re. Person making the complaint, expressing a concern, or giving a compliment

Name:	
Address:	
Telephone Number:	
Name and contact details of the person to which the complaint, concern or compliment refers:	

Details of complaint, concern or compliment (include dates, times and witnesses where possible):

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Names of any employees specifically complained of or complimented:

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Name of person originally complained to (if not the person completing this form):

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Name of the person to whom the complaint was referred on to for investigation (state “as above” if the person who receives the complaint also investigates):

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Investigations carried out (attach additional pages if required):

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Action taken or recommended by investigator:	
Did this action satisfy the complainant? If not state why, and who the complaint was referred on to next:	
Action taken by person to whom the complaint was referred on to:	
Did this action satisfy the complainant?	
Name of organisation to which the complaint was referred in the event of a failure to satisfy the complainant:	
Signed by complainant to signify satisfaction:	
Date:	

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Key Lines of Enquiry Table

Key Line of Enquiry	Primary	Supporting	Mandatory
C.S1 - How are people protected from bullying, harassment, avoidable harm and abuse that may breach their human rights?			
C.S2 - How are risks to individuals and the service managed so that people are protected and their freedom is supported and respected?	✓		✓
C.E1 - How do people receive effective care, which is based on best practice, from staff who have the knowledge and skills they need to carry out their roles and responsibilities?			
C.C1 - How are positive caring relationships developed with people using the service?	✓		✓
C.C2 - How does the service support people to express their views and be actively involved in making decisions about their care, treatment and support?			
C.R2 - How does the service routinely listen and learn from peoples experiences, concerns and complaints?	✓		✓
C.W1 - How does the service promote a positive culture that is person-centred, open, inclusive and empowering?			
C.W3 - How does the service deliver high quality care?	✓		✓

Note: All QCS Policies are reviewed annually, more frequently, or as necessary.

Key Lines of Enquiry Table

Key Line of Enquiry	Primary	Supporting	Mandatory
R.S1 - How are people protected from bullying, harassment, avoidable harm and abuse that may breach their human rights?			
R.C1 - How are positive, caring relationships developed with people using the service?	✓		✓
R.C2 - How does the service support people to express their views and be actively involved in making decisions about their care, treatment and support?			
R.R2 - How does the service routinely listen and learn from peoples experiences, concerns and complaints?	✓		✓
R.W1 - How does the service promote a positive culture that is person centred, open, inclusive and empowering?			
R.W3 - How does the service deliver high quality care?	✓		✓