

## Compliments and Complaints Management policy

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### Version Tracking

Version	Date Ratified	Brief Summary of Changes	Owner
1	22 June 2018	Minor amendments to some wording and to reflect updated ISO 9001 2015 compliance	JP
2	26 July 2019	Name change to include Compliments management policy and procedural guidance added and revised	JP

### Purpose of this Document

This document outlines the Agincare Group of companies' policy and procedures in relation to managing Compliments, Complaints and concerns. The aim of the organisation is to ensure that its procedures are properly and effectively implemented and that people feel confident that they are listened to and complaints are acted upon promptly and fairly.

We will also ensure positive feedback is communicated. Compliments received and reported appropriately can provide a valuable means of demonstrating that the service is achieving its aims. To this end, Agincare will communicate praise and compliments to individual staff through their support and supervision processes. The company reserves the right to use those compliments wholly, or in part, in training or publicity campaigns whilst assuring anonymity of individuals and ensuring that the content is not changed or taken out of context in any form.

The purpose of this document is to provide clear and detailed instruction and guidance on the management of Compliments and Complaints received. We tend to focus on the negative as,

quite rightly, it is essential to ensure compliance and that customers are satisfied with the service they receive but in doing so often overlook compliments; it is as equally important that compliments are logged accurately, audited and that any follow up actions such as sharing good practice and informing the recipients of compliments are completed promptly.

This process also includes the reporting lines for Trust Pilot and Homecare.co.uk to encourage compliment and positive review submissions to the company's allocated platforms and address negative reviews promptly.

This document is held in accordance with the Regulations of the Health and Social Care Act (Regulated Activity) Regulation 2014.

## **Policy Statement**

Agincare believes that if a person who uses the service or a stakeholder wishes to make a complaint or register a concern they should find it easy to do so. It is the organisation's policy to welcome both, complaints and concerns and look upon them as an opportunity to learn, adapt, improve and provide better services. This policy is intended to ensure that compliments and complaints are used positively to improve service delivery and that all complaints or comments by people using the service and their relatives, carers and advocates or other health or social care professionals are taken seriously. Staff involved must be objective when receiving complaints.

Agincare launched its '**Believe in Good Care**' campaign in 2015 to remind staff, customers, carers and partner organisations just what good social care provision means to the lives of those who receive it. There often seems to be a focus on what has gone wrong with negative press and social care scandals hitting the headlines, rather than focusing on what goes well which can lead to a demoralised, as well as diminishing, care workforce. Agincare believes that recognising and supporting the excellent work and commitment demonstrated by staff should be celebrated and used to inform good practice meaning robust compliment management processes are imperative.

This policy is not designed to apportion blame, to consider the possibility of negligence or to provide compensation and it is not part of the organisation's disciplinary policy.

Promoting a culture of openness and truthfulness is a prerequisite to improving the safety and effective care for people receiving the service, staff and visitors. It involves apologising and explaining what happened to people who have been harmed as a result of their care and support. It also involves apologising and explaining what happened to staff or visitors who have suffered harm. This policy describes how Agincare implements the Duty of Candour requirement (CQC 2014) – See also Agincare's Duty of Candour Policy, Communications Policy, Safeguarding Adults at Risk Policy and Notification Reporting Policy and Procedure.

Agincare believes that failure to listen to or acknowledge complaints may lead to an escalation of problems, people's dissatisfaction and possible litigation. The organisation supports the

concept that most complaints, if dealt with early, openly and honestly, can be sorted at a local level between the complainant and the organisation. If this fails due to either the organisation or the complainant being dissatisfied with the result, the complaint can be referred to the appropriate authority (see below) for further investigation and legal advice will be taken where required.

The objectives of the organisation are to ensure that:

- (a) People using services, carers, and their representatives have the opportunity to praise the service received, particular staff members or groups of staff with access to information on registering their feedback through Trustpilot carehome.co.uk or homecare.co.uk for example.
- (b) People using services, carers, and their representatives are aware of how to complain, and that the organisation provides easy to use opportunities for them to register their communications both verbally and in writing.
- (c) Where possible and appropriate, managers should enable complaints to be dealt with proportionally with a client centred approach, wherever possible with an "early resolution".
- (d) Every complaint is acknowledged within 5 working days with details of who is dealing with the complaint included.
- (e) All complaints are investigated within 28 days of receipt.
- (f) All complaints are responded to in writing by the organisation within 28 days of receipt (even if not yet resolved). Records are maintained of all input and output information for review and further improvement.
- (g) Complaints are dealt with promptly, fairly and sensitively with due regard to the upset and distress they can cause to both, staff and people who use services.
- (h) Complaints are reviewed by the manager on completion and the complainant maybe contacted regarding the outcome and their feedback
- (i) Analysis of complaints is reviewed as part of the auditing process for improvement planning.

Where complaints are made anonymously, they must still be investigated although no responses (acknowledgement or outcome letters) can be sent. Anonymous complaints can be received verbally over the telephone, via letter, email, via CQC or the local authority.

Where an anonymous complaint has been received via CQC or the local authority, these bodies must be treated as the complainant and the acknowledgement and outcome letters sent accordingly.

All complaints must be logged and audited by the service and the outcome of the complaint must be noted on the log.

The organisation believes that, wherever possible, complaints are best dealt with at an early stage between the complainant and the organisation; and all complainants should be offered a face to face meeting initially. This stage is also called the local resolution stage as it encourages people to try to resolve the complaint locally and to put things right. If either of the parties is not satisfied by a local process the case can be referred:

- For **Council or NHS funded** care, the complainant has the right to contact the funding authority and complain using the Local Authority Social Services and NHS statutory complaints procedure. This is also the case where the council assisted in finding the care service.

The complainant should contact their social worker, care manager or their local social services department who will be able to tell them how to use the local authority's complaints procedure.

If Agincare services are unable to resolve the complaint or the complainant wishes to report the case to their local authority, the registered manager will provide the complainant with the address of their local social services department. This is available in people's files where care is received at home and is posted in all service locations. Local authority contacts are also available at [www.direct.gov.uk](http://www.direct.gov.uk).

If the complainant remains unhappy following the investigation by social services then they can complain to the Local Government Ombudsman.

- **Privately funded** people can refer their complaint to the Local Government and Social Care Ombudsman who can be contacted at:

<https://www.lgo.org.uk/contact-us>

Tel: 0300 061 0614

Postal address available on telephone enquiry

## **Time limit for raising a complaint**

A time limit of 12 months exists from when the matter being complained about occurred, to when a complaint may be made. After this time, a complaint will not normally be considered.

A summary of this procedure is included in the Care Services Guide which is provided to all people who use the service. An information sheet detailing the local authority complaints officer contact details is also provided in Home Care and posted in the entrances of Care Homes.

## **Training**

The management team of Agincare believe that, in order to provide a quality service, Agincare requires high quality staff who are suitably trained, supervised and supported.

Agincare policies and procedures are referenced in the induction programme and are available for staff in their work place (Care Home or Branch office). Staff will be informed of how to access all policies, procedures and related documentation and of how to seek further advice regarding Agincare's agreed ways of working. Staff should be provided with regular updates to encourage continuous improvement and include latest good practice.

Agincare is committed to provide an ongoing programme of support for all staff. This includes supervisions, appraisals and training which will be in line with company policy, contractual obligations and current best practice

## **REVIEW OF THIS POLICY**

Review of this document is recorded on the controlled index and reviewed annually as part of the management review process.

## **Policy Review Group**

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