



OP	Complaints Policy	1
-----------	--------------------------	----------

		Last review date	Review Frequency	Next review date
Approved by policy committee		12 th December 2018	Annually	12 th December 2019
Website (yes/no)	Yes			

Policy

This policy is intended to set out the values, principles and policies underpinning Scotts Project Trust's (the Trust) approach to complaints.

The Trust works on the principle that if a service user wishes to make a complaint or register a concern it should be easy for them to do so. It is the Trust's policy to welcome all feedback and look upon any complaints as an opportunity to learn, adapt, improve and provide better services. This policy is intended to ensure that complaints and/or concerns are dealt with correctly and that all complaints and/or concerns raised by service users and/or persons acting on their behalf are taken seriously.

This policy is not designed to apportion blame, to consider the possibility of negligence or to provide compensation. It is not the same as the Trust's disciplinary policy. However, The Trust understands that failure to listen to or acknowledge complaints could lead to an aggravation of problems, service user dissatisfaction and possible litigation.

The Trust supports the principle that most complaints, if dealt with early, openly and honestly, can be resolved at a local level, i.e. between the complainant and the Trust. If this fails due to the complainant being dissatisfied with the result, the Trust respects the right of the complainant to take the complaint to the next stage by seeking a review with the relevant reviewing body as to how the complaint was addressed.

The aim is to ensure that the complaints procedure is implemented properly and effectively and that service users feel confident that their complaints and/or concerns will be considered and resolved by the Trust.



Principles of Complaints Handling

1. Service users and/or persons acting on their behalf are always made aware of how to complain and that the Trust provides easy-to-use opportunities for them to register their complaints.
2. A named Senior Manager/Manager is always responsible for the administration of the procedure.
3. Every written complaint is acknowledged within five working days, where possible.
4. Investigations into written complaints are held within 28 days as far as is reasonably possible.
5. All written complaints are responded to in writing by the Trust.
6. Complaints are dealt with promptly, fairly and sensitively with due regard to the upset and worry that they can cause to service users and those against whom the complaint has been made.
7. The Trust recognises national guidance on complaints handling, which uses a three stage model of:
 - a. local resolution
 - b. complaints review
 - c. independent external adjudication by Local Government Ombudsman or Health Service Ombudsman.
8. To ensure good complaints handling, The Trust has produced a how to handle complaints guide for staff to follow, see Appendix1.

The Complaints Procedure

Stage one: local resolution

The Trust works on the basis that wherever possible, complaints are best dealt with directly between the service users and/or persons acting on their behalf and its staff. Staff are required to refer any complaint and/or complaint of which they are made aware to the Senior Manager responsible for the Service which is the subject of the complaint and/or concern or in the event that the complaint/and or concern involves that Senior Manager to the Chief Executive Officer (CEO). The Senior Manager/CEO will arrange for appropriate enquiries to be made in line with the nature of the complaint. This may involve using an independent investigator as appropriate or, if the complaint raises a safeguarding issue, a referral to the Local Adults Safeguarding Authority in line with The Trust's Safeguarding Policy.



Stage two: complaints review

In line with national guidance The Trust recognises that if the complaint is still not resolved, the complainant has a right to take their complaint to the body responsible for the commissioning of the service e.g. Kent County Council.

Stage three: independent external adjudication

If complainants are still dissatisfied with the management and outcome of their complaint the Trust is aware that they can refer the matter to the Local Government Ombudsman/ Health Service Ombudsman for external independent adjudication.

Role of the Care Quality Commission

The Trust makes its service users aware that the Care Quality Commission does not investigate any complaint directly, but that it welcomes hearing about any concerns. Accordingly it provides service users with information about how to contact the CQC by referring them to the CQC's leaflet "How to Complain about a Health or Social Care Service" (July 2013.)

The Trust also sends to the CQC any information about complaints requested or required as part of CQC's compliance reviewing policy.

Safeguarding Issues

In the event of the complaint involving allegations of abuse or raising a suspicion that abuse has occurred, The Trust refers the matter to the Local Adults Safeguarding Authority immediately, and where appropriate, CQC and the Charity Commission are notified in line with The Trust's Safeguarding Policy.

Notifiable Safety Incidents

In the event of a complaint about a service user's care and/or support which results in a notifiable safety incident, The Trust's Duty of Candour Policy will be followed.

Verbal Complaints

The Trust has in place the following procedures for responding to complaints and concerns made verbally to staff.



1. All verbal complaints, no matter how seemingly unimportant, are taken seriously.
2. Staff who receive a verbal complaint are required to address the problem straight away.
3. If staff cannot solve the problem immediately they should offer to ask the relevant Senior Manager/Manager to deal with the problem.
4. All contact with the complainant should be polite, courteous and sympathetic.
5. Staff should remain calm and respectful at all times.
6. Staff should not make excuses or blame other staff.
7. If the complaint is being made on behalf of the service user by an advocate, steps must first be taken to be verify that the advocate has permission to speak for the service user, especially if confidential information is involved. If in doubt it should be assumed that the service user's explicit permission is needed prior to discussing the complaint with the advocate.
8. After talking the problem through, the member of staff or the Senior Manager/Manager dealing with the complaint will suggest a course of action to resolve the complaint. If this course of action is acceptable then the member of staff or Senior Manager/Manager will clarify what has been agreed with the complainant and the way in which the complaint has been resolved will be communicated to the complainant in writing. In addition, if appropriate, a meeting will be arranged to explain the outcomes of the investigation to the complainant.
9. If the suggested plan of action is not acceptable to the complainant then the member of staff or Senior Manager/Manager will ask the complainant to put their complaint in writing and give them a copy of the Trust's complaints procedure.
10. Details of all verbal complaints are recorded in the complaints book by the member of staff or Senior Manager/Manager who deals with the complaint and on the Service User's care/support plan including information as to how the specific matter was addressed.

Written Complaints

The Trust has in place the following procedures for responding to written complaints.

Preliminary steps

1. When a complaint is received in writing it is passed without delay to the relevant Senior Manager/Manager who records it in the complaints file



and sends an acknowledgment letter where possible, within five working days, to the complainant setting out the procedure to be followed. See Appendix 2.

2. The Senior Manager /Manager will inform the CEO of the complaint.
3. The Senior Manager/Manager deals with the complaint throughout the process.
4. If necessary, further details are obtained from the complainant. If the complaint is not made by the service user but on the service user's behalf, then the consent of the service user is obtained, preferably in writing.
5. If the complaint raises potentially serious matters, the CEO will inform the Trustees and advice may be sought from a legal advisor. If legal action is taken at this stage any investigation under the complaints procedure should cease immediately pending the outcome of the legal intervention.
6. A complainant, who is not prepared to have the investigation conducted by the Trust or is dissatisfied with the Trust's response to the complaint, is advised to contact the organisation or organisations responsible for commissioning their services for a review of their complaint.
7. In respect of St Peter's Row and the Supported Independence Service, the complainant then has the option of taking the matter to independent external adjudication and will be referred to the information provided by the CQC in its leaflet "How to Complain about a Health or Care Service" (July 2013)
8. In respect of service users in receipt of Continuing Health Care (CHC) the complainant has the option of taking the matter to Health Watch Kent or the Health Service Ombudsman. In respect of the Development Centre, the complainant then has the option of taking the matter to KCC's Customer Care department or to the Local Government Ombudsman for independent external adjudication.
9. Where a written complaint is received from a complainant who does not wish to identify themselves, the Trust will as far as is reasonably possible, follow the complaints procedure.

The Development Centre

The Senior Manager will ensure that Kent County Council (KCC) is informed of all formal complaints and serious concerns within one working day of the complaint being received. The information should include:

- Liberi or SWIFT ID of the individual concerned
- The nature of the complaint



- The action taken so far

Investigation of the Complaint

1. On receipt of a written complaint the relevant Senior Manager/Manager will launch an investigation and will aim within 28 days to provide a full explanation to the complainant in writing. In addition, if appropriate, a meeting will be arranged to explain the outcomes of the investigation to the complainant. See Appendix 3 for the Trust's Complaint Investigation Form.
2. If the issues are too complex to complete the investigation within 28 days, the complainant will be informed of any delay and the reason for the delay.
3. The Senior Manager / Manager will inform the CEO of all verbal and written communication with the complainant

Written Response

1. A written account of the investigation is sent to the complainant.
2. This includes details of how to take the complaint to the next stage if the complainant is not satisfied with the outcome. See Appendix 4

Meeting

1. If a meeting is arranged the complainant is advised that they may, if they wish, bring a friend or relative or a representative such as an advocate.
2. At the meeting a detailed explanation of the results of the investigation is given and an apology, if it is deemed appropriate. (Apologising for what has happened need not be an admission of liability).
3. Such a meeting gives the Trust the opportunity to show the complainant that the matter has been taken seriously and has been thoroughly investigated.

Follow-up Action

1. The outcomes of the investigation and any meeting are recorded in the complaints book and any shortcomings in procedures are identified and acted upon.



2. The Senior Managers/Managers monitor complaints regularly to look for trends and areas of risk that should be addressed.

Training

All new staff are required to read this policy as part of their induction process.

Policy Statement

The Trust, as a care provider, is required to have in place an effective system to identify, receive, handle and respond appropriately to complaints and/or concerns raised by service users, and/or persons acting on their behalf.

The Trust is required to:

- a. bring its complaints system to the attention of service users and/or persons acting on their behalf in a suitable manner and format
- b. facilitate the making of complaints when one is being made
- c. investigate fully all complaints and (where relevant) work with other services where the complaint is of a joint nature to address the issues raised.

The Trust refers service users to the leaflet published by the CQC, *How to Complain about a Health or Social Care Service* in the event they wish to make a complaint.

This policy should be read and applied with reference to the Trust's Safeguarding Policy and Duty of Candour Policy.



Clarification of terms used

1. In this policy reference is made to 'service user' which for the purpose of this policy refers to any person in receipt of services provided by the Trust.

2. Reference is made to the 'Senior Manager.' For clarification this includes the term 'Registered Manager' which is used for the Senior Managers of the CQC registered services; that is residential care at St Peter's Row, and Supporting Independence Service which is delivered at the Oaks and Willows. The Development Centre Senior Manager is an unregistered position.

3. Reference is made to 'Manager' which for the purpose of this policy refers to any other manager employed by the Trust.

4. Reference is also made to 'staff' which for the purposes of this policy refers to everybody who works in a paid or voluntary capacity for or on behalf of the Trust

5. Reference is made to 'the CEO' which for the purposes of this policy refers to the Chief Executive Officer employed by the Trust

CQC Fundamental Standards Compliance

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:

Regulation 16: Receiving and acting on complaints



Appendices

1. How to Handle Complaints Guide
2. Complaint Acknowledgement Letter
3. Complaint Investigation Form
4. Complaint Notice



Appendix 1

How to Handle Complaints Guide

Good complaints handling involves ensuring the following.

- The details of the complaint, and the desired outcome, have been properly understood.
- Advice and advocacy support is available to those who wish or need such support.
- What is required to resolve the complaint, and the likely timescale, is explained.
- Investigations into the complaints are proportionate and sufficiently thorough.
- They can provide a documented audit trail of the steps taken and the decisions reached.
- Consideration of the complaint is undertaken by staff who:
 - are competent to address the issues raised
 - provide honest explanations that are based on facts
 - include the reasons for the decisions made.
- Whenever possible complaints are reviewed by someone not involved in the events leading to the complaint.
- Comments and complaints are investigated and resolved to the satisfaction of the person raising the complaint unless the complaint falls outside the remit of the Trust's responsibility or the complaint cannot be upheld.
- There are clear procedures for dealing with unreasonably persistent complainants in a fair and consistent manner, which ensures that the concerns being raised are properly considered.
- All staff encourage and support a culture of openness that makes sure any comment or complaint is listened to and acted on.
- Senior Managers keep full records of the complaints made in line with the agreed procedures.
- Senior Managers use the information from complaints to identify any non-compliance with the regulations.
- Senior Managers assess from the complaints any risks of non-compliance with the regulations and decide what should be done to manage the risks.
- Complainants know that they can take their complaint to the Local Government Ombudsman / Health Service Ombudsman if they are dissatisfied with the outcome of their complaint or with how it has been handled.
- Service users of St Peter's Row and the Supporting Independence Service know that they can contact the CQC about their experiences and any concerns they have about the service (though the CQC does not investigate individual complaints).



Appendix 2

[Addressee]
[Address line 1]
[Address line 2]
[Town]
[County]
[POSTCODE]

[Date]

Dear [Enter name of service user]

Complaint acknowledgement

I am writing to acknowledge your complaint of [Enter date]. I enclose a copy of the form on which the details of the complaint are recorded.

The person who is investigating your complaint is [Enter name of responsible person], who will be in touch with you as soon as possible, and certainly not later than [Enter date 28 days from date of complaint]. I very much hope that we can sort out this matter to your satisfaction.

If you are not satisfied with the way in which we have dealt with your complaint or the decision made, you have the right to take your complaint to the local authority, if you receive funding from the local authority, or to the Local Government Ombudsman if you are self-funding. If you have gone to the local authority with your complaint and it cannot deal with it to your satisfaction, you can still take your complaint to the Local Government Ombudsman and follow its procedures.

The contact details for the local authority are:

[Enter address and contact details of local authority complaints service]

The contact details for the Local Government Ombudsman are:

The Local Government Ombudsman

PO Box 4771

Coventry CV4 0EH

Tel: 0300 061 0614 or 0845 602 1983

You also may wish to communicate your concerns and experiences to the Care Quality Commission, which will be interested to hear from you, but will not investigate your complaint directly.

Yours sincerely

[Signatory name] Manager



Appendix 3

Complaint Investigation Form

Complaint regarding	<input type="text"/>	
Name	<input type="text"/>	Date of birth <input type="text"/>
Address	<input type="text"/>	
Date of complaint	<input type="text"/>	Date response required by <input type="text"/>
Complainant	<input type="text"/>	
If the complainant is not the service user, what evidence was provided of the service user's consent to complain on their behalf?	<input type="text"/>	
Overview of complaint (append complaint letter or notes of verbal complaint to this form)		
<input type="text"/>		
Investigation plan (outline the planned activities to investigate the complaint)		
<input type="text"/>		
Findings of investigation (append interview notes to this form)		
<input type="text"/>		



Proposed response

Approved by

Response provided by

Name

Method

(append any written communications to this form)

Date



Appendix 4

Complaints Notice

- The Trust is committed to providing high-quality services and to constantly seek ways to improve that quality.
 - Your comments, compliments, suggestions or complaints are always welcome and we take pride in responding to them quickly, effectively and honestly.
 - All comments, compliments, suggestions or complaints should be made to the Manager.
 - Complaints will be treated seriously and dealt with as soon as possible.
 - Verbal complaints will be responded to immediately. All comments will be carefully considered and responded to on an individual basis.
 - Written complaints will be responded to by an acknowledgement letter within five working days, where possible. The Trust will then investigate the complaint and send the complainant a letter outlining the result within 28 days. If the matter is complex and cannot be resolved within 28 days the complainant will be informed.
 - If the complaint cannot satisfactorily be resolved within the Trust, the complainant might seek to refer the matter to-
 - the local authority adult social care complaints service-If the care is local authority funded
 - the Local Government Ombudsman if privately funded.
 - Health Watch Kent if NHS funded
 - People who take their complaint to the local authority/Health Watch Kent but still do not get a satisfactory result might wish to go to the Local Government Ombudsman/ Health Service Ombudsman.
 - Service users might also wish to communicate any concerns to the Care Quality Commission, though it will not investigate a complaint directly.
 - We view complaints as an opportunity to identify anything that is going wrong in our organisation and to make it right. You can help us by keeping a look-out for any problems and letting us know about them as soon as possible. Your comments and suggestions for improvements are always welcome.

The Local Government Ombudsman PO Box 4771, Coventry CV4 0EH	Care Quality Commission Citygate, Gallowgate Newcastle upon Tyne, NE1 4PA
---	--



Tel: 0300 061 0614 or 0845 602 1983	Email: enquiries@cqc.org.uk Tel: 03000 616 161
Health Watch Kent Seabrooke House Church Road Ashford TN23 1RD Tel: 0808 801 0102 Email:enquiries@ healthwatch.co.uk	Health Service Ombudsman www.ombudsman.org.uk Tel:0345 015 4033