



Support for life

# Complaints, suggestions and compliments

Feb 2018

Version 1

## Table of Contents

1. Purpose.....	3
2. Scope .....	3
3. Abbreviations .....	3
4. Policy .....	3
5. Procedure .....	4
6. Procedure Actioned by Service’s Manager .....	5
7. Appeals Procedure .....	6
8. Complaints Ben Will Not Investigate.....	7
9. Contact Details .....	7
10. Key Lines of Enquiry .....	8
11. References.....	8
12. Document History .....	9

## 1. Purpose

The purpose of the enclosed policy is to ensure:

- 1.1 The arrangements for investigation of complaints are fair and transparent.
- 1.2 Complaints and suggestions from Clients are a valued source of information regarding the quality of our service and are a primary source of information regarding possible abuse.
- 1.3 Ben employees (including the Registered Provider for Care) operate effective mechanisms for the receipt, recording, investigation and resolution of all complaints, to comply with the regulations and Care Quality Commission, Local Government Ombudsman and all regulatory or commissioning body guidelines are adhered to.

## 2. Scope

- Clients and relatives
- Key stakeholders – for example, industry partners, Board of trustees, Board of directors
- Professionals – for example, GPs, hospitals, district nurses.
- Outside agencies – for example, regulatory and commissioning bodies for example CQC, CCGs
- All colleagues

## 3. Abbreviations

Commonly used abbreviations in this policy are mentioned in the respective sub sections.

CQC

Care Quality Commission

## 4. Policy

- 4.1 At Ben, we believe that by listening to and learning from client, colleagues and stakeholder experiences we can make our services better for everyone. Therefore, in all cases, feedback will be recognised, responded to and treated seriously in a sensitive manner.
- 4.2 A copy of the complaints procedure will be made available to all individuals and their representatives.
- 4.3 In all instances where feedback is received, Ben will endeavour to reach a satisfactory conclusion for the complainant, and utilise potentially difficult feedback as an opportunity for quality improvement.
- 4.4 All formal or serious complaints will be investigated by a person not related to the immediate source of the complaint.
- 4.5 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 preventing misconduct and abuse.

- 4.6 Complaints will be recorded centrally to identify any pattern of complaint. This record will contain minor complaints in addition to serious complaints, and will be accessible to all senior colleagues where appropriate.
- 4.7 The central information, with regards to complaints, suggestions and compliments, will be regularly reviewed and analysed. All identifiable information will be removed to protect individuals' identities wherever possible. The summary is regularly considered by the management team for quality assurance purposes and to identify trends.
- 4.8 Compliments will be recorded centrally and made available for all parties to read, as well as kept on the personnel file of any member of colleagues individually complimented. Clients' personal and identifiable information will be anonymised in order to protect individuals' identity wherever possible.
- 4.9 Colleagues who are the subject of a complaint should not communicate directly with the complainant regarding the complaint unless accompanied by a senior colleague.
- 4.10 A complaint must be made no more than 12 months after the date the event occurred or the date the event came to the notice of the complainant. The time limit will not apply if Ben 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.
- 4.11 Ben will only accept complaints from a third party under certain conditions. Either:
- If you know that the individual has consented, either verbally or in writing; or
  - If the individual cannot complain unaided and cannot give consent because they lack capacity under the Mental Capacity Act 2005; or
  - The representative is acting in the individual's best interests – for example, where the matter complained about, if true, would be detrimental to the individual.
- 4.12 In relation to Ben's Care Services:
- Complaints will be recorded on Client files 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.
  - A record of the number of complaints received, and the outcome, can be found in the latest inspection report for each Ben centre at the Care Quality Commission (CQC) website – [www.cqc.org.uk](http://www.cqc.org.uk).

## 5. Procedure

- 5.1 A complaint can be made by telephone, in writing, by email or in person. All responses will be made in writing. If received verbally, the person receiving the complaint should record the date and nature of the complaint (using the words of the complainant), along with the name and contact details of the complainant.
- 5.2 It is recognised that some people may need independent help and support to raise concerns and these people will be advised of the contact details of the local advocacy service from where such help can be obtained.

- 5.3 When the complaint is an allegation of abuse, the person receiving the complaint should primarily reassure the complainant that they are safe and will not come to further harm. Under no circumstances may the person receiving the complaint promise to keep the information secret. They must help the person making the complaint, understand why they have to pass on the information and that the people they tell will be able to help resolve the issue and keep them safe. The complaint will be immediately and directly reported to a senior colleague. At this point the safeguarding policy should be followed as per local authority advice and the necessary notification made regulatory bodies.
- 5.4 The complaint procedure will be publicly available:
- On the Ben website [www.ben.org.uk](http://www.ben.org.uk)
  - In public areas of Ben registered addresses
  - With all contracts for care, and
  - Within all resident/client guides.
- 5.5 The procedure can be made available in other languages and formats if requested.
- 5.6 The principles applied are:
- The closer the person dealing with the complaint is to direct service delivery, the better the outcome of the complaint is likely to be. That person has a better detailed knowledge of the service and can react quickly and appropriately. An exception to this principle will be made in the case of a complaint which alleges abuse, in which case the complaint will be immediately and directly reported to a senior manager.
  - Accepting that personalities can be a factor in complaints, the multiple stages allow this problem to be avoided.
  - Complaints and suggestions will in all cases be taken seriously, recorded, investigated and all involved parties informed of the decided outcome.
- 5.7 There are several distinct levels of dealing with a complaint and it is important that each level is followed in order to achieve a speedy and effective resolution.
- 5.8 Initially, every instance of complaint must be reported/ routed to the senior colleague, who will, once they have received the complaint, carry out the procedure laid out below.

## 6 Procedure actions by senior colleague

- 6.1 The senior colleague will confirm and acknowledge the complaint, in writing, within 24 hours, including an indication of how any investigation will be carried out.
- 6.2 The first stage of the investigative process is to establish written or verbal statements from all involved and any witnesses (colleagues and individuals should have access to the Ben Whistleblowing policy – which can be found on the internal Ben Drive, or can be requested from the HR department). Notes should be taken of any verbal statements or interviews and the individual asked to confirm that the notes represent an accurate record.

- 6.3 Following the gathering of initial statements, the investigator may choose to recall individuals for further interviews. These meetings should be recorded as above.
- 6.4 Regular updates will be provided to the complainant in writing about the progress of the investigation.
- 6.5 Once the investigator is satisfied that they have gathered all the relevant information, an impartial conclusion or outcome will be reached. This outcome will be relayed to the complainant in writing; along with details of the appeals procedure should they be unhappy with the investigator's findings.
- 6.6 If a complaint is upheld, the investigator should put in place appropriate measures to ensure that proactive action is taken, and the complainant informed. This may involve:
- Disciplinary procedure/ grievance, harassment and bullying policies
  - Revision of any related documentation, i.e. care plan or support plan
  - A request for additional intervention or specialised support
  - A change or review of specific policies or services
- 6.7 Every effort will be made to resolve the complaint and to provide a full response to the complainant within 7 working days.
- 6.8 If the complaint concerns an allegation of abuse against a colleague, the appropriate HR procedures will be followed. If necessary, the police and/or safeguarding team will be informed and involved. Similarly, if an allegation of abuse is made against another client, these agencies will be informed along with other appropriate third parties.
- 6.9 The senior colleague is responsible for investigating the complaint, in most circumstances. However, if the complaint concerns this senior colleague or they are deemed, for whatever reason, to be unable to investigate the complaint, the investigation will be undertaken by the respective director. Please note: allegations of abuse are referred to the local safeguarding team who will advise on who should carry out the investigation.

## 7 Appeals Procedure

- 7.1 If a complainant is unhappy with the findings of an investigation, or they have any questions they would like to ask, they are welcome to get in touch with the investigating senior colleague who will explain the results in more detail. If they remain unhappy they can follow the appeals procedure.
- 7.2 To appeal the decision, the complaint should be escalated to the director of the relevant department/service. The director will then commence a review of the investigation and report their findings to the complainant within 7 working days.
- 7.3 If the complainant remains unhappy with the outcome of the Directors findings, the complaint can be escalated to the Chief Executive Officer.

- 7.4 If the first investigation has been carried out by the director, the first appeal will be reviewed directly by the Chief Executive Officer.
- 7.5 If the complainant remains unhappy with the outcome of the Chief Executive Officer's findings, the complaint can be escalated to the Chair of the appropriate Trustee Committee. This is the final stage of the Ben's internal review process.
- 7.6 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 safeguarding teams, the local government Ombudsman or Care Quality Commission. The details of these organisations can be found under section 9 'Contact details'.

## 8 Complaints Ben will not investigate

- 8.1 Ben is not required to investigate the following complaints:
- A complaint by a colleague relating to their employment (this will be handled in a different way, for example through the 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; or
  - A complaint that has already been investigated and resolved.
- 8.2 In these circumstances, the organisation will, as soon as possible, notify the complainant in writing of its decision not to investigate the complaint, providing reasons why.





## 10 Key Lines of Enquiry

Key Lines 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 this 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 people’s 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?	✓		✓

## 11 References

Quality Compliance Systems (2017) ‘QQ03 – Complaints, Suggestions and Compliments Policy and Procedure’ – accessed 29/09/2017

## 12 Document History

Supersedes Document(s) (Document number and version)	Changes
N/A	N/A