

## 2.COMPLAINTS POLICY

### COMPLAINTS POLICY

#### **Policy Statement**

Complaints provide an opportunity to learn from mistakes and to improve services. Camelot Care wants service users and their families to understand how to voice any concerns or make a complaint and that they will be dealt with promptly and in full.

The policy is not designed to apportion blame, to consider the possibility of negligence or to provide compensation.

Service users will also be given information on how to complain directly to the Commission for Social Care Inspection.

The home adheres fully to Outcome 17 The Essential Standards of Quality & Safety (CQC 2010).

#### **Goals**

The goals of the home are to ensure the following:

1. Service users, their representatives and carers know how to complain and that the process is simple and easy to use.
2. A named person will be responsible for the administration of the procedure.
3. Any written complaint is acknowledged within two working days.
4. Investigations into written complaints are held within 7 days.
5. All complaints are responded to in writing by the home.
6. Complaints are dealt with promptly, fairly and sensitively with due regard to the upset and worry that they can cause to both staff and service users.

The registered manager is responsible for following through complaints for each home.

Complaints are usually best dealt with on a local level between the complainant and the home but service users may report their complaint to the Care Quality Commission.

## **Verbal Complaints**

1. All verbal complaints, no matter how seemingly unimportant, should be taken seriously.
2. Whichever staff member receives an oral complaint should seek to solve the problem immediately.
3. If staff cannot solve the problem immediately they should refer the complaint to a senior staff member.
4. All contact with the complainant should be polite, courteous and empathetic.
5. At all times staff should remain calm and respectful.
6. Staff should not accept blame, make excuses or blame other staff.
7. If the complaint is being made on behalf of the service user by an advocate it must first be verified that the person has permission to speak for the service user, especially if confidential information is involved.
8. After talking the problem through, the member of staff dealing with the complaint should suggest a course of action to resolve the complaint. If this is acceptable to the complainant then it should be agreed how the results of the complaint will be communicated to the complainant (i.e. through another meeting or by letter).
9. If the suggested plan of action is not acceptable to the complainant then the member of staff should ask the complainant to put their complaint in writing to the home and give them a copy of the home's complaints procedure.
10. In both cases details of the complaints should be recorded in the complaints book.

## **Written Complaints**

### **Preliminary steps**

When a written complaint is received:

- Pass the complaint to the complaints manager
- The complaints manager must record the complaint into the complaints book and acknowledge it in writing within two working days
- Obtain further details from the complainant as necessary
- If the complaint is being made by someone on behalf of a service user, obtain consent (preferably written) from the service user
- Give the complainant a copy of the complaints procedure
- Seek advice from legal advisor to the home if the complaint raises potentially serious matters

- Cease the use of the complaints procedure if legal action is taken at this stage
- Advise the complainant of their right to contact the Care Quality Commission and give relevant details

#### Investigation of the complaint by the home

- Investigate the complaint and be prepared to respond to the complainant in writing or at a meeting within 7 days
- If the complaint is too complex to resolve within 7 days, communicate this to the complainant

#### Meeting

- If the complaint is unresolved then a meeting with the directors may be requested. Depending on the seriousness and nature of the complaint the appointment may also include the GP, Social Worker and Social Services if necessary. If a meeting is arranged the complainant should be advised that they may, if they wish, bring a friend or relative or a representative such as an advocate
- Give a detailed explanation of the results of the investigation and an apology as appropriate (apologising for what has happened need not be an admission of liability)

#### Follow-up action

- Send a written account of the investigation to the complainant after the meeting or if a meeting was not wanted
- Record the outcomes of the investigation and the meeting in the complaints folder.
- Identify and act on any shortcomings in home procedures
- Review any received complaints with the senior team or wider staff group as appropriate
- In the event that the complaint is care related and still unresolved then you have right to contact the office of the Care Quality Commission whose details are below.
- If the complaint is safeguarding related (Protection of Vulnerable adults) you can complain to the local Safeguarding Adults team.
- Share any learning from complaints with staff team through meetings “lessons learnt”.

**The CARE QUALITY COMMISSION OFFICE IS;**

Care Quality Commission South West

Citygate

Gallowgate

Newcastle-upon-Tyne

NE1 4PA

Tel: 03000 616161

Training

The Manager is responsible for organising and co-ordinating training.

All of the home's staff should be trained in dealing with and responding to complaints. Complaints policy training should be included in the induction training for all new staff and provided in an ongoing manner appropriate to job roles.