

# FOURCREST CARE (WATTON) LIMITED

## QUALITY POLICY STATEMENT

QP-01

### TITLE: COMMENTS, SUGGESTIONS AND COMPLAINTS (Addresses CQC Quality Statement)

#### 1.0 INTRODUCTION

- 1.1 While we shall make every effort to provide the best possible service. There may be occasions when people are not happy with the service we provide and therefore we recognise the right of all Service Users, relatives, representatives and members of support staff to inform us of any problems or complaints (however small) which will be listened to and acted upon in accordance with our complaints policy.
- 1.2 The service is required by law to have in place a policy and process for receiving and acting on complaints Health and Social Care Act 2008 Regulation 16.
- 1.3 We will ensure that all our Service Users are aware of this policy and they or their representative understand how to make a complaint.
- 1.4 We will make every effort to resolve complaints to the complainant's satisfaction unless the complaint cannot be upheld or is outside our remit or our responsibility.
- 1.5 We are always looking to improve our services and promote a no blame culture. All comments, suggestions or complaints regardless of how small they may appear will be treated seriously and used to improve the service offered.
- 1.6 We also receive positive feedback about the service and this together with suggestions for improvement are used to help shape service provision.

#### 2.0 POLICY

- 2.1 To effectively manage complaints in accordance with the requirements of the Health and Social Care Act 2008 Regulation 16 and CQC Quality Statements. Ensuring we listen and respond to complaints, comments and suggestions from people who use our services in the timescales required by legislation to arrive at a satisfactory outcome. To use the learning which comes from feedback to help improve service provision.

#### 3.0 PRINCIPLES AND GOALS

- 3.1 We are committed to the six principals of good practice in the management of complaints, as identified by the Parliamentary and Health Services Ombudsman:
  - Getting it right.
  - Being customer focused.
  - Being open and accountable.
  - Acting fairly and proportionately.
  - Putting things right.
  - Seeking continuous improvement.

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- 3.2 The goals of our complaint's procedure are to:
- Take a flexible approach towards handling individual complaints which focuses on the needs and wishes of the people involved.
  - Keep the procedure simple so that it is much easier for people to share experiences and for service to respond.
  - Make sure that people's experiences help to improve services.

### 4.0 ENSURING PEOPLE KNOW HOW TO MAKE A COMPLAINT

- 4.1 We will ensure that people who use our services are aware or given a copy of this policy and the process for making a comment, suggestion, or complaint.
- 4.2 Our Service will make available a copy of the complaint's procedure upon entrance to the building.

### 5.0 SUPPORTING SERVICE USES TO UNDERSTAND THE COMPLAINTS PROCESS

- 5.1 The manager should make Service Users aware that they wish to learn from people who use the service, and feedback about the quality of services they have received. Service Users who are dissatisfied with the service are encouraged to make a complaint so that it can be addressed.
- 5.2 The complaints manager must ensure that that the person who is making the complaint is given every assistance to help them understand the complaints process or advice on where such assistance can be obtained including advocacy services. All complaints will be received by the complaints manager compassionately and with sympathy.
- 5.3 The complaints manager will ensure that people who use the service are confident and feel comfortable that making a complaint will not cause them to be discriminated against or have any negative effect on their care, treatment, or support.
- 5.4 Support staff where appropriate will support Service Users in making a complaint using C4-150, Complaints, Suggestions and Compliments Form. This allows the Service User to record their own independent complaints, suggestions and compliments. Alternatively, if this is not appropriate, the Service's manager can use form C4-014, Complaints Form to directly record a complaint, suggestion or compliment received from the Service User, their family or supporters.
- 5.5 Where Service Users lack confidence or capacity to make a complaint, they will be supported by staff in a sensitive manner to follow the complaints procedure. Complaints from people acting on the Service User's behalf will be treated with the same respect as if they had come from the Service User.
- 5.6 We will ensure that Service Users or those acting on their behalf who make a complaint are treated in a manner that respects their human rights and diversity in a fair and equal manner. The Service User will be supported to make a complaint using their preferred communication method.

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### 6.0 COMPLAINTS PROCESS

- 6.1 We will take a flexible approach towards handling individual complaints which focuses on the needs and wishes of the people involved.
- 6.2 In trying to keep it simple and clear we have adopted a 3-stage process for dealing with complaints:

#### Stage one

- 6.3 The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015: Regulation 16 and states that people wishing to complain should in the first instance contact their care provider.
- 6.4 Our aim is to gain an early resolution to the person's complaint, and the complaint should in the first instance be referred to the manager.
- 6.5 In order to resolve the issue as soon as possible the manager may arrange to discuss the issue with the person by telephone or arrange to meet them.
- 6.6 The person's complaint will be acknowledged within 3 working days of receiving it. During which time we will start to carry out a thorough investigation. We will provide the complainant with a formal written response within 20 working days. In exceptional cases we may request more time to conduct our investigation, if this is the case the complainant will be kept informed and provided with a revised response date.

#### Stage two

- 6.7 If the complainant is not satisfied with the response, they have received from stage one, they should be advised to contact the complaints manager within 14 days of receiving a formal written response who will review the matter.
- 6.8 The complaints manager will acknowledge the complainant's dissatisfaction within 3 working days of receiving the escalation. The complaints manager will then carry out a formal investigation of the complaint and provide a formal response within 20 working days.

#### Stage three

- 6.9 Then if the complainant is not satisfied by how their complaint has been dealt with or the outcome they should be advised that they can take their complaint to the local authority, if they receive funding support from it, or directly to the Local Government and Social Care Ombudsman if they are self-funding.

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### 7.0 COMPLAINTS MANAGER

7.1 The manager of the service must nominate:

- A senior member of support staff who is responsible for both the complaints policy and complaints process and learning from complaints.
- A complaints manager who will manage communications with complainants.  
The two roles may be carried out by the same member of staff.

7.2 The nominated senior member of staff should be responsible for producing information regarding the operation of this procedure which is readily available. The format of the information should be simple to understand, and or in the preferred communication format of Service Users.

7.3 The complaints manager is responsible for the managing and investigating of complaints.

7.4 The member of staff who has been designated to manage complaints in the Service is:

*Caroline Rowlands.*

### 8.0 MANAGING AND INVESTIGATING COMPLAINTS

8.1 People who wish to complain must do so within 12 months of an incident happening or of becoming aware of the matter complained about. They can also choose to complain to the local authority social care commissioner instead of the provider of the service.

8.2 The complaints manager should ensure that the process for handling the complaint is conducted with openness and transparency whilst observing confidentiality.

8.3 When anyone makes a complaint about the Service or the services delivered by the Service, either verbally or in writing the complaints manager must acknowledge receipt of the complaint including the desired outcome and offer to discuss the nature of the complaint within 3 working days. Support staff must make a record using a Complaints Form, C4-014, and make an entry of the relevant details in the Complaints Log, C4-015.

8.4 The manager must ensure that complainants are not discriminated against or victimised. In particular, people's care and treatment must not be affected if they make a complaint, or if somebody complains on their behalf.

8.5 On receipt of a complaint appropriate action must be taken without delay to respond to any concerns or failures identified by a complaint or the investigation of a complaint.

8.6 The complaints manager should undertake an initial review to establish the level of investigation and immediate action required, including referral to appropriate authorities for investigation. This may include professional regulators or local authority safeguarding teams.

8.7 Where the service is informed the complaint involves another Service, all communications and correspondence regarding the process and outcome of the investigation will be copied to the agencies involved.

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- 8.8 Where the manager of the service receives a request from the Care Quality Commission for a summary of complaints and responses carried out by the service. The manager should review the Complaints Log, C4-015, and investigation reports to gather the required information, which must be forwarded to the Care Quality Commission within the 28 days.
- 8.9 The complaints manager should set up a Complaints File, C4-CF, in which should be placed all information relating to the complaint and its subsequent investigation.
- 8.10 The complaints manager or nominated senior member of staff (who is competent to consider the issues raised and give reasons for conclusions reached) should lead the investigation into the complaint and write the conclusions when the investigation is complete.
- 8.11 The complaints manager, or the senior member of staff nominated by the manager, must carry out an efficient investigation that deals properly and appropriately with the complaint. The service must adopt a flexible approach to dealing with complaints which focus on the needs and wishes of the people involved.
- 8.12 There must be a documented audit trail that details the steps and decisions taken during the course of the investigation and records kept including, completion of C4-182, Record of Actions Taken Following a Complaint
- 8.13 On completion of the investigation into the complaint, the complaints manager must write to the person who made the complaint explaining how the investigation was carried out and the appropriate action that has been taken. A copy of the letter should be retained on the Complaints File, C4-CF.
- 8.14 The complaints manager should seek feedback from the person who made the complaint on how they feel the complaint was dealt with. Where the person who made the complaint is not satisfied or is unhappy with the outcome, they must be reminded of their right to take the matter to the Local Authority Social Services or Local Government and Social Care Ombudsman and refer to the Comments Suggestions and Complaints Flow Chart (section 11.0) about contact details.
- 8.15 Where complainants escalate their complaint externally because they are dissatisfied with the local outcome, the manager will cooperate with any independent review or process.
- 8.16 Where the manager receives an anonymous complaint the matter should be investigated as far as possible.
- 8.17 The manager will hold to account any staff member who is reported to have behaved in a discriminatory manner to the Service User or their family as a result of a complaint made against the Service.

## 9.0 CONCERNS ABOUT THE MANAGER

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- 9.1 If a complaint concerns the manager of the Service and is made by a Service User or staff member. The complainant should be referred to the owner / provider.
- 9.2 If the owner / provider is also the registered manager the complainant should be advised to contact the Local Government and Social Care Ombudsman and ask for the complaint to be reviewed. The LGO provides a free, independent service. This service can be provided by various organisations depending on the geographical location of the service.

### 10.0 LEARNING FROM COMMENTS, SUGGESTIONS AND COMPLAINTS

- 10.1 Complaints are reviewed wherever possible by staff who are not involved in the events that have led to the complaint.
- 10.2 The manager should ensure that all comments, suggestions and complaints are reviewed as part of the *Management Review of the Quality System.* ) or at more frequent intervals where required by the manager.
- 10.3 The manager or nominated senior member of support staff must produce an annual report that details complaints that have been received, the issues that have been raised, and actions that have been taken to improve practice including safety and quality as a result of the complaints. Evidence of improvement actions for CQC may be provided through risk management, changes to policies support staff training and development programs.
- 10.4 When reporting to CQC about feedback on the quality of the service, the manager should take into account the views of staff, Service Users and others acting on their behalf about the quality of the service, risk and improvement plans, compliments and suggestions.

### 11.0 STAFFING COMPLAINTS OR CONCERNS

- 11.1 Where member of staff has a complaint, they should in the first instance report it to the manager. If the manager is not present, they should report the complaint to their line manager. Please refer also to staff grievance procedure.
- 11.2 If a member of staff has a concern about the health and wellbeing of a Service User they should refer to the Whistleblowing Policy QP-71, for the actions to be taken.

### 12.0 STAFF TRAINING

- 12.1 All support staff should be made aware of this policy as part of their induction. They should receive training on what they must do when they receive a complaint from people who use the service.

### 13.0 POSITIVE COMMENTS AND COMPLIMENTS

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- 13.1 Where the manager or staff receive positive comments or complements about the services provided by the Service. The manager should ensure that all staff are made aware of them and a record kept on file and in the *Comments Audit*.

### 14.0 MENTAL INCAPACITY

- 14.1 Where the complaint involves the Mental Health Act and the complainant chooses to seek the help of the commissioner or the Care Quality Commission, the service will make every effort to work in conjunction with these agencies to arrive at a satisfactory resolution.
- 14.2 Since April 2009 the Care Quality Commission cannot investigate individual complaints unless they involve Service Users who have mental incapacity under the Mental Health Act, however they still welcome feedback about the quality of services for people with a mental incapacity.
- 14.3 Family members or Representatives of Service Users who suffer from mental incapacity who are not satisfied with the outcome of their complaint may at any stage contact the Local Authority Social Care Service or the Care Quality Commission at the following address:

### WHO TO CONTACT WHEN NOT SATISFIED WITH THE OUTCOME OF A COMPLAINT

Local Authority Safeguarding Board:

Address: County Hall, Martineau Lane, Norwich.

Telephone: 0344 800 8020

Local Government & Social Care Ombudsman:

Please visit the following site to complete the online form:

<https://www.lgo.org.uk>

Complaints Manager for our Service:

Address: Lancaster House, 2 Portal Avenue, Watton. IP25 6HP

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Telephone: 01953 883501

E mail: caroline@lancastercare.com

### 15.0 REVIEW OF POLICY

15.1 This policy was reviewed by: Caroline Rowlands

Designation: Manager      Date: 3.1.24

15.2 This policy will be reviewed in Jan 2025

### REFERENCED DOCUMENTS TO BE USED WITH THIS POLICY

#### 1. Other Policies

QP-71 Whistleblowing Policy.

#### 2. Procedures

Management Review of the Quality System.  
PP-07 Staff Grievance.

#### 3. Forms & Logs

C4-014 Complaints Form.  
C4-015 Complaints Log.  
Person Centred Care Plan.  
C4-150 Service User Complaints, Suggestions and Compliments Form.

#### 4. Files & Books

None.

#### 5. Legislation, Standards and Guidance

Health and Social Care Act 2008 Regulation 16.  
CQC Quality Statements.

### 16.0 COMMENTS, SUGGESTIONS AND COMPLAINTS PROCEDURE FLOWCHART

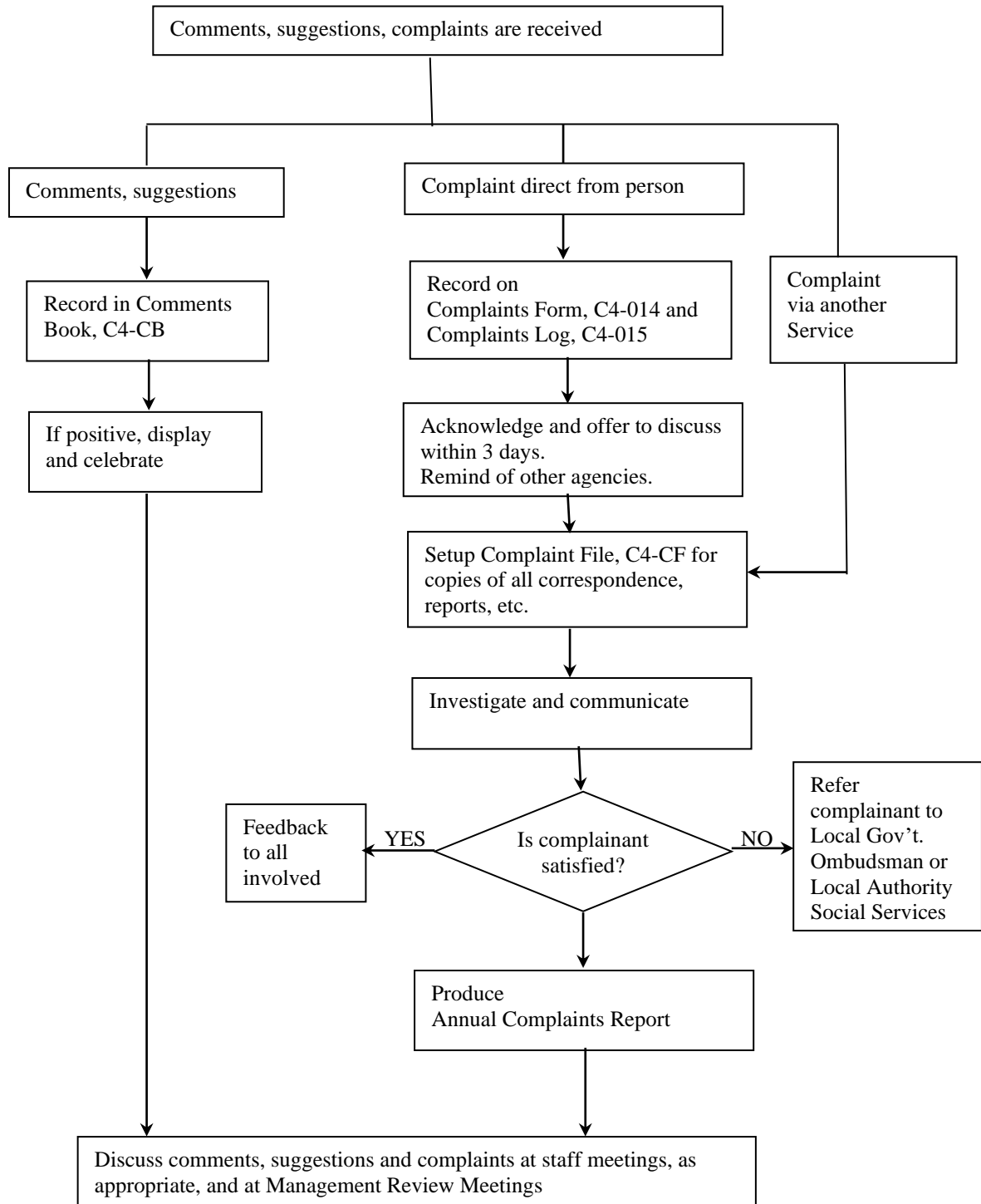
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### Guidance for managers CQC Quality Statements

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### Key Question: Safe

#### Safe: Quality Statements CQC use to assess quality

##### Learning culture

We have a proactive and positive culture of safety based on openness and honesty, in which concerns about safety are listened to, safety events are investigated and reported thoroughly, and lessons are learned to continually identify and embed good practices

### Key Question: Caring

#### Caring: Quality Statements CQC use to assess quality

##### Responding to people's immediate needs

We listen to and understand people's needs, views and wishes. We respond to these in that moment and will act to minimise any discomfort, concern or distress.

### Key Question: Responsive

#### Responsive: Quality Statements CQC use to assess quality

##### Listening to and involving people

We make it easy for people to share feedback and ideas or raise complaints about their care, treatment and support. We involve them in decisions about their care and tell them what's changed as a result.

Regulated regulations	CQC Compliance evidence can be found in:
Regulation 16 Receiving and acting on complaints.	Cared4 policy: QP-01 Comments Suggestions and Complaints addresses the Quality Statement and regulated regulation.

Other sources of CQC required evidence	
Document	Action taken by manager
C4-CF Complaint File.	Ensures that Complaint File C4-CF is up to date and available for inspection.
C4-015 Complaints Log.	Ensures that all complaints have been logged.
C4-014 Complaints Form.	Ensures complainants Complaints Form C4-014 is held on Complaint File C4-CF.
C4-182 Record of actions taken following a complaint.	Ensures that C4-182 Record of Actions Taken Following a Complaint is held on Complaint File C4-CF.

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CI-03 Management Review of the Quality System.	Ensures that complaints are reviewed as part of CI-03 Management Review of the Quality System and a record C4-005 Annual Management Review Form is kept on File.
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