

Complaints Policy.

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Policy Statement

Rehability UK is committed to delivering high quality social care. Complaints provide an opportunity to learn from people receiving care and support, their relatives and other professionals concerning their experience of the services we provide. Complaints provide a way to continuously improve the care and services we deliver.

1. Aim

1.1 The aim of this policy is to provide a consistent approach to the handling of all complaints across all Rehability UK locations. This policy applies to all organisations under the Rehability UK umbrella.

The policy is compliant with:

- Care Quality Commission
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Reg 16 Receiving and Acting on Complaints

	Information on how to make a complaint and how a complaint is investigated is prominently displayed in public areas across Rehability UK. This policy will be made readily available to people.
	People receiving care and support, their families and staff are encouraged to make a complaint if they are unhappy with any aspect of care or the services they receive.
	Staff should never ignore a person's complaint, if unsure, they should seek advice.
	Records of all complaints remain confidential. They are monitored by the Head of Operations and HR Manager.
	People are assisted when necessary to make a complaint.

1.2 All staff who have concerns or complaints about a service are encouraged to make these known to their Line Manager or a Senior Manager. This enables Rehability UK to learn directly from staff of their concerns. The Whistleblowing Policy also details the procedures for raising concerns about service delivery.

2. Objectives

2.1 The objectives of the Complaints Policy are to ensure:

- An effective system is in place for identifying, receiving, handling, and responding appropriately to complaints and comments made by the people we support, or persons acting on their behalf.
- A flexible approach to handling individual complaints, that focuses on the needs and wishes of the people involved.
- An approach whereby people receiving care and support are assisted in raising concerns about the services received
- People's complaints and comments, positive and negative improve services.

3. Definitions

3.1 Responsible Person: the person designated by Rehability UK is usually the Head of Operations who has responsibility for ensuring compliance with the arrangements made under the Regulations. They also ensure that action is taken, when necessary, as a result of the outcome of the complaint.

3.2 Complaints Manager: the person responsible for managing procedures for the handling and consideration of complaints in accordance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 16 – Receiving and Acting on Complaints

3.3 Responsible Body: a local authority, NHS body, primary care provider or independent provider.

3.4 Whistleblowing: Whistleblowing” is defined as the disclosure by an individual to the public, or those in authority, of mismanagement, corruption, illegality, or some other form of wrongdoing in the workplace.

3.4.1 People who raise concerns about malpractice in an organisation or workplace are legally protected by the Public Interest Disclosure Act 1998. The Act protects “whistleblowers” against victimisation or dismissal, provided they have behaved responsibly in dealing with their concerns.

4. Legislation and References

4.1 Legislation

Data Protection Act 1998

Human Rights Act 1998

Public Interest Disclosure Act 1998

Mental Capacity Act 2005

Equality Rights Act 2010

Health and Social Care Act (Regulated Activities) Regulations 2014
(as amended)

4.2 References

CQC Complaints Matter 2014

http://www.cqc.org.uk/sites/default/files/20141208_complaints_matter_report.pdf

Local Government and Social Care Ombudsman www.lgo.org.uk

NHS Constitution www.nhs.uk/choiceintheNHS/NHSConstitution

NHS Choices Complaints Policy www.england.nhs.uk/nhse-complaints-policy

Transforming Care: A national response to Winterbourne View Hospital, December 2012

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213215/finalreport.pdf.

NICE Guidelines - Challenging Behaviour and Learning Disabilities; preventions and interventions for people with learning difficulties whose behaviour challenges, May 2015

<https://www.nice.org.uk/guidance/ng11>.

NICE Quality Standards – Learning Disabilities: challenging behaviour, October 2015

<https://www.nice.org.uk/guidance/gs101>.

5. Responsibilities

5.1 The Head of Operations ensures that all complaints are handled efficiently within each Rehability UK location. This includes disseminating across Rehability UK lessons learnt from any complaints in accordance with Social Care and Social Work Improvement (Requirements for Care Services) Regulations 2011 (Regulation 18).

5.1.2 The Registered Manager is responsible for managing the procedures for handling and considering complaints in accordance with the regulations.

5.1.3 The registered person sends a summary of the complaints made and the responses to CQC at its request. The summary covers the complaints made during the preceding 12 months and the action that was taken in respect of each complaint.

6. Core Principles

6.1. 1 Rehability UK accepts the CQC statement that Complaints matter: *They matter for people using services, who deserve an explanation when things go wrong and want to know that steps have been taken to make it less likely to happen to anyone else.*

They matter for health and social care organisations, because every concern or complaint is an opportunity to improve. Complaints may signal a problem – the information can help save lives, and well-handled concerns will help improve the quality of care for other people Taken from: CQC Complaints Matter 2014.

6.2.1 Rehability UK seeks out the views of people receiving care and support and their families and carers. Complaints are a way of learning about how a person experiences our services.

7. Procedures

7.1 Receiving a Complaint:

7.1.1 All complaints received including oral complaints are acknowledged and receive a response within an agreed timeframe.

7.1.2 The manager of the location provides assistance, when required, to people receiving care and support and those acting on their behalf with help to bring a complaint or make a comment. They also support access to independent complaints advocacy services.

7.2 Responding to a complaint

7.2.1 All complaints are acknowledged within 7 working days of receipt of the complaint. The complaint must be made within 12 months of an incident or the complainant becoming aware of the issue. Discretion can be used with the approval of the Head of Operations.

7.2.2 An acknowledgement of the complaint is made verbally and in writing. When acknowledging the complaint an offer is made to discuss the following issues,

- How the complaint is to be handled
- When the investigation is likely to be complete
- When the response is likely to be sent to the complainant
- If the complainant indicates that they do not want to discuss the complaint at this stage, they must be notified of the process in writing

7.2.3 The complainant is supported throughout the procedure or supported to access independent advocacy services.

7.2.4 The complainant is kept informed of progress of their complaint.

7.3 Outcome of a complaint

7.3.1 Once the investigation has been completed:

- A letter is sent to the complainant detailing the initial findings
- They informed of action that has been taken during the investigation
- They are informed of the findings of the investigation and whether their complaint is upheld
- They have informed them of the internal appeals process and the external appeal process

7.3.2 The response is sent to the complaint within a maximum of 21 working days. If this is not possible a letter is sent to the complainant detailing the reasons for the delay. A new timescale for the response is agreed. The response to the complaint is sent as soon as reasonably practicable. The complainant is notified of any subsequent delays.

7.4 Appeals Process

7.4.1. The HR Manager or Managing Director are responsible for organizing the appeals process. They will ensure that:

- All aspects of the complaint are considered
- Whether a review is appropriate based on correspondence the investigation

7.4.1.2 The Managing Director ultimately either upholds the original decision or proposes an alternative resolution to the complaint.

7.4.2 The complainant is informed that if, after the internal appeals process, they remain dissatisfied, they have the right to refer the matter to: The Local Government and Social Care Ombudsman www.lgo.org.uk Telephone 0300 061 0614 if the outcome of the complaint is not resolved locally.

7.4.2.1 If the initial complaint is about poor quality or standards, the complaint should be referred to the CQC. Rehability UK locations are registered with and regulated by the Care

Quality Commission (CQC). Care Quality Commission National Correspondence, Citygate, Gallowgate, Newcastle upon Tyne, NE1 4PA. Telephone 0300 061 6161.

7.5 Legal Representation

7.5.1 If at any time during the complaints process communication is received from the complainant that they are seeking legal counsel, the complaint process is halted. The HR Manager and Managing Director is informed.

7.5.1.1 The notification can either be verbally or in writing from the complainant or their legal counsel. The process of investigation into the complaint continues under the direction of the UK appointed legal team

8.0 Training

8.1 All staff are aware of the complaint's procedure from their induction. They understand that people receiving care and support, their families and carers have a right to make a complaint.

Improvements in service delivery can result from a complaint which can benefit the person receiving care and support and staff.

8.2 The nature of the complaint determines the member of staff investigating the complaint and the nature of the investigation.

8.3 Staff training records are retained by the Quality Department and assist the Line Manager or Head of Operations to identify the most appropriate staff to conduct the investigation into a complaint.

9.0 Evaluation measures

9.1 Monitoring: The Rehability UK Board monitor complaints as part of their monthly meetings This includes a consideration of:

- The nature of the complaints
- The number of complaints
- The number of complaints upheld

9.1.1 The Directors scrutiny and analysis of complaints enables them to identify patterns or trends indicating the need for further investigations.

9.2 Auditing: The Quality Team during their visits will review the complaints log. This enables a review of:

- The time taken to investigate the complaint
- Quality of the investigation into the complaint
- Quality of the response to the complainant

9.2 The outcome of the audit leads to individual, location specific or Rehability UK recommendations to improve the quality of service and responses to complaints.

10. Review

This policy will be reviewed every three years.

Appendix 1

COMPLAINT AND CONCERNS FORM – CONFIDENTIAL WHEN COMPLETED

Details of person raising the complaint or concern

Name of service			
Date complaint received			
Time complaint received			
Full name and designation of person completing form			
How was the complaint raised (tick)	Letter	Telephone	Verbal
Full name and address of person raising	Name: Address:		

Details of Complaint:

ACTION TAKEN.

Full name of person conducting investigation	
Outcome of investigation (resolved, unresolved, requires further investigation)	
Date the outcome of the investigation was reported back to the complainant	
How was the outcome reported back to the complainant	
Date sent to Head of Operations and the Quality Team:	
Signature of person completing this form	
Print name and designation	

Once fully completed, please email a copy to Anita@rehabiliyuk.co.uk