

Complaint Policy & Procedure

POLICY STATEMENT

This home believes that if a resident wishes to make a complaint or register a concern they should find it easy to do so. It is the home's policy to welcome complaints and look upon them as an opportunity to learn, adapt, improve and provide better services. This policy is intended to ensure that complaints are dealt with properly and that all complaints or comments by residents, their relatives and carers are taken seriously.

The policy is not designed to apportion blame or to consider the possibility of negligence or to provide compensation. It is not part of the home's disciplinary policy.

Complaints can be made by telephone, in person, in writing, or by E-mail.

The home believes that failure to listen to or acknowledge complaints will lead to an aggravation of problems, resident's dissatisfaction and possible litigation. The home supports the concept that most complaints, if dealt with early, openly and honestly, can be sorted at a local level between just the complainant and the home.

Once your complaint has been dealt with by the home and if you are not satisfied with the outcome, you can refer your complaint to a Director of East Anglia Care Homes Ltd, ["the provider"], and ask for it to be reviewed.

Once your complaint has been fully dealt with by the Director of East Anglia Care Homes Ltd, if you are not satisfied with the outcome you can refer your complaint to the Social Services Department or the NHS CCG that is funding the care package. If you are paying for the care yourself and/or you are not fully satisfied with the way we have handled your complaint you have the right to take your complaint to the Local Government and Social Care Ombudsman, who you can contact at:

Tel: 0300 061 0614

Address: **The Local Government and Social Care Ombudsman**
PO Box 4771
Coventry, CV4 0EH

Website: www.lgo.org.uk

Email: advice@lgo.org.uk

The LGO will not usually investigate a complaint until the provider has had an opportunity to respond and resolve matters.

Our service is registered with and regulated by the Care Quality Commission (CQC). The CQC cannot get involved in individual complaints about providers, but is happy to receive information about our services at any time. You can contact the CQC at:
Care Quality Commission National Correspondence
Citygate
Gallowgate
Newcastle upon Tyne NE1 4PA

T: 03000 616161

W: www.cqc.org.uk/contactus.cfm

POLICY AIMS

The aim of the home is to ensure that its complaints procedure is properly and effectively implemented and that residents feel confident that their complaints and worries are listened to and acted upon promptly and fairly.

Independent advice and assistance from the local advocacy service is available to any complainant. Details on how they may be contacted are on the notice board in the home.

COMPLAINTS PROCEDURE

Oral Complaints

1. All oral complaints, no matter how seemingly unimportant, should be taken seriously.
2. Front-line care staff who receives an oral complaint should seek to solve the problem immediately.
3. If staff cannot solve the problem immediately they should offer to get the home manager to deal with the problem.
4. All contact with the complainant should be polite, courteous and sympathetic. There is nothing to be gained by staff adopting a defensive or aggressive attitude.
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 resident by an advocate, it must first be verified that the person has permission and consent, either verbally or in writing, to speak for the resident, especially if confidential information is involved. It is very easy to assume that the advocate has the right or power to act for the resident when they might not. If in doubt, it should be assumed that the resident's explicit permission and consent is needed prior to discussing the complaint with the advocate. A complaint made by a representative on behalf of a resident will only be accepted when:
 - The resident has consented, either verbally or in writing, to the complaint being made, or

- Where the resident cannot complain unaided and cannot give consent because they lack capacity within the meaning of the Mental Capacity Act 2005, and
 - The representative is acting in the resident's best interests.
8. After talking the problem through, the home manager or the member of staff dealing with the complaint should suggest a course of action to resolve the complaint. If this course of action is acceptable then the member of staff should clarify the agreement with the complainant and agree a way in which the results of the complaint will be communicated to the complainant (ie through another meeting or by letter).
 9. If the suggested plan of action is not acceptable to the complainant then the member of staff or home manager 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 register on an NCR form and in the summary of complaints.

Written Complaints

Preliminary steps

1. When a complaint is received in writing it should be passed on to the manager who should record it in the complaints register, raise an NCR and send an acknowledgement letter within three working days and enclosing a copy of the home's complaint procedure. The manager will normally be the named person who deals with the complaint.
2. If the complaint is received from a relative/family member/friend and the complaint relates to the care provided to a resident we will require the resident's consent to proceed with investigating the complaint and discussing matters with the complainant.
3. If the complaint raises potentially serious matters, it may be appropriate to take legal advice at an early stage. If legal action is taken at this stage any investigation by the home under the complaints procedure should cease immediately.
4. A complaint must be made no later than 12 months after:
 - The date the event occurred or, if later
 - The date the event came to the notice of the complainantThe time limit will not apply if East Anglia Care Homes Limited 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.

Investigation of the complaint by the home

1. Immediately on receipt of the complaint the home should launch an investigation and within 28 days the home should be in a position to provide a full explanation to the complainant, either in writing or by arranging a meeting with the individuals concerned.
2. If the issues are too complex to complete the investigation within 28 days, the complainant should be informed of any delays.
3. Where the complaint relates to care arrangements which have been shared with others, consideration should be given to carrying out a joint investigation following the procedure and principles outlined in this policy. In any case a joint and co-ordinated response should be provided to the complainant.

Meeting

1. 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.
2. At the meeting a detailed explanation of the results of the investigation should be given and also 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 home the opportunity to show the complainant that the matter has been taken seriously and has been thoroughly investigated.

Follow-up action

1. After the meeting, or if the complainant does not want a meeting, a written account of the investigation should be sent to the complainant. This should will include details of how to request for a review by a director if necessary. The outcomes of the investigation and the meeting should be recorded in the complaints register and any shortcomings in home procedures should be identified and acted upon.
2. The home should discuss complaints and their outcome at a formal business meeting and the home's complaints procedure should be audited by the home manager every six months.

Director's Review

1. If the Complainant is dissatisfied with the response to the Complaint, they may request that the matter is reviewed by a Director of East Anglia Care Home's Ltd.
2. The Director will acknowledge the request for a review within 3 working days.
3. The Director will undertake a review of the investigation into the complain and will write to the Complainant with their findings within 28 days. The letter will include details of the right to refer the matter to the Local Government and Social Care Ombudsman if the complainant remains dissatisfied with the Director's response.

Training

The home 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 in-house training sessions on handling complaints should be conducted at least annually and all relevant staff should attend.

This policy can be made available on request in other languages and in other formats such as cassette and Braille.