

THE SOUTHEND ON SEA DARBY & JOAN ORGANISATION LIMITED

Complaints

Policy Statement

This organisation believes that if a person wishes to make a complaint or register a concern they should find it easy to do so. It is the organisation'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 and their relatives and carers are taken seriously.

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

The organisation believes that failure to listen to or acknowledge complaints will lead to an aggravation of problems, service user dissatisfaction and possible litigation. The organisation supports the principle that most complaints, if dealt with early, openly and honestly, can be sorted at a local level between the complainant and the organisation. If this fails due to the complainant being dissatisfied with the result, the organisation will respect the right of the complainant to take the complaint to the next stage.

The organisation's complaints procedure complies fully with the current legislation and regulations.

Aim of the Policy

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

Goals

The goals of the organisation are to ensure the following.

- 1. Residents, their representatives and carers are aware of how to complain and that the organisation provides easy to use opportunities for them to register their complaints.**
- 2. Every written complaint is acknowledged within two working days of receipt.**
- 3. Investigations into written complaints are held within 28 days.**
- 4. All complaints are responded to in writing by the organisation.**
- 5. 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 organisation believes that, wherever possible, complaints are best dealt with on a local level between the complainant and the organisation. If either of the parties is not satisfied by a local process, the person will 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 Ombudsman if they are self-funding. Local authority-funded residents may also decide to take their complaint to the Local Government Ombudsman if they are dissatisfied with the way that the organisation or the local authority has handled their complaint.

The Care Quality Commission states that it will always welcome hearing about any concerns, though it will not investigate any complaint directly. It can be contacted by phone on 03000 616 161, by using the online form available at www.cqc.org.uk by e-mail to enquiries@cqc.org.uk or by post to:

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Care Quality Commission

Citygate

Gallowgate

Newcastle-upon-Tyne NE1 4PA.

In the event of the complaint involving alleged abuse or a suspicion that abuse has occurred, the organisation will refer the matter immediately to the Local Safeguarding Board manager. Usually the board will call a strategy meeting to decide on the actions to be taken next. This could entail an assessment of the allegation by a member of the Safeguarding Authority team.

Verbal Complaints

1. All verbal complaints, no matter how seemingly unimportant, should be taken seriously.
2. Front-line care staff who receive a verbal complaint should seek to solve the problem immediately.
3. If staff cannot solve the problem immediately they should offer to get the 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 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 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 may not. If in doubt it should be assumed that the resident's explicit permission is needed prior to discussing the complaint with the advocate.
8. After talking the problem through, the 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 manager should ask the complainant to put their complaint in writing and give them a copy of the organisation's complaints procedure.
10. In both cases details of the complaints should be recorded and copies be sent to the **Home Manager / Trustees** at the Administration Office

Written Complaints

Preliminary steps

1. When a complaint is received in writing it should be passed on to the Home Manager who should record it in the complaints book and send an acknowledgment letter within two working days. If the complaint is in relation to the Home Manager then the complaint should be forwarded **Trustees** who will address the complaint on behalf of the organisation.

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2. If necessary, further details should be obtained from the complainant. If the complaint is not made by the resident but on the resident's behalf, then consent of the resident, preferably in writing, must be obtained from the complainant where possible.
3. A leaflet detailing the organisation's procedure should be forwarded to the complainant.
4. If the complaint raises potentially serious matters, advice should be sought from a legal advisor. If legal action is taken at this stage any investigation by the organisation under the complaints procedure should cease immediately.
5. If the complainant is not prepared to have the investigation conducted by the organisation he or she should be advised to contact the local authority (if it provides the individual's funding) or the Local Government Ombudsman service (if the individual self-funds) or an organisation such as Age UK or Counsel and Care, which can provide advice on how to proceed. The CQC could also be contacted under these circumstances, though it will not investigate a complaint directly.

Investigation of the Complaint

1. Immediately on receipt of the complaint the organisation should launch an investigation and within 28 days the organisation 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.

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 organisation 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, a written account of the investigation should be sent to the complainant. This should include details of how to approach the local authority complaints service or Local Government Ombudsman if the complainant is not satisfied with the outcome.
2. The outcomes of the investigation and the meeting should be recorded in the complaints log and any shortcomings in procedures should be identified and acted upon.