

THE CHISWICK NURSING CENTRE

Manual Managerial	Authorised By: Carole Buse
Issue Date November 2022	Next Review Date November 2024

MANAGERIAL

COMPLAINTS

POLICY

This policy sets out the values, principles and procedures underpinning this care service's approach to handling complaints to comply with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 16: Receiving and Acting on Complaints. This regulation requires care providers to have an effective system to identify, receive, handle and respond appropriately to complaints and comments made by service users, or persons acting on their behalf, and others involved with the service.

Regulation 16 is one of the fundamental standards with which providers must comply to meet their registration requirements. It states the following:

1. Any complaint received must be investigated and necessary and proportionate action must be taken in response to any failure identified by the complaint or investigation.
2. The registered person must establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity.
3. The registered person must provide to the Commission, when requested to do so and by no later than 28 days beginning on the day after receipt of the request, a summary of:
 - a. complaints made under such complaints system
 - b. responses made by the registered person to such complaints and any further correspondence with the complainants in relation to such complaints
 - c. any other relevant information in relation to such complaints as the Commission may request.

To be compliant with this regulation, the service will:

- bring the complaints system to the attention of service users and people acting on their behalf in a suitable manner and format
- facilitate the making of complaints when one is being made
- acknowledge and investigate all verbal and written complaints and (where relevant), work with other services where the complaint is of a joint nature to address the issues raised
- where possible and applicable ensure that service users have access to and the help of an independent advocacy service, which they might need to make a complaint where they lack the capacity or means to make the complaint without such assistance; an advocate can assist the person at all stages in the complaints process

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This service works on the principle that if a service user or anyone who acts in their best interests wishes to make a complaint or register a concern they should find it easy to do so. It is the service's policy to welcome complaints and look upon them as an opportunity to learn, adapt, improve and provide better services. This policy ensures that complaints are dealt with properly and that all complaints or comments by service users 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. The service recognises that failure to listen to or acknowledge complaints could lead to an aggravation of problems and service user dissatisfaction.

The service believes that most complaints, if dealt with early, openly and honestly, can be sorted at a local level, ie between the complainant and the service. If this fails due to the complainant being dissatisfied with the result, the service respects the right of the complainant to take the complaint to the next stage.

The aim is always to make sure that the complaints procedure is properly and effectively implemented and that service users feel confident that their complaints and worries are listened to and acted upon promptly and fairly.

Principles of Complaints Handling

1. Service users, their representatives and carers are always made aware of how to complain and that the nursing centre provides easy to use opportunities for them to register their complaints.
2. A named person will be responsible for the administration of the procedure.
3. Every written complaint is acknowledged within two **to three** working days.
4. Investigations into written complaints are held within 28 days.
5. All complaints are responded to in writing by the nursing centre.
6. Complaints are dealt with promptly, fairly and sensitively with due regard to the upset and worry that they can cause to service users and those against whom the complaint has been made.
7. The nursing centre recognises national guidance on complaints handling, which uses a three-stage model of:
 - a. Local resolution
 - b. Complaints review and
 - c. Independent external adjudication by Local Government Ombudsman, Health Service Ombudsman or through the Independent Healthcare Advisory Services (IHAS).
 - d. Complaints should be made to the Centre Director.

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Stage One - Local Resolution

The nursing centre works on the basis that wherever possible, complaints are best dealt with directly with the service users by its staff and management, who will arrange for the appropriate enquiries to be made in line with the nature of the complaint. This can involve using an independent investigator as appropriate or if the complaint raises a safeguarding matter a referral to the local safeguarding adults authority.

Stage Two - Complaints Review

If the complaint is unresolved by the Nursing Centre, the complainant can refer to the company head office whose details are:

Ganymede Care Ltd
1 Battersea Square
London SW11 3RZ
Tel: 0207 095 0196

In line with national guidance the company then recognises that if the complaint is still not resolved, the complainant has a right to take their complaint to the body responsible for the commissioning of the service eg local authority and / or health service (again depending on the nature of the complaint).

Stage Three - Independent External Adjudication

If complainants are still dissatisfied with the management and outcome of their complaint the nursing centre is aware that they can refer the matter to the Local Government and Social Care Ombudsman / Health Service Ombudsman / in respect of some private healthcare providers through the Independent Healthcare Advisory Service (IHAS) for external independent adjudication.

Role of the Care Quality Commission

The service makes its users aware that the Care Quality Commission (CQC) does not investigate or seek to resolve or adjudicate on any complaint directly, but it welcomes hearing about any concerns. The service keeps the CQC advised on the outcome of any complaints received. It accordingly provides users with information about how to contact the CQC by referring them to the CQC's leaflet *How to Complain About a Health or Social Care Service* (July 2013) (available on the CQC website).

The care service also sends to the CQC any information about complaints requested or required as part of CQC's compliance reviewing policy.

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Safeguarding Issues

In the event of the complaint involving alleged abuse or a suspicion that abuse has occurred, the nursing centre refers the matter immediately to the local safeguarding adults authority, which will usually consider whether the allegation should be progressed to a Care Act (Section 42) enquiry or not in order to decide on the actions to be taken next. This could entail an assessment of the allegation by a member of the Local Authority Safeguarding team.

The care service will also notify the CQC under the (revised) Care Quality Commission (Registration) Regulations 2009, Regulation 18(e) Notification of Other Incidents of “any abuse or allegation of abuse in relation to a service user”.

Verbal Complaints

The nursing centre adopts the following procedures for responding to complaints and concerns made verbally to staff or to the Centre Director.

1. All verbal complaints, no matter how seemingly unimportant, are taken seriously.
2. Front line care staff who receive a verbal complaint are instructed to address the problem straight away.
3. If staff cannot solve the problem immediately they should offer to get the Centre Director 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 or agencies.
7. If the complaint is being made on behalf of the service users 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. It is very easy to assume that the advocate has the right or power to act for the service user when they may not. If in doubt it should be assumed that the service user’s explicit permission is needed prior to discussing the complaint with the advocate.
8. After talking the problem through, the Centre Director or the member of staff dealing with the complaint will suggest a course of action to resolve the complaint. If this course of action is acceptable then the member of staff will 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).

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Verbal Complaints (cont'd)

9. If the suggested plan of action is not acceptable to the complainant then the member of staff or Centre Director will ask the complainant to put their complaint in writing and give them a copy of the nursing centre's complaint procedure.
10. Details of all verbal complaints are recorded on the Complaints Log (F46B) by the Centre Director and on the individual's care records with information on how a specific matter was addressed.

Written Complaints

The nursing centre adopts the following procedures for responding to written complaints.

Preliminary Steps

1. When a complaint is received in writing it is passed on to the Centre Director who records it on the Complaints Log (F46B) and sends an acknowledgment letter within **two to three** working days, which describes the procedure to be followed.
2. The Centre Director will deal with the complaint throughout the process.
3. If necessary, further details are obtained from the complainant. If the complaint is not made by the service user but on the service user's behalf, then consent of the service user, preferably in writing, is obtained from the complainant.
4. If the complaint raises potentially serious matters, advice will be sought by the Centre Director from a legal advisor. If legal action is taken at this stage any investigation under the complaints procedure should cease immediately pending the outcome of the legal intervention.
5. A complainant, who is not prepared to have the investigation conducted by the nursing centre or its parent organisation or is dissatisfied with the response to the complaint is advised to contact the organisation or organisations responsible for commissioning their services (local authority / and or health service) for a review of their complaint.
6. The complainant then has the option of taking the matter to the independent external adjudication and will be referred to the information provided by the CQC in its leaflet "How to Complain about a Health or Care Service" (October 2020).
7. If the complaint involves safeguarding issues requiring an alert to the local safeguarding authority, the care service will follow the safeguarding procedures, carrying out any internal investigation in line with any plan agreed with the safeguarding staff (with information shared with the CQC).

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Investigation of the Complaint

1. Immediately on receipt of a written complaint the nursing centre will launch an investigation and aims within 28 days 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 will be informed of any delay and the reason for the delay.

Meeting

1. If a meeting is arranged the complainant is advised that they may, if they wish, bring a friend or relative or an advocate appointed to act on the behalf of the Service User
2. At the meeting a detailed explanation of the results of the investigation is given and an apology if it is deemed appropriate (apologising for what has happened but may not be an admission of liability).
3. Such a meeting gives the nursing centre 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 is sent to the complainant.
2. This includes details of how to take the complaint to the next stage if the complainant is not satisfied with the outcome.
3. The outcomes of the investigation and the meeting are recorded in the complaints log and any shortcomings in procedures are identified and acted upon.
4. The Company Board of Directors reviews all complaints to determine what can be learned from them. It regularly reviews the complaints procedure to make sure it is working properly and is legally compliant.

Training

Staff are trained to respond correctly to complaints of any kind. Complaints policy training is included in the induction training for all new staff and updated as indicated by any changes in the policy and procedures and in the light of experience of addressing complaints.

Appendices

Complaints Log	F46B
Complaints Notice	F904