
Care UK Comments, Compliments, Concerns and Complaints Policy

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1 Care UK Complaints Policy Statement by the Chief Executive

Customers are at the heart of everything we do and by listening to the people we care for, we will improve our services and continue to make them safer and more responsive. We will learn lessons that will benefit everyone – not only the people to whom we provide services, but our commissioners, our staff and all our other stakeholders. Sharing and learning from what our customers tell us will support our planning and the delivery of care in all our services and facilities.

To us, the principles of excellence in complaint handling are simple.

- We must get things right first time, meeting all our legal and regulatory responsibilities, with clear leadership from the Board and executive. We must have clear and strong governance arrangements with unambiguous roles and responsibilities so that everyone in our organisation understands the importance of managing the concerns of our customers.
- By being customer focused, we will have a complaints procedure that is straightforward and outcome driven. Wherever possible, we will endeavour to satisfy the person who has made the complaint. We will listen to what our customers say and deal with complaints promptly and with sensitivity.
- We will be open and accountable, explaining how a complaint can be made and how to proceed if the person who has made the complaint feels that our response is unsatisfactory. We will provide information about how independent conciliation services and other advice can be obtained.
- By acting fairly and proportionately, we will treat the person who has made a complaint impartially and fairly, striving to investigate matters thoroughly and to reach conclusions quickly. We will also treat any staff member who has been complained about equitably.
- Putting things right – acknowledging our mistakes and apologising where we need to – will be a key part of any remedy required. Our responses will be prompt, appropriate and proportionate.
- By seeking continuous improvement, using the feedback and the lessons arising from complaints, we will improve service design and delivery. We will have systems in place to record, analyse and regularly report on what we have learnt. Where appropriate, we will tell the person who has made a complaint about these lessons and what changes we have made to prevent similar things happening again.

Our values – *Fulfilling Lives* – are aimed at reassuring anyone who feels the need to raise a concern or complaint that we are committed to ensuring:

- ***Every one of us makes a difference***
- ***Customers are at the heart of everything we do***
- ***Together we make things better***

2 Introduction and Objectives

The purpose of this policy is to provide Care UK staff with the information they need to ensure that Care UK meets or exceeds the requirements of:

- The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009
- Hospital Complaints Procedure Act (Scotland) 1985
- Social Services and Well-being (Wales) Act 2014

It sets out how Care UK manages, responds to and learns from complaints made about our services. The management of all complaints, investigations and responses will be conducted to the timescales set out in these regulations.

Care UK is committed to providing high quality services and will strive to ensure that all comments, compliments, concerns and complaints are addressed, resolved and shared as quickly as possible. Potential lessons will be shared within the organisation to promote learning and improve quality and safety of care.

Complaints will be dealt with on an individual basis and will be investigated fully, transparently and impartially. When something has gone wrong it is vital to establish the facts about what happened in a systematic manner. Most complaints will be investigated by someone from the service or division involved, but for serious complaints it may sometimes be necessary to involve an independent investigator.

Details of the legislation, national guidelines, regulations and best practice used in the development of this policy can be found in Section 20, 'The Law, regulation and other key references'.

3 Scope

This policy applies to the management of comments, compliments, concerns or complaints in all health and social care services provided by Care UK and by Care UK staff in England, Scotland and Wales.

Care UK staff have a responsibility to ensure that anyone who makes a comment or gives a compliment receives the appropriate response. Anyone who raises a concern or complaint should be treated with compassion, dignity and respect. Regular updates and communications will also be provided.

All anonymous complaints will be investigated in accordance with this Policy, providing that there is sufficient detail to do so. If it is possible to verify the complaint, the appropriate remedial actions will be taken and a record maintained.

There will be some complaints that cannot be dealt with under the scope of this policy or The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. Examples are:

- A complaint made by one external organisation about another organisation.

- A verbal complaint which has been resolved to the person's satisfaction not later than the next working day.
- A complaint, the subject of which has previously been investigated under these Regulations.
- A complaint which is being investigated by any of the Ombudsman services.
- A complaint made by a staff member about any matter relating to their employment.

Any complaint or concern raised, that relates to an issue of abuse (or suspected abuse) must be dealt with immediately following the guidance in the Care UK Adult Safeguarding Policy.

If issues of abuse or suspected abuse involve a child, the appropriate divisional Child Protection policy and guidance should be followed immediately.

4 Definitions

4.1 Comment

A comment is a statement (made either verbally or in writing) to any Care UK staff member. A comment is an expression of a personal opinion or attitude, with no expectation from the person making the comment that any action is required.

4.2 Compliment

A compliment is an expression of satisfaction about a service the customer has received. Compliments are positive feedback received either verbally or in writing. They can include expressions of praise, admiration, or congratulation and provide valuable information and provide encouragement and a feeling of staff satisfaction. Local arrangements can be established to recognise and capture compliments and share the learning from good individual or team practice. Care UK will log details of all compliments into its divisional operational reporting systems.

It is good practice to thank the customer for their positive comments if the situation makes this a practical option.

4.3 Concern

A concern is an issue of interest, importance or unfavourable experience raised with any member of Care UK staff, who can immediately respond, answer any questions and resolve issues by clarification with the person. For example, by talking with the customer, or by providing an explanation or supporting information. A concern does not need to be recorded as a complaint on the divisional operational reporting systems.

4.4 Complaint

A complaint is an expression of dissatisfaction, disappointment or discontent about an act, omission or decision in respect to any service Care UK provides, which requires a response and action. Complaints may be made in a variety of ways:

- verbally (in person or by phone)
- in writing
- electronically, for example, via email or text message
- via online feedback channels.

Care UK will log details of all complaints into its divisional operational reporting systems.

For further information on how to classify please see Appendix A: Complaint Decision Tree.

4.5 Customer

For the purposes of this policy, a customer is defined as someone who receives care or related services provided by Care UK in any location. The term customer encompasses all the various descriptions used in Care UK divisions, for example 'service user', 'resident', 'patient' or 'client'.

4.6 Working days

For the purpose of this Policy:

- 'Working days' mean only weekdays i.e. Monday to Friday.

4.7 Self-funded care

Self-funded care is defined as care that is paid for entirely by the person receiving it.

5 Confidentiality

Complaints will be handled in the strictest confidence, in accordance with Care UK's divisional policies concerning confidentiality. Arrangements will be made for the handling of all confidential information (customarily called 'patient-identifiable information'), in compliance with the Data Protection Act 1998 and to meet the general principles set out in the Caldicott Report.

Only those managers who are leading, or staff who are in other ways involved in the management of the complaint, will have access to details of the case. Anyone disclosing information to others who are not directly involved could be subject to disciplinary proceedings.

6 Investigations into complaints we receive

When conducting any complaints investigation Care UK will establish the facts in a systematic way, collecting and assessing evidence, conducting interviews, referring to customer records and documents and taking expert advice as required.

Once the evidence has been gathered, it will need to be assessed in order to decide what is fair and reasonable in the circumstances of each complaint.

If the investigation into a complaint results in a disciplinary procedure then the complaints process will be continued to its conclusion. The person who has made a complaint will be informed that their complaint has led to the disciplinary procedure being started but will not be given details of the outcome or on-going investigation.

7 Roles and responsibilities

7.1 The Board of Care UK Health & Social Care Holdings Limited

The Board are accountable for ensuring that effective controls are in place to support the aims of complaints management and to ensure that Care UK staff handle all complaints in a systematic and fair way.

7.2 The Care UK Chief Executive

The Chief Executive has overall responsibility, as set out in the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, for ensuring compliance with the arrangements and must ensure that there is an effective policy for complaints management within Care UK. They must keep the Board of Care UK Health and Social Care Holdings Limited informed of appropriate information regarding complaints, provide relevant reports and nominate suitable responsible people within the divisions

7.3 Divisional Managing Directors

Divisional Managing Directors are nominated by the Chief Executive to take responsibility for the management of all complaints arising in their areas of responsibility. They also have the responsibility for ensuring that their divisional protocols associated with complaints management meet both regulatory requirements and the requirements of this Care UK Complaints policy.

The Managing Director for each division will ensure that the outcomes and learning opportunities are communicated to the Chief Executive and where relevant to other members of the Care UK Executive Team.

7.4 Directors with responsibility for managing complaints

Directors with responsibility for managing complaints in each division will oversee divisional arrangements and will ensure that complaints are investigated within the timescales and guidelines set out in this policy. They will assume responsibility for compliance with the arrangements made under the Regulations and ensuring that improvement action is taken where necessary in light of the investigation outcome. This Director also has responsibility for ensuring that details of complaints are entered into the divisional governance reporting systems.

The Director with responsibility for managing complaints will nominate a suitable Complaints Investigator, who will be someone with sufficient experience to appropriately investigate and manage complaints at Stage 2 (see Section 10.3).

7.5 The Complaints Investigator

The person nominated as the Complaints Investigator is responsible for completing Stage 2 of the complaints process (see Section 10.3). They will make contact with the person who has made a complaint to agree the issues to be investigated and the timescale for responding.

7.6 Service Managers

Service managers have a responsibility to read and understand this policy and its importance in regards to the service they manage. If immediate resolution to the satisfaction of the person raising the concern is not possible (See Section 10.1), the issue raised should be dealt with as a complaint by the service manager or person in charge at the time. Service managers are to ensure that details of all complaints arising in their service are entered into the divisional governance reporting system.

7.7 All Care UK Staff

All staff have a responsibility to read and understand this policy and its importance in regards to their area of work.

Staff should respond appropriately to a concern or complaint to try to achieve immediate resolution to the satisfaction of the person making the complaint. If this is not possible, staff are to escalate the customer's complaint to their Service Manager or the person in charge at the time.

8 Who can make a complaint?

Complaints can be made by any person who has come, or comes into contact with; has been, is, or is likely to be affected by; has been, or is aware through direct experience or observation, of an action, omission or decision of Care UK.

Complaints can be made on behalf of service users but must be made with their full consent. This is to comply with the Data Protection Act 1998 and Caldicott requirements.

- If a complaint is raised by a relative or friend, the customer must provide written consent, unless the person who has made a complaint is the parent or guardian of a child under the age of legal capacity, to whom the complaint refers.
- If a customer is unable to consent, due to physical incapacity or lack of capacity within the meaning of the Mental Capacity Act 2005, consent is not required. Consent will, in these cases need to be agreed on an individual basis by the Director with responsibility for managing complaints.
- Consent from the customer must be received before the response to the complaint can be provided. If the consent form is not returned within 20 working days, a reminder will be sent. If this is not received by 28 working

days of the original complaint date it will be accepted that the customer does not give consent and the person who has made a complaint will be sent written confirmation that their complaint is being closed and the reason why.

In the event that our regulatory body ask for details of a complaint or to be informed of progress of a particular complaint, consent is not required from the person who has made a complaint since the role of regulator allows such information to be conveyed. However, they should be advised that information is being passed to the regulator.

8.1 Local Authority-funded Care

If a customer is receiving Local Authority care (also referred to as Council-funded care), they can complain directly to the council if they wish. If they are unhappy about the outcome of their complaint, they can contact the Local Government Ombudsman (see Appendix B for details).

8.2 Self-funded care

Although customers who are self-funded can complain to the Local Government Ombudsman (see Appendix B for details), the Ombudsman will normally only consider a complaint after the customer has tried to resolve it with Care UK via the complaints management process set out in this Policy.

8.3 NHS-funded care

Customers who receive NHS-funded care can make a complaint through the NHS complaints procedure. Advice should be given to the person regarding Healthwatch, local Independent Complaints Advocacy Services (ICAS) and/or other local advocacy providers who can support them.

9 How to make a complaint – An overview of the Complaints and Investigation Processes

9.1 Fundamental principles

The Health and Social Care Regulations state that people wishing to complain should contact their care provider.

Care UK always welcomes the opportunity to be this first point of contact, receiving compliments and comments, as well as concerns and complaints. Care UK monitors, reviews and analyses the information we receive, with the aim of learning lessons and continuously improving the quality and safety of our services.

However, at any point during the management of a complaint, or if the person is dissatisfied with the initial response from us, or remains dissatisfied once our complaints process is exhausted, the person can approach any of the regulatory, professional or supervisory bodies with regards to their complaint (e.g. the General Medical Council or the Care Quality Commission), See Appendix B for details.

Where appropriate, we encourage all concerns to be resolved immediately by a member of our staff or management team of the particular service or facility.

Complaints can be made in several ways:

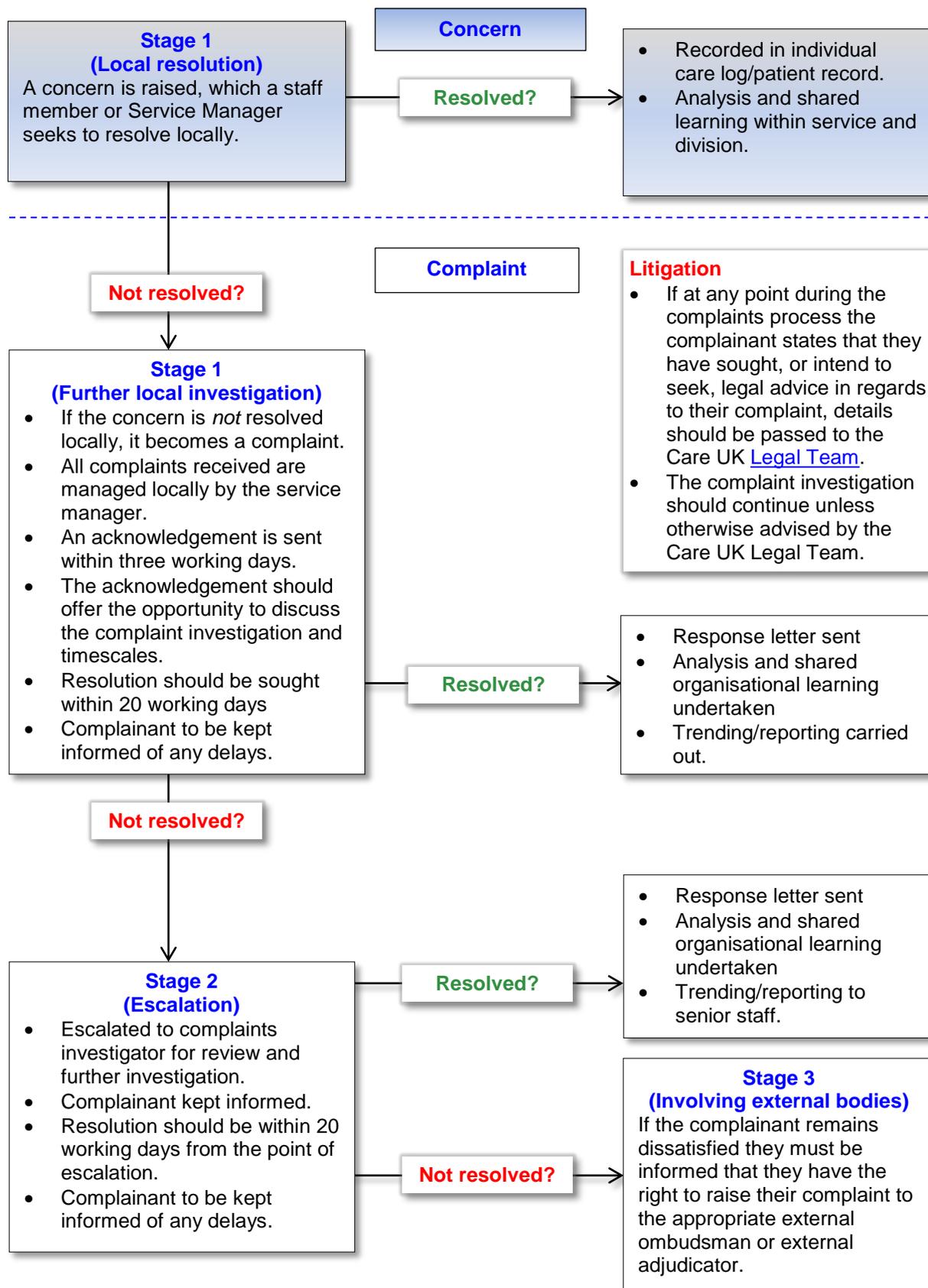
- verbally (in person or by phone)
- in writing
- electronically, for example, via email or text message
- via online feedback channels.

People who make a complaint by any of these methods will receive an acknowledgement not later than three working days after the day on which the complaint is received.

Care UK understands that not all complaints will be made within a service or facility, some may be made via online feedback channels, whilst others may arrive via one of the Care UK supporting offices. All complaints, regardless of where they are received will be handled appropriately and following the process set out in this policy.

The Care UK Complaints Process is set out in a straightforward flow chart in Section 9.2.

9.2 Flow chart: the Care UK Complaints Process



10 The Care UK Concern and Complaints Process

10.1 Stage 1 (Local resolution)

This stage covers a concern raised with a member of staff or service manager for which the aim is to resolve prior to it becoming a complaint. Where the concern is resolved immediately to the satisfaction of the person raising it, the details of the concern should be logged in the relevant care or patient records. Where possible local analysis should be conducted and any learning shared within the service and/or division.

Where a concern is not able to be resolved immediately, the member of staff should raise this as a complaint with the service manager or person in charge at the time.

10.2 Stage 1 (Further local investigation)

When a complaint is received it should be passed immediately to the manager or person in charge at the time. People who wish to make a complaint should normally do so within twelve months of becoming aware of the event or issue. Where a complaint is made after this period the decision to investigate will be at the discretion of the Director with responsibility for managing complaints. The service manager or the person in charge at the time a complaint is received should therefore discuss any complaints received after this period with the Director with responsibility for managing complaints prior to starting an investigation.

An acknowledgement should be made within 3 working days of receipt of the complaint and should include an opportunity to discuss:

- how the complaint will be investigated
- how long the investigation is likely to take
- when to expect a response

Where this acknowledgement takes the form of a phone call, the details of this acknowledgement should be noted in the complaint record, including the date and time of the phone call, and should be followed up with written confirmation of the areas discussed with the complainant.

Following investigation a written response should be sent to the complainant which includes the following information:

- A summary of each element of the complaint.
- Details of policies or guidelines followed.
- A summary of the investigation, including key facts and issues.
- Conclusions of the investigation including determining if there was an error, omission or shortfall.
- Providing an apology and explanation of what happens next.
- Any wider learning or wider service changes that will take place as a result of the complaint.
- Information on what the person complaining should do if they are still unhappy.

In most cases resolution and response should be sought within 20 working days of receipt of the complaint. Where a complaint or investigation is complex or delays occur which require a longer period of time this should be agreed with the complainant and regular updates given. In the event of contractual or service-level agreements stipulating specific timescales for complaints resolution which are different from 20 working days, the timescales stated in those agreements should be adhered to.

10.3 Stage 2 (Escalation)

Where a complainant remains unhappy with the outcome of a Stage 1 complaint investigation the complaint should be escalated to a complaints investigator, via the Director with responsibility for managing complaints. The complaints investigator will then contact the complainant to inform them of the next steps in the process and the timescale within which this is likely to be completed.

It is the responsibility of the complaints investigator to review the investigation undertaken at stage 1, conduct any additional investigation deemed necessary and work with the complainant to attempt to reach a mutually agreeable resolution. Following the review and further investigation a written response should be sent to the complainant which includes the following information:

- A summary of the review and any further investigation, including key facts and issues.
- Conclusions of the review and any further investigation including determining if there was an error, omission or shortfall.
- Providing an apology and explanation of what happens next.
- Any wider learning or wider service changes that will take place as a result of the complaint.
- Information on what the person complaining should do if they are still unhappy.

In most cases resolution and response should be sought within 20 working days of receipt of the escalated complaint. Where a complaint or investigation is complex or delays occur which require a longer period of time this should be agreed with the complainant and regular updates given. In the event of contractual or service-level agreements stipulating specific timescales for complaints resolution which are different from 20 working days, the timescales stated in those agreements should be adhered to.

10.4 Meeting with people who have made a complaint

Where a person who has made a complaint wishes to attend a meeting for feedback this will be offered as part of the process. Responsibility for arranging and documenting meetings rests with the person investigating the complaint at that time. A minimum of two Care UK representatives will be present of which one will be the person investigating the complaint. The person who has made a complaint must be advised that they can be accompanied to a meeting as long as the companion is not acting in any legal capacity. The person investigating the complaint may terminate the meeting if it becomes apparent that the companion is acting in a legal capacity.

Occasionally, people who have made a complaint ask to have the meeting recorded. This may be helpful in certain circumstances, but only if staff involved give their consent beforehand. The request may be declined or the meeting cancelled if agreement cannot be reached.

10.5 Stage 3: External Resolution of Complaints

Where Care UK fails to resolve the complaint, the complainant has the right to request external resolution by the appropriate Ombudsman or other supervisory service. This service can be provided by various organisations depending on the geographical location of the service i.e. England, Wales or Scotland, and the type of health or social care in question (see Appendix B).

11 Cooperation with External Organisations

As part of the external body investigation Care UK have a responsibility to provide all information requested within the required timescales. The Director with responsibility for managing complaints should be notified of all complaints referred to an external body such as an Ombudsman service, details of which can be found in Appendix B.

12 Providing advice and support to people who wish to make a complaint

12.1 Principles for offering apologies to customers who have made a complaint

All complaints must be taken seriously by all staff and treated with compassion and understanding at all times. Poor communication can make it more likely that a customer will pursue a complaint or that a complaint becomes a claim. It is vital that a meaningful apology is not delayed and that any apology is based only on the facts at that current time. Apologising – saying sorry – for the fact that a customer has felt the need to make a complaint does not constitute an admission of personal or organisational legal liability. It is simply the right thing to do.

As part of the organisational response to a complaint (at either Stage 1 or Stage 2 of the Care UK complaints process), if the findings of investigations warrant doing so, this response should include a sincere expression of sorrow or regret for the incident or issue giving rise to the complaint. This apology must be clear and unambiguous and may be given verbally in addition to the written apology within the resolution letter. If a complaint has been upheld at Stage 2, it is good practice to offer both a verbal and written apology.

12.2 Access to Conciliation, Independent Complaints Advisory Services and Statutory Advocacy Services

People who have made a complaint should, at the earliest opportunity, be provided with information about the availability of independent support and advice and the possible use of conciliation services. This course of action may help and be agreeable to both parties. Conciliation is a voluntary process which seeks to resolve,

for example, a complaint at local level. It can enable both parties to address the issues in a non-confrontational manner with the aim of reaching an agreement.

The services listed below are some of those offered, but is not an exhaustive list. Local advocacy services can be obtained for people who have made a complaint in most counties.

12.2.1 PALS (Patient Advice and Liaison Services) offer confidential advice, support and information on health-related matters in England. They provide a point of contact for patients, their families and their carers and can advise on the NHS complaints procedure, including how to get independent help if you want to make a complaint. Details at: <http://www.nhs.uk/chq/pages/1082.aspx>

12.2.2 NHS Complaints Advocacy is a free and independent service that can help you make a complaint about an NHS service in England. Details at: <http://nhscomplaintsadvocacy.org/>

12.2.3 SEAP offers (in the south of England only), an independent advocacy service to help with complaints about any aspect of NHS or social care treatment. This includes treatment in care homes funded by the NHS. Details at: <http://www.seap.org.uk/services/nhs-complaints-advocacy/>

12.2.4 The Citizens Advice Bureau (CAB) offers free and independent advice throughout the United Kingdom. Local contact details can be found at: <http://www.citizensadvice.org.uk/>

12.2.5 The Scottish Independent Advocacy Alliance provides independent advocacy services in Scotland. Details at: www.siaa.org.uk

12.2.6 Community Health Councils (Wales) provide a free and independent advocacy service, which is able to help patients or the people acting for them to make a complaint. Details of all CHCs in Wales can be found at: <http://www.wales.nhs.uk/sitesplus/899/home>

12.2.7 Independent Mental Health Advocacy (IMHA) is a statutory form of advocacy introduced in England under the Mental Health Act. They are independent from the NHS and local authorities. Anyone who is detained in a secure mental health setting, under the Act, is entitled to access support from an IMHA. Care UK staff can advise people who wish to make a complaint about obtaining the services of an IMHA.

12.2.8 Independent Mental Health Advocacy in Scotland Under the Mental Health (Care and Treatment) (Scotland) Act 2003, people with learning disabilities and people with a mental illness have a right to independent advocacy. Care UK staff can advise people who wish to make a complaint about obtaining the services of an independent advocate.

12.2.9 The Independent Mental Capacity Advocate (IMCA) service is a statutory form of advocacy introduced in England and Wales under the Mental Capacity Act, are independent from the NHS and local authorities. IMCAs are available to represent people who lack mental capacity.

13 Providing support to staff involved in complaints

All Care UK divisions have arrangements in place to support staff who are involved in and/or are the subject of a complaint - a situation which could cause the individual/s concerned undue stress and anxiety.

14 Complaints training

Care UK recognises that staff training is important in the development and maintenance of a culture within our organisation which values and encourages the effective management of comments, compliments, concerns and complaints. Staff need to feel confident and have the correct knowledge about how Care UK and various statutory complaints procedures work. They are also required to have the necessary skills to respond to concerns and complaints at an early stage with courtesy and sensitivity.

15 Complaints involving other NHS, Social Care or Independent Sector providers

Where a complaint relates to another social care organisation and/or NHS body, including primary care and/or a local authority, the Director with responsibility for managing complaints will link into the relevant agency to ensure that the complaint response is formulated as a joint response.

16 Legal action by a person who has made a complaint

If at any point during the complaints process the person who has made a complaint states that they have sought, or intend to seek, legal advice in regards to their complaint the details should be passed to the Care UK Legal Team and where appropriate the insurance brokers. The complaint investigation should continue unless otherwise advised by the Care UK Legal Team or insurance brokers.

If during the investigation the person who has made a complaint decides to take legal action the complaints process may be halted to determine whether continuing with the complaint could prejudice the outcome of legal action.

The complaints process should only be discontinued if it is reasonable to assume that the complaint will prejudice the outcome of legal action. The decision to discontinue the complaints process lies with the Director with responsibility for managing complaints once all of the information has been made available and advice has been sought from the Legal Team.

17 Habitual or vexatious complainants

The vast majority of people who raise a complaint about the care or treatment they have received from Care UK act entirely reasonably. However, some people may act inappropriately towards the staff involved in the investigation of their complaint. This can lead to significant staff time and resources being used in the management of that particular complaint.

There are times when nothing further can reasonably be done to assist the person who has raised the complaint or to rectify a real or perceived problem. We do not expect staff to tolerate unacceptable behaviour, including behaviour which is abusive, offensive or threatening.

The decision to assess a person as a habitual and/or vexatious complainant rests with the Divisional Managing Director or in their absence, their deputy. Where complainants have been identified as habitual or vexatious and after all reasonable measures have been taken to assist the person, the divisional Managing Director has the right to notify the complainant of their decision not to investigate the complaint.

When all reasonable measures have been taken the Director with responsibility for managing complaints will write to the person informing them that Care UK has responded fully to the complaint they raised and has tried to resolve the matter. The complainant should be informed that there is nothing more that can be added with respect to that complaint and that the correspondence is now finalised. If the complainant subsequently demonstrates a more reasonable approach, or submits a further complaint for which the normal complaints process appears appropriate, the Divisional Managing Director or in their absence, their deputy, can withdraw the habitual and/or vexatious assessment.

However, in extreme cases, Care UK reserves the right:

- To inform the habitual and/or vexatious complainant that future letters or other communications will be acknowledged but otherwise not responded to.
- To take legal action.

18 Performance monitoring and shared learning

Care UK-agreed complaints Key Performance Indicator (KPI) metrics will be collected, collated, analysed and monitored. This data will provide management information about the incidence and nature of factors giving rise to complaints.

This management information will form the basis on which improvement measures, policy, staff guidance, training materials and other resourcing requirements aimed at reducing the number of complaints will be developed.

Complaints, concerns, comments and compliments are an invaluable source of feedback for Care UK. They provide an audit trail and can be an early warning of

failures in service delivery. Care UK is committed to continuously improving services and will ensure that learning is shared anonymously across divisions of Care UK. Learning will also be shared within each division, with themes and trends reported to the Managing Director of the Division.

19 Annual reporting

To show its commitment to transparency and quality, Care UK will prepare and publish an annual report covering the following complaints-related issues:

- The number of complaints:
 - received
 - found to be upheld, partly upheld and not upheld
 - referred to the Parliamentary and Health Service Ombudsman or Local Government Ombudsman
- A summary of the subject matter of the complaints received
- Any general matters arising from the complaints or how they were handled
- Matters where action has been taken or is being taken as a result of complaints received

The annual report year runs from 1 April – 31 March and this report will be made available on our website (www.careuk.com), and to anyone who requests it.

20 The law, regulation and other key references

20.1 Legislation

- Social Services and Well-being (Wales) Act 2014
- Health and Social Care Act 2012
- The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009
- The Local Authority Social Services and National Health Service Complaints (England) (Amendment) Regulations 2009
- Compensation Act 2006
- Mental Capacity Act 2005
- The Mental Health (Care and Treatment) (Scotland) Act 2003
- The Care Homes (Wales) Regulations 2002
- The Hospital Complaints Procedure Act (Scotland) 1985
- National Health Service (Scotland) Act 1978: Directions to Health Boards, Special Health Boards and The Agency on Complaints Procedures

20.2 Reports and best practice guidance

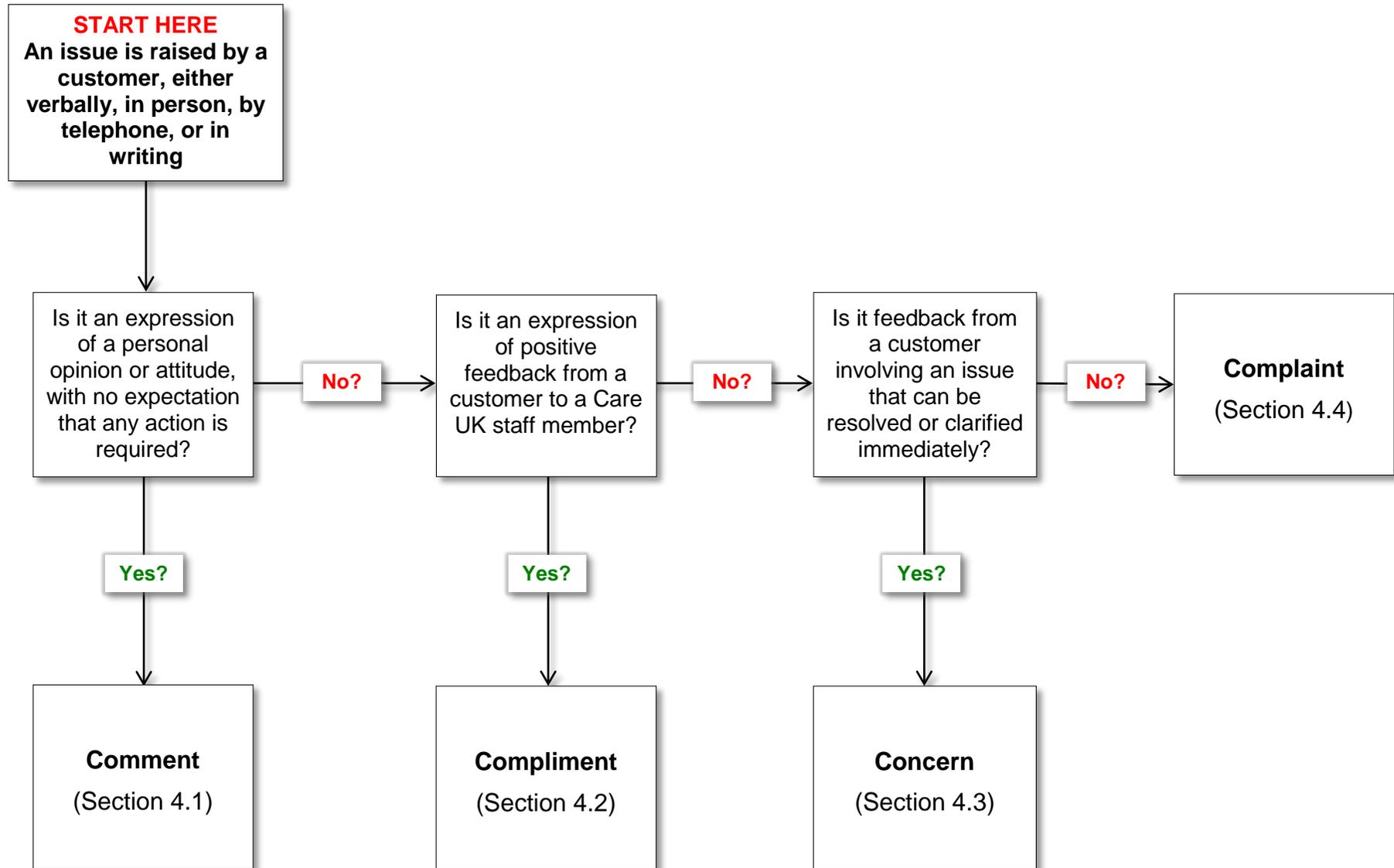
- Saying sorry. NHS Litigation Authority. 2014
- A Review of the NHS Hospitals Complaints System - Putting Patients Back in the Picture. Right Honourable Ann Clwyd MP and Professor Tricia Hart. 2013
- Designing good together: Transforming hospital complaints handling. Parliamentary and Health service Ombudsman. 2013

- The NHS hospital complaints system - A case for urgent treatment? Parliamentary and Health service Ombudsman. 2013
- Principles of Good Complaint Handling. Parliamentary and Health service Ombudsman. 2009
- Being open. National Patient safety Agency. 2005
- Can I help you? Learning from Comments, Concerns and Complaints. NHS Scotland. 2012
- Healthwatch England Annual Report 2012/13
- Procedure for handling complaints. Care Inspectorate (Scotland). 2012
- Making a complaint about NHS Scotland. NHS Scotland. 2005
- Resolving problems and making a complaint about NHS care. Age UK. 2013
- Members code of practice for managing complaints. Independent Sector Complaints Adjudication Service (ISCAS). 2013
- Guidance for the management of vexatious complaints. Independent Sector Complaints Adjudication Service (ISCAS). 2013

20.3 Care UK policies

- CUK: CRG/01 Whistleblowing – Raising Concerns
- CUK: RQIF/01 Adult Safeguarding
- CUK: HR/09 Disciplinary
- CUK: ISMS/02 Information Governance
- CUK: ISMS/03 Information Security
- CUK: ISMS/06 Data Protection
- CUK: ISMS/12 Caldicott Policy
- CUK: ISMS/13 Access to Health Records Policy
- CUK: ISMS/13.1 Access Request: Notes for Potential Applicants
- CUK: ISMS/15 Access Control Process
- CUK: CRG/02 Risk Management Policy
- CUK: MH/IG/35 Advocacy (Mental Health)

Appendix A: Complaint Decision Tree



Appendix B

1 Complaints to the English, Welsh and Scottish care regulators

1.1 The Care Quality Commission (England)

People who wish to complain about a health or social care service in England can do so to the Care Quality Commission (CQC), but must in the first instance contact Care UK. If they remain dissatisfied once the complaint has been dealt with in Stages 1 and 2 of Care UK's complaints process, the person can take further actions depending on how their care is funded:

- *Complaints about NHS and NHS-funded care:* Contact the Parliamentary and Health Service Ombudsman.
- *Local-authority funded social care services:* People can make a complaint to the local authority if it pays for their care. If they are dissatisfied with the outcome of their complaint, they can contact the Local Government Ombudsman.
- *Self-funded care:* People who self-fund their care can contact the Local Government Ombudsman.

Some complaints about the use of the Mental Health Act 2007 can also be made to the CQC (see Section 3, below).

- Details of all the issues listed above can be found at: <http://www.cqc.org.uk/content/complain-about-service-or-provider>

1.2 The Care and Social Services Inspectorate Wales (CSSIW)

People who use services provided by Care UK can make a complaint to the CSSIW. However, it is *“unable legally... to investigate individual complaints or resolve disagreements between people and their service providers. Each service provider is required to have their own complaints procedure. We suggest first, that you contact the provider directly to resolve your complaint.”*

- Contact details for the CSSIW can be found at: www.cssiw.com

1.3 The Care Inspectorate (Scotland)

People who want to make a complaint about a Care UK service's *“action or lack of action, or about the standard of service provided by, or on behalf of, the service registered in Scotland”* can do so directly to the Care Inspectorate.

- The Care Inspectorate contact details can be found at: <http://www.scswis.com>
- A copy of the Care Inspectorate complaints policy can be found at: http://www.scswis.com/index.php?option=com_docman&task=doc_download&gid=827&Itemid=378

1.4 Ofsted (England)

Ofsted regulates social care services in England, such as children's homes, residential family centres and fostering and adoption services. People who wish to complain about a service regulated by Ofsted will normally be expected to first contact Care UK as the provider, so that the complaints process (set out in this

Policy) can be followed. If they are not satisfied, the person has the right to refer the complaint to Ofsted.

- Details can be found at: <http://www.ofsted.gov.uk/resources/concerns-and-complaints-about-social-care-providers>

2 Referral to the ombudsman and other supervisory bodies in England, Wales & Scotland

The role of the various ombudsman and supervisory organisations is to investigate complaints that individuals have been treated unfairly or have received poor service. Although people who raise a concern or complaint are free to approach these organisations at any time. Many of these organisations will normally operate under the general expectation that people have given the care provider involved an opportunity to satisfactorily resolve matters, by completing both stages 1 and 2 of their complaints process.

2.1 Referrals in regards to Health Care and to Mental Health Independent Hospitals in England

A person who has made a complaint but remains dissatisfied with the final response from Care UK (Stage 3 - see 10.5), can refer the matter to the **Parliamentary and Health Service Ombudsman**: www.ombudsman.org.uk

- Referrals can be made in writing to:
Parliamentary and Health Service Ombudsman
Millbank Tower
Millbank
London
SW1P 4QP
- Referrals can also be made by:
 - email: phso.enquiries@ombudsman.org.uk
 - telephone: 0345 015 4033
 - textphone: 0300 061 4298

2.2 Referrals in regards to Care UK Social Care Services in England and Wales

A person who has made a complaint but remains dissatisfied with the final response from Care UK (Stage 3 – see 10.5), can refer the matter to the **Local Government Ombudsman**: www.lgo.org.uk

- Referrals can be made in writing to:
The Local Government Ombudsman
PO Box 4771
Coventry
CV4 0EH
- Referrals can also be made by phone: 0300 061 0614

2.3 Referrals in regards to Care UK Services in Scotland

A person who has made a complaint but remains dissatisfied with the final response from Care UK (Stage 3 – see 10.5), can refer the matter to the **Scottish Public Services Ombudsman**: <http://www.spsso.org.uk/>

- Referrals can be made in writing to:
Scottish Public Services Ombudsman
4 Melville Street
Edinburgh
EH3 7NS
- Referrals can also be made by phone: 0800 377 7330

3 Complaints about use of the Mental Health Act 2007 (England & Wales)

The Mental Health Act (MHA) gives the Care Quality Commission in England authority to investigate certain complaints about the use of the MHA, but only complaints from, or about, people who are, or have been:

- Detained in hospital
- Subject to a Community Treatment Order
- Subject to guardianship.

People who wish to complain about the use of the MHA will normally be expected to first contact Care UK as the service provider, so that the complaints process (set out in this Policy) can be followed.

4 Complaints to Clinical Commissioning Groups (England)

People who wish to make a complaint about a health service they are receiving, or have received, can do so with the Clinical Commissioning Group which commissioned the service. They will normally be asked to first contact Care UK as the service provider, so that the complaints process (set out in this Policy) can be followed.

- Contact details of individual CCGs can be found at:
<http://www.england.nhs.uk/ccg-details/#ccg-e>

5 Complaints to NHS England

NHS England is the commissioner of Primary Care i.e. GPs, dentists, opticians, pharmacy and some specialised services. Details of the NHS England complaints process can be found at: <http://www.england.nhs.uk/contact-us/complaint/>. If the complaint cannot be resolved by NHS England, it will be referred to the Parliamentary and Health Service Ombudsman.

6 Complaints to the professional bodies

Many professionals, including doctors, nurses and social workers, are required to register with a professional body. These bodies aim to protect the public by setting and maintaining standards within the professions, by publishing codes of conduct,

registering individuals and monitoring continuous professional development. Serious misconduct by an individual can be reported to these bodies.

- The [Health and Care Professions Council](#) registers arts therapists, biomedical scientists, chiropodists / podiatrists, clinical scientists, dieticians, hearing aid dispensers, occupational therapists, operating department practitioners, orthoptists, paramedics, physiotherapists, practitioner psychologists, prosthetists / orthotists, radiographers, social workers (in England) and speech and language therapists.
- The [Scottish Social Care Council](#) registers all people who work in social services in Scotland
- The [General Medical Council](#) registers all doctors.
- The [Nursing and Midwifery Council](#) registers nurses and midwives.
- The [General Dental Council](#) registers dentists, dental nurses, dental technicians and orthodontic therapists.
- The [Royal Pharmaceutical Society of Great Britain](#) registers pharmacists and their premises.