

<b>COMPLAINTS</b>	Doc Ref: MHC/CNS
<b>POLICY AND PROCEDURE</b>	Last Review Date: Jan 2022
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<b>Service Type: All Services</b>	
<b>Policy &amp; Procedures: Operations</b>	

## 1. SCOPE

To improve the service we provide to our service users, their relatives and representatives, visitors, regulatory bodies and purchasing authorities (and anyone else coming into contact with the company).

## 2. PURPOSE & OBJECTIVE

- 2.1 To use feedback, including complaints, to enable the company to improve service to the people whose lives we touch on a daily basis.
- 2.2 To enable each Care and Support Facility to develop a culture whereby service users and visitors feel able to raise concerns, comments and complaints, it being understood that any feedback (including complaints) is one of the most powerful tools in our business and is to be encouraged.
- 2.3 To ensure that where complaints are made that they are dealt with quickly and effectively to the complete satisfaction of the complainant.
- 2.4 To meet the Company's obligations under statutory provisions including the Care Standards Act, and under any purchaser agreements

## 3. DEFINITION

- 3.1 A complaint is any dissatisfaction raised in relation to any aspect of the Company's services (this can be verbal or written). The complainant may be a service user or anyone else (as mentioned in the Scope).
- 3.2 Informal complaints may be less serious and are often expressed verbally – if in doubt the complaint should be treated as formal.
- 3.3 Formal complaints are received in writing or verbally and are of a serious nature and must be responded to in writing.

## 4. RESPONSIBILITIES

- 4.1 The individual or individuals responsible for dealing with the complaint will depend upon its nature and seriousness. See Management of Complaint below.

It is important however that one person is chosen who will have overall responsibility for collating any response and liaising with the Complainant

## **5. Timescale for Responding to Complaints**

In the event of a protracted investigation, a holding letter explaining the reason for the delay and the progress of the investigation should be sent every twenty eight days and a full response to be made within five working days of a conclusion being reached.

## **5. Timescales for Responding to Complaints**

- 5.1 Complaints must be dealt with in a timely manner and in accordance with Regulatory and Statutory Requirements, as follows:
- 5.2 All complainants must receive a written acknowledgement within two working days of receipt.
- 5.3 A full response is to be made within twenty eight days of receipt of the complaint
- 5.4 In the event of a protracted investigation, a holding letter explaining the reason for the delay and the progress of the investigation should be sent every twenty eight days and a full response to be made within five working days of a conclusion being reached.

## **6. All Complaints**

- 6.1 Many complaints received at Care and Support home level are informal. In such instances the point of contact for the complainant should be the most senior member of staff on duty. If this is not the Manager they must be notified at the first available opportunity.
- 6.2 All complaints received in Milewood's homes must be recorded on the complaints form and logged and a record sent to line management within 48 hours of receipt. In accordance with statutory obligations under the Care Standards Act 2000, a record must be kept of all complaints received under investigation including conclusions reached and actions taken. Records should be kept for 12 years.

## **7. Formal Complaints**

- 7.1 Formal complaints received by outside Milewood's facilities other than the Hampshire head office must be reported to the General Operation Manager and Directors within 48 hours of receipt.
- 7.2 Formal complaints received at the Hampshire head office must be notified immediately to the individual's line manager.
- 7.3 All complaints must be dealt with in accordance with the timescales set out in this document.

## **8. Legal Proceedings**

- 8.1 A complaint shall cease to be investigated where the complainant states, either verbally or in writing, that they intend to pursue a resolution by way of proceedings in a court of law, or if they advise they have appointed a solicitor to act on their behalf. In such cases, referral of the complaint must be made to the Directors.

## **9. Format for complaint responses**

### **9.1 Acknowledgment Letter (to be used where investigation needed):**

This should be a short letter supplying contact details of the person dealing with the complaint and specifying the date by which a full reply will be received.

### **9.2 Detailed Reply (to be used either where we can reply to the complaint immediately or following investigation):**

The reply should state what we believe the complaint(s) to be. It should then either respond to the concerns (one by one) or explain what next steps are being taken, to enable us to explain fully.

Outline any improvements or actions taken (if appropriate).

Offer opportunity for complainant to contact the writer to discuss/address any further questions.

Include a statement that if the complainant is dissatisfied with their response to the complaint, they may refer their complaint to the appropriate regulatory body.

Where a complaint is confirmed to be valid it should be made clear in the response. Similarly, if the investigation does not uphold the complaint this should also be clearly stated with reference to the evidence considered, such a conclusion should be presented sensitively.

## **10. Management of Complaint**

### **10.1 The person receiving the complaint needs to discuss with their line manager whether they are the right person to deal with the complaint**

## **11. Complaints involving more than one organisation**

### **11.1 At times, complaints will be received which involve more than one organisation (e.g. Local Authorities). In such instances, there should be full cooperation in seeking to resolve the complaint.**

### **11.2 For all other agencies involved in health or social care details please refer to your copy of easy to read “How to complain about a Health or Social Care Services” produced by CQC which can be found in the foyer or ring direct to City Of York Council Team at West Offices Station Road York YO1 6GA telephone: 01904554145 or local government ombudsmen telephone 03000610614 CQC (care quality commission) on 03000616161**

## **12. Confidentiality**

### **12.1 All details relating to the complaint and the investigation must remain confidential between the participants.**

## **13. Anonymous Complaints**

### **13.1 See Whistleblowing Procedure.**

## **14. Learning from events**

### **14.1 All complaints should lead to the identification of improvements; any lessons learned must be cascaded throughout the company.**

## **15. Disciplinary**

### **15.1 Failure to deal with complaints professionally or promptly may result in disciplinary action.**

## **21 DOCUMENTS**

Complaints form  
Complaints log  
Whistle blowing Policy  
Making sure adults in North Yorkshire are safe from abuse (easy read)  
How to complain about a Health or Social Care Service (easy read)  
Company's Training packs Equality and Diversity  
Company's Disciplinary & Appeal Policy

## **22 REFERENCES**

The Equal pay Act 1970  
The Sex discrimination Act 1975  
The Race Relations Act 1976 as amended  
The Disability Discrimination Act 1995 as amended  
The Protection from Harassment Act 1997  
The Human rights Act 1998  
Data Protection Act 1998  
The Equality (age) Regulations 2006  
Employment Equality (sexual orientation and religion or faith) regulations 2003  
Commission for racial equality code of practice  
ACAS guidelines.  
GDPR