

Document Control

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Persons Responsible	Senior Management Team
Person Responsible Signature	Registered Manager
Date Signed	<i>Alex Albu</i>
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POLICIES AND PROCEDURES

No: GEN 005

Complaints and Compliments Policy

Purpose

- The Registered Provider operates an effective mechanism for the receipt, recording, investigation and resolution of all complaints, in order to comply with the regulations.
- The arrangements for investigation of complaints are fair and transparent.
- Complaints and suggestions from residents or their relatives are a valued source of information regarding the quality of our service, and are a primary source of information regarding possible abuse.

Scope

- Residents
- Relatives
- Other professionals outside the organisation
- All employees

Policy

This policy summarises the procedures to be followed to process complaints received from residents regarding the quality of the care service delivered by the Care Centre:

In all cases complaints and concerns shall be treated seriously in a sensitive and confidential manner.

1. Complaints and suggestions will be handled in such a way as to first of all reach a satisfactory outcome with the complainant, and to turn a potentially difficult and damaging problem into a source of quality improvement. Complaints will be separated into minor complaints which will be reported in the Minor Complaints Book and Serious Complaints which will be recorded in the Serious Complaints Database. Minor complaints are deemed to be one off issues causing minimal inconvenience; serious complaints are defined as issues occurring repeatedly or issues causing considerable inconvenience.
2. A copy of this complaints procedure will be displayed in the Care Centre and on our website.
3. All formal or serious complaints will be investigated by a person not related to the immediate source of the complaint.
4. Complaints will be recorded on residents' files in order to identify any pattern of complaints relating to an individual, including Care or service provision in order to update and review the Care Planning process.
5. Complaints may originate from residents, their families or relatives, or staff. These may be received directly or indirectly through outside agencies such as the Care Quality Commission or Social Services.

6. Each instance of complaint must be reported to the Registered Manager. Upon receipt of the complaint the Registered Manager will pass the complaint on to an appropriate manager within the organisation. The relevant Manager will complete the appropriate sections of a complaints form or the complaints database.
7. Employees who are the subject of a complaint should not communicate directly with the complainant unless accompanied by a senior member of staff, unless requested directly to do so by the complainant.
8. Where the complaint gives rise to concerns regarding the wellbeing of one or more resident, serious consideration must be given to suspension of the person or persons complained about, and an investigation must be initiated immediately in order to identify any risk to the health and welfare of the resident involved.
9. Every effort will be made to investigate and resolve the complaint and to provide a full response to the complainant within **21 working days** with the matter being fully resolved within 28 working days.
10. If the Manager is unable to satisfactorily resolve within 28 working days then the complainant has the right to refer the complaint to CQC at the following address:

**Care Quality Commission
West Midlands Regional Office
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA**

**Tel: 03000 616161
Fax: 03000 616172**

**Email: enquiries.westmidlands@cqc.gsi.gov.uk
Website: www.cqc.org.uk**

11. Once the complaint has been resolved, the Manager will liaise with the Registered Manager to complete the relevant sections of the Complaints/Incident Form and log this on the database of Complaints under its own unique identifying number.
12. Compliments will be recorded centrally and made available for all parties to read, also on the personnel file of any member of staff individually complimented.
13. Minor complaints and concerns will be logged and recorded in the Minor Complaints book under a separate unique identifying number.
14. The Registered Manager is responsible for maintaining all records relating to complaints and this will include all written complaints and statements received relating to these.
15. The central information, with regards to complaints, suggestions and compliments, will be regularly reviewed and analysed. The summary will be regularly considered by the Management Meeting for quality assurance purposes. A summary of complaints and actions taken will be submitted to the Board of Trustees on a quarterly basis.

Procedure

- A complaint or compliment can be made: by telephone; in writing; by email; or in person.
- Complaints and compliments can be made to:

**Registered Manager
Castel Froma
93 Lillington Road
Leamington Spa
CV32 6LL**

01926 427 216

info@castelfroma.org.uk

- Complainants will receive an acknowledgment within 24 hours Monday-Friday and within 72 hours if the complaint is received after office working hours on a Friday.
- A complaint must be made no more than 12 months after:
 - The date the event occurred or if later;
 - The date the event came to the notice of the complainant.
- The time limit will not apply if Castel Froma 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.
- If appropriate, the outcome of anonymous complaints will be displayed on notice boards and in the newsletter, depending on the content.
- Complainants will receive (as far as reasonably practical):
 - Assistance to help them understand the complaints procedure; and
 - Advice on where they may obtain such assistance.
- Castel Froma will only accept complaints from a third party under certain conditions:
 - Either:
 - Where the resident has consented, either verbally or in writing; or
 - Where then 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 – for example, where the matter complained about, if true, would be detrimental to the resident.
- Upon request, the complaints procedure will be available in other languages and formats.

Policy on dealing with abusive, persistent or vexatious complaints and complainants

1. Introduction

- 1.1 In a minority of cases, people pursue their complaints in a way which can either impede the investigation of their complaint or can have significant resource issues for the organisation.
- 1.2 We are committed to dealing with all complaints equitably, comprehensively, and in a timely manner.
- 1.3 We will not normally limit the contact which complainants have with the organisation, its staff or officers.
- 1.4 We do not expect staff to tolerate unacceptable behaviour by complainants or any visitor, relative or resident. Unacceptable behaviour includes behaviour which is abusive, offensive or threatening and may include:
 - Using abusive or foul language on the telephone
 - Using abusive or foul language face to face
 - Sending multiple emails
 - Leaving multiple voicemails
- 1.5 We will take action to protect staff from such behaviour. If a complainant behaves in a way that is unreasonably persistent or vexatious, we will follow this policy.
- 1.6 Raising legitimate queries or criticisms of a complaints procedure as it progresses, for example if agreed timescales are not met, should not in itself lead to someone being regarded as a vexatious or an unreasonably persistent complainant.
- 1.7 Similarly, the fact that a complainant is unhappy with the outcome of a complaint and seeks to challenge it once, or more than once, should not necessarily cause him or her to be labelled vexatious or unreasonably persistent.

2. Definitions

An unreasonably persistent and/or vexatious complainant may:

- have insufficient or no grounds for their complaint and be making the complaint only to annoy (or for reasons that he or she does not admit or make obvious)
- refuse to specify the grounds of a complaint despite offers of assistance
- refuse to co-operate with the complaints investigation process while still wishing their complaint to be resolved
- refuse to accept that issues are not within the remit of the complaints policy and procedure despite having been provided with information about the scope of the policy and procedure
- refuse to accept that issues are not within the power of the organisation to investigate, change or influence (examples of this could be outside appointments which are not within our control)
- insist on the complaint being dealt with in ways which are incompatible with the complaints procedure or with good practice (insisting, for instance, that there must not be any written record of the complaint)

- make what appear to be groundless complaints about the staff dealing with the complaints, and seek to have them dismissed or replaced
- make an unreasonable number of contacts with us, by any means in relation to a specific complaint or complaints
- make persistent and unreasonable demands or expectations of staff and/or the complaints process after the unreasonableness has been explained to the complainant (an example of this could be a complainant who insists on immediate responses to numerous, frequent and/or complex letters, faxes, telephone calls or emails)
- harass or verbally abuse or otherwise seek to intimidate staff dealing with their complaint, in relation to their complaint by use of foul or inappropriate language or by the use of offensive and racist language
- raise subsidiary or new issues whilst a complaint is being addressed that were not part of the complaint at the start of the complaint process
- introduce trivial or irrelevant new information whilst the complaint is being investigated and expect this to be taken into account and commented on
- change the substance or basis of the complaint without reasonable justification whilst the complaint is being addressed
- deny statements he or she made at an earlier stage in the complaint process
- electronically record meetings and conversations without the prior knowledge and consent of the other person involved
- adopt an excessively 'scattergun' approach, for instance, pursuing a complaint or complaints not only with the organisation but at the same time with the PCT or Health Authority.
- refuse to accept the outcome of the complaint process after its conclusion, repeatedly arguing the point, complaining about the outcome, and/or denying that an adequate response has been given
- make the same complaint repeatedly, perhaps with minor differences, after the complaints procedure has been concluded, and insist that the minor differences make these 'new' complaints which should be put through the full complaints procedure
- persist in seeking an outcome which we have explained is unrealistic for legal or policy (or other valid) reasons
- refuse to accept documented evidence as factual
- complain about or challenge an issue based on a historic and irreversible decision or incident
- combine some or all of these features

3. Imposing restrictions

3.1 We will ensure that the complaint is being, or has been, investigated properly according to the organisation's complaints procedure.

3.2 If the disruptive behaviour continues, the Manager will issue a reminder letter to the complainant advising them that the way in which they will be allowed to contact us in future will be restricted. The Manager will make this decision and inform the complainant in writing of what procedures have been put in place and for what period.

3.3 Any restriction that is imposed on the complainant's contact with us will be appropriate and the complainant will be advised of the period of time the restriction will be in place for. In most cases restrictions will apply for between 3 and 6 months but in exceptional cases may be extended. In such cases the restrictions will be reviewed on a regular basis.

3.4 Restrictions will be tailored to deal with the individual circumstances of the complainant and may include:

- Banning the complainant from making contact by telephone except through a third party e.g. solicitor/councillor/friend acting on their behalf
- Banning the complainant from sending emails to individuals
- Banning the complainant from using any of the organisation's services (i.e. transport for outings, hydrotherapy and physiotherapy)
- Banning the complainant from accessing the organisation's premises apart from invitation to an appointment
- Requiring contact to take place with one named member of staff only
- Restricting telephone calls to specified days / times / duration
- Requiring any personal contact to take place in the presence of an appropriate witness
- Informing the complainant that we will not reply to or acknowledge any further contact from them on the specific topic of that complaint

3.5 When the decision has been taken to apply this policy to a complainant, the relevant Manager will contact the complainant in writing (and/or as appropriate) to explain:

- why we have taken the decision,
- what action we are taking,
- the duration of that action,
- the review process of this policy, and
- the right of the complainant to contact the Local Government Ombudsman about the fact that they have been treated as a vexatious/persistent complainant.

3.6 Where a complainant continues to behave in a way which is unacceptable the Manager may decide to refuse all contact with the complainant and stop any investigation into his or her complaint.

3.7 Where the behaviour is so extreme or it threatens the immediate safety and welfare of staff, we will consider other options, for example reporting the matter to the police or taking legal action. In such cases, we may not give the complainant prior warning of that action.

5. New complaints from complainants who are treated as abusive, vexatious or persistent

New complaints from people who have come under this policy will be treated on their merits. A Manager will decide whether any restrictions which have been applied before are still appropriate and necessary in relation to the new complaint. We do not support a “blanket policy” of ignoring genuine service requests or complaints where they are founded.

6. Record keeping

Adequate records will be retained by the appropriate Manager of the details of the case and the action that has been taken. The Manager will retain a record of

- The name and address of each customer who is treated as abusive, vexatious or persistent
- When the restriction came into force and ends
- What the restrictions are
- When the customer and departments were advised.

Appendix

Complaints and Compliments Form	
Date:	
Name:	
Contact Details:	
Name of the resident or respite guest to which the complaint refers:	
Details of complaint, concern or compliment (include dates, times and witnesses where possible):	
Names of any employees specifically complained of or complimented:	
Name of person originally complained to (if not the person completing this form):	
Name of the person to whom the complaint was referred on to for investigation (state "as above" if the person who receives the complaint also investigates):	
Investigations carried out (attach additional pages if required):	
Action taken or recommended by investigator:	

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Did this action satisfy the complainant? If not state why, and who the complaint was referred on to next:

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Action taken by person to whom the complaint was referred on to:

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Did this action satisfy the complainant?

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Name of organisation to which the complaint was referred in the event of a failure to satisfy the complainant:

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For Office use:

Is the complainant satisfied?

Yes/No

Date:

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