

Policy No:	<b>110</b>	
Date of Implementation:	September 2020	
Lead(s):	Deepesh Patel	
<b>Compliments, Comments &amp; Complaints</b>		

## Policy Statement

One of Radis fundamental objectives is to continuously review its service, and to strive for further improvements. As part of this objective it is recognised that feedback received from any person or organisation using or involved with our service should be welcomed and seen as a positive way of improving the service. Therefore, it is the Radis' policy for all staff to feedback any positive or negative comments, including any suggestions made by our staff or other individuals, to the management staff, so that they may act on this in an appropriate way. Similarly, any senior staff receiving such feedback will act on it according to the procedures described below.

A complaint should be made as soon as possible, and normally within 12 months of the date of the event occurring, or as soon as the complainant was first aware of the problem.

## Responsibility for Management of Complaints

It is every employee's responsibility for management of feedback. Communication between staff is especially important to ensure that the appropriate staff are aware and can respond to feedback in a timely fashion.

In particular it is the responsibility of the Branch/Service Manager to record and act upon feedback in accordance with:

- The Care Act 2014
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015
- Social Services & Well-being (Wales) Act 2014
- Regulation and Inspection of Social Care (Wales) Act 2016
- The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017

In the absence of the Branch/Service Manager the complaint must be reported to the Support Manager, Area Manager or Senior Area Manager.

Serious complaints or any feedback received by the Quality & Compliance Team will be managed by the Quality & Compliance Manager, or other Senior Manager, and supervised if necessary by the Group Operations Director or other Directors.

The Quality & Compliance Manager and Group Operations Director will be responsible for monitoring the number and types of feedback received centrally and at branch/service level.

## Compliments

Compliments are seen as a positive type of feedback. They can often highlight areas of good practice and provide a way of improving the service by replicating good practice across the organisation. Service Users receive details for passing on compliments within their Service User Guide. They are encouraged to write down these compliments and hand it to their care/support worker, or to post it to the branch office.

Any compliments received should be recorded (if not in written format) and filed into the 'Compliments' file in the branch/service office. This file will be reviewed by the Support Manager/Area Manager as part of their audit process.

## Complaints

1. Complete the appropriate sections of a Complaints Record Form for appropriate action. In the absence of the Branch/Service Manager the complaint must be reported/routed to the Support Manager/Area Manager or Senior Area Manager if required. This record form will be kept together with any written/e-mailed complaint, or telephone/verbal transcripts recorded on receipt of the complaint. The complaint will also be logged onto a log sheet held within the complaints file.
2. If the complaint is received by the Quality & Compliance Team, the relevant Branch/Service Manager(s) will be notified and logged by them for following up. If the complaint is of a serious nature, or if it is deemed necessary by the Quality & Compliance Team (for example if the complaint relates to the Branch/Service Manager), then the complaint will be forwarded to the Area Manager for their attention or the Senior Area Manager if required.
3. In order to avoid an escalation of the complaint, it is imperative that the person responsible for investigating and resolving the complaint acknowledges the complaint as soon as is practically possible. In most cases where the complaint is received verbally it should be acknowledged immediately. The exact form of acknowledgement should be commensurate with the severity and medium in which the complaint was received. It should be made by the person responsible for addressing it or the Quality & Compliance Team if the complaint is received by them. It should also be addressed to the complainant and any other parties involved in that person's care/wellbeing or those involved in handling the complaint. The acknowledgement must be made no later than seven days after receipt of the complaint.
4. A full investigation will be carried out, as appropriate to the nature of the complaint received. This process will be in line with all relevant company policies & procedures. Due consideration will be given to an interim resolution while this process is being carried out. For instance, reassignment of a care worker, or suspension on full pay may be appropriate if this is warranted by the nature of the complaint. Consideration will also be given to involvement of Police or other enforcement authorities if this is warranted. The investigation process must be swift, but thorough, so that the complaint can be resolved quickly to the complainant's satisfaction. It is important to follow any relevant over-riding policies, such as the Radis' **Whistle Blowing Policy** and the local **Safeguarding of Vulnerable Adults protocol**. If the complainant is not satisfied with the result they have the right to invoke the appeals procedure.
5. If the complainant wishes to appeal against the result, they must notify this in writing to the person named on their response letter as dealing with the appeal. This must be undertaken within 5 days of notification of the result. The person dealing with the appeal will acknowledge receipt of the request within 2 days and a review of the situation will commence. In addition, the complainant has a right to approach Social Services and/or CQC/CIW of their intention to appeal. The contact details can be found within Policy 100 (Statement of Purpose). Local independent advocacy services may also be available to provide support to the complainant with their appeal and to help achieve a resolution should there be a continued disagreement.

6. If necessary, the Local Authority/Health body and/or CQC/CIW will be copied into any complaint. This is especially relevant if the complaint is of a serious nature, if the complaint cannot be satisfactorily resolved within Radis or if the complaint has been received from such an organisation in the first place.
7. A full response to the complaint must be made within 14 days of receipt of the complaint. This may be verbally or in writing as described in step 4 above. If this is not possible, for instance where a key person is not available for interview, or if another body has taken the lead in the investigation, the complainant must be notified so that they are aware of the delay. A likely timescale should be indicated to them. This must be done as soon as is possible. The response should be factual and contain details of what steps are being taken (if applicable) to resolve the complaint.
8. Once the complaint has been resolved the Branch/Service Manager will complete the relevant sections of the Complaints Record Form, which will then be signed-off. Full records must be retained in the Branch/Service Complaints file. Any other parties involved, such as the Local Authority/Health body or CQC/CIW must receive a report at this stage. If the complaint has not been resolved, it should be recorded as such, and if necessary be referred to the Local Authority/Health body or CQC/CIW for further guidance.
9. The complainant may at any stage refer the complaint to the Local Authority/Health body or CQC/CIW and they should be given details of this on request. All Service Users have these contact details in their Service User Guide.
10. Service Users who pay for their own care or are unhappy with the response from Radis, their Local Authority/Health body, can direct their complaint to the Local Government Ombudsman (LGO) in England or the Public Service Ombudsman for Wales.

Contact details are:

**Local Government Ombudsman**

PO Box 4771

Coventry

CV4 0EH

Tel: **0300 061 0614**

Fax: **024 7682 0001**

Email: [advice@lgo.org.uk](mailto:advice@lgo.org.uk)

**Public Services Ombudsman for Wales**

1 Ffordd yr Hen Gae,

Pencoed,

CF35 5LJ

Tel: **01656 641150**

Website: [www.ombudsman-wales.org.uk](http://www.ombudsman-wales.org.uk)

All Service Users have these contact details in their Service User Guide.

11. On resolution of the complaint, a follow up verbally/in writing should be made within 28 days of the resolution, if this is appropriate. This is to ensure that the complainant is satisfied with the steps taken to resolve the complaint.

## Record Keeping

### Branch/Service Records

A **Complaints file** and a separate **Compliments file** should be kept up to date and available for inspection at each Radis CQC/CIW registered branch/service.

The complaints file should contain the following:

- A fully completed **Complaint Record Form (Appendix 1)** and associated documents for every complaint received for the service provided from that branch.
- A regularly updated **Complaint Log Spreadsheet (Appendix 2)** which summarises the complaints received for that branch, along with indicators of the status of each complaint.

The compliments file should contain completed copies of **Compliment Record Form**, along with copies of statements recorded or letters/cards/newspaper articles which are positive about the service delivered.

### Completing the Complaint Record Form

This form should be completed for every complaint received and filed with any other records associated with that complaint. This form serves as a convenient method of summary of the complaint along with the outcome or status if awaiting resolution.

**Appendix C-1** shows a sample copy. This has been annotated with notes relating to how the form should be completed for reference. The following should be noted as guidance for completing the form:

- Each complaint should be given a unique log number, which will be used to identify and track the complaint. The responsibility for issuing the log number will be the Branch/Service Manager or other branch staff, regardless of the origination of the complaint. This is to avoid confusion or duplication of log numbers.
- The responsible person is usually identified as the Branch/Service Manager. Exceptions may be made where the Branch/Service Manager is amongst the persons being complained about, or if the position is vacant. In these instances, another person would be nominated by the Area Manager or Senior Area Manager.
- As stated above, acknowledgments may be sent, but can be omitted where the complainant has received acknowledgment at the time of complaining.
- The type of complaint should be indicated, and more than one type may be chosen for more complex complaints.
- The severity of complaint is taken as low/medium or high. Low severity complaints are those regarded as being of a more minor nature, such as occasional variation in timing of visits. Medium severity complaints may include persistent variation of timing of visits, non-completion of records or care plan by staff etc. High severity would include multiple complaints, allegations of any abuse, missed visits etc.
- The lower section of the form should be completed once a conclusion has been reached with the complainant. Until this happens the complaint would be held unresolved and if necessary the Local Authority/Health body and/or CQC/CIW would be notified to help resolve the complaint as per the procedures given above.

### Completing the Complaint Log Spreadsheet

**Appendix 2** shows a sample section of a log spreadsheet annotated with example entries in red.

This should be maintained electronically with an up-to-date hard copy regularly printed and kept in the Complaints file.

This spreadsheet should be available for inspection by CQC/CIW inspectors, Local Authority/Health body and the Quality & Compliance Team.

## Completing the Compliment Record Form

### Appendix C-3

This form is designed to record any positive verbal/written comments and compliments received at the branch by any Service User or other person associated with the service being delivered. Appendix 3 shows an example form annotated with example entries in red. This form should especially include any action taken, such as passing on the praise received to staff verbally or in writing (e.g. in a newsletter/memo). The completed forms should be kept with any written compliments or statements recorded which have been passed on verbally.

## Completing the Compliment Log Spreadsheet

**Appendix 4** shows a sample section of a log spreadsheet annotated with example entries in red.

This should be maintained electronically with an up-to-date hard copy regularly printed and kept in the Compliments file. This spreadsheet should be available for inspection by CQC/CIW inspectors, Local Authority/Health body and the Quality & Compliance Team.

### Appendix 5

**Letter Process Templates** – These are designed in two formats, one for acknowledgment and one after investigation. These should be maintained electronically with an up-to-date hard copy regularly printed and kept in the Complaints file. This spreadsheet should be available for inspection by CQC/CIW inspectors, Local Authority/Health body and the Quality & Compliance Team.

## Quality & Compliance Team Records

Copies of certain complaints/compliments will be held by the Quality & Compliance Team, whereby they have become involved. These records will be duplicates of the branch records where they pertain to a particular branch. The Quality & Compliance Manager will maintain these records as described above.

## Training

All staff will be made aware of Radis' policy for handling Compliments, Comments and Complaints as part of their induction programme.

The Branch/Service Manager, Support Manager, Area Manager, Senior Area Manager, Quality & Compliance Team, and any other persons responsible for handling complaints will be expected to undergo an appropriate Customer Service training programme, as well as in-house training in procedures for management of complaints.

## Associated Forms

**Appendix 1 – Complaint Record Form**

**Appendix 2 – Complaint Log Spreadsheet**

**Appendix 3 – Compliment Record Form**

**Appendix 4 – Compliment Log Spreadsheet**

**Appendix 5 – Letter Process Templates**

## Policy Review

This policy will be reviewed on a two-yearly basis or at an earlier date if changes are required and/or there are changes in relevant legislation.

## Policy Amendments

### v4.0

Page 1 – Policy Statement (paragraph 2 added)

Page 1 – Responsibility for Management of Complaints, legislation included

Page 2 – point 5 updated

Page 6 – Policy Review added

People and team responsibilities updated throughout policy