



## **Complaints and Compliments**

### **Policy and Procedure**

# ASPECTS CARE COMPLAINTS AND COMPLIMENTS

## POLICY AND PROCEDURE

### 1. INTRODUCTION

- 1.1 Aspects Care recognises that clients may from time to time be concerned and/or dissatisfied about the treatment and care they have received, and also recognises that such concerns and complaints must be taken seriously and dealt with expeditiously and sympathetically. This policy has, therefore, been produced in recognition of the rights of the client to complain when dissatisfied, and in appreciation of the time and effort which this often involves for both client and staff.
- 1.2 Equally there will be occasions where clients wish to express their thanks and gratitude for the care/support provided by a member of staff. This policy therefore also includes the policy for ensuring such positive remarks are fed back to the relevant individuals.

### 2. RESPONSIBILITIES

- 2.1 Aspects Care have designated one of its Directors to have full responsibility for overseeing the complaints procedure within the company. The relevant Director will be nominated within the company management plan.
- 2.2 The Registered Care Manager will be responsible for the initial handling and investigation of complaints, and ensuring that there are proper procedures within the company for dealing with complaints, in line with this procedure.
- 2.3 Where there is a complaint and the client has been introduced by a Service Outsourcer (e.g. PCT, Mencap etc.) then the Service Outsourcer will be notified and where appropriate will be involved with the investigation of the complaint.

### 3. LOCAL RESOLUTION

- 3.1 The key objective is to try and resolve all complaints at the local resolution stage in a manner which is open, fair, flexible and conciliatory.

#### 3.2 Oral Complaints

Complaints are most likely to be initiated with the support staff/carers. Oral complaints should be dealt with promptly in an informal and sensitive manner by the most appropriate member of staff on the spot and recorded in the register. Where the recipient of the complaint is unable to deal with the complaint

adequately, or feels unable to give the assurances that the complainant is looking for, then the complaint should be recorded and referred onto the appropriate Team Leader or Care Manager. An Incident Report Form should be completed. Where an oral complaint is considered to be sufficiently serious or difficult to resolve, the acknowledgement and written response procedure set out in paragraph 3.3 should apply.

### **3.3 Written Complaints**

All written complaints should be acknowledged in writing within two working days. A copy of the letter of complaint should be forwarded to the Director responsible for complaints along with a copy of the letter of acknowledgement.

After investigation a full response should be drafted by the Care Manager and sent to the Director within fifteen working days. The final response to the complaint will be sent under the signature of the Director within twenty working days. A copy of the signed letter will be returned to the Care manager for record purposes.

If the full response cannot be completed within twenty working days, an interim response will be sent out by the recipient of the complaint informing them of the delay, the reasons for it and the likely timescale for resolving the complaint.

**3.4** On receipt of the proposed draft response to the complainant it will be the responsibility of the nominated Director to ensure that all of the points raised in the initial complaint have been answered, that apologies have been incorporated where applicable, that there are no implications for possible future litigation, and that information on the right of the complainant to seek an independent review is included in the response.

**3.5** The time limits for making a complaint will normally be within six months of the event giving rise to the complaint, or within six months of discovering the problem, provided this is within twelve months of the incident. There is discretion to extend this time limit where it would be unreasonable for the complaint to have been made earlier and where it is still possible to investigate the facts of the case.

## **4. DISCIPLINARY AND OTHER RELATED MATTERS**

**4.1** If any of the complaints received indicates a prima facie need for referral to any of the following

- (i) An investigation under the disciplinary procedure
- (ii) One of the professional regulatory bodies
- (iii) An investigation of a criminal offence

The person in receipt of the complaint should at once pass the relevant information to the Care Manager, who will inform the nominated Director, so that the appropriate action can be taken.

- 4.2** The complaints procedure will not deal with matters which are the subject of disciplinary investigation. If such action is initiated, the complainant should be advised accordingly, so that appropriate action under the Complaint Procedure can be pursued in respect of matters raised in the complaint which do not relate to disciplinary investigation.
- 4.3** If a complaint reveals a prima facie case of negligence, or if it is thought that there is likelihood of legal action being taken, then the person in receipt of the complaint should inform the Care Manager straightaway. The Complaint Procedure should cease if the complainant explicitly indicates an intention to take legal action in respects of the complaint.

## **5. PUBLICITY**

- 5.1** Information sheets explaining the complaint Procedure simply and clearly will be made available at all appropriate locations and will be contacted within the Service Users Guide. This information should be set out how to make a complaint, together with details and address of the nominated Director and how to access appropriate advocacy and advice services to assist in making a complaint. Information should be made available in appropriate languages for people from minority ethnic groups, and in the appropriate medium for people with disabilities, where applicable.
- 5.2** All publicity material regarding complaints should make reference to the right of clients to refer their complaints to the Director, should they be dissatisfied with how a complaint has been handled throughout the local resolution/independent review process.

## **6. TRAINING**

- 6.1** The nominated Director is responsible for ensuring that all staff have training in complaints handling as part of their induction training and at yearly intervals thereafter as a refresher to ensure that they understand how the procedure should be applied and what their responsibilities are.
- 6.2** This training should be set within a wider customer care agenda so staff can acquire skills in dealing with difficult situations and to diffuse these in order to avoid formal complaints.

## **7. COMPLIMENTS**

- 7.1** Where a client raises with a member of staff a wish to have recorded their thanks, praise or a complementation then the member of staff should record within the register a written record of the thanks, praise or complementation and invite the client to sign the contents as a true and accurate record of what they want recorded.

- 7.2 The Care Manager, as of his/her duties will periodically review the register and will note all such compliments, entering them onto the members of staff's personnel record as necessary.
- 7.3 Where a client wishes to go beyond verbal praise, but provide a gratuity then the Policy and procedure in Acceptance of Gifts and Legacies should be followed.

## 8. **REVIEWS**

- 8.1 This policy will be reviewed annually or in-line with any relevant changes in legislation.
- 8.2 When this policy is reviewed the reviewer must include within the "footer" their details, the date that the review was conducted and when the next review is due.