

Comments, Concerns, Complaints & Compliments

POLICY & PROCEDURES

Standard references/terms used in this document.

HR Department/HR Manager: Support Services Manager
 Line Manager: Your immediate supervisor.

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Original	1	12/2006	Deborah Fowler	
Issue	2	12/2012	Andy Murphy	Major Review
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Date of Last Review	Signed	Position	Next Review due:
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1 Indications

1.1 Background

This policy details the protocol for dealing with comments, concerns, complaints and compliments received about any aspect of the services or activities provided by Age UK Islington.

The important principle behind complaints reform is that all organisations work together, conducting joint investigations. This is to ensure co-ordinated handling and to provide the complainant with a single response that represents each organisations final response.

In the client-centred environment of Age UK Islington, clients/relatives/carers are encouraged to express comments, concerns, complaints and compliments about the treatment and services that they receive in the knowledge that:

- They will be taken seriously.
- They will receive a speedy and effective response.
- Things will be put right and appropriate remedy used.
- Their views will inform learning and improvements in service delivery.
- There is a system for taking action to address the full range of problems, which occur from minor difficulties to major failures in treatment and care.
- There will be no adverse effects on their care or that of their families.

NB: It is a disciplinary offence for any member of staff to retaliate against a complainant or their family because they have made a complaint.

1.2 Definitions

It is vital that the Organisation takes account of the views of its clients/relatives/carers, listening to and learning from the '4 C's': comments, concerns, complaints and compliments to:

- Tell us what is working;
- Help identify potential service problems;
- Help identify risks and prevent them from getting worse;
- Highlight opportunities for staff improvement;
- Provide the information we need to review our services and procedures effectively.

A complaint is an expression of dissatisfaction about a service offered by the Organisation. It may be made by a client or a person on behalf of a client or visitor and a formal investigation is undertaken. A concern is usually where the client or a person on behalf of the client is requesting further information about the client's treatment or care. Comments are usually requests for further information such as appointment times.

A compliment may be expressed by a person who is happy with any part of a service they receive. All compliments received by the Chief Executive's office or Services Departments are acknowledged and

shared with the staff/department named and recorded on Sharepoint. Many more compliments are received directly by wards/departments.

1.3 Policy Aim and Scope

At Age UK Islington the management of client/public dissatisfaction is an important part of the governance framework by ensuring that information about complaints and their causes are an integral part of the system that ensures safe, high quality care and which is constantly improving.

The Organisation's vision for a successful complaints procedure is one that meets the need of our clients/relatives/carers, staff and the organisation and follows the six principles of good complaint handling as set out by the Parliamentary Ombudsman:

- Getting it right
- Being customer focused
- Being open and accountable
- Acting fairly and proportionately
- Putting things right
- Seeing continuous improvement

1.4 Staff groups affected

Every member of staff employed by Age UK Islington has a responsibility to implement this policy.

1.5 Exceptions

There are no exceptions to Age UK Islington's commitment to learning from comments, concerns, complaints and compliments, it is therefore expected that all staff will comply with this policy by dealing with comments, concerns, complaints and compliments in line with this policy. Investigations must be carried out in an open and fair culture to ensure honesty when reporting back to complainants.

2 Management

The Organisation has a responsibility to establish a complaint procedure in line with the statutory requirements and take steps to publicise the arrangements. The arrangements must be accessible and ensure that complaints are dealt with speedily and efficiently and that complainants are treated courteously and sympathetically.

2.1 Who might complain?

Complainants may be existing or former clients using the Organisation's services and facilities, as well as relatives/carers. Members of hospital staff and other health professionals including the General Practitioner may also complain about aspects of a client's care or raise it through the Raising Concerns Policy "Whistleblowing". If the person complaining is not a client, but is complaining on behalf of a client, it is important to check that the client knows about the complaint. The complainant must be told that, in order not to be in breach of client confidentiality, any matters relating to the client's care and treatment can only be answered with the client's consent. (This does not mean that the matters raised cannot be investigated, but means that the Organisation's response will not divulge any information about the client's care and treatment).

Relatives/carers or others complaining on behalf of clients will be sent an acknowledgement letter and consent form for the client to sign and asked to return it to the Operations Director. The client will sign to confirm their agreement to a reply being sent to the person who made the complaint or directly to themselves. If the client is unable to act for him or herself, the Organisation will take reasonable steps to ensure that the complainant is an appropriate person to receive information. In any event, if there is no signed consent from the client as to what personal information can be passed on, there is a greater limitation on the content of the Organisation's response.

Where a complaint is made on behalf of a client who has died, it is important to check that the person making the complaint is the deceased client's next of kin. Where this is not the case, the consent of the next of kin will be sought in writing and they will be asked to complete a consent form. In doing so the Organisation will offer the next of kin the opportunity to review the complaint that has been made.

Children and young people who are competent to consent

If children are competent to give consent for themselves, consent should be sought directly from them. The legal position regarding 'competence' is different for young people aged over 16 than under 16.

Young people aged 18 and Over

Once a person reaches their 18th birthday they are deemed to be a competent adult capable of consenting or refusing treatment unless, following assessment, they are deemed unable to make informed decisions for themselves.

Children aged 16 and 17

A person who is the age of 16 is assumed to have the same capacity as an adult to consent to treatment in accordance with the Mental Capacity Act 2005. As such, they do not need parental consent for medical treatment or interventions unless, following assessment, they are deemed to lack capacity. Medical staff also have a duty of confidentiality to such clients and should not disclose information to parents without the person's consent.

If a complaint is made on behalf of a 16 or 17 year old, unless there is clear medical evidence that they lack capacity, then their express authority should be obtained before responding to the complaint as it will involve disclosing confidential client information.

2.2 Time limit for making a complaint

The timescale in which a complaint can be made is 12 months from the date on which the matter occurred, or the matter came to the notice of the complainant. The Organisation will have the discretion to investigate beyond this time, especially if there are good reasons for a complaint not having been received within the 12 months and it is still possible to investigate the case effectively. This decision will be taken locally and where it is decided not to investigate, the complainant will have the opportunity to approach the Parliamentary Ombudsman.

2.3 What people can complain about

People will be able to use this policy and procedure about any matter reasonably connected with the exercise of Age UK Islington's services for clients.

2.4 What people cannot complain about

- A complaint made about the functions of Age UK Islington.
- Staff working within, or contracted to, Age UK Islington cannot use the arrangements to complain about employment, contractual or pension issues.
- Complaints that have already been investigated under the complaints regulations.
- Complaints arising out of the alleged failure to comply with a data subject request under the Data Protection Act 1998.
- Complaints arising out of an alleged failure to comply with a request for information under the Freedom of Information Act 2000.

2.5 Disciplinary action

A complaint can be investigated even if disciplinary action is being considered or taken against a member of staff, provided the organisation has regard to good practice around restrictions in providing confidential/personal information to the complainant.

The Organisation believes it is important, wherever possible, to ensure the potential implications for client safety and organisational learning are investigated as quickly as possible, to allow urgent action to be taken to prevent similar incidents arising. However, although the complaints handling arrangements will operate alongside the disciplinary arrangements, the two arrangements will remain separate.

2.6 Cases involving legal action

On receipt of a complaint where legal action is being taken or the police are involved, discussions will take place with the relevant authority, e.g. legal services, the police, or the Crown Prosecution Service, to determine whether progressing the complaint might prejudice subsequent legal or judicial action. If so, the complaint will be put on hold, and the complainant advised of this fact. If not, an investigation into the complaint should take place. Again it is important to ensure the potential implications for client safety and/or organisational learning are investigated as quickly as possible to allow urgent action to be taken to prevent similar incidents arising.

2.7 Roles and Responsibilities

Chief Executive

The Chief Executive is the designated responsible person whose duty it is to ensure overall compliance with the Statutory Instrument. The Chief Executive will delegate the day-to-day management of the process to the Operations Director whose role is to oversee the complaints procedure.

The Chief Executive will sign all complaint acknowledgement letters within three working days of receipt of the complaint. A copy of the Organisation's leaflet 'Comments, Concerns, Compliments and Complaints', which explains how the complaint will be handled will also be enclosed. The response letter will be signed by the Chief Executive, and in his/her absence, responses will be signed by the Operations Director.

Operations Director

The Operations Director has the delegated responsibility to manage the complaint procedure on behalf of the Chief Executive. The prime responsibility is to oversee the complaints handling procedure, provide guidance and support, and to provide the Organisation with an overview of its complaints.

The Operations Director is readily accessible to the public. Complainants may refer complaints directly to the Operations Director if they do not wish to raise issues with the staff directly involved in their care.

In relation to complaints received about other organisations, including Health bodies or Social Services, the consent of the complainant shall be sought prior to transferring the complaint to that organisation. In the case of complaints that are a mixture of health and social care issues, it will be agreed with the complainant, which organisation will lead and co-ordinate the final response.

Any complaints that involve a sudden unexpected death, serious harm or potential safeguarding issues, should be escalated to the Operations Director.

Service Staff

Service Staff are responsible for trying to resolve concerns/complaints when the issue is brought to their attention. If the issues cannot be resolved quickly then they will co-ordinate the concerns/complaints procedure, ensuring compliance with the complaint regulations, agreeing a plan with the complainant for the management of the complaint.

Any complaints where there has been a sudden unexpected death, serious harm or potential safeguarding issues, should be escalated to the Operations Director immediately.

The Service Staff will contact the complainant to discuss the complaint at the outset and explore the feelings of the complainant and identify their preferred outcome - what they hope to achieve from the process if this has not already been established; identify and explain any consent issues to the complainant and assess what further action might best resolve the complaint e.g. a meeting with staff.

The Service Staff will prepare the acknowledgement letter for the Chief Executive to sign within three working days of receipt. The acknowledgement will indicate that a written response from the Chief Executive for complaints or relevant manager for concerns will follow within an agreed timescale and will include a leaflet about the Organisation's Comments, Concerns, Compliments and Complaints Procedure, which also gives information about local advocacy services.

When a complaint is received by e-mail, the Service Staff will acknowledge the complaint and ask the sender to supply an address so that all future correspondence can be in writing. It is not possible to be certain that the sender is who they appear to be, that the message will be read by them and that they

understand or accept the risks. Whilst we understand the need for people to communicate by e-mail, to ensure security of information, the Organisation must positively identify the named individual and address.

Verbal complaints will be acknowledged with a written record of the conversation sent to the complainant. The complainant will be asked to confirm if the record clearly captures the issues they want investigating or if they wish to add or amend the information.

- The Service Staff will record all relevant information about the issue on Sharepoint and set up the agreed response timescale alerts.
- Track complaints and send reminders to facilitate the meeting of deadlines and keep the complainant informed of any delays.
- Telephone/e-mail the Investigating Manager one week before the final deadline to find out if there are any problems with the investigation and to offer assistance by contacting the complainant and agreeing a longer timescale, giving the reasons for the delay.
- Record the conversation and set the new timescales on Sharepoint.

The Service Staff will check completed response letters for content, format, grammar and spelling, before forwarding to the Operations Director. After sign-off by the Chief Executive, the Service Staff will send the signed letter of response to the complainant and a copy to all staff named in the letter.

Enquiry Desk Staff and Volunteers

Enquiry Desk Staff and Volunteers staff the Enquiry Desk in accordance with the Enquiry Desk rota. The shifts are either 9.00am–1.00pm or 1.00pm–4.30pm. If the ENQUIRY DESK STAFF AND VOLUNTEERS cannot attend their designated shift, it is their responsibility to find a replacement/swap and inform the Service Staff who will be covering for them in order that the rota can be updated on the Intranet.

Enquiry Desk are responsible for dealing with comments and concerns face-to-face, by e-mail or by telephone. If the complainant wishes to make a formal complaint, the ENQUIRY DESK STAFF AND VOLUNTEERS can write down the complainant's complaint on the Record of Discussion form (Appendix A) and refer it to the Service Teams to co-ordinate. If the ENQUIRY DESK STAFF AND VOLUNTEERS is dealing with the complainant face-to-face, they should give a copy of the leaflet to the complainant.

ENQUIRY DESK STAFF AND VOLUNTEERS's should complete a Record of Discussion form for all concerns and complaints dealt with in order that any themes arising can be addressed. Comments or compliments can be recorded on the Enquiry Desk log.

Any complaints where there has been a sudden unexpected death, serious harm or potential safeguarding issues, should be escalated to the Operations Director immediately.

At the end of the ENQUIRY DESK STAFF AND VOLUNTEERS's shift they should e-mail their Record of Discussion forms, whether they have completed the matter or not to the Service Manager so that the Service Staff can log the information on Sharepoint. The ENQUIRY DESK STAFF AND VOLUNTEERS should take any outstanding concerns with them to resolve and keep the complainant updated. The ENQUIRY DESK STAFF AND VOLUNTEERS must record all their actions, including dates and people who they have discussed the case with, and when it is resolved they should e-mail it again to the Service Manager so that Sharepoint can be updated and the case closed. If an external auditor is asked to review a case that the Organisation has dealt with, it is very important that a full audit trail of actions taken can be shown.

Service Manager (Investigating Manager)

Service Managers have the responsibility to undertake an investigation into all complaints, ensuring that the complainant's concerns are fully addressed, and are available within the agreed deadlines.

The Investigating Manager will undertake a preliminary assessment of how best to investigate the complaint. Formal complaints should be thoroughly investigated in accordance with Adverse Events: An Organisation Wide Approach to Investigation, Analysis, and Learning policy.

Provide support to staff involved in an investigation, particularly those named, and make sure they are aware of the contents of the complaint and response. If a named member of staff has left the Organisation, the Investigating Manager has the responsibility to ensure all efforts are made to obtain their comments, particularly if harm has been alleged. If the complaint involves a junior member of staff, the Investigating Manager must obtain a senior review as well as obtaining comment from the junior member of staff involved. The draft complaint response letter needs to be shared and agreed by all named in the response letter and by those who have contributed to the investigation.

If admissions of error are to be made, the draft response must be shared with the Head of Litigation. If the complainant is explicitly requesting compensation/ recompense, findings of the investigation must be shared with the Head of Litigation.

If harm is alleged to have been caused, Investigating Managers must assure themselves of the evidence when they read the medical records.

Ensure that agreed actions arising out of investigations are implemented across appropriate teams/departments and to ensure that the Service Area fosters an ethos of learning in order to minimise future occurrence.

To ensure improvements arise out of complaints, Action Plans (Appendix B) must be completed and monitored following the investigation of all complaints. The information from the Action Plan will be recorded on Sharepoint and timescales set for follow-up. The Operations Director will e-mail the Investigating Manager or person responsible for implementing the action for an update/closure. Complaints should be shared with staff within each ward/department by the manager for learning purposes.

All Staff

All managers have a responsibility within the complaints handling procedure. It is part of the role of the manager to ensure that staff and volunteers are fully assisted and feel fully supported throughout the handling of any complaint.

Staff and volunteers should ensure that complainants, having made a complaint, are assured that it will not prejudice the client's future treatment and care. The Organisation policy and procedure for handling complaints is considered as part of the ward/department induction.

Further information on how to deal with comments, concerns and complaints is available at Appendix C.

Front line staff will distinguish those serious issues that, even if raised verbally need to be brought to the attention of senior managers within the Organisation.

Board

The CEO will include a complaints log and update on current complaints as a standard part of his/her report to the Board.

2.8 Safeguarding Adults

The Organisation has in place systems and processes to promote the safeguarding and wellbeing of clients. These are reflective of local and national guidelines. It is important that when a complaint is received, consideration is given as to whether it may meet the Safeguarding Adults threshold and this must be done in a timely manner in line with the Safeguarding Vulnerable Adults/Adults at Risk Policy.

Before commencing a complaint investigation, Service Staff will review the complaint for potential safeguarding adult issues. If there are safeguarding concerns these should be escalated to the Operations Director and the complaint will be referred to the Organisation Adult Safeguarding Lead. They will consider the complaint and confirm to the Operations Director whether there are safeguarding issues that require referral to the appropriate social care, learning disability or mental health team. This may mean that the formal complaint investigation has to be delayed although it should be remembered that the two investigations can run in parallel if it is agreed that this would not compromise the safeguarding investigation.

2.9 Meetings

As part of the local resolution process and in agreeing with the complainant how they wish their concerns to be handled, consideration will be given to arranging a meeting with service staff. However, this will be discussed with the relevant members of staff before it is agreed with the complainant.

Once a meeting has been agreed the complainant will be asked to provide a list of questions to form an agenda so the meeting can be structured with the most appropriate staff in attendance. Meetings will take place in a sensitive venue. Complainants requiring support will be advised to contact their local Advocacy Service. A letter will be sent to the complainant giving details of the meeting and who will be attending.

Staff should attend a pre-meeting to discuss the case. The meeting will have a chair/facilitator and someone to take the minutes. Following the meeting with the complainant, if necessary, staff will meet to discuss the outcome and any further actions that need to be taken to achieve local resolution for the complainant.

The minutes will be circulated to all staff members involved in the meeting for checking the clinical content before they are sent to the complainant.

2.10 Healthwatch

Healthwatch's sole purpose is to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf. People who want to make a complaint about a particular service can contact Healthwatch to find out how to get help with making their complaint.

3 Staff Information

3.1 Statutory Duty of Candour

All Organisations have to identify that an incident causing moderate or major harm has happened and tell the client about it swiftly and honestly. Organisations will also have a duty to support the client by allowing a member of the family, carer or a healthcare professional that the client has confidence in to be present when they tell the client what has happened. Ongoing support and treatment to reduce the harm must be provided. This might be from a different service team or organisation if the client wishes.

Records

Complaint correspondence will be kept separate from service records, subject to the need to record any information, which is strictly relevant to their clinical management in the client's health record. No complaint correspondence is to be filed in the client's health record. This instruction covers the initial letter of complaint and the final letter of reply, as well as internal correspondence. The master files of all statements and correspondence of meetings are held by the Operations Director.

The minimum recommended period for retaining a complaint file is presently eight years from the date on which action was completed. For complaints about children and young people the file must be kept until the client's 25th birthday.

3.2 Statements

With an increasing number of complex queries and complaints, it is becoming more common for staff to be asked to provide statements as a result of a complaint/claim/untoward incident. When writing a statement, it is important to remember that, although the majority of statements will go no further, a statement may be copied to the complainant, the Coroner or used as evidence in defending a legal claim. All requests for statements must be forwarded to the Operations Director.

3.3 Advocacy Services

If someone wants to raise concerns or make a complaint it is important to let them know what support is available. There are a number of advocacy services available depending where the client lives. These services are free, independent and confidential and will listen to a person's concerns. Advocates can help people write effective letters to the right people; prepare them for and go to meetings with them; contact and speak to third parties if they wish them to and help people think about whether they are happy with the responses they receive from the Organisation.

3.4 Persistent and Unreasonable Complainants

Persistent and unreasonable complainants are those that raise the same or similar issues repeatedly, despite having received a full response to all the issues they have raised. If following a review of the complaint the complainant is persistent or unreasonable in their manner of engaging with the Organisation, it may be appropriate to apply a degree of restriction on their frequency and mode of contact. This would include complainants that:

- Refuse to accept the remit of the process to be undertaken as described to them.
- Request actions that are not compatible with the process or place unreasonable demands on staff.
- Change the basis of the concern or complaint or introduce trivial or irrelevant information and expect these to be taken into account when they have already agreed to a plan and specific issues to be responded to.

- Make excessive telephone calls or send excessive numbers of e-mails or letters to staff.
- Submit concerns or complaints about the same issues as have previously been appropriately and fully considered and responded to.
- Fail to engage with staff in a manner which is deemed appropriate: e.g. repeatedly using unacceptable language; refusing to adhere to previously agreed communication plans or behaving in an otherwise threatening or abusive manner on more than one occasion, having been warned about this.
- Repeatedly focus on conspiracy theories and/or will not accept documented evidence as being factual.

The Operations Director in agreement with the Chief Executive will determine the point at which a complainant will be considered to be persistent and unreasonable. Below are some possible courses of action that may help to manage complainants who have been designated as persistent and/or unreasonable.

- Placing time limits on telephone conversations and personal contacts.
- Restricting the number of calls that will be taken or made.
- Requiring contact to be made with a named member of staff.
- Requiring contact to be made through a third person, such as an advocate.
- Limiting the complainant to one mode of contact e.g. in writing only.
- Requiring any personal contact to take place in the presence of a witness.
- Refusing to register and process further concerns or complaints about the same matter.
- Informing the complainant that future correspondence will be read and placed on file, but not acknowledged.
- Advising that the organisation does not deal with correspondence that is abusive or contains allegations that lack substantive evidence. Request that the complainant provide an acceptable version of the correspondence or make contact through a third person to continue communication with the organisation.
- Asking the complainant to enter into an agreement about their conduct.
- Advise that irrelevant documentation will be returned in the first instance and (in extreme cases) in future may be destroyed.

Once a restriction is put in place, a letter should be issued by the Chief Executive to inform the complainant about the decision; what it means for their future contact with the organisation; how long those restrictions will remain in place; and what they can do to have their position reviewed.

3.5 Other agencies

If the Organisation receives a written complaint that involves another agency, for example, the Police, the Organisation will work jointly with an agreed point of contact, to ensure all matters are fully investigated.

4 Process for monitoring compliance, effectiveness and risk management

4.1 Monitoring

The Operations Director will be responsible for the monitoring of individual complaints against agreed timescale and responsibilities, in liaison with the Service Managers.

The Operations Director will produce quarterly summarised reports of complaints received to the Organisation Board that will include qualitative and quantitative analysis of key issues found in complaints. The report will include action taken to improve services as a result of complaints. These reports will also be shared with the Commissioners, together with any action to be taken by the Organisation as a result.

An annual Organisation wide report card is produced and presented at the Clinical Governance Committee incorporating the information and analysis from across incidents, comments, concerns, complaints and claims, identifying cross cutting issues for the organisation. The Clinical Governance Committee reports into the Organisation Board.

Complaint data both in terms of specific issues/actions and more general trends arising out of complaints should be used in improvement work and executive walks.

Complaints Management Questionnaire

A complaints management questionnaire will be sent to each complainant on conclusion of the complaint unless it is excluded under the exceptions, which are as follows:

- The complaint is re-opened and still under investigation.
- The complaint is subject to an ongoing review.

Complaints provide a unique insight into the complainant's experience of our services and often highlight where service improvements can be made. It is very important to us that complainants not only feel able to raise their concerns, but are happy with the actions that we take as a result.

4.2 Training

Customer Care and Complaints

All staff should know how to react and what to do if someone makes a complaint. The Organisation provides staff training in customer care, complaints management, conflict resolution and difficult conversations.

Root Cause Analysis

Root Cause Analysis (RCA) training may be provided

Additional information is available from the National Client Safety Agency (NPSA) on <http://www.npsa.nhs.uk/nrls/improvingclientsafety/client-safety-tools-and-guidance/rootcauseanalysis/>

Incidents, Complaints and Claims – managing investigations and supporting staff

This session provides a detailed session around Root Cause Analysis, information regarding complaints and the writing and submission of statements.

4.3 Publicity

Leaflets informing clients and visitors of the Organisation's Complaints Procedure will be displayed throughout the Organisation. The Complaints process is also publicised on the Organisation's website.

4.4 Translating and Interpreting

The Organisation recognises that on occasions complainants may experience difficulties in pursuing their complaint due to language or communication barriers. The Service Staff will ensure that appropriate support is made available to complainants.

4.5 Special Needs

The Service Staff will ensure that wherever possible the individual needs of complainants are identified and met. This will include meeting the needs of people with learning disabilities, physical disabilities or communication problems such as hearing or visual impairment.

5 References and Associated Documents

5.1 Sources of information

REFERENCES AND BIBLIOGRAPHY

Data Protection Act (1998) – www.legislation.gov.uk

Being Open – communicating client safety incidents with clients and their carers, (2009) National Client Safety Agency

WEBSITES

Health Service Ombudsman - www.ombudsman.org.uk

Care Quality Commission - www.cqc.org.uk

Root Cause Analysis (National Client Safety Agency) – www.npsa.nhs.uk