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Complaints and Compliments Policy and Procedure

This document is relevant to:	
Central Support Services	✓
Operational Services	✓
Community Engagement	✓

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Policy

- 1 Livability believes that if someone wishes to make a complaint or register a compliment or concern about a service provided by Livability they should find it easy to do so.
- 2 It is Livability's policy to welcome complaints and compliments and look upon them as an opportunity to learn, adapt, improve and provide better services. The procedure below is intended to ensure that complaints are dealt with properly and that all complaints, comments and compliments are taken seriously.
- 3 All service users must be given a copy of the **Complaints Booklet** when they start using a Livability service (copies in other languages and formats are available on request) and a copy should also be displayed in a prominent location. Copies of the booklet can be downloaded from the Livability website and intranet.
- 4 A separate process applies to concerns which are not directly related to service provision or employment, for example arising from central support processes; this can be found on page 9.
- 5 The Livability Complaints and Compliments Policy and Procedure comply fully with the current legislation and regulations.
- 6 All contact with the complainant must be polite, courteous and sympathetic. There is nothing to be gained by staff adopting a defensive or aggressive attitude.
- 7 At all times staff should remain calm and respectful.
- 8 Staff should not accept blame, make excuses or blame other staff.
- 9 If the complainant identifies themselves as a staff member, the responsible manager should consider whether the Whistleblowing or Grievance Procedures apply and should be used – the HR team can provide advice and support if required.
- 10 In the spirit of continuous improvement, Livability has created a review process for our compliments and complaints management system, to ensure that we measure success and learn lessons from the feedback we receive. This process is coordinated by the Livability Complaints Administrator and overseen by the Complaints Receiver.
- 11 Livability's Compliments and Complaints Policy and Procedure will be reviewed on a regular basis to ensure that it complies with current legislation.
- 12 In the event of a complaint involving alleged abuse or a suspicion that abuse has occurred, the matter must be reported immediately by following Livability's Safeguarding Procedures.

Procedure

Making a complaint

- 13 The service managers must ensure that the following information is available to all service users and visitors:
- a. A copy of the Complaints Booklet
 - b. Contact details of organisations that regulate and inspect the Livability location. These may include: Care Quality Commission (CQC), Ofsted and the Local Education Authority (LEA).
 - c. CQC & Ofsted cannot get involved in individual complaints about providers, but are happy to receive information about our services at any time. Both organisations can be contacted via their website.
 - d. Details of the Local Government Ombudsman (LGO). Once a complaint has been fully dealt with by Livability, if the complainant is not satisfied with the outcome, they can refer their complaint to the LGO and ask for it to be reviewed. The LGO provides a free, independent service.

The LGO Advice Team can be contacted for information and advice, or to register a complaint:
LGO Telephone: 0300 061 0614
Email: advice@lgo.org.uk
Website: www.lgo.org.uk
 - e. The LGO will not usually investigate a complaint until the provider has had an opportunity to respond and resolve matters.
 - f. Information on local advocacy services is available on notice boards and at service users' / visitors' request.

Definitions

- 14 **Comments** – Feedback, ideas and suggestions for how we could make things even better. We want to know when people think we could do something better or in a different way. We want to hear ideas and suggestions. **These need not be recorded as a complaint**
- 15 Complaint –
- an expression of dissatisfaction with something that has happened or poorly provided services
 - the way that someone has been treated or spoken to
 - a service that has not been provided.
- 16 We want to hear about when things go wrong so that we can learn and make sure that it doesn't happen again.
- 17 **Compliments** – an expression of satisfaction with something that has happened or with the way someone has been treated. We want to hear about

what people think we have done well, so that we can share this knowledge across our services

- 18 **Complaints Receiver** – charged with receiving and logging all complaints not resolved immediately (within 24 hours) and ensuring that the Compliment and Complaints Policy and Procedure are followed. Contact details:

Email: complaints@livability.org.uk:

Telephone: 020 7452 2109

- 19 **Representatives** - Livability will only accept complaints from a representative under certain conditions:

Either:

- where we know that the service user has consented, either verbally or in writing

or

- where the service user cannot complain unaided and cannot give consent because they lack capacity within the meaning of the Mental Capacity Act 2005. In this case, the representative is acting in the service user's best interests; for example, where the matter complained about, if true, would be detrimental to the service user.

Press Enquiries

- 20 Enquiries from the Press must be referred to a senior manager, and no staff member should enter into dialogue with a journalist without specific authority to do so. Senior managers must refer all Press enquiries to the Media and PR Manager at Central Office; contact number: 020 7452 2084, who will deal with them in accordance with the Crisis PR procedure.

Compliments Recording

- 21 Any member of staff receiving a compliment, whether verbally or in writing, should record this in the local file. Printed copies should be readily available with the complaints book.
- 22 Copies of any written compliments received at the service from external agencies should be forwarded to the Complaints Receiver on receipt.

Verbal Complaints

- 23 Any staff member who receives a complaint should always seek to solve the problem immediately and then record the matter in the complaints book.
- 24 If staff cannot solve the problem immediately they should offer to get the local manager to deal with the issue.
- 25 After talking the problem through, the person dealing with the complaint should suggest a course of action to resolve the complaint. If the suggested resolution

is acceptable then this should be clarified with the complainant along with how the agreement will be communicated (for example through a meeting).

- 26 If the suggested plan of action is not acceptable to the complainant then the member of staff should ask the complainant to put their complaint in writing to Livability and give them a copy of the complaints procedure.
- 27 If the complainant is unwilling or unable to put the complaint in writing then the staff member should record it on their behalf. A complaints form could be used for this purpose. The details should be completed in discussion with the complainant. The complainant should be provided with a copy of the completed form/record. A copy of the complaint and/or the complaint form should be passed on to the service manager.

Complaints Recording

- 28 Any member of staff receiving a complaint, including verbal complaints, must record this in the local complaints book.
- 29 Complaints that should be reported to the complaints receiver fall into the following categories:
 - a. If the complaint is not resolved immediately (ie within 24-hours)
 - b. If they are made by an external professional or anyone from outside Livability
 - c. If we become aware that they have been made to someone outside a Livability service (ie Local Authority)
 - d. If they are made direct to anyone at central office
 - e. When they are anonymous
 - f. When the complainant is not satisfied with the local response
 - g. When the complainant asks for the complaint to be reported upwards for resolution
- 30 Managers will be asked to report the number of complaints recorded in their complaints book, (ie resolved with 24 hours) along with their outcomes to the Quality & Practice Development Team. This information will be collected quarterly.
- 31 When a complaint is not resolved within 24 hours the manager must complete a Complaints Form.
- 32 The template for this form can be found in the forms section of the Policy & Procedure area on the intranet [[Complaints Form Oct 13](#)]. Where it is not possible at this stage to complete all the information required – the form should be completed with the relevant sections left blank.
- 33 Once a complaints form has been started it should be saved in the service “Complaints & Concerns” folder on the intranet and an email should be sent to complaints@livability.org.uk to advise that a new form has been saved. This email should be copied to the hub manager/principal.

- 34 The manager should update the form as further information becomes available up until the point at which the case is closed and the outcome can be recorded. Once this is done an email should be sent to complaints@livability.org.uk, and copied to the hub manager/principal, to advise that the form is complete and the case is closed.
- 35 A copy of the completed form should be held securely in a local complaints file along with any fact finding or investigation reports, documents, correspondence and action plans.
- 36 A copy of the complaints form (including details of where the complete file is kept) must be placed in the individual file of the person to which the complaint relates.
- 37 Where the complaint arises from a Lifestyle Service, the regulations state that a copy of the complaints form (including details of where the complete file is kept) must also be placed on the personnel file of any members of staff involved.
- 38 Complaints books, completed Complaints forms and the central Complaints Log must be retained as a formal record for 10 years. In services regulated by CQC, local complaints files and log books should be retained for 4 years.

Anonymous Complaints

- 39 Livability will always encourage people to identify themselves so that we can talk concerns through with them and keep them involved.
- 40 Anonymous complaints are more likely to be made to external organisations such as the Care Quality Commission. People do sometimes give their names to the CQC but ask not to be identified. CQC will feed back to them, whilst respecting their wish to remain anonymous.
- 41 Service managers should record all anonymous complaints on a complaints form and forward a copy to the Complaints Administrator.

Complaints Management

- 42 Many issues raised by service users are not recognised or raised by them as a complaint. If a member of staff or the local manager thinks that a comment or expression of concern is really a complaint, they should suggest that the person making it raises it as a complaint.
- 43 All staff have a responsibility to ensure that the Complaints Procedure is properly and effectively implemented and that service users and their representatives feel confident that their complaints and worries are listened to and acted upon promptly and fairly.
- 44 The local service manager is the person responsible for following through all complaints, compliments and comments received at the service. This includes ensuring that:
 - a. Every written complaint must be acknowledged within two working days. [Complaints acknowledgement letter](#)

- b. Investigations into written complaints are completed within 28 days.
- c. Complaints are dealt with promptly, fairly and sensitively with due regard to the upset and worry that they can cause to both staff and service user
- d. If the complaint is being made on behalf of the service user by an advocate, it must first, where possible, be verified that the person has permission to speak for the service user, especially if confidential information is involved. It is very easy to assume that the advocate has the right or power to act for the service user when they may not. Staff must obtain the service user's explicit permission prior to discussing a complaint with the advocate.
- e. All members of staff identified as contributing to any matter giving rise to the complaint are notified and feedback on complaints will be shared with employees at handover / staff meetings.

Duty of Candour

- 45 On 1 April 2015, the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 extended a new duty of candour to all service providers of regulated activities. This means that Livability needs to put measures in place to ensure we can comply with the new duty.
- 46 The duty of candour requires Livability to act in an open and transparent way in relation to care and treatment provided to service users. This duty applies to our dealings with the service user themselves, or, in limited circumstances, a person acting on their behalf.
- 47 For us, this applies, where the person is a child or where the person lacks capacity regarding decisions relating to their overall care or treatment and how/where it is managed.

The **Involvement and Communication with relatives, advocates, friends and carers Procedures** provides specific guidance on how incidents should be communicated to meet the Duty of Candour.

Investigation of a Complaint by Livability

- 48 Livability will investigate the facts and circumstances surrounding any complaint. If necessary, further details should be obtained from the complainant. If the complaint is not made by the service user but on the service user's behalf, then consent of the service user, where possible in writing, must be obtained from the complainant.
- 49 Livability should be in a position to provide a full explanation to the complainant, either in writing or by arranging a meeting with the individuals concerned, within 28 days.
- 50 If the issues are too complex to complete the investigation within 28 days, the complainant should be kept informed of the reason for any delays. Where a formal investigation is required, this will be commissioned by the responsible manager and may be carried out by an internal or external independent

investigator. The commissioning manager will provide the investigator with terms of reference, including who to speak to and the timescale for the completion. The complainant will be kept informed.

- 51 The investigator(s) will write a report containing recommendations. The report will be sent to the commissioner of the investigation, who will discuss the report with senior and local managers and ensure an action plan is prepared.
- 52 The commissioning manager will send a summary of the report and an action plan to the complainant.

Meetings

- 53 Meetings may be arranged to provide face to face feedback from an investigation and / or as part of reaching an agreement on the resolution of a complaint.
- 54 If a meeting is arranged, the complainant should be advised that they may, if they wish, bring a friend or relative or a representative such as an advocate.
- 55 At the meeting a detailed explanation of the results of the investigation should be given and also an apology if it is deemed appropriate (apologising for what has happened need not be an admission of liability). Notes of the meeting and any agreements reached will be kept.
- 56 Such a meeting gives the opportunity to show the complainant that the matter has been taken seriously and has been thoroughly investigated.
- 57 Action plans resulting from complaints will be included into overall service action plans and monitored as part of quality monitoring process.
- 58 Any identified shortcomings in procedures or practice will be managed through relevant Livability procedures, including learning and development, supervision, disciplinary and procedure review, as appropriate.

Follow-up Action and Closing a Complaint

- 59 After the meeting, or if the complainant does not want a meeting, a written account of the investigation should be sent to the complainant. The letter should include details of what to do if the complainant is not happy with the outcome (see Appeals Process below).
- 60 Managers should inform complainants that complaints will be formally closed after 12 weeks if nothing further is heard.

Identifying the outcome of complaints

- 61 The Livability complaints form available [[Complaints Form Oct 13](#)] includes a section to record the outcome and changes made as a result of the complaint.
- 62 An additional section records whether the manager believes the complaint was resolved to the satisfaction of the complainant.
- 63 Local complaints books should also record this information for complaints resolved within 24 hours.

Appeals Process

- 64 If complainants are not satisfied with the outcome of an investigation, they can appeal. The appeal should be forwarded to the Livability Complaints Receiver. The appeal should be made within 7 days.
- 65 Appeals can be made verbally or in writing, and where required, local managers should assist service users to lodge the appeal.
- 66 The process for managing appeals is as follows:
- The first investigation should be reviewed by the investigator's line manager
 - If after review it is the opinion of the appeals investigator that there are no grounds for appeal, the complainant should be informed either through a letter or at a meeting where minutes are recorded.
 - If further investigations or actions are required, the complainant should be informed and the timescales explained. The relevant director should be kept closely informed.
 - The outcomes of this further investigation will be discussed with the responsible senior manager or director, and a proposal for resolution agreed.
- 67 The complainant should be informed of the outcome of the appeal by letter with a view to closure. This letter must inform the complainant of their legal right to inform the Care Quality Commission or complain to the LGO if they are still not satisfied (see notice board poster information).

Analysis of Complaints

- 68 The Livability Quality and Practice Development team will carry out analysis on all complaints forming part of the Livability Complaints Log as part of its quality monitoring systems measuring success and identification of areas for improvement. We will share this learning.

Complaints about services made to central office

- 69 Where a complaint is made directly to Operational senior managers at central office it should be forwarded directly to the complaints administrator.
- 70 The complaints administrator will acknowledge receipt of the complaint and liaise with the complaints receiver regarding the appropriate manager and process for investigation of the complaint.

Complaints about Livability Central Support Services

- 71 The following guidance applies to complaints which are about corporate support services rather than Livability's registered services. It follows the same principles as the procedure outlined above. It is separate to the Whistleblowing

and Grievance Procedures which relate to complaints being raised by members of staff or volunteers.

72 Step One - Receipt of complaint and investigation

- a. A complaint may be made orally or in writing to a staff member within the department responsible for the subject of the complaint. Where a complaint is complex, the manager should request that it is made in writing.
- b. The complaint must be logged with the Complaints Administrator, so that all complaints about Livability are monitored and reviewed.
- c. The facts relating to the complaint will be established and considered.
- d. Depending on the nature of the complaint, it may be necessary to carry out an investigation.

73 Step Two – Responding to the complaint:

- a. Wherever possible, the manager should attempt to resolve the complaint immediately, (within 24-hours).
- b. If the matter requires further investigation and consideration, the manager will respond to the complainant in writing as soon as possible and then within 28 days of receipt of the complaint explaining the outcome of the investigation in to the complaint.

74 Step Three – Complainant remains dissatisfied:

- a. If the complainant is dissatisfied with the response, their complaint will be referred to the responsible Director for review. The Director will write to the complainant with their proposed resolution. There will not normally be a further appeal but complainants may be referred to external agencies or regulatory bodies where appropriate.

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Consult the Intranet for the latest version of this procedure and the forms for completion

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Appendix 1 – Staff Guidance

Complaints Book

All complaints received – by any means face to face, by telephone, email or in writing – at a service must be recorded in the complaints book.

The complaints book should record:

- The date the complaint was made
- The name of the person making the complaint
- A brief description of the complaint – NOT including any confidential information
- The outcome i.e. whether the complaint was substantiated or unsubstantiated
- What changed as a result of the complaint?
- The date the complainant was advised of the outcome.

Appendix 2 – Vexatious and Persistent Complaints

The following are notes from Annex 4 of the Department of Health complaints procedure for adults. They provide useful guidance.

A persistent complainant may include:

- Someone who makes the same complaint repeatedly (with minor differences), but never accepts the outcomes
- A person who seeks an unrealistic outcome and persists until it is reached, or
- A person with a history of making other unreasonably persistent complaints (see below).

Characteristics of unreasonably persistent complaints:

- The complaint arises from a historic and irreversible decision or incident
- Contact with the organisation is frequent, lengthy, complicated and stressful for staff
- The complainant behaves in an aggressive manner to staff when presenting the complaint, or is verbally abusive or threatening
- The complainant changes aspects of the complaint part way through the investigation
- The complainant makes and breaks contact with the organisation on an ongoing basis, or
- The complainant persistently approaches the organisation through different routes about the same issue hoping to get different responses.

Principles: There are a number of principles that can be applied by the organisation.

- The most important principle is that the complainant receives the same standard of response as any other person, and that the organisation can show it has not discriminated against the persistent complainant.
- If the situation is challenging but it is possible to proceed, staff should avoid giving unrealistic expectations on the outcome of the complaint.

Action in response

Where the relationship becomes unworkable, the senior manager should ensure that he or she demonstrates he or she has considered the complaints as fully as appropriate.

If the complainant does not pursue the complaint to the next level, such as contacting CQC, and continues nevertheless to correspond, the correspondence should be considered. If it raises no significant new matters and presents no new information, the complainant should be informed that the organisation is not entering into any further correspondence about the matter. If the complainant still does not take this advice, any further correspondence that does not present significant new matters or new information should only be acknowledged (rather than acted upon).

In some instances, abusive, threatening or other unreasonable behaviour may be a feature of the complainant's disease or mental illness (e.g. chronic anxiety or status

of dementia). In such cases, if possible, the matter should be referred to the local authority who will consider involving relevant professionals. However, this does not mean that that we should not continue to restrict access of the complainant to staff (see below).

Restricting access

The decision to restrict access to relevant staff should be taken by the relevant senior manager, and should follow a prior warning to the complainant. Any restrictions imposed should be appropriate and proportionate. The options available are:

- Requesting contact in a particular form (for example, letter only); Requiring contact to take place with a single, named person;
- Restricting telephone calls to specific days and times;
- Asking the complainant to enter into an agreement about the future contact with the organisation, and
- Informing the complainant that if he still does not follow this advice, (as stated above) any further correspondence that does not represent significant new matters or new information will not necessarily be acknowledged, but will be kept on file.

When it is decided to treat someone as an unreasonably persistent Complainant, the organisation should write to tell the complainant why it believes their behaviour falls into that category, what action is being taken, and the duration of that action. The complainant should also be informed that they can challenge the decision if they disagree with it - e.g. by writing to the Chief Executive or regulator, or the local authority we contract with.

Where a complainant's complaint is closed and s/he persists in communicating about it, the senior manager may decide to terminate contact with that complainant as mentioned above.

Any new complaints from people who come under this policy should be treated on their individual merits.

Guidance on unacceptable behaviour

When the organisation considers that a complainant's behaviour is unacceptable, it should tell him/her why and ask him to change it. If the unacceptable behaviour continues, the organisation should take action to restrict the complaints contact with its offices.

In all cases, the organisation should write to tell the complainant why it believes his/her behaviour is unacceptable, what action is being taken, and the duration of that action. The complainant should also be told how to challenge the decision if s/he disagrees. Access can be restricted in the same way as for unreasonably persistent complaints above. The same applies to terminating contact.