

COMPLAINTS POLICY & PROCEDURE

1.0 INTRODUCTION

- 1.1 All service users, relatives, or other representatives/advocates have the right to raise concerns or complaints about the services which they have received from DRH and to receive a reply from the Chief Executive.
- 1.2 The purpose of the complaints procedure is to ensure that this happens.
- 1.3 If a service user or advocate raises a complaint or a concern directly with staff, every effort should be made at the time to resolve the issue to the satisfaction of the complainant. If this is not possible the complainant should write to the Chief Executive of DRH to lodge their complaint.

2.0 COMPLAINTS SYSTEM

- 2.1 All complaints must be dealt with sympathetically and promptly. The aim is to ensure:-
 - ❖ A simple, well published procedure for complaints
 - ❖ Service users who wish to make a complaint receive all reasonable assistance from their support staff
 - ❖ Ease of access to the complaints procedure for complainants.
 - ❖ That complaints are handled speedily and with openness.
 - ❖ Fairness for staff and complainants alike.
 - ❖ Honest, thorough approach and the satisfaction of the complainant.
 - ❖ Right to confidentiality is respected.

- ❖ The investigation is carried out and completed within 15 working days. A reply will be given by the Chief Executive within 20 working days.
- ❖ That lessons are learnt from complaints to improve the service to Service Users by DRH.

2.2 There are a variety of mechanisms, which exist for Service Users to pursue their complaints if they feel that they have not been satisfactorily resolved by DRH.

- Commission for Social Care Inspection or Healthcare Commission
- Supporting People Teams
- Placement purchaser (usually an NHS body or Local Authority.)

2.3 The Chief Executive will:-

- Take appropriate action following the outcome of the investigation of a complaint.
- Maintain a register of complaints and provide a report to the Board on a quarterly basis.
- Reply to all written complaints.
- Inform staff, who are referred to in a letter, of the complaint as they have a right to offer an explanation to the complaint made against them.
- Ensure that correct information on how to make a complaint is available to all Service Users and staff, and that information leaflets refer to the method by which complaints can be made including methods by which assistance and support can be obtained.
- Notify the appropriate inspection body (Form 37 Report)
- Notify the appropriate purchasing authority.

3. COMPLAINTS RAISED ON BEHALF OF SERVICE USERS

3.1 By Staff

Occasionally a member of staff may find it necessary to make a complaint on behalf of a service user. The complaint should be seen as making a positive contribution to the running of the service, as services, which are open and self-critical, offer the best protection for service users and staff. It is generally best to voice concern rather than remain silent, or other similar problems may occur.

All complaints will be dealt with in an impartial way and the member of staff will suffer no recriminations following such complaints. If a member of staff feels the quality of service has fallen substantially short of what can reasonably be expected, he/she should immediately inform the person to

whom they are accountable. If the member of staff feels unable to do so for any reason he/she should approach the Liaison Officer, the Deputy Chief Executive or the Chief Executive. The member of staff should feel free to involve his/her professional organisation.

It may be necessary to ask the member of staff making the complaint to substantiate it in writing. It may not always be possible for the complaint to be kept in complete confidence but support against any victimisation will be given.

The outcome of the investigation will always be made known to the complainant.

3.2 By Service Users' Relatives, Friends, Advocates

Concerns raised by Service Users' relatives, friends or advocates should be investigated as if the Service User had made them.

It is important to safeguard the interests of the Service User who may not wish a third party to complain on their behalf. The manager investigating the complaint should therefore take all reasonable steps to ensure that the Service User is aware of any complaint submitted by a third party that the allegations are correct and that the Service User wishes the investigation to proceed.

4. VERBAL COMPLAINTS

4.1 Complaints are most likely to be raised initially with staff working in the homes or with Liaison Officers. Most verbal complaints should be resolved on the spot or within two working days.

4.2 Complaints made to care staff should be dealt with in a sympathetic and understanding way. The person receiving the complaint should respond by:- (see Appendix 1)

- Listening to what the complainant wants
- Acknowledging the complainant's feelings/point of view
- Taking appropriate actions or investigating the issues raised
- Offering an apology and/or explanation as appropriate.

4.3 Raise a separate complaints file for all complaints and note the actions taken. This is an important safeguard for staff if the complaint is taken further

4.4 All serious complaints should be immediately notified to the Chief Executive.

- 4.5 Staff should encourage complainants to write formally to the Chief Executive of DRH, when the complaint has not been satisfactorily resolved.
- 4.6 If the Complainant is unwilling or unable to make a written complaint, but wishes the matter to be pursued, the member of staff dealing with the complaint should arrange for a record of the complaint to be made and to request the complainant to sign it. Even if the complainant is unwilling to sign the statement the complaint should be notified to DRH Chief Executive for investigation.

5. WRITTEN COMPLAINTS

- 5.1 A written acknowledgement must be sent to the complainant by the receiving member of staff within 2 working days of receipt with an indication as to when a full reply is likely to be sent. A full investigation and resolution of all types of complaint will normally be completed within 20 working days.
- 5.3 Following receipt of a written complaint by DRH Chief Executive a full investigation will be made.
- 5.4 Where members of staff are the subject of complaint the person investigating the complaint should give the member of staff the opportunity of reading the letter and if necessary having a copy of the letter. Staff may wish to seek the advice of their professional organisation before responding.
- 5.5 There may be occasions where it would be appropriate for the Chief Executive to suggest a meeting with the complainant to discuss and seek a resolution of the complaint.
- 5.6 The written reply will be sympathetic in tone avoiding the use of technical terms and will address all issues raised by the complainant explaining the reasons why action was taken or was not appropriate.
- 5.6 Replies to complaints will be signed by the Chief Executive and sent within 20 days of receipt of the formal complaint. Where these targets are not being met, it is important for the complainant to be informed of the delay and the reasons for it, as well as the likely revised timetable for dealing with the complaint.

8. MONITORING OF COMPLAINTS

- 8.1 DRH will endeavour to learn from any complaints in order to ensure improvements in the service quality.

All written complaints and a record of any verbal complaints will be sent to the Chief Executive DRH who will keep a register of complaints received.

A report will be submitted to DRH Board giving a synopsis of complaints received and the actions taken. The report will highlight trends, major problem areas and principal remedial action taken as a result of complaints or recommendations for further action.

GUIDELINES FOR INVESTIGATION OF COMPLAINTS

1. Investigating Minor Complaints

It should be possible in most cases to resolve complaints about Service Users' care simply and directly by talking to the complainant. It is possible for the complaint to have arisen from a misunderstanding, or misperception of a situation.

1.1 In talking to the complainant, the member of staff should:

- **Listen:** Sympathy, understanding and attention may go a long way to resolving the problem.
- **Explain:** Make no assumptions of the complainant's knowledge
- **Inform:** Give clear, concise information about the situation and any action that might be taken.

1.2 If the complainant is satisfied at this stage, no further action need be taken. The complaint should be recorded on the complaints monitoring form.

1.3 If the complainant remains dissatisfied, the member of staff, line manager and the complainant should jointly review the Complaints Procedure and determine the best way forward.

2. Investigating Serious Complaints

2.1 Serious complaints may involve:-

- Alleged physical or emotional abuse of a resident
- Breaches of the Mental Health Act
- A breach of the law and potential criminal prosecution
- Conduct which would necessitate disciplinary action

2.2 The Chief Executive (or Deputy) must be immediately informed of all such complaints by the senior member of staff on duty at the time. The Chief Executive (or Deputy) will notify the relevant inspection body and/or purchaser when appropriate.

Remember to check **The Reporting and Investigation of Critical Incidents Procedure** as more than likely a serious complaint will constitute a critical incident and these guidelines need to be followed.

This information can be found in the General Policy Book, Policy No.1 Adverse Incident Reporting Procedure. See Appendix 2, page 13 – Critical Incident Reporting.

3. Initial Actions

- 3.1 The Chief Executive or Deputy together with the Home Manager for the Home involved in the complaint, must ensure that the following decisions are made and the appropriate actions are carried out
- 3.2 In any incident where abuse is suspected, the local Vulnerable Adults Policy will be initiated.
- 3.3 If the need for medical examination of a Service User is deemed necessary, this should be carried out as soon as possible after the incident. The examining Doctor will submit a written report to the nominated investigating person with a copy to the resident's file.
- 3.4 In certain circumstances it might be appropriate to suspend a member of staff from duty if their continued presence might impede the investigation or put the Service User at potential risk.
- 3.5 A written statement giving details of the complaint will be taken, if not already obtained. This will be agreed with the complainant, signed and dated.
- 3.6 The complainant will be kept informed of actions taken with regard to his/her complaint.
- 3.7 The complainant must be made aware that the identified member(s) of staff will be informed of the complaint.
- 3.8 If a formal enquiry or police investigation is to take place, the complainant will be advised that he/she may be asked to give evidence.
- 3.9 The complainant must be made aware of possible unpleasant reactions that may occur following a complaint, and be assured of support in the event of any harassment.
- 3.10 In consultation with the Chief Executive the manager will inform the staff of the complaint against them. Any staff implicated will be informed of their rights to consult and be represented by their Trade Union or Professional Association in any discussions or investigation of the complaint. A clear statement will be given about the expected timescale of any investigation.

4. Organising an Investigation

- 4.1 The Chief Executive will examine the evidence relating to any serious

complaint. He will make a decision on how the investigation should be carried out. The following options are available:

- Internal investigation by a nominated manager or by an inquiry panel
- External investigation by a relevant expert
- By the Police and Social Services in cases of abuse or a breach of Section 126-129 of the Mental Health Act or complaints of any other criminal offence.

4.2 In most cases the Chief Executive will decide on an internal investigation. He will nominate a manager with support from other staff to investigate the complaint, giving that person clear written Terms of Reference, explaining the extent and scope of the investigation.

4.3 Once the mechanism has been identified, the Investigating Manager will meet with relevant staff to:-

- Identify all the staff and Service Users who are, or might be involved in the complaint.
- Decide whether it is appropriate to interview Service Users involved in any allegations. Service Users being interviewed should be given the opportunity to have a relative or representative present during the interview. When Service Users are to be interviewed, consideration should be given to the informing of that resident's General Practitioner.
- Agree how the inquiry is to be recorded, and how the people involved are to be kept informed of the investigation's progress and conclusion.
- Draw up a timetable for the investigation and decide who will be responsible for acting upon the outcome of the investigation.
- Decide who will be responsible for instigating any disciplinary action that may result from the investigation. In the interest of fairness and objectivity, this will not be the nominated investigating person (the investigator).

5. Investigating the Complaint

5.1 The Investigator should make any necessary preliminary enquiries. He/she may need to examine various documentation, talk to staff and request staff to make written statements as appropriate. Statements should be factual and not contain opinions or hearsay. They should concentrate on the **when, where, what** and **how** of the complaint.

5.2 The investigator will normally visit the place where the alleged incident or incidents took place, and ask those involved to explain what happened in context.

5.3 The investigator will bear in mind that it is not his or her function to prove or disprove the complaint, but simply to obtain a clear factual picture of the incident.

- 5.4 The investigator will be responsible for checking statements for inaccuracies, omissions, conflicts of evidence and hearsay evidence. Contradictory or seemingly inaccurate statements should not be altered, but where necessary the investigator should follow up his/her initial enquiries with further questions, probing ambiguous statements to achieve clarity.
- 5.5 On completion of the investigation, the investigator will summarise the evidence in a written report. Factual evidence to support statements will be sought. Any statements or evidence in the form of documentation will be attached as appendices.
- 5.6 The report will be handed to the Chief Executive for consideration and action..

6. Acting on the Complaint

- 6.1 The Chief Executive will consider the report of the inquiry and will decide whether to take action under DRH Disciplinary Procedure. The complainant and any staff subject of the allegations will be informed of their decision.

7. Evaluation

- 7.1 Once the complaint has been resolved and any disciplinary procedures have been concluded, a formal review of the incident involving appropriate personnel will be held. The purpose of such a review will help to avoid a reoccurrence in the future and evaluate the way the complaint was dealt with.

8. Rights of staff

- 8.1 Staff who make complaints will be told the outcome of their complaint. If they are unhappy with the outcome, they will be able to refer to the Grievance Procedure.
- 8.2 Staff will be informed of their right to be represented by a Trade Union or Professional Association during the investigation and any potential disciplinary action.

9. Service Users and relatives

- 9.1 DRH Chief Executive will decide how the Service Users and relatives involved in a complaint should be kept informed.