



Complaints Policy  
Revised March 2013



# Complaints

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Care home name: Wellbeing Residential Group

## Policy Statement

Wellbeing Residential believes that if a service user wishes to make a complaint or register a concern they should find it easy to do so. It is the home's policy to welcome complaints and look upon them as an opportunity to learn, adapt, improve and provide better services. This policy is intended to ensure that complaints are dealt with properly and that all complaints or comments by service users and their relatives and carers are taken seriously.

The policy is not designed to apportion blame, to consider the possibility of negligence or to provide compensation. It is not part of the home's disciplinary policy.

Wellbeing Residential believes that failure to listen to or acknowledge complaints will lead to an aggravation of problems, service user dissatisfaction and possible litigation. The home supports the concept that most complaints, if dealt with early, openly and honestly, can be sorted at a local level between just the complainant and the home. If this fails due to either the home or the complainant being dissatisfied with the result the complaint will be referred to the Care Quality Commission and legal advice will be taken as per necessary.

Wellbeing Residential adheres fully to adhere to the new outcomes Essential Standards of Quality and Safety which consists of 28 regulations and its associated outcomes. There are set out by the Health and Social Corporation Act 2008 for regulated activities.

The aim of Wellbeing Residential is to ensure that its complaints procedure is properly and effectively implemented and that service users feel confident that their complaints and worries are listened to and acted upon promptly and fairly.

## Goals

The goals of Wellbeing Residential are to ensure the following.

1. Service users, their representatives and carers are aware of how to complain and that the home provides easy to use opportunities for them to register their complaints.
2. A named person will be responsible for the administration of the procedure.
3. Every written complaint is acknowledged within five working days.
4. Investigations into written complaints are held within 28 days.
5. All complaints are responded to in writing by the home.
6. 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 users.

The named complaints manager with responsibility for following through complaints for the home is: **the manager and senior team.**

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Wellbeing Residential believes that, wherever possible, complaints are best dealt with on a local level between the complainant and the home. If either of the parties is not satisfied by a local process the case should be referred to the Care Quality Commission.

## Oral Complaints

1. All oral complaints, no matter how seemingly unimportant, should be taken seriously.
2. Front-line care staff who receive an oral complaint should seek to solve the problem immediately.
3. If staff cannot solve the problem immediately they should offer to get the home manager to deal with the problem.
4. All contact with the complainant should be polite, courteous and sympathetic. There is nothing to be gained by staff adopting a defensive or aggressive attitude.
5. At all times staff should remain calm and respectful.
6. Staff should not accept blame, make excuses or blame other staff.
7. If the complaint is being made on behalf of the service user by an advocate it must first 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. If in doubt it should be assumed that the service user's explicit permission is needed prior to discussing the complaint with the advocate.
8. After talking the problem through, the home manager or the member of staff dealing with the complaint should suggest a course of action to resolve the complaint. If this course of action is acceptable then the member of staff should clarify the agreement with the complainant and agree a way in which the results of the complaint will be communicated to the complainant (ie through another meeting or by letter).
9. If the suggested plan of action is not acceptable to the complainant then the member of staff or home manager should ask the complainant to put their complaint in writing to the home and give them a copy of the home's complaints procedure.
10. In both cases details of the complaints should be recorded in the complaints book.

## Written Complaints

### Preliminary steps

1. When a complaint is received in writing it should be passed on to the named complaints manager who should record it in the complaints process and send an acknowledgment letter within five working days. The complaints manager will be the named person who deals with the complaint through the process.
2. 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, preferably in writing, must be obtained from the complainant.
3. Information detailing the home's procedure should be forwarded to the complainant.
4. If the complaint raises potentially serious matters, advice should be sought from a legal advisor to the home. If legal action is taken at this stage any investigation by the home under the complaints procedure should cease immediately.

5. If the complainant is not prepared to have the investigation conducted by the home he or she should be advised to contact the Care Quality Commission and be given the relevant contact details.

## **Investigation of the complaint by the home**

1. Immediately on receipt of the complaint the home should launch an investigation and within 28 days the home 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.
2. If the issues are too complex to complete the investigation within 28 days, the complainant should be informed of any delays.

## **Meeting**

1. 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.
2. 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).
3. Such a meeting gives the home the opportunity to show the complainant that the matter has been taken seriously and has been thoroughly investigated.

## **Follow-up action**

1. After the meeting, or if the complainant does not want a meeting, a written account of the investigation should be sent to the complainant. This should include details of how to approach the Care Quality Commission if the complainant is not satisfied with the outcome.
2. The outcomes of the investigation and the meeting should be recorded in the complaints book and any shortcomings in home procedures should be identified and acted upon.
3. The home should discuss complaints and their outcome at a formal business meeting and the home's complaints procedure should be audited by the home manager every six months.

## **Training**

The Registered Manager is responsible for organising and co-ordinating training.

All of the Wellbeing Residential staff should be trained in dealing with and responding to complaints. Complaints policy training should be included in the induction training for all new staff and in-house training sessions on handling complaints should be conducted at least annually and all relevant staff should attend.

## Contacts

*If as a Resident, relative or visitor, you feel that there is cause for complaint, you should first discuss the matter with the person in charge. If the matter is in your opinion, a serious one, or if you remain dissatisfied, you can record the complaint in the Complaints Register, which is available from the person in charge. A full investigation will be made into the complaint, and you will be advised of the outcome within 28 days after the date the complaint is made.*

*If after this investigation, you are still not satisfied, or if you feel that the complaint is of a serious nature and you wish to speak to a registration officer first, then you should contact the Care Quality Commission.*

Care Quality Commission  
National Correspondence  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

Telephone: 03000 616161

*Visit your local Community Access Point*

*Call the Customer Service Centre on 01522 782060*

*Complete the 'Tell Us What You Think' form at the back of the 'Compliments, Comments & Complaints' leaflet*

*Put the details in writing making sure you include your name and full postal address and send to Lincolnshire County Council, Corporate Feedback, PO BOX 841, Lincoln, LN1 1ZE.*

*Complete the on line feedback form  
at [www.lincolnshire.gov.uk/feedbackform](http://www.lincolnshire.gov.uk/feedbackform)*

*Fax the details of your complaint to 01522 516137*

Signed:

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Date:

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Policy review date:

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