

Issue date	June 21
Version number	Version 7
Review due	June 22

Summary	This policy highlights how complaints can be investigated in a service to support its continual development.		
Relevant legislation	<ul style="list-style-type: none"> <li>• Compensations Act 2006</li> <li>• The Care Act 2014</li> <li>• The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</li> <li>• Human Rights Act 1998</li> <li>• The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009</li> <li>• Mental Capacity Act 2005</li> <li>• Mental Capacity Act Code of Practice</li> <li>• Data Protection Act 2018</li> </ul>		
This policy supports the embedding of the Persona Values	<b>Adaptable</b>	<b>Caring</b>	<b>Honest</b>

**Purpose**

To ensure that Persona has an effective system in place to manage complaints To support Persona in meeting the following Key Lines of Enquiry:

Key Questions	Key line of enquiry
CARING	C2: How does the service support people to express their views and be actively involved in making decisions about their care, support and treatment as far as possible?
RESPONSIVE	R2: How are people's concerns and complaints listened and responded to and used to improve the quality of care?
SAFE	S1: How do systems, processes and practices keep people safe and safeguarded from abuse?

To meet the legal requirements of the regulated activities that the service is registered to provide:

- Compensations Act 2006
- The Care Act 2014
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Human Rights Act 1998
- The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009
- Mental Capacity Act 2005
- Mental Capacity Act Code of Practice

- Data Protection Act 2018
- The Manual Handling Operations Regulations 1992

### **Scope**

The following roles may be affected by this policy:

- All staff

The following Customers may be affected by this policy:

- Customers

The following stakeholders may be affected by this policy:

- All stakeholders, members of the public

### **Objectives**

- To improve the quality of the Customer's experience.
- To ensure that all complaints and suggestions are promptly addressed, resolved and shared within the agreed timescales to ensure that lessons are learned and that the learning improves service quality and delivery.

### **Policy**

We value customer's feedback and every concern or complaint (defined as an expression of dissatisfaction or poor experience about the actions, decisions or apparent failing of any service provided) are seen as an opportunity to improve the quality of our care and services and for this reason we have made our complaints procedure as easy to follow as possible.

Persona takes complaints seriously. We will aim to put things right that have gone wrong and learn lessons to avoid the problem happening again. This policy sets out the framework for how Persona will achieve this. The detail of how Persona will do this will be found in the associated procedures

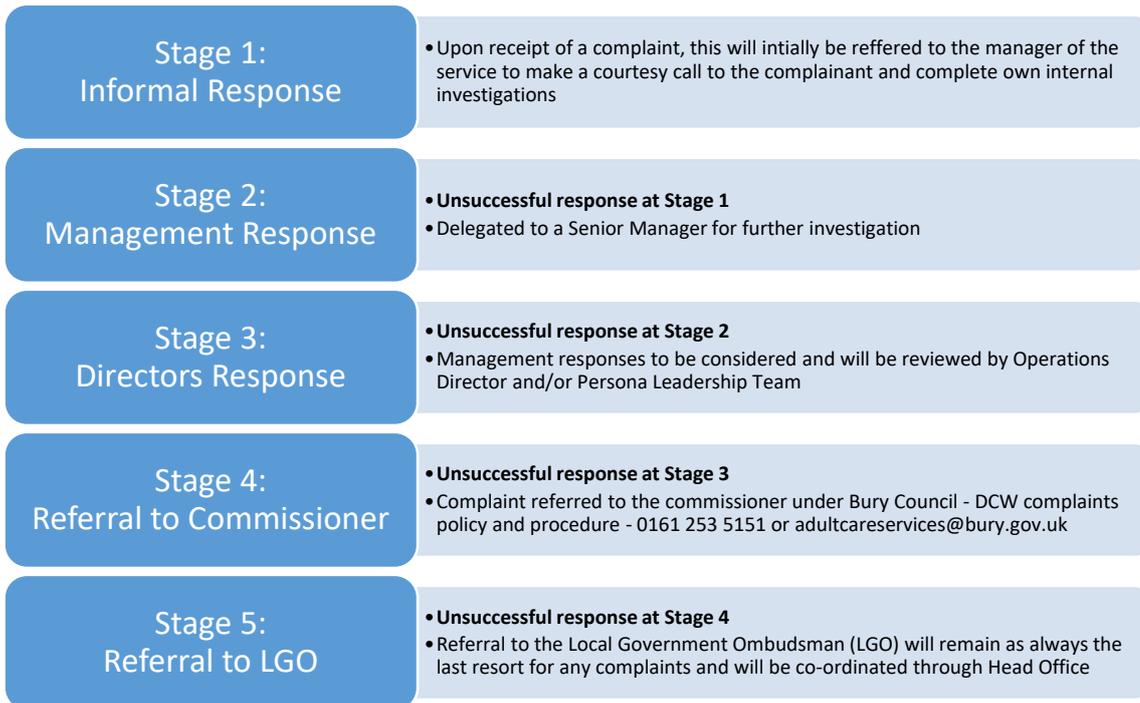
Persona will comply with legislation, national guidelines, regulation and best practice when managing complaints and suggestions. A systematic approach will be taken with all aspects of complaints and suggestions

Complaints or concerns by staff will be addressed via the grievance process if the complaint or concerns relates to them individually or the Whistleblowing procedure where a protected disclosure is made

Persona understands our statutory obligations in respect of the Duty of Candour and will ensure we follow the agreed policy and procedure

### **Procedure**

As part of the Persona Complaint Policy and Procedures, there are 5 stages to our approach to dealing with and responding to complaints received.



## **Stage 1 – Informal Complaint – sorting out your complaint quickly**

The first step is to speak to a member of the team or the Manager responsible for providing the service you want to complain about. Many concerns/complaints can be dealt with satisfactorily by members of staff without the need to resort to formal complaints and we value the opportunity to have informal meetings and discussions. There is no suggested time-scale for resolution at this stage given the importance of dialogue through informal discussion although it would be expected that most issues would be resolved within 10 working days.

Should the discussions (face to face or over the telephone) appear unlikely to resolve matters, either party may initiate a move to Stage 2 of the complaints procedure.

A copy of the complaints procedure may be requested at any stage of the process.

The contact details for all our services are available on our website: [www.personasupport.org](http://www.personasupport.org)

## **Stage 2 - Formal Complaint**

If we have been unable to resolve your complaint informally (or we believe it is necessary) then you can make a formal complaint in the following ways:

Write: The Compliance Manager, Persona Care and Support Limited,  
Head Office, Grundy Day Centre, Wellington Road, Bury BL9 9AH  
Tel: 0161 253 6000  
E-mail: [info@personasupport.org](mailto:info@personasupport.org)  
Online: [www.personasupport.org/quality/telluswhatyouthink](http://www.personasupport.org/quality/telluswhatyouthink)

All complaints are dealt with in the strictest confidence and any information is stored in accordance with the Data Protection Act 1988 and General Data Protection Regulations (GDPR) Compliance.

A complaint may be made by a representative, acting on behalf of a person who has died, or is unable to make the complaint themselves because of:

- Physical incapacity
- Lack of capacity within the meaning of the Mental Capacity Act 2005
- Has requested that a representative act on their behalf

Appropriate written consent must be provided in these instances. A complaint by a representative will not be considered if the organisation is satisfied that the representative is not acting in the best interests of the person on whose behalf the complaint is being made. If this occurs, the organisation will inform the representative of the reason for this decision in writing.

If formal consent is required we will be unable to send the response to your complaint until it has been received. We will always write to you to advise the complaint will be closed and give a timescale if written consent is not provided.

Complaints at this stage will be investigated by a Senior Manager who was not directly involved in the reason for the complaint.

You will receive an acknowledgement in writing to your complaint within 3 working days and we will advise you of the person responsible for investigating your complaint.

We will endeavour to resolve and respond to complaints within 20 working days (or sooner where possible/practical), however, in some instances this may take longer if we have to involve other health care professionals/organisations or we are awaiting appropriate consent etc. but we will keep the complainant informed of the progress of the complaint and we aim to have all complaint investigations concluded and responded to within 6 months (as per the guidelines set out by the Local Government Ombudsman (LGO)).

If a complaint involves more than one provider/commissioner of services etc. there is a duty on local authorities to provide a single response. Every provider must work together to achieve this and to agree who should take the lead in:

- Co-ordinating the handling of the complaint
- Communicating with the complainant
- Providing information that is reasonably requested
- Attending any meeting reasonably required

Sometimes the service provider will take this lead and on other occasions it may be more appropriate for the local authority to lead. The complainant will be informed as soon as practically possible who the lead will be.

### **Complaints which involve Safeguarding Adults**

There are occasions when a complaint may highlight a possible safeguarding issue. Persona Care & Support Limited has a zero tolerance approach towards the abuse of Adults and as such any safeguarding concerns which become apparent through the complaints procedure will be processed through the safeguarding procedure. These instances will be recorded as a complaint, but will then be referred for investigation under Safeguarding Adults Procedure. If the Safeguarding Adults Procedure is activated then

this takes priority and action in relation to the complaint will cease until the Safeguarding procedure is complete. Persona Care and Support will inform the complainant in writing in this event.

### **Stage 3 – Directors Response**

If we have been unable to resolve your complaint at stages 1 and 2 the Management responses will be considered and will be reviewed by a Director and/or Persona Leadership Team (PLT) and a response will be given within 20 working days of receipt of the escalated complaint (or sooner where possible/practical), however, in some instances this may take longer, but we will keep the complainant informed of the progress of the complaint if this happens.

### **Referral to Commissioner**

If we have been unable to resolve your complaint at stages 1, 2 and 3 and if you have been placed by the Local Authority (LA) this is the next formal stage of the complaints procedure, if not placed by the LA (if you are self-funded) your complaint would go straight to stage 5 Local Government Ombudsman (LGO).

You can refer your complaint to the commissioner under the Bury Council DCW (Department for Communities & Wellbeing) complaints policy and procedure.

Write: Bury Council – Department for communities & Wellbeing  
Customer Complaints Co-ordinator  
3 Knowsley Place, Duke Street, Bury, BL9 0SW

Tel: 0161 253 5151

Email: [adultcareservices@bury.gov.uk](mailto:adultcareservices@bury.gov.uk)

Online: [www.bury.gov.uk](http://www.bury.gov.uk)

### **Local Government Ombudsman (LGO)**

If we have been unable to resolve your complaint at stages 1, 2, 3 and 4 you can refer your complaint to the Local Government Ombudsman (LGO). The LGO will not usually investigate a complaint until the provider has had an opportunity to respond and resolve the matter. The LGO have legal powers to decide whether or not to review a complaint. The LGO provides a free, independent service.

Responses to complaints received by the LGO are co-ordinated in partnership with the Compliance Manager and Persona Leadership Team.

Actions by the Local Government Ombudsman (LGO):

- The LGO will conduct an inquiry and ask the Organisation to provide a brief

background to the case, for information about the Organisation's knowledge and approach to the complaint and any planned actions.

- Following the Organisation's response the LGO will decide whether or not to investigate further.
- If the LGO decides to investigate, they will advise all parties.
- The LGO may visit the Organisation to view the records and interview staff where appropriate.
- The LGO will follow a laid down procedure of formal investigation, produce a report and conclusions, against which there is no right of appeal.

The LGO Advice Team can be contacted for information and advice, or to register your complaint:

Write:                   The Local Government Ombudsman  
PO Box 4771, Coventry, CV4 0EH

Tel:                     0300 061 0614

Online:                [www.lgo.org.uk/adult-social-care/](http://www.lgo.org.uk/adult-social-care/) (there are links to an enquiry form and a complaint form on this page)

The LGO service is registered with and regulated by the Care Quality Commission (CQC). The CQC cannot get involved in individual complaints about providers, but is happy to receive information about services at any time.

You can contact the CQC at:

Write:                Care Quality Commission National Correspondence  
City Gate, Gallowgate, Newcastle upon Tyne, NE1 4PA

Tel:                     03000 61 61 61

Online:                [www.cqc.org.uk](http://www.cqc.org.uk)

### **Anonymous complaints**

Anonymous complaints will be considered in accordance with this policy, except that acknowledgements and responses from the provider to the complainant will not be possible. However, lessons learned and actions for improvement can still be used from the contents and outcomes of these complaints.

### **Exclusions from the Complaints procedure**

On receipt of a complaint and in cases where legal action is being taken or the police are involved, the Government expects discussions to take place with the relevant authority (for example, legal advisors, 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 will be advised of this fact.

Where the complaint involves a member of staff, the Head of People and Communications must be notified and the relevant workforce policies and procedures will be followed.

## **Persistent and unreasonable complainants**

Despite best efforts to resolve a complaint, people who make complaints can sometimes become aggressive or unreasonable. Unreasonable and unreasonably persistent complainants may have justified complaints or grievances but be pursuing them in inappropriate ways, or they may be intent on pursuing complaints which appear to have no substance or which have already been investigated.

We will not tolerate deceitful, abusive, offensive, threatening or other forms of unacceptable behaviour from complainants. When it occurs, we will take proportionate action to protect the wellbeing of our staff and the integrity of our processes.

## **Complaints relating to regulatory standards– Care Quality Commission (CQC)**

Where appropriate the CQC can use their powers of inspection to undertake enquiries to enable them to make a judgement as to whether a provider is complying with the Government's standards of quality and safety. They have no statutory powers to investigate complaints.

Their guidance has 4 main points:

- A. The responsibility for handling concerns and complaints about services rests with the service provider*
- B. The commission will consider the fitness of the provider's own procedures for handling concerns and complaints*
- C. Other procedures may provide a better route for resolving particular kinds of complaint (e.g. the funding authority's complaints procedure)*
- D. Safeguarding issues are the responsibility of local authority co-ordinated protection services*

## **Advocates**

There is no statutory duty to provide an advocacy service to complainants. The Organisation will however, where appropriate, facilitate the provision of independent advocacy services and make a referral to such services on behalf of complainants.

With respect to complainants who lack mental capacity (reference Mental Capacity Act 2005); the Organisation can offer an Independent Mental Capacity Assessor (IMCA). The IMCA service is an independent service whereby an Advocate will provide one to one support for the person lacking capacity, just as a friend or relative would. IMCA services are provided by Organisation's who are independent from the Persona Care and Support Limited.

## **Monitoring of Complaints**

Persona Care & Support Ltd will record and monitor all complaints received on a complaints log (individual logs held on site within the service/s) and a central log recorded at Head Office for review/reports information.

## **Review of Complaints**

Persona Care & Support Ltd is responsible for reviewing the complaints and analysing the contents in order to provide service improvements in regard to quality assurance, policies and procedures, staff training etc. and feedback shared anonymously through Persona's Quality Assurance Committee.

## **Annual Reports**

Persona Care & Support Ltd will prepare an annual report each year in which it will:

- Specify the number of complaints received
- Specify the number of complaints that the provider decided were well-founded, partly founded, fully founded or unfounded
- Specify the number of complaints that the provider has been informed have been referred to other bodies
- Summarise subject matter of complaints received (themes and patterns not specific information)
- Summarise any matters of importance in those complaints themselves or in the way that the complaints were handled
- Summarise any matters where action has been or is to be taken to improve services as a consequence of those complaints

The Annual Report will be reviewed and published as follows:

- Reviewed by the Persona Leadership Team
- Reviewed by the Board
- Published on the Persona website
- Shared with the commissioner
- Shared with Stakeholder Forum

## **Definitions**

### Compliment

- A compliment is an expression of satisfaction about a service the Customer has received
- Compliments are positive feedback that can be received verbally or in writing and can include expressions of praise, admiration, congratulation and encouragement

### Complaint

A complaint is an expression of dissatisfaction, disappointment or discontent. This could be in response to an act of omission, decision or act

Complaints can be made in various ways and include:

- Verbally
- Electronically
- Local feedback channels
- Writing

### Key Facts – Professionals

- Receipt of complaints, suggestions and compliments is everyone's responsibility and therefore you will know what to say and how to respond. You need to be able to promote an open, honest and transparent service to encourage people to feel able to feedback and raise concerns
- You will be involved in quality improvement planning in response to themes from

both compliments and complaints received by the service. Compliments will be recognised and celebrated and staff will be supported during any complaints investigations

- Any feedback received from Customers or their representatives can influence positive change and quality delivery of care and must be discussed with your manager

People affected by this service should be aware of the following:

- You have the right to feel confident to raise a concern, make a suggestion or give a compliment
- The process for you to raise a concern, make a suggestion or give a compliment will be simple and you will feel listened to and understood
- Your concerns, suggestions and compliments will make a positive difference to future care at Persona

### Further Reading

- As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

LGO Resources for Letter Templates, etc.:

- <https://www.lgo.org.uk/information-centre/news/2018/jul/adult-social-care-guides-launched-to-help-providers-deal-with-complaints-better>

Parliamentary and Health Service Ombudsman - Principles of Good Complaint Handling:

<https://www.ombudsman.org.uk/about-us/our-principles/principles-good-complaint-handling> **Care Quality Commission - Complaints Matter Report 2014:**  
[https://www.cqc.org.uk/sites/default/files/20141208\\_complaints\\_matter\\_report.pdf](https://www.cqc.org.uk/sites/default/files/20141208_complaints_matter_report.pdf)

Local Government and Social Care Ombudsman (2019) - Caring about complaints: lessons from our independent care provider investigations:

<https://www.lgo.org.uk/information-centre/news/2019/mar/ombudsman-issues-good-practice-guide-for-care-providers>

To be 'outstanding' in this policy area you could provide evidence that:

- There is evidence of annual reporting as a means of commitment to transparency and quality. Prepare and publish an annual report detailing numbers of complaints, compliments and suggestions and actions taken as a result
- Customers are involved in the complaints handling process and future design of procedures. Their views influence future management decisions
- All complaints are logged, investigated and the outcomes are fed back to the complainant within the agreed timescales
- Trends in complaints are identified and tracked to improve service delivery
- The wide understanding of the policy is enabled by proactive use of the QCS App

Underpinning	<ul style="list-style-type: none"> <li>• Author: Health and Safety Executive, (2020), <i>Protecting lone workers - How to manage the risks of working alone (INDG73)</i></li> </ul>
--------------	---

<p>knowledge - What have we used to ensure that the policy is current:</p>	<p>version 4). [Online] Available from: <a href="https://www.hse.gov.uk/pUbns/indg73.pdf">https://www.hse.gov.uk/pUbns/indg73.pdf</a> [Accessed: 15/1/2021]</p> <ul style="list-style-type: none"> <li>• Author: Unison, (2007), <i>You are not alone - A UNISON guide to lone working in the health service</i>. [Online] Available from: <a href="http://www.unison.org.uk/content/uploads/2013/06/On-line-Catalogue164073.pdf">http://www.unison.org.uk/content/uploads/2013/06/On-line-Catalogue164073.pdf</a> [Accessed: 15/1/2021]</li> <li>• Author: First 2 Help You Ltd, (2020), <i>Lone Working in Health and Social Care</i>. [Online] Available from: <a href="https://www.first2helpyou.co.uk/2018/04/04/lone-working-health-social-care/">https://www.first2helpyou.co.uk/2018/04/04/lone-working-health-social-care/</a> [Accessed: 15/1/2021]</li> <li>• Author: HSE, (2020), <i>Nurses/care workers - Work-related violence case studies, Social workers/personal care staff</i>. [Online] Available from: <a href="https://www.hse.gov.uk/violence/hslcasestudies/westlothian.htm">https://www.hse.gov.uk/violence/hslcasestudies/westlothian.htm</a> [Accessed: 15/1/2021]</li> <li>• Author: Skills for Care, (2019), <i>Supporting staff that regularly work alone - A guide for adult social care employers</i>. [Online] Available from: <a href="https://www.skillsforcare.org.uk/Documents/Leadership-and-management/Lone-working/Supporting-staff-that-regularly-work-alone.pdf">https://www.skillsforcare.org.uk/Documents/Leadership-and-management/Lone-working/Supporting-staff-that-regularly-work-alone.pdf</a> [Accessed: 15/1/2021]</li> </ul>
<p>Suggested action:</p>	<ul style="list-style-type: none"> <li>• Encourage sharing the policy through the use of the QCS App</li> <li>• Ensure the policy is discussed in planned supervision sessions with relevant staff</li> <li>• Ensure relevant staff are aware of the content of the whole policy</li> </ul>