



Complaints Policy

Policy Statement

The Company believes that if a resident, relative or friend of a resident or any third party visitor to Hollow Oak Nursing Home (HONH) wishes to make a complaint or register a concern they should find it easy to do so.

It is the Company's policy to respond to complaints and look upon them as an opportunity to learn, adapt, improve and provide a better service. This policy is intended to ensure that complaints are dealt with properly and that all complaints or comments by residents and their relatives, friends and carers will be taken seriously.

This policy is not designed to apportion blame, to consider the possibility of negligence or to provide compensation. It is not part of the Company's disciplinary policy, although complaints involving employees which are deemed to be well founded may lead to appropriate disciplinary action being taken under the disciplinary policy.

The Company believes that failure to listen to or acknowledge complaints will lead to problems, resident dissatisfaction and further concerns. The Company 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 HONH.

The Company fully adheres to Regulation 16 – Receiving and acting on complaints which can be found in the Care Quality Commission publication 'Guidance for providers on meeting the regulations' (March 2015) This handbook can be made available on request from the Manager or a Director.

Aim of the policy

The aim of the Company is to ensure that its complaints procedure is properly and effectively implemented and that residents feel confident that their complaints and worries are listened to and acted upon promptly and fairly.

Goals

The goals of the Company are to ensure the following:-

1. Residents, their representatives and carers are aware of how to complain and that the Company provides easy to use opportunities for them to register their complaints.
2. That a named person will be responsible for the administration of the procedure.
3. Every written complaint is acknowledged within two working days.
4. Investigations into written complaints are held within 28 days.
5. All complaints are responded to in writing by the Company, detailing action to be taken as appropriate.
6. Complaints are dealt with promptly, fairly sensitively with due regard to the upset and worry that they can cause to both staff and residents.
7. All complaints will be treated in a manner that respects human rights and diversity in a fair and equal way.



Complaints Policy

8. Where a complainant may lack confidence or capacity to make a complaint, a member of staff will help them through the complaints procedure.
9. Making a complaint will not cause the complainant to be discriminated against or have any negative effect on their care, treatment or support.
10. A complainant may gain assistance from Cumbria County Council Adult Social Care or Complaints Team where this applies.

The named complaints managers to whom any complaint may be addressed are:

- Mr A J Hutchinson
- Mr P J Hutchinson
- Sue Callon

The Company believes that, wherever possible, complaints are best dealt with on a local level between the complainant and the Company. If either of the parties is not satisfied by a local process the case should be referred to the Parliamentary and Health Service Ombudsman whose details can be found on the internet at www.ombudsman.org.uk, CQC or the following

Complaints and Information Governance Team
Resources and Transformation
Cumbria County Council
Cumbria House
117 Botchergate
CARLISLE
CA1 1RD

Oral Complaints

1. Oral complaints, no matter how seemingly unimportant, should be taken seriously.
2. Front line care staff who may receive an oral complaint should seek to solve the problem immediately and must notify a complaint manager in a timely fashion that a complaint has been made.
3. If front line care staff cannot solve the problem immediately they should contact a senior member of staff for further investigation.
4. All contact with the complainant should be polite, courteous and sympathetic. There is nothing to be gained by staff adopting defensive or aggressive attitude.
5. At all times staff should remain calm and respectful.
6. If the complaint is being made on behalf of the resident by an advocate it must first be verified that the person has permission to speak for the resident, especially if confidential information is involved. It is very easy to assume that the advocate has the right or power to act for the resident when they may not. If in doubt it should be assumed that the resident's explicit permission is needed prior to discussing the complaint with the advocate.



Complaints Policy

7. After talking the problem through, the complaints manager or the senior member of staff dealing with the complaint should suggest a course of action to resolve that 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).
8. If the suggested plan of action is not acceptable to the complainant then the complaints manager or senior member of staff should ask the complainant to put their complaint in writing to The Company and give them a copy of The Company's complaints procedure.
9. 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 book and send an acknowledgement letter within two 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 resident but on the resident's behalf, then consent of the resident, preferably in writing, must be obtained from the complainant.
3. A copy of this policy should be forwarded to the complainant.
4. If the complaint raises potentially serious matters, advice should be sought from a legal advisor to the Company. If legal action is taken at this stage any investigation by the Home under the complaints procedure should cease immediately. If the complainant is not prepared to have the investigation conducted by the Company he or she should be advised to contact the Parliamentary and Health Service Ombudsman whose details can be found on the internet at www.ombudsman.org.uk.

Investigation of the complaint by the Company

1. Immediately on receipt of the complaint, the Company shall launch an investigation and within 28 days the Company should normally 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 Company the opportunity to show the complainant that the matter has been taken seriously and has been thoroughly investigated



Complaints Policy

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 Parliamentary and Health Service Ombudsman 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 Company should discuss complaints and their outcomes at a formal business meeting and the Home's complaints procedure should be audited by the Home manager every six months.

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

All of the Home's 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.

Nothing in this policy is intended to limit the freedom of a complainant to raise their concerns via the Public Interest Disclosure Policy or, in the case of employees, the grievance procedure.

This policy is intended to be read alongside the Safeguarding Policy.



Complaints Policy

Policy Approved by Phill Hutchinson/Sue Callon

Name:	
Job Title:	
Manager:	

I confirm I have received a copy of the Hollow Oak Nursing Home Ltd Complaints Policy and that I have read this and understood the contents.

I also confirm that I have sought clarification from my manager on any issues outlined in the Policy which I am not clear about.

Signed: _____

Date: _____

Please return this form duly completed and signed to your manager.