

## COMPLIMENTS AND COMPLAINTS

(O.PC.13)

### POLICY STATEMENT

This policy and procedure outlines the process, responsibilities and timescales for responding to informal and formal compliments and complaints relating to the Oaklea group.

Any complaint relating to the safeguarding of vulnerable adults and children must be dealt with under Safeguarding Adults at Risk (O.LE.01) and Safeguarding Children (O.LE.02).

The compliments and complaints procedure aims to provide:-

- An effective means for customers/learners or their representatives to comment on the quality or nature of the care and support offered by Oaklea and to suggest improvements.
- Duty of Candour – this places a duty on organisations to disclose to people using services, or family members where appropriate, when things have gone wrong and harm has arisen
- An effective resolution of complaints as quickly as possible and as close to the source of complaint as appropriate;
- A means of monitoring performance, quality and effectiveness and therefore contributing to continuous improvement.

For the purposes of this document, a customer/learner is defined as an individual who has, will be, or is currently receiving care/support/advice offered by Oaklea and/or its subsidiary R2W. This policy also applies to others such as parents/carers who have an interest in the wellbeing of the Group's customers.

For complaints from employees – please see Grievance or Whistleblowing policies.

### PROCEDURE

#### **1. Communication with new customers/learners**

- 1.1 The Regional Manager will arrange a Welcome Pack for the confirmed new customer. The Welcome Pack includes Customer Handbook, Complaints and Compliments leaflet, CQC leaflet and Customer Agreement in A4 presentation pack. Right2Work has its own welcome pack material according to the programme that the learner has enrolled on.
- 1.2 The complaints/compliments leaflet enables customers to put forward both positive suggestions and to complain if they are dissatisfied in any way with Oaklea practice and is freely available.
- 1.3 Oaklea customer welcome packs include the Care Quality Commission leaflets 'What can you expect from ....' for customers whose care and support is deemed as a regulated activity.
- 1.4 All employees must ensure that they establish effective communication with the customer and/or their chosen representative (consent should be sought from the customer prior to contacting their chosen representative) and deal immediately with any queries or misunderstandings that may arise.
- 1.5 The Team Manager should follow up 6 weeks after the start date of support to review customer satisfaction levels.

Key Policy – M1/M2/S1/S2/TR

## COMPLIMENTS AND COMPLAINTS

(O.PC.13)

### 2. Dealing with Compliments and Complaints as they arise

- 2.1 If the nature of the complaint involves the potential harm or abuse of a customer then the recipient of the complaint must contact the relevant Registered Manager as a matter of urgency and in line with Safeguarding Adults at Risk (O.LE.01). When the nature of the complaint relates to safeguarding children, the Chief Executive must be contacted as a matter of urgency and in line with Safeguarding Children (O.LE.02).
- 2.2 Many areas of concern, or misunderstandings, can be dealt with as they arise and this may be reported on an Incident Report (OS/104) rather than a complaint dependent of the circumstances. A full discussion with the complainant (and their representative) may lead to resolution. If any remedial action is to be taken, this should be explained to the complainant.
- 2.3 A note of the discussion and any action taken should be made available to the customer and recorded on Customer Support Notes.
- 2.4 If the complaint cannot be resolved or a customer's suggestion is not actioned at this stage, the procedure for making a formal compliment/complaint should be explained using the Complaints and Compliments leaflet.

### 3. Formal Compliments and Complaints Procedure

- 3.1 Compliments and complaints should be handled formally when a customer:-
  - Indicates a wish to have their compliment/complaint investigated by Senior Management;
  - Remains dissatisfied after initial discussions;
  - Indicates further action is required.
- 3.2 All **formal** compliments and complaints must be forwarded to the Comms and Admin Team who will acknowledge receipt within **48 hours** and log the complaint on the Complaints and Compliments database.

The Comms and Admin Team must inform Head of Care or Regional Manager for R2W and Children and Young People **and** notify a member of the Executive.

The Head of Care/Regional Manager for R2W and Children and Young People at this stage take on the role of investigating manager.

The investigating manager in all formal complaints cases will be the Head of Care (for adult care and support) or Regional Manager (for R2W and Children and Young People).

Where a complaint involves the investigating manager then a member of the Executive should be the investigating manager.

## COMPLIMENTS AND COMPLAINTS

(O.PC.13)

### 4. Complaints Resolution

- 4.1 The investigating manager will commence a fact-finding investigation regarding the complaint made. Other employees may be asked to assist by providing written reports or drafting responses. If there is a suggestion that a disciplinary investigation is required the investigating manager should inform the CEO who may initiate the formal disciplinary process.
- 4.2 Any employee involved in a complaint will be informed of any allegations made against them. The employee will be given the opportunity to respond and will be advised of their right to obtain advice from their professional association or Trade Union.
- 4.3 The investigation manager must forward the report and the proposed response to a member of the Executive Team for review before distribution.
- 4.4 The investigating manager will outline their findings including all recommendations and actions within 14 days of acknowledgement. The investigating manager will formally write to the customer outlining a resolution to the complaint, this will take into account the organisation's Duty of Candour. The outcome will be included on the central database. Within the response it should include details of the external regulatory agencies (see section 6).

### 5. Complaints Monitoring

- 6.1 Complaints and compliments data is reviewed quarterly as part of the Senior Management Team KPI monitoring.
- 6.2 Documents relating to complaints will be kept securely with the CATeam for a minimum of six years in accordance with the Public Records Acts 1958 and 1967. All information will be held in accordance with the Data Protection Act 2018 under GDPR regulations.
- 6.3 Compliments and complaints are reviewed quarterly at each SMT meeting by the Senior Management Team. Such a report aims to:-
  - Monitor how complaints are handled and timescales;
  - Consider any trends in compliments and complaints;
  - Consider ways to improve the care/support offered by Oaklea.

### 6. External Regulatory Agencies

If the complaint cannot be resolved using Oaklea's policy and procedure then the complainant may contact CQC, the Local Government and Social Care Ombudsman or the Local Authority funding the care:

- **Care Quality Commission** – [www.cqc.org.uk](http://www.cqc.org.uk)  
*How to complain about a health or social care service*
- **Local Government and Social Care Ombudsman** - [www.lgo.org.uk](http://www.lgo.org.uk)

Key Policy – M1/M2/S1/S2/TR

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(O.PC.13)

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### 7. Healthwatch

Local Healthwatch have been set up in every local authority area in England by the Health and Social Care Act 2012. Oaklea employees need to be aware of Healthwatch and co-operate with them accordingly.

The statutory duties of each Healthwatch include:

- i. Promoting and supporting the involvement of local people in the commissioning, provision and scrutiny of local care services.
- ii. Enabling local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved.
- iii. Obtaining the views of local people regarding their needs for, and experiences of, local care services and importantly to make these views known.
- iv. Making reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services, and shared with Healthwatch England.
- v. Providing advice and information about access to local care services so choices can be made about local care services.
- vi. Formulating views on the standard of provision and whether and how the local care services could and ought to be improved, and to share these views with Healthwatch England.
- vii. Making recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about particular issues.
- viii. Providing Healthwatch England with intelligence and insight to enable it to perform effectively.

### 8. Confidentiality

Complaints and suggestions are to be treated as confidential. See Confidentiality and Data Protection policy (O.LE.03) for further guidance.

### RELATED POLICIES

- Whistleblowing (C.HR.26)
- Safeguarding Adults at Risk (O.LE.01)
- Safeguarding Children (O.LE.02)
- Confidentiality and Data Protection (O.LE.03)
- Monitoring Quality and Safety (O.QU.02)
- Quality and Evaluation (O.QU.03)

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