

CONTROLLED DOCUMENT

N.B. Employees should be discouraged from printing this document. This is to avoid the risk of out of date printed versions of the document. The Intranet should be referred to for the current version of the document.

Managing Comments, Concerns, Complaints and Compliments Policy

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| CATEGORY: | Policy |
| CLASSIFICATION: | Corporate Governance |
| PURPOSE: | To set out the principles and framework for management of comments, concerns, complaints and compliments |
| CONTROLLED DOCUMENT NUMBER: | BC/CG/018 |
| VERSION NUMBER: | 004 |
| CONTROLLED DOCUMENT SENIOR LEADERSHIP TEAM LEAD: | Company Secretary and Head of Corporate Governance |
| CONTROLLED DOCUMENT AUTHOR: | Company Secretary and Head of Corporate Governance |
| APPROVED BY: | Board Working Group 2022 update by the Performance, Quality and Experience Committee |
| APPROVED ON: | 23 March 2021 Updates approved in November 2022 |
| IMPLEMENTED ON: | 1 August 2021 |
| REVIEW PERIOD: | Every year in line with the Housing Ombudsman’s requirement to undertake an annual self-assessment |
| REVIEW DATE: | March 2024 |
| ASSOCIATED DOCUMENTS: | Managing Comments, Concerns, Complaints and Compliments Procedure Safeguarding Policy Safeguarding Procedure Data Protection Policy |
| Essential Reading for: | All employees, Volunteers and service users |
| Information for: | Stakeholders |

Document Consultation and Review Process

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| Groups/Individuals who have overseen the development of this Policy: | Senior Leadership Team Board Working Group for Policies |
| Groups/Individuals Consulted: | Board Performance, Quality and Experience Committee Colleague Voice Customer Reference Group |

Document version control:

| Date | version | Amendments made | Amendments Approved by |
|--|---------|---|------------------------|
| 9 February 2021 | 002 | Following feedback from Trustees (PH) - <i>video call</i> added to the bulleted list in paragraph 4.6 | Board Working Group |
| 9 February 2021 | 002 | Following feedback from Trustees (PH) - <i>examples of advocacy support services/organisations</i> added to paragraph 6.14. | Board Working Group |
| 9 February 2021 | 002 | Following feedback from Trustees (PH) - consider moving appendices to body of the document | Board Working Group |
| Following review of Policy as part of the annual self-assessment against the Housing Ombudsman's Complaint Handling Code: | | | |
| 30 September 2022 | 003 | Section 3 Scope of the Policy: Para 3.1 updated to include the words in blue: This policy applies to all complaints, comments, concerns and compliments received by Brunelcare <i>and all Brunelcare customers including anyone who has applied to use or is already using our services, and members of the public if they have been affected by a decision that we have made or something that we have done or not done</i> | |
| 30 September 2022 | 003 | Section 3 - sub section Exceptions updated to include: Bullet 1 - matters that have already been fully investigated through Brunelcare's complaints procedure <i>and matters already being dealt with by the relevant Ombudsman service.</i> <ul style="list-style-type: none"> • <i>complaints in which court or tribunal proceedings are about to be issued or have been issued</i> • <i>liability, personal injury or other insurance claims</i> | |

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| | | <ul style="list-style-type: none"> • complaints relating to decisions made by Brunelcare in the allocation and management of our homes where existing case reviews or appeals processes are in place • serious staff complaint concerning the conduct, behaviour and / or decision making of a Brunelcare employee where internal disciplinary, or relevant procedures are in place • complaints from one resident about another where customers should contact the neighbourhood housing team for advice on neighbour disputes. However, if the complaint is how we are dealing with an open/ongoing ASB case, we will deal with it through the complaints process in isolation to the ongoing case <p>The following paragraphs have been added to this section:</p> <p>3.5 Also excluded from the complaints policy are “service requests” – a service request is defined as a request from a customer that requires action to be taken to put something right. It will usually be the first time we have been contacted about an issue and have not previously had the opportunity to investigate the concerns and agree what action we will take to resolve the issue.</p> <p>3.6 A complaint will be raised if a customer remains dissatisfied with the response to their service request. This will include matters where customers are not happy with a situation and are asking us to confirm the actions we will take to resolve the situation. If a customer remains dissatisfied after receiving our response, a complaint will be raised. We recognise that some customers will immediately ask for a complaint to be raised even though we have not had an opportunity to set out our position</p> <p>3.7 Where we cannot consider a complaint within our policy, we will explain why and offer advice or support to customers to try and help them resolve the issue</p> | |
| <p>30 September 2022</p> | <p>003</p> | <p>Section 4 Definitions</p> <p>Paragraph 4.6 updated to include</p> <ul style="list-style-type: none"> • using the form on Brunelcare’s webpage; • using social media (<i>Complaints received via social media platforms will be directed via private messaging to enable us to maintain our customers confidentiality and privacy</i>); <p>As ways of making a complaint</p> | |

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| | | <p>Paragraph 4.7 updated:</p> <p>A complaint will require time to undertake an investigation and requires a formal response. Examples include: complaints about the quality of service provided, the following of standard procedures and good practice, poor communication and the attitude or behaviour of a member of staff.</p> <p><i>A customer does not need to use the word complaint for a concern they have raised to be treated as such.</i></p> <p>Additional paragraph included at 4.10:</p> <p>We will accept a complaint made on a customer's behalf through an advocate, for example, from a friend, support worker, relative or MP. Where complaints are made through an advocate we will, where appropriate, need to confirm this with the customer and make a record of this agreement</p> | |
| 30 September 2022 | 003 | <p>Section 6: Raising concerns and being open</p> <p>Sub-section Accessibility and Support updated to include:</p> <p>6.9 Brunelcare is committed to making its complaints procedure as easily accessible as possible. <i>We recognise that some people may find it difficult to access our complaints process and/or explain their concerns. We will offer advice and support on submitting a complaint where required by:</i></p> <ul style="list-style-type: none"> • <i>considering all requests for reasonable adjustments under the Equality Act 2010 and will implement adjustments where it is practicable to do so.</i> • <i>sharing information in a way that meets the customers' individual need</i> <p>The following paragraph have also been added to this subsection:</p> <p>6.11 <i>We will treat complaints received through petitions in the same way as all other complaints. If it is helpful, we are happy to meet the petitioners as a group. To manage the complaint effectively we will ask the group to nominate a representative and we will work with this person to resolve the complaint. Where we provide a written response, we will make this available to all petitioners.</i></p> | |
| 30 September 2022 | 003 | <p>Section 6 previously included over 50 paragraphs that described each stage of the complaints process for ease of reading this section has been broken up into the following sections:</p> <p>Section 6 - Raising Concerns and being Open</p> <ul style="list-style-type: none"> - The gift of feedback - Complaint handling a single point of access | |

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| | | <ul style="list-style-type: none"> - Accessibility and Support Section 7 - Comments and Concerns Section 8 - Stage 1 of the Complaints Process Section 9 - Complaint Investigations Section 10 - Stage 2 of the Complaints Process Section 11 - Compliments Section 12 - Learning from Comments, Concerns, Complaints and Compliments Section 13 - Support for Staff, Serious Incidents and Media Section 14 - Abusive, Persistent or Vexatious Complaints and Complainants | |
| 30 September 2022 | 003 | <p>Section 7 Comments and Concerns</p> <p>Additional paragraph added</p> <p>7.2 All comments and concerns where a Health and Safety risk is identified will be formally recorded and immediately referred to a senior manager. The Health and Safety manager will be advised.</p> <p>Paragraph 7.6 updated to emphasise the need for customers to be advised of the need to notify customers of the role of the Ombudsman each stage</p> <p>7.8 Employees must advise individuals on how to progress their comments/concerns to the formal complaints process (stage 1), if they are not satisfied with the outcome at the end of the informal stage. Customers must be notified of how they can access the relevant Ombudsman Service at all stages of contact.</p> | |
| 30 September 2022 | 003 | <p>Section 8 - STAGE 1 OF THE COMPLAINTS PROCESS</p> <p>Paragraph 8.2, fourth bullet updated:</p> <ul style="list-style-type: none"> • the Complaints Officer will offer to discuss the matter with the complainant, and will: <ul style="list-style-type: none"> - help the person who is complaining to understand the process; - If any aspect of the complaint is unclear, the complainant will be asked for clarification and the full definition agreed between both parties. - confirm with them their preferred method of communication, the frequency of communication and what they want as an the outcome they are seeking; - provide advice of relevant advocacy and support services, for example Shelter and the Citizens Advice Bureau if they need help in making their complaint. <p>Note: there was an error in paragraph 8.3 that was identified as part of the self-assessment. Paragraph 8.3 referred to the stage 1 complaints</p> | |

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| | | <p>process being concluded within 14 working days of the complaint being logged while all other parts of the policy, procedure and complaints log refer to 10 - this has been rectified in the revised policy.</p> <p>Following wording added to 8.3 If an extension beyond 20 working days is required in order to respond to the complaint fully, this should be agreed with the complainant. Where agreement over an extension period cannot be reached, the relevant Ombudsman's contact details will be provided so the complainant can challenge the plan for responding and/or the proposed timeliness of the response.</p> | |
| <p>30 September 2022</p> | <p>003</p> | <p>Section 9 COMPLAINTS INVESTIGATIONS</p> <p>Paragraph 9.5 updated:</p> <p>Where additional complaints are raised during the investigation, these should be incorporated into the stage one response if they are relevant and the stage one response has not been issued. Where the stage one response has been issued, or it would unreasonably delay the response, the complaint should be logged as a new complaint</p> <p>additional bullets added:</p> <p>Where a report is produced this should include where appropriate:</p> <ul style="list-style-type: none"> • confirmation of the investigation stage • the complaint definition <p>Additional paragraph added:</p> <p>9.8 Within 10 working days of receiving the stage 1 outcome letter, the customer is required to notify us of their intention to progress the complaint to stage 2 for a senior manager review. We recognise that there may be occasions where a customer may require additional escalation time for example a complex complaint or requested reasonable adjustments under the Equality Act. Where appropriate, we will extend the escalation timescale in agreement with the customer.</p> <p>Additional sub-section on redress and compensation added. With additional paragraph:</p> <p>9.10 Financial compensation will be considered where we are unable to take action to redress an adverse impact on the customer caused by a service failure, or where the customer has incurred financial loss, or where we are under a statutory or contractual obligation to compensate a customer. We may seek specialist advice regarding appropriate compensation levels from solicitors or the relevant Ombudsman service. In awarding compensation, we will consider whether any statutory payments are due, if any quantifiable</p> | |

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| | | losses have been incurred, the time and trouble a resident has been put to as well as any distress and inconvenience cause | |
| 30 September 2022 | 003 | <p>Section 10: Stage 2 of the Complaints process</p> <p>Additional paragraphs added:</p> <p>10.4 Further, if all or part of the complaint is not resolved to the complainants satisfaction at stage one it must be progressed to stage two unless an exclusion ground now applies..</p> <p>10.6 Where agreement over an extension period cannot be reached, the relevant Ombudsman's contact details will be provided so the complainant can challenge the plan for responding and/or the proposed timeliness of the response</p> | |
| 30 September 2022 | 003 | <p>Section 15 - Roles and Responsibilities</p> <p>Role of the Trustee lead for Complaints added at paragraph 15.4</p> | |
| 21 June 2023 | 004 | Interim review undertaken and review date extended to March 2024 | Board - 21 June 2023 |

For the Use of the Corporate Governance Team only:

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| Date added to Register: | 13 July 2021 |
| Date Published on Boris: | 26 June 2023 (V004) |
| Does it need to be published on website: | Yes |

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1. POLICY STATEMENT

- 1.1 Brunelcare is committed to continuously improving the quality of services it provides by understanding the experiences of people accessing those services. The Board of Brunelcare recognises that in order to continue to make improvements, it is essential to encourage, value, engage with and learn from all types of feedback.
- 1.2 Brunelcare takes a proactive and person centred approach to handling comments, concerns, complaints and compliments and sees the learning from them as a genuine means of improving the experiences of its clients and tenants and the quality of its services. The Board has taken steps to ensure that issues are dealt with in a way which empowers clients and tenants to make choices about how their concerns are handled and that:
- its clients and tenants know how to raise a concern or make a complaint;
 - complainants and staff are provided with the necessary guidance and support;
 - it is easy for people to give feedback, and that the complaints process is accessible for all;
 - all comments, concerns and complaints are taken seriously and responded to promptly and appropriately;
 - all concerns and complaints are investigated thoroughly and proportionately to the seriousness of the concern or complaint;
 - all complaints are dealt with in a fair, reasonable and respectful manner;
 - every concern or complaint is seen as an opportunity to learn and improve;
 - a system for monitoring, reporting and sharing information regarding feedback and complaints, including lessons learned, is in place; and
 - the process enables clients and tenants to feel comfortable bringing matters to its attention and that they feel reassured and understood, so that whatever the outcome they feel they have made a difference.
- 1.3 Brunelcare has a learning culture that seeks to acknowledge mistakes, apologise for them and take corrective action where appropriate.

Deborah Evans

Deborah Evans
Chair

Oona Goldsworthy

Oona Goldsworthy
Chief Executive Officer

2. AIM OF THE POLICY AND RELATED LEGISLATION

2.1 This policy aims to deliver a positive outcome for those who have a concern or complaint about the services that Brunelcare provides. This policy and the related procedure sets out the steps that are in place to ensure:

- a clear, simple and easy to understand process for managing concerns and complaints which is fair and impartial, widely publicised and accessible to all;
- that the causes of complaints and lessons learned are identified and utilised to improve services and prevent recurrence;
- concerns and complaints are handled promptly and efficiently, and answered or explanations are provided quickly and within established time limits, in accordance with the Complaint Process Flowchart ([Appendix 1](#));
- that rights to confidentiality and privacy are respected; and
- individuals who may be the subject of a complaint are supported.

Legislative and Legal requirements:

[Equality Act 2010](#)

[The Housing Ombudsman Complaint Handling Code](#)

[Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014: Regulation 16](#)

[The Duty of Candour](#)

[Code of Fundraising Practice](#)

[Charities \(Protection and Social Investment\) Act 2016](#)

[Charities Act 2011](#)

3. SCOPE OF THE POLICY

3.1 This policy applies to all complaints, comments, concerns and compliments received by Brunelcare and all Brunelcare customers including anyone who has applied to use or is already using our services, and members of the public if they have been affected by a decision that we have made or something that we have done or not done

3.2 This policy must be followed by all staff employed by the Charity, including those employed on a temporary contract, agency/bank staff, students and volunteers or any other person that is acting on behalf of Brunelcare.

3.3 Brunelcare provides care and housing services that are commissioned by local authorities and NHS organisations. Under the Local Authority Social Services and National Health Service Complaints (England) Regulations

2009 complainants have the choice of making a complaint to either the provider or the commissioner of services, but not both.

Exceptions

3.4 Brunelcare will accept a complaint unless there is a valid reason not to do so. However, the Policy does not cover:

- matters that have already been fully investigated through Brunelcare's complaints procedure and matters already being dealt with by the relevant Ombudsman service;
- anonymous complaints;
- complaints about access to information where procedures and remedies are set out in legislation, e.g. Freedom of Information Act, Data Protection Act;
- a complaint made by a local authority or NHS body;
- a complaint made by an employee about any matter relating to employment;
- a complaint which is made orally and is resolved to the complainant's satisfaction no later than two working days after the complaint was made;
- a complaint which has been investigated by a commissioner of Brunelcare's services.
- complaints in which court or tribunal proceedings are about to be issued or have been issued;
- liability, personal injury or other insurance claims;
- complaints relating to decisions made by Brunelcare in the allocation and management of our homes where existing case reviews or appeals processes are in place;
- serious staff complaint concerning the conduct, behaviour and / or decision making of a Brunelcare employee where internal disciplinary, or relevant procedures are in place; or
- complaints from one resident about another where customers should contact the neighbourhood housing team for advice on neighbour disputes. However, if the complaint is how we are dealing with an open/ongoing ASB case, we will deal with it through the complaints process in isolation to the ongoing case

3.5 Also excluded from the complaints policy are "service requests" – A service request is defined as a request from a customer that requires action to be

taken to put something right. It will usually be the first time we have been contacted about an issue and have not previously had the opportunity to investigate the concerns and agree what action we will take to resolve the issue.

- 3.6 A complaint will be raised if a customer remains dissatisfied with the response to their service request. This will include matters where customers are not happy with a situation and are asking us to confirm the actions we will take to resolve the situation. If a customer remains dissatisfied after receiving our response, a complaint will be raised. We recognise that some customers will immediately ask for a complaint to be raised even though we have not had an opportunity to set out our position.
- 3.7 Where we cannot consider a complaint within our policy, we will explain why and offer advice or support to customers to try and help them resolve the issue.
- 3.8 A complaint must be made within 12 months of the date on which the matter occurred, or within 12 months of the date on which the matter came to the notice of the complainant. When a complaint is made outside the time limit, it will be for the Company Secretary & Head of Corporate Governance to decide whether or not to waive the time limit. The time limit will not apply if the complainant had good reasons for not making the complaint within the time limit, and it is still possible to investigate the complaint effectively and fairly. A decision not to extend beyond the 12-month time limit will be confirmed in writing with an explanation.

4. DEFINITIONS

- 4.1 For the purposes of this policy '*customer*' refers to clients living in our care homes, extra care housing facilities and receiving community services and their representatives; tenants living in sheltered housing accommodation or those who own a property on one of Brunelcare's sites; job applicants, contractors, suppliers and any other third party.
- 4.2 For the purposes of this policy '*colleague*' refers to anyone providing a service on behalf of Brunelcare including employees, volunteers, board members, agency workers and contractors.
- 4.3 Brunelcare recognises and records feedback activity under the following categories:
- 4.4 *Comments* may be made either verbally or in writing to any employee of Brunelcare. These may be general comments or opinions regarding services, or may be specific to a particular service or area of care. Comments may offer observations or suggestions regarding services. There

is no expectation from the person making the comment that action is required.

4.5 **Concerns** are defined as issues which may require further enquiry, advice or information in order to resolve them. These are best dealt with by the service in which the concern originated. When a concern is raised which cannot be satisfactorily resolved without an investigation, then it is to be processed as a complaint.

4.6 **A complaint** is an expression of dissatisfaction (written or verbal), about the standard of service, actions or lack of action by Brunelcare, its employees, or those acting on its behalf, affecting an individual customer or group of customers. A complaint may be clinical or non-clinical and can be made:

- in person;
- by telephone;
- using the form on Brunelcare's webpage;
- using social media (*Complaints received via social media platforms will be directed via private messaging to enable us to maintain our customers confidentiality and privacy*);
- video call; or
- in writing (by letter or e-mail).

4.7 A complaint will require time to undertake an investigation and requires a formal response. Examples include: complaints about the quality of service provided, the following of standard procedures and good practice, poor communication and the attitude or behaviour of a member of staff. A customer does not need to use the word complaint for a concern they have raised to be treated as such.

4.8 **Compliments:** Brunelcare recognises that compliments are also a valuable source of feedback. Positive feedback received regarding services can provide an opportunity to acknowledge improvements and successes, to recognise good practise and to apply this across other areas.

4.9 **Complainant:** Clients, tenants or any person who is affected by or likely to be affected by, the action, omission, or decision of the Charity may make a complaint. Where the complainant is not the client or tenant, care must be taken to ensure the client or tenants confidentiality is not breached.

4.10 A complaint may be made by a person (representative) acting on behalf of another person in any cases where that individual:

- Has died.

- Is unable to by reason of physical or mental incapacity to make a complaint themselves.
- Has requested the representative to act on their behalf.

We will accept a complaint made on a customer's behalf through an advocate, for example, from a friend, support worker, relative or MP. Where complaints are made through an advocate we will, where appropriate need to confirm this with the customer.

- 4.11 In the cases of a client or person affected who has died or who is incapable, the representative must be a relative or other person who has a sufficient interest in their welfare and is a suitable person to act as a representative.
- 4.12 Where the complaint is made by a third person, e.g. made by a wife on behalf of her husband, Brunelcare must obtain written authorisation in order to respond to the complaint from the third party. This is not necessary if the response does not contain confidential information such as generic information e.g. car parking, service issues etc.
- 4.13 *Duty of Candour* is a statutory (legal) duty to be open and honest with clients, or their families, when something goes wrong that appears to have caused or could lead to significant harm in the future. It applies to all health and social care organisations registered with the regulator, the Care Quality Commission (CQC) in England. Brunelcare applies the Duty of Candour to all its services including social housing.

5. KEY PRINCIPLES AND REQUIREMENTS

- 5.1 Brunelcare provides care and housing services that are commissioned by local authority and NHS organisations, therefore in developing this policy care has been taken to ensure compliance with the guidance and codes of practice issued by the Local Government and Social Care Ombudsman, Housing Ombudsman and the Parliamentary and Health Service Ombudsman. This policy advocates adherence to the following principles of good complaint handling:

Getting it right

- Acting in accordance with the law and relevant guidance, and with regard to the rights of those concerned.
- Ensuring that the Board provides leadership to support good complaints management and develop an organisational culture that values complaints.
- Having a clear definition of what constitutes a complaint.

- Having clear governance arrangements, which set out roles and responsibilities and ensure lessons are learnt from complaints.
- Including complaints management as an integral part of service design.
- Ensuring that staff are equipped and empowered to act decisively to resolve complaints.
- Having a designated complaint officer in post to oversee the complaints process.
- Focusing on the outcomes for the complainant and the Charity.
- Signposting to the next stage of the complaints procedure, in the right way and at the right time.

Being customer focused

- Having clear and simple procedures which customers are regularly advised of.
- Making the complaint policy and related procedure available online.
- Having multiple accessibility routes by which customers can make a complaint.
- Ensuring that complainants can easily access the service dealing with complaints and informing them about advice and advocacy services where appropriate.
- Dealing with complainants promptly and sensitively, bearing in mind their individual circumstances and needs.
- Listening to complainants to understand the complaint and the outcome they are seeking.
- Responding flexibly, including coordinating responses with any other bodies involved in the same complaint, where appropriate.
- Being open and accountable.
- Publishing clear, accurate and complete information about how to complain and how and when to take complaints further.
- Publishing service standards for handling complaints.
- Providing honest, evidence-based explanations and giving reasons for decisions.
- Keeping full and accurate records.
- Keeping complainants fully informed and updated during the complaints process.

Acting fairly and proportionately

- Treating the complainant impartially, and without unlawful discrimination and prejudice.
- Ensuring that complaints are investigated thoroughly and fairly to establish the facts of the case.
- Ensuring that decisions are timely, proportionate, appropriate and fair.
- Ensuring that complainants are reviewed by someone not involved in the events leading to the complaint.
- Acting fairly towards staff complained about as well as towards complainants.

Putting things right

- Acknowledging mistakes and apologising where appropriate.
- Providing prompt, appropriate and proportionate remedies.
- Considering all the relevant factors of the case when offering remedies.
- Taking account of any injustice or hardship that results from pursuing the complaint as well as from the original dispute.

Seeking continuous improvement

- Using the feedback and the lessons learnt from complaints to improve service design and delivery.
- Having systems in place to record, analyse and report on the learning from complaints.
- Regularly reviewing the lessons learnt from complaints.
- Telling the complainant about the lessons learnt and changes made to services, guidance or policy.

6. RAISING CONCERNS AND BEING OPEN

The gift of feedback

- 6.1 Brunelcare takes the approach that concerns and complaints raised are gifts and an opportunity to improve our services. Without feedback from our customers we have fewer opportunities to develop as an organisation and as individuals.
- 6.2 Brunelcare will listen to every comment, concern or complaint and treat it in a serious and confidential manner. We will always communicate with the complainant providing reassurance that the complaint will be investigated thoroughly, resolved where possible and an apology will be issued if there has been a given cause for concern.

- 6.3 The Charity has a learning culture and a strong commitment to putting things right when a need for improvement has been identified. This is done by acknowledging any mistakes and assessing the need for change whether that be a review of any relevant procedures or addressing training requirements for employees that have been identified as part of the complaints process.
- 6.4 All complaints will be addressed with honesty, clarity and in a timely and confidential manner in line with this policy and related procedures. As a registered provider of care services Brunelcare is required to comply with the Care Quality Commission's Regulation 20 'Duty of Candour', it will apply this duty to all the services it provides.

Complaint Handling - a single point of access

- 6.5 Anyone who is affected by the things that Brunelcare does, the services it provides or the policies it operates, can make a complaint. *N.B. employees' who have a complaint should use the grievance procedure.*
- 6.6 No complainant will be discriminated against for any reason and the Charity is committed to its obligations under the Equality Act 2010.
- 6.7 Brunelcare will operate a single point of access via the Complaints Officer who is part of the Corporate Governance Department. The Complaints Officer will triage all comments, concerns and complaints raised by telephone, e-mail and letter. This approach provides clients, tenants, relatives, carers and the general public with easy access whether they wish to offer a comment, pass on a compliment, raise a concern or get support or make a formal complaint. All contacts will be recorded for monitoring purposes. Themes from these will be used for service development.
- 6.8 The Corporate Governance Department will produce a portfolio of specimen documents/templates to assist those involved in the complaints process. A comments, concerns, complaints and compliments form will be made available on Brunelcare's website

Accessibility and Support

- 6.9 Brunelcare is committed to making its complaints procedure as easily accessible as possible. We recognise that some people may find it difficult to access our complaints process and/or explain their concerns. We will offer advice and support on submitting a complaint where required by:
- Considering all requests for reasonable adjustments under the Equality Act 2010 and will implement adjustments where it is practicable to do so.

- Sharing information in a way that meets the customers' individual need.
- Providing complaints management information in different languages and formats on request (e.g. audio tape and web based and easy read) to meet the needs of individuals.
- Providing support through the Complaints Officer or signposting to independent advocacy services.
- Using trained interpreters, when required, and ensuring interpreting services are aware of the complaints management process.
- Meeting complainants when face to face contact is necessary, at mutually agreeable venues.
- Ensuring that those with physical, mental impairment or learning disabilities are able to access the service.
- Ensuring that complainants are treated with courtesy and that they receive appropriate support throughout the handling of a complaint; and reassured that the fact that they have complained will not affect their future treatment.

6.10 Information about the Charity's *Managing Concerns, Complaints, Comments and Compliments Policy* and related procedure will be widely publicised. The Policy will be explained to all new customers accessing Brunelcare services and where relevant to their families, by providing them with a copy of the Charity's 'How are we doing?' leaflet. Where possible, an 'easy read' version of the policy and procedure will be advertised on notice boards and reminders of the process will be given regularly at customer and team meetings, where appropriate. The Policy will also be available on Brunelcare's website.

6.11 We will treat complaints received through petitions in the same way as all other complaints. If it is helpful, we are happy to meet the petitioners as a group. To manage the complaint effectively we will ask the group to nominate a representative and we will work with this person to resolve the complaint. Where we provide a written response, we will make this available to all petitioners.

7. **COMMENTS AND CONCERNS** [see flowchart at Appendix 1]

7.1 All employees who receive a comment or concern will make every attempt to try to resolve the matter raised as they arise. Brunelcare's process offers the opportunity for informal engagement at the point of service delivery to seek to resolve at the time the concern arises or very shortly thereafter. This is part of front line service delivery and not viewed as separate from it. This first step will normally be addressed by an explanation or other appropriate remedial action by frontline colleagues.

- 7.2 All comments and concerns where a Health and Safety risk is identified will be formally recorded and immediately referred to a senior manager. The Health and Safety Manager will be advised.
- 7.3 Colleagues will be:
- empowered and trained to deal with concerns as they arise with the aim of resolving issues immediately. This training will be provided during their induction period;
 - trained to recognise the seriousness of a concern and understand when it should be referred to the Complaints Officer;
 - trained and encouraged to provide appropriate information on advice and advocacy support. However, it is recognised that they may not have (nor could they be expected to) have the breadth of knowledge of all organisations for all types of help available, particularly when operating in a specialist field themselves. Nevertheless, a housing officer, for example, should be sufficiently knowledgeable to advise a complainant with a housing complaint about the services of organisations such as Shelter.
- 7.4 Staff may receive concerns that do not involve their own service, but that of another department. In such cases they should direct the concern to the Complaints Officer, who will be able to advise the individual who raised the concern appropriately.
- 7.5 The informal resolution stage should be completed as quickly as possible and certainly should take no longer than two working days. If it is not possible to resolve the concern within the relevant timescale or without an investigation of the circumstances that led to the concern, then the matter should be escalated to the Stage 1 of the complaints process - the formal investigation stage.
- 7.6 Examples of the type of concern that can be resolved at the local resolution stage are:
- an appointment was made for a boiler to be fixed and the tenant raises a concern that no-one turned up on the appointed day;
 - someone raises a concern that their bin hasn't been emptied by the refuse collection service when it should have been;
 - a client is unhappy about the menu choices.

However, an example of the type of concern that should not be resolved at the informal stage is when:

- the concern involves issues where it appears a service failure has occurred due to an obvious systemic problem.

- 7.7 The individual who made the comment or who raised the concern will be advised of the action taken to resolve or address the matter. The details of the action taken and outcome will be recorded on the Comments, Concerns, Complaints and Compliments Register.
- 7.8 Employees must advise individuals on how to progress their comments/concerns to the formal complaints process (stage 1), if they are not satisfied with the outcome at the end of the informal stage. **Individuals must be notified of how they can access the relevant Ombudsman Service at all stages of contact.**
- 7.9 Comments and concerns may also be received via a number of mechanisms including satisfaction surveys, customer workshops and discussion groups. Brunelcare will ensure that feedback on the action taken to address issues raised via such mechanisms is publicised.

8. **STAGE 1 OF THE COMPLAINTS PROCESS** [see flowchart at Appendix 2]

- 8.1 'Investigate once, investigate well' is the principle for this stage of the process. One investigation that addresses thoroughly all concerns raised should be undertaken, rather than multiple investigations at different levels in the organisation which can result in protracted and sometimes open-ended investigations. However, the Stage 1 element of the complaints process is intended to be flexible to respond appropriately to the complaint. "Investigating well" also means conducting an investigation in a manner that is proportionate to the nature and degree of seriousness of the complaint. Proportionate means that for those complaints not so serious in their nature, the investigation may not need to be so detailed.
- 8.2 Stage 1 complaints will be addressed and managed as follows:
- all Stage 1 complaints will be sent to the Complaints Officer. Any employee receiving a complaint should forward it promptly (within 1 working day) to the Complaints Officer;
 - all Stage 1 complaints will be formally acknowledged in writing by the Complaints Officer as soon as is possible, but within a maximum of three working days;
 - If any aspect of the complaint is unclear, the complainant will be asked for clarification and the full definition agreed between both parties.
 - the Complaints Officer will offer to discuss the matter with the complainant, and will:
 - help the person who is complaining to understand the process;

- If any aspect of the complaint is unclear, the complainant will be asked for clarification and the full definition agreed between both parties.
 - confirm with them their preferred method of communication, the frequency of communication and the outcome they are seeking;
 - provide advice of relevant advocacy and support services, for example Shelter and the Citizens Advice Bureau if they need help in making their complaint.
- depending on the nature of the complaint it may be necessary to obtain the complainant's permission to access their personal file. If the complainant refuses to give permission, it will be explained to them that this will have an effect on the ability to conduct a thorough investigation;
 - if the complainant is complaining on behalf of someone else, consideration will be given as to whether consent is needed to investigate the complaint;
 - having satisfied themselves that they sufficiently understand the details of the complaint, the Complaints Officer will:
 - grade the seriousness of the complaint to decide the appropriate level of investigation;
 - identify an officer within the Charity with sufficient seniority, credibility and independence from the source of the complaint to undertake the investigation (*depending on the nature of the complaint, this may still be someone within the service directorate but it may require someone independent from the service/directorate*);
 - when deciding on an "investigator", the Complaints Officer will take account of whether the investigation will need to span across more than one service;
 - for social care complaints, consideration will be given as to whether the investigation could benefit from the involvement of an independent expert;
 - keep track of (and record) progress and take responsibility for monitoring the smooth running of the investigation, ensuring that timescales are met;
 - issue an acknowledgement letter setting out their understanding of the complaint and the outcomes the complainant is seeking.

- 8.3 The Stage 1 complaints process should normally be concluded within 10 working days of the complaint being logged. Where this is not possible complainants will be informed of the reasons and the date by which the investigation will be concluded. In any event, there will be regular contact with the complainant, updating them on progress on the case. If an extension beyond 20 working days is required in order to respond to the complaint fully, this should be agreed with the complainant. Where agreement over an extension period cannot be reached, the relevant Ombudsman's contact details will be provided so the complainant can challenge the plan for responding and/or the proposed timeliness of the response.
- 8.4 Email complaints will be treated in the same way as written complaints ensuring compliance with data protection legislation and that a comprehensive audit trail is maintained. If the complainant wishes any responses to their complaint via email, they should be made aware that this information could be accessible by third parties once in the public email system. Complaint responses cannot be sent via e-mail if staff are unable to verify the e-mail address and recipient.
- 8.5 All correspondence and investigation reports completed in response to a complaint will be referenced in the Complaints Register. All communications should be marked 'Private & Confidential'.

9. COMPLAINTS INVESTIGATIONS

- 9.1 A complaint investigation will be a fact-finding exercise which is impartial, open and transparent and proportionate to the seriousness of the complaint. For serious complaints, a plan needs to be drawn up enabling the complaint to be investigated systematically (even though the complaint has reached the Formal Internal Stage, there may still be potential for resolving the concern to the complainant's satisfaction without having to undertake a full and lengthy investigation. Consideration should be given to the possibility of this).
- 9.2 The investigating officer should give consideration as to whether face to face meetings and/or mediation could be a means to resolving the complaint.
- 9.3 Evidence gathering as part of the investigation can include interviews (including detailed note taking) and the review of:
- correspondence (letters and emails)
 - notes of telephone conversations
 - organisational policies and procedures
 - good practice guidance

- records (including those specifically in relating to complaint under consideration and training records of staff involved in the complaint)
- legislation
- site plans and visits
- photographic evidence
- recordings in various formats (e.g. phone, video, CCTV)
- obtaining professional/expert advice

9.4 Recommendations arising from investigations should be Specific, Measurable, Achievable, Realistic and Timed (SMART).

Outcome following Stage 1 of the Complaint Process

9.5 At the end of an investigation a written outcome should be set out in a formal letter and in more serious cases a report. Where additional complaints are raised during the investigation, these should be incorporated into the stage one response if they are relevant and the stage one response has not been issued. Where the stage one response has been issued, or it would unreasonably delay the response, the complaint should be logged as a new complaint

9.6 Where a report is produced this should include where appropriate:

- confirmation of the investigation stage
- the complaint definition
- the scope of the investigation
- a summary of the investigation, including:
 - details of key issues, setting out a brief chronology of events leading to the complaint)
 - those who were interviewed (including setting out to what degree the complainant, and if appropriate, any affected relatives, advocates, etc. were involved in the investigation)
- conclusion - if the complaint is found to be justified/upheld this should include details of:
 - what happened - i.e. what went wrong
 - why it happened – i.e. the root cause of the problem (e.g. human error, a systemic failure)
 - what impact did it have on the complainant if a systemic failure has been identified, an explanation of actions taken to put things right, with a view to ensuring the same problem does not occur again
 - if appropriate, an apology

- if appropriate, an offer of redress
- details of any outstanding actions
- details of how to escalate the complaint to stage 2 if the complainant is not satisfied with the response.
- details of how to contact the relevant Ombudsman.
- If the complaint has not been upheld, there should be an explanation of why this conclusion has been reached, demonstrating that it has been arrived at based on the evidence gathered.

Overall, the report should demonstrate throughout that the complaint has been taken seriously, that the investigation undertaken has been fair and, in accord with the seriousness of the complaint, proportionately thorough.

- 9.7 In cases where a complaint has been upheld and there is a clear systemic issue, the appropriate Director should ensure that an action plan is devised setting out how the recommendations will be implemented and identify who will be responsible for ensuring their implementation. When it affects them, frontline colleagues should be involved in this process. The plan should also include arrangements for confirming to the complainant that changes have been implemented and make provision for the monitoring and evaluation of new arrangements introduced to assess their impact.

Redress and compensation

- 9.8 If formal legal action has been initiated by the complainant, the complaints procedure can continue if it is deemed appropriate and does not impact on the legal case. However if it is considered by the Company Secretary & Head of Corporate Governance that the complaint investigation would prejudice the legal claim, the complaint should be stopped. If the complaints procedure ceases, the complainant and complained against must be advised in writing.
- 9.9 Financial compensation will be considered where we are unable to take action to redress an adverse impact on the customer caused by a service failure, or where the customer has incurred financial loss, or where we are under a statutory or contractual obligation to compensate a customer. We may seek specialist advice regarding appropriate compensation levels from solicitors or the relevant Ombudsman service. In awarding compensation, we will consider whether any statutory payments are due, if any quantifiable losses have been incurred, the time and trouble a resident has been put to as well as any distress and inconvenience caused.

Escalation to the relevant Ombudsman

- 9.10 Even in cases where an investigation upholds the complaint and offers remedy/redress, it may be that the complainant remains dissatisfied for some reason. Therefore, in all cases, the final complaint letter/report should provide guidance on the options thereafter if the complainant remains dissatisfied with the Charity's response.
- 9.11 A complainant may write to either the:
- Local Government and Social Care Ombudsman;
 - Housing Ombudsman; or the
 - Parliamentary and Health Service Ombudsman.
- 9.12 The Complaints Officer will provide support to individuals to ensure that they have all the information they need to contact the most appropriate Ombudsman. Further details are set out in the Comment, Concerns, Complaints and Compliments Procedure.

10. STAGE 2 OF THE COMPLAINTS PROCESS [see flowchart at Appendix 3]

- 10.1 If the complainant is dissatisfied with the outcome of the formal complaint they can progress to Stage 2 by contacting the Complaints Officer and requesting a review of their complaint. A request to progress the complaint to stage 2 must be submitted within 10 working days of receiving the stage 1 outcome letter.
- 10.2 The Complaints Officer will ensure the same process for Stage 1 is followed regarding **Acknowledge, Investigate and Respond**. The same timescales will apply.
- 10.3 The Complaints Officer will escalate the complaint to a more senior investigating officer. It may be necessary to arrange an interview with the complainant in order to discuss the matter further and understand the reasons why they were unhappy with the response from Stage 1.
- 10.4 Further, if all or part of the complaint is not resolved to the complainants satisfaction at stage one it must be progressed to stage two unless an exclusion ground now applies.
- 10.5 We recognise that there may be occasions where a customer may require additional escalation time for example a complex complaint or requested reasonable adjustments under the Equality Act. Where appropriate, we will extend the escalation timescale in agreement with the customer.

- 10.6 On receipt of the escalation request it will be acknowledged and assigned to a senior manager within 3 working days from receipt of the escalation request.
- 10.7 A senior manager (not involved in Stage 1) will look at and consider the decision made at stage 1. This could involve meeting with or speaking to the customer to discuss the complaint and the possible next steps in resolving it. The timescales to respond will be agreed directly between the manager and the customer but will normally be no more than 20 working days from the date of the stage 2 complaint being received. If it will take longer than 20 working days, this will be agreed in advance with the customer and a full explanation provided.
- 10.8 A stage 2 complaint must be responded to within 20 working days of the complaint being escalated. Exceptionally, an explanation may be provided to the complainant containing a clear timeframe for when the response will be received. This should not exceed a further 10 days without good reason. If an extension beyond 10 working days is required this should be agreed by both parties.
- 10.9 Where agreement over an extension period cannot be reached, the relevant Ombudsman's contact details will be provided so the complainant can challenge the plan for responding and/or the proposed timeliness of the response
- 10.10 The following will be confirmed in writing to the complainant at the completion of stage two in clear, plain language:
- the complaint stage
 - the complaint definition
 - the decision on the complaint
 - the reasons for any decisions made
 - the details of any remedy offered to put things right
 - details of any outstanding actions and
 - details of how to escalate the matter to the relevant Ombudsman

Reopening Complaints

- 10.11 In cases where the customer's preferred outcome is not permissible due to regulatory, statutory or legal reasons, and there are no concerns about our actual handling of the complaint at stage one, we can advise the customer that their complaint will not progress to stage two – this will then enable them to consider other options, including contacting the relevant Ombudsman if they choose without additional delays.
- 10.12 It may not be possible to resolve a complaint where the complainant's expectations of the outcome are unrealistic or a matter of opinion. Complainants who are not satisfied with Brunelcare's response will be asked

to write back to the Chief Executive Officer with the points they feel are not responded to appropriately. Complaints will only be reopened where evidence can be provided that the original issues raised have not been addressed. Any further investigation should follow the process flow as for the original complaint.

- 10.13 Further, if the complainant makes comments on the final response, requests further information, access to health records or makes other enquiries without additional complaints, it will be regarded as a continuation of the previous complaint and be logged in the Comments, Concerns, Complaints and Compliments Register as a reopened complaint.

11. COMPLIMENTS

- 11.1 Compliments are as important to Brunelcare as complaints and should be seen as a means of learning how things have gone well. Information on compliments will be reported to the Performance, Quality and Experience Committee and also cascaded to employees. Compliments are collated by the directorates on a monthly basis and sent to the Corporate governance Department on a monthly basis for reporting.

12. LEARNING FROM COMMENTS, CONCERNS, COMPLAINTS AND COMPLIMENTS

- 12.1 Brunelcare will use any comments, concerns, complaints and compliments received to:
- identify what is working well through compliment trends – share good practice.
 - help identify potential service problems through trends in concerns raised – early warning system.
 - highlight potential system failure and or human error – identify need for improvement.
 - provide the information required to review services and procedures effectively - respond to requests for customer experience data for service reviews/evaluations.
- 12.2 Brunelcare records whether or not the complaint has been upheld, partially or in full, so that learning can be focused on where there have been service failures of any kind.
- 12.3 Following the closure of a complaint root causes and actions arising as a result of the complaint will be reported within the directorate responsible for ensuring that actions are completed through their quarterly governance reviews.

- 12.4 A survey will be sent to each complainant once their file is closed to ask questions about their experience of how their recent complaint was handled by Brunelcare.

13. SUPPORT FOR STAFF, SERIOUS INCIDENTS AND MEDIA

Support for Staff/Disciplinary Issues

- 13.1 If a member of staff is cited in a complaint they must be informed by their manager and advised where help and support can be found. Staff who are involved in a complaint are entitled to be supported both professionally and personally.
- 13.2 It is not appropriate to address disciplinary matters through the complaints procedure. However, evidence from complaints may be used as part of a disciplinary process.

Identification of a Serious Incident Requiring Investigation (SIRI) or Safeguarding/Police Issue

- 13.3 Where a complaint leads to the identification of a serious incident requiring investigation, guidance issued by the Corporate Governance Department must be followed.
- 13.4 Where a complaint leads to the identification of a Safeguarding issue, Brunelcare's [Safeguarding Policy](#) and procedures must be followed.
- 13.5 If the Police become involved at any stage during a complaint, the complaint will be suspended until the Police have confirmed that continuation of the Charity's investigation will not prejudice their own investigation. The complainant will be notified in writing of this decision as necessary.

Media

- 13.6 Complainants should be dealt with on a strictly confidential basis. However, some may come to the attention of the media through the actions of complainants, employees or unconnected third parties. The Marketing and Development Team will handle such communications.

14. ABUSIVE, PERSISTENT OR VEXATIOUS COMPLAINTS AND COMPLAINANTS

- 14.1 Most complainants are respectful and perceive the complaints process as a legitimate way of reaching a reasonable outcome. In a minority of cases, people pursue their complaints in a way which can either impede the investigation of their complaint or can have significant resource issues for Brunelcare. This can happen either while their complaint is being investigated, or once Brunelcare has finished dealing with the complaint.

- 14.2 Employees or volunteers are not expected to tolerate unacceptable behaviour by complainants. We will take action to protect our colleagues from abusive, persistent or vexatious behaviour.
- 14.3 Unacceptable behaviour includes behaviour which is abusive, offensive or threatening and may include:
- Using abusive or foul language on the telephone;
 - Using abusive or foul language face to face;
 - Sending multiple emails;
 - Leaving multiple voicemails.
- 14.4 Brunelcare's Comments, Concerns, Complaints and Compliments Procedure provides further guidance on how abusive, persistent or vexatious complainants will be managed.

Warnings

- 14.5 Where the behaviour is so extreme that it threatens the immediate safety and welfare of our colleagues we may report the matter to the police or consider taking legal action. In such cases, we may not give the complainant prior warning.

Restrictions

- 14.6 The Company Secretary & Head of Corporate Governance will decide whether the circumstances justify any restriction of access. They will record the reason for their decision and explain it to the person concerned. They will state how long any restriction will apply for before it is reconsidered. The sort of restrictions imposed could include:
- restricting telephone calls to specified days and limited times;
 - limiting contacts to one form only (for example, a maximum of one letter or email a week);
 - requiring contact to take place with one named Brunelcare employee;
 - requiring the complainant to enter into an agreement about their future behaviour before their case proceeds; and/or
 - managing contact with the help of an independent advocate.

15. ROLES AND RESPONSIBILITIES

- 15.1 *The Board* is responsible for;

- Monitoring the overall procedures, process and responses to complainants and action identified to prevent a recurrence.
 - Ensuring it has appropriate policies and procedures in place for open and transparent complaints handling.
- 15.2 It has delegated oversight and monitoring of this policy to the Performance, Quality and Experience Committee.
- 15.3 *The Performance, Quality and Experience Committee* is responsible for providing assurance to the Board that:
- The Charity manages comments, concerns and complaints in a sensitive and effective manner, in line with this Policy.
 - A process of organisational learning is in place to ensure that lessons learnt are embedded within the organisational framework.
- 15.4 *The Trustee Complaints Lead* is the Board's Senior Independent Trustee (SIT) and its lead for Complaints. They are responsible for

Strategic

- Considering the organisation's strategic plans and make sure they reflect complaints legislation, regulations specific to Brunelcare's activities, statutory guidance. and the complaints expectations of the various Ombudsmen.
- Working with the CEO and designated complaints lead regularly to review whether the measures the organisation has put in place are appropriate.
- Checking the organisation's risk register reflects/complaints related risks properly and plans sensible measures to take, including relevant insurance for trustees' liability.
- Be aware of how ready the organisation is for inspections, particularly those completed by the Regulator for Social Housing and Care Quality Commission and respond to any following reports.
- Ensuring the Board (or where appropriate one of its committees) receives regular complaints reports and help Trustees understand and challenge those reports.

Effective policy and practice:

- Making sure there is regular review of/complaints policies and procedures and that this is reported to Trustees.

- Understanding the monitoring the charity does to see whether policies and procedures are effective.
- Calling for audits of qualitative and quantitative data (either internal or external) when they are needed.
- Learning from case reviews locally and nationally, to improve Brunelcare's policies, procedures and practices.
- Being a point of contact for if someone wishes to complain about a lack of action in relation to concerns raised.

Creating the right culture:

- Championing complaints throughout the organisation.
- Attending relevant training events and conferences and ensuring they are aware of the latest guidance.
- Role modelling high standards of conduct.
- Supporting the trustees in developing their individual and collective understanding of complaints.
- Working with the chair, CEO, designated complaints lead and communications team in order to manage all serious cases.

15.5 *The Chief Executive* has overall responsibility for the complaints process and for ensuring compliance with current regulation. The Chief Executive is also responsible for:

- Signing the final responses to complaints, or in his/her absence their nominated deputy, when for good reason the Chief Executive is not able to do so.
- Ensuring that the complaints process, with support from the Head of Corporate Governance & Company Secretary is followed in accordance with this policy.
- Ensuring matters of extreme seriousness are discussed with the Board and are referred to the appropriate professional body, or the police in the case of criminal offences.

15.6 *The Company Secretary & Head of Corporate Governance* is responsible for:

- The implementation and regular review of this policy.
- Ensuring the effective implementation of learning from complaints and other forms of feedback.

- Analysing, interpreting and presenting data to highlight issues, risks and support decision making.
- Ensuring the Charity meets its statutory responsibilities in relation to: complaints handling, Local Government and Social Care Ombudsman requirements, Housing Ombudsman requirements and related codes of practice.
- Producing reports for the Board; demonstrating compliance with this Policy.
- Identifying, promoting and sharing best practice so that customers' voices are heard and continuous improvements are realised based on customer feedback.

15.7 *The Complaints Officer* is responsible for:

- Supporting customers, relatives and carers in problem resolution, at the earliest possible stage to prevent the escalation to a formal complaint.
- Managing the comments, concern, complaints and compliments process and ensuring action planning takes place for lessons learnt.
- Ensuring customers are aware of how to complain.
- Producing reports for the Board, Senior Leadership Teams, Directorates and the Performance, Quality and Experience Committee on the number and subject of complaints as well as lessons learnt and action taken. The outcome of investigations and any corrective action taken should be used to improve future service.
- Producing an annual report for the Board reflecting trends over the last year.
- Working with directorates to identify common themes for improvement and areas of best practice.

15.8 *Members of the Senior Leadership Team* are responsible for:

- Monitoring complaints within their directorate.
- Ensuring the complaint is investigated in a timely way and that this is undertaken by the most appropriate person.
- Ensuring responses to complaints are complete and factual.
- Ensuring staff are supported as necessary during the process of investigation.
- Ensuring that actions are taken according to the risk associated with the complaint.

- Ensure that lessons are learnt from complaints and shared throughout the division.
- Assisting staff to ensure a satisfactory early resolution of concerns/complaints.
- Supporting, as appropriate, staff in reviewing and responding effectively to complaints, and advising and assisting to ensure lessons are learnt and action is taken to prevent recurrence.
- Taking the lead in reviewing a complaint with staff and assisting with responses if requested.
- Making sure clients and tenants are aware of how to raise matters of concern.
- Supporting the management of complex complaints particularly those relating to medical staff, when other mechanisms have failed to reach a resolution.

15.9 *Line Managers* are responsible for:

- Informing the Complaints Officer of complaints they have received directly, on the same day they receive them, (telephone or email), followed up by sending the original details of complaint to the Complaints Officer for processing.
- Undertaking complaint investigations within appropriate timescales in accordance with this policy.
- Root cause analysis of complaints.
- Informing staff involved in the complaint.
- Ensuring that their staff are familiar with the Complaints Procedure.
- Ensuring that all written statements made by staff as part of the investigation process are accurate, legible, signed and dated.
- Providing a response, approved by contributors in a timely fashion.
- Liaising - information sharing and feedback - where the investigation indicates that external partner agencies should be involved. For example - Health & Safety Executive, Police.
- Using complaints/findings as a learning opportunity process for staff by cascading good and poor practice identified, and ensuring actions are taken to minimise and prevent future complaints to include - review of practice and systems in place and training thereby promoting good governance within the area of responsibility.
- Adhering to the principles of Duty of Candour legislation.

15.10 *All employees* are responsible for:

- Responding in a timely way to and satisfactorily resolving, whenever possible, verbal concerns/complaints raised by tenants/clients or their representatives, and if significant, document the complaint. If it is not possible to reach a resolution then an offer to refer the case to the Complaints Officer.
- Being aware of the complaints policy and procedure and to be able to explain the options available when customers wish to make a complaint.
- Contacting the Complaints Officer for advice if they have any doubts about the handling of a complaint.
- Being aware that complainants may need to be advised to progress his/her concerns through other appropriate channels; Care Quality Commission, Local Authority, commissioner of services, Local Government and Social Care Ombudsman or the Housing Ombudsman
- Ensuring that any verbal complaint, involving harm to a client, is recorded and the relevant senior manager is informed as soon as practically possible.
- Ensuring that no tenant or client who makes a complaint is discriminated against, allowing tenants, clients, relatives and carers to have confidence that a concern/complaint raised will not prejudice their future care of treatment.

16. EQUALITY AND DATA PROTECTION

Equality and Diversity

- 16.1 Making a complaint does not mean that a client/tenant/complainant will receive less help or that things will be made difficult for them. Brunelcare seeks to embed an environment where all clients, visitors and employees are treated as individuals, fairly and in a consistent way. We work within the spirit and the practice of the Equality Act 2010 by promoting a culture of respect and dignity and actively challenging discrimination, should it ever arise. This Policy will be applied in a way that is consistent with these principles.
- 16.2 Employees must also ensure that customers and their relatives/carers are not discriminated against when a complaint is made and that their ongoing care will be unaffected. To help achieve this aim, all staff are made aware when in receipt of a complaint that complaint records must be kept separate from care records. Line Managers are responsible for ensuring that this is monitored when reviewing the investigation responses to complaints and for

considering whether it may be more appropriate in the circumstances for their care to be transferred to another team.

Data Protection

- 16.3 Brunelcare is dedicated to protecting any personal data processed by the Charity and in maintaining a system that goes above and beyond our obligations under the General Data Protection Regulation (GDPR). Our Practice is set out in our Data Protection Policy.
- 16.4 In relation to the complaints procedure it is the responsibility of the recipient to either redact the Person Identifiable element, and then request the Complaints Officer to coordinate the complaint process, or if this is not possible, they should redact the Person Identifiable information that is not needed to enable a thorough investigation.

Record Maintenance & Storage

- 16.5 The Corporate Governance Department will keep complaint records for 10 years after completion of action, after which time records can be destroyed under confidential conditions.
- 16.6 Complaints correspondence should be held separately from client records for reasons of confidentiality in accordance with UK GDPR (Retained Regulation (EU) 2016/679). The only instance where this may not apply is if the complaint relates to a clinical matter, information on which may be required for future care. In this case, a note should be included in the care records.

17. IMPLEMENTATION AND TRAINING

- 17.1 The Complaints Officer will be trained in how to receive, investigate and resolve complaints.
- 17.2 Brunelcare's approach to complaints being a gift and opportunity to improve will be presented at induction. An information leaflet describing the procedure will be available on Brunelcare's website and stocked in care homes, reablement centres, ECH and social housing sites and issued to community service clients when Brunelcare takes on their care. The leaflet explains how to raise a concern or make a complaint, compliment or comment should they wish to do so. Information about the policy will also be on Brunelcare's website and on posters at each site.
- 17.3 All employees will be informed of the policy via their manager and the company Bulletin.

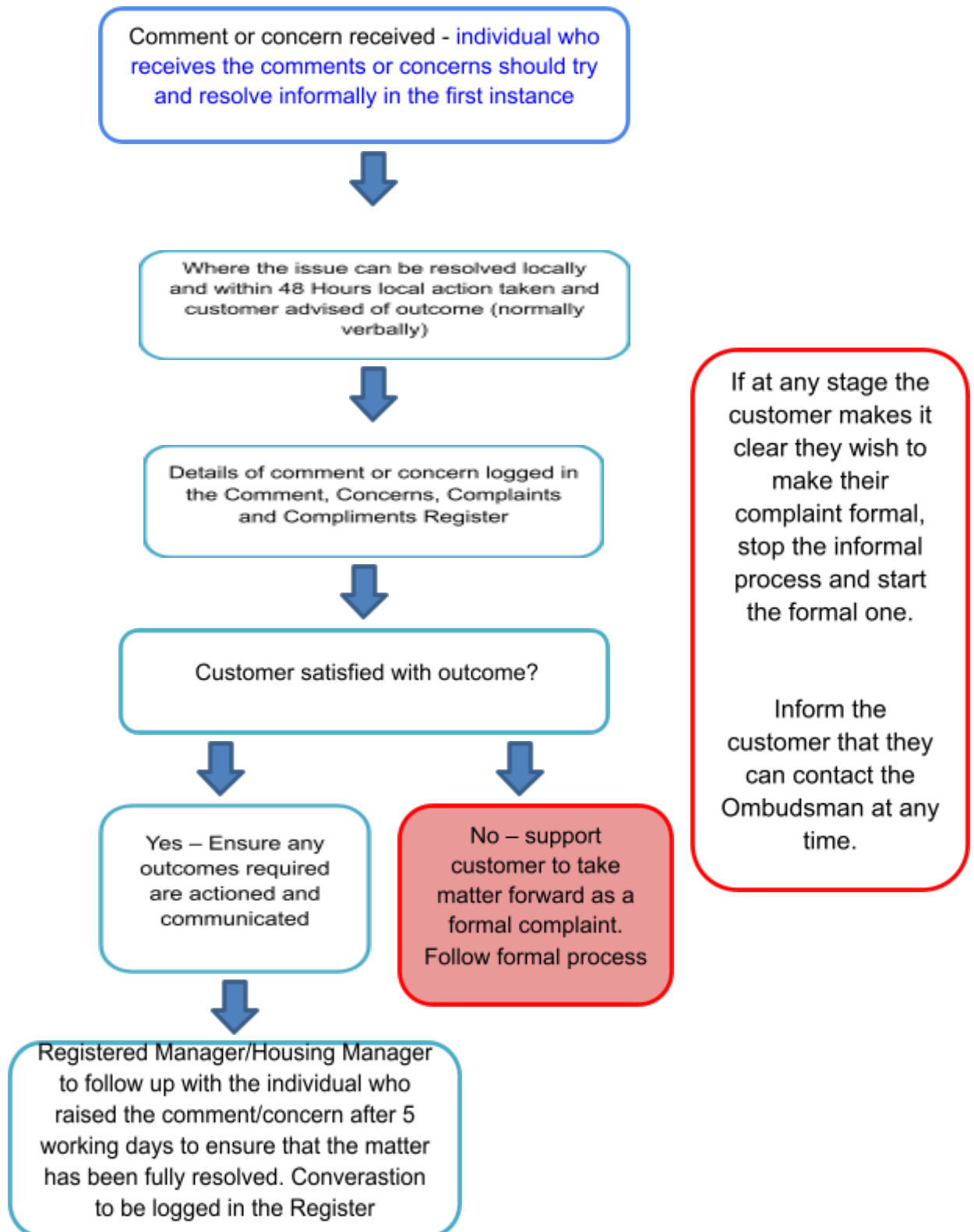
18. MONITORING AND REVIEW

- 18.1 Periodical 'spot checks' will be carried out by the Corporate Governance Department to ensure compliance.
- 18.2 A quarterly review will be conducted by the Corporate Governance Department to assess issues and trends arising of types of complaint and from complaint handling processes. Findings will be reported to the Performance, Quality and Experience Committee.
- 18.3 The Company Secretary & Head of Corporate Governance will audit a random selection of closed complaint files against a number of standards - see Appendix 4 below.

Review

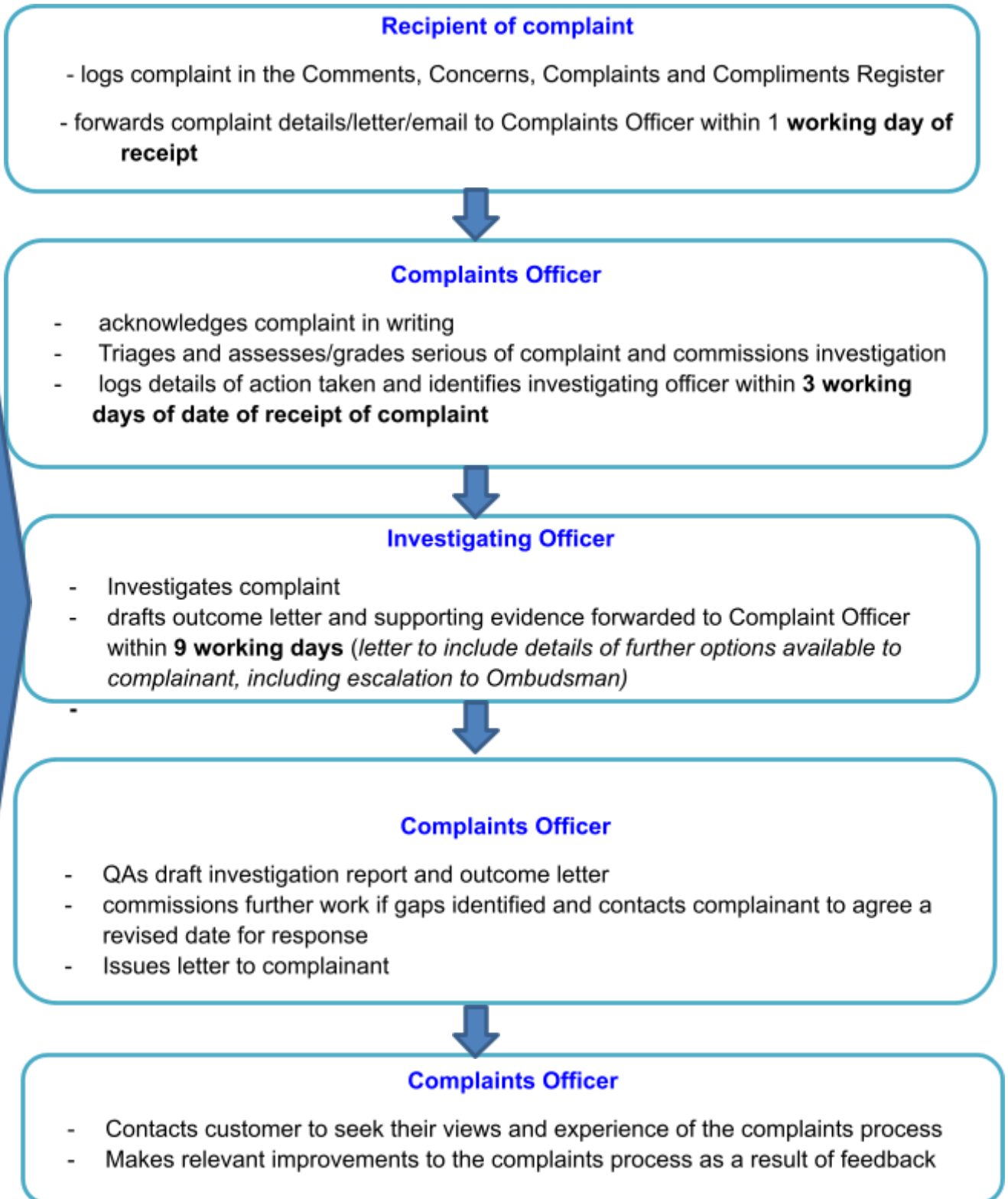
- 18.4 This policy will be reviewed every three years, or sooner should the author or legal requirements deem it to be required. Customers and key stakeholders will be consulted as part of the review process for this policy.

Addressing a Comment or Concern - flowchart

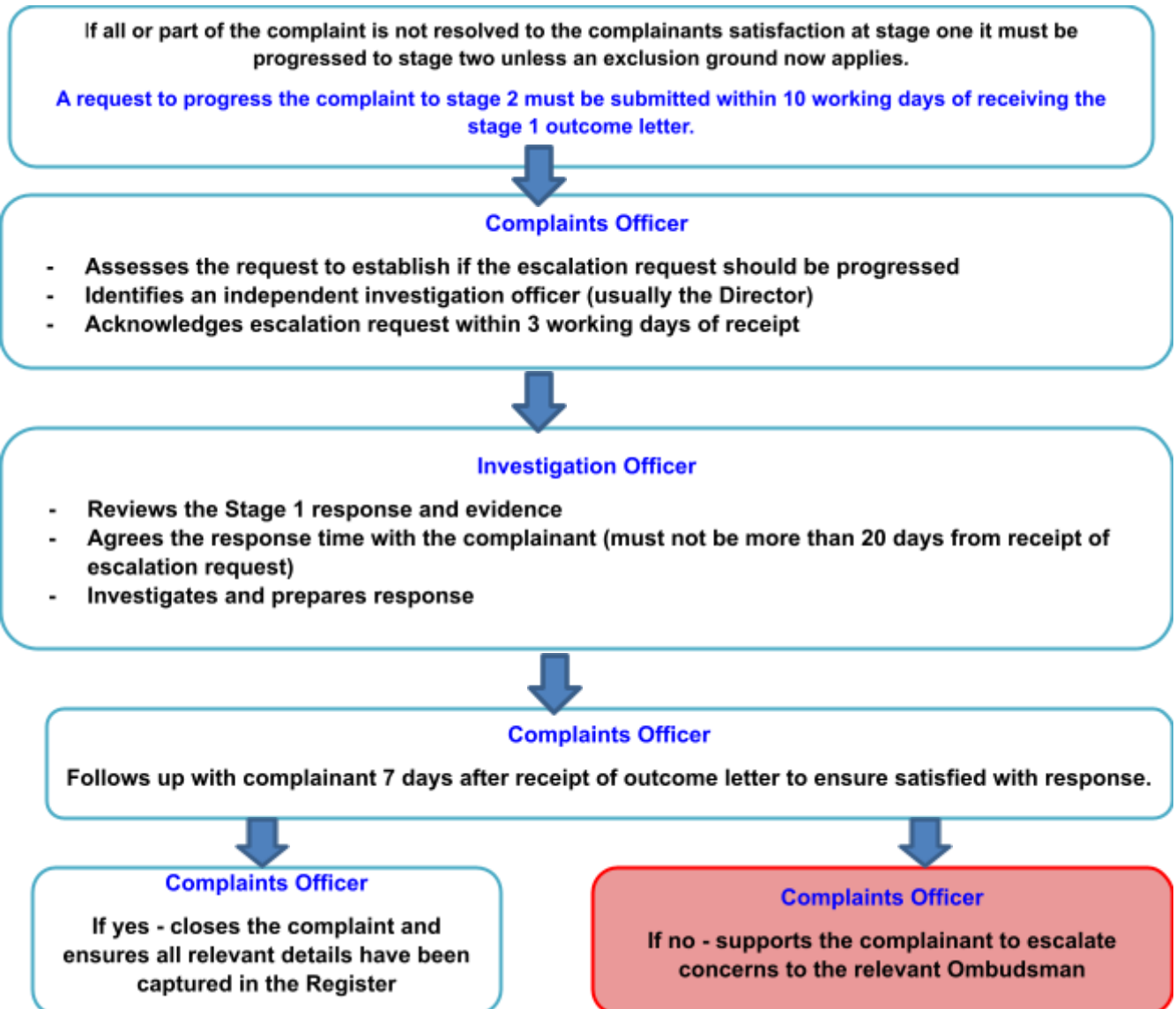


Stage 1: Overview of Stage 1 of the formal Complaints Process

The target is to acknowledge, investigate and respond to the complaint within 10 working days



Stage 2: Overview of Stage 2 of the formal Complaints Process



Complaints Audit Form

| | | |
|---|-----------------------|----------------------------------|
| Complaint Unique Identifier: | CID: | |
| Name of Director Auditing File: | | |
| Date of Audit: | | |
| | Yes / No / N/A | Any Further Action Needed |
| Was the complaint acknowledged within 3 working days? | | |
| Was the complaint graded following triage? | | |
| Were comments received within 9 days? | | |
| Is there evidence of chasing comments where necessary? | | |
| If the response target has not been met has the complainant been informed and kept updated of progress? | | |
| Do the comments address the issues and is there relevant supporting documentation if applicable? | | |
| Has the draft response been checked and approved by relevant staff? | | |
| Does the response answer all the points of complaint? | | |
| Did the patient suffer significant harm (defined as moderate or greater harm) while in our care and if so, was the Duty of Candour process initiated? | | |
| Are there any lessons to learn? | | |