

## Complaints Policy and Procedure

<b>Approved by:</b>	<b>Senior Management Team; Operational Management Team</b>
<b>Owned by:</b>	<b>Chief Executive</b>
<b>Author:</b>	<b>Chief Executive; Quality and Compliance Manager</b>
<b>Date of original issue:</b>	<b>18<sup>th</sup> June 2003</b>
<b>Date of last review:</b>	<b>30<sup>th</sup> March 2015</b>
<b>Date of next review:</b>	<b>30<sup>th</sup> March 2018</b>
<b>Version number:</b>	<b>4.1</b>

### Policy Statement

Complaints are used to improve services, reduce incidents and to improve overall quality.

This policy relates to complaints made by any individual about any aspects of the charity's services or work (for example staff, volunteers, patients, carers or members of the public).

Complaints, verbal and written, are treated seriously and will be dealt with in a swift and effective manner that ensures complete fairness for both staff and the complainant. Investigations will be conducted without prejudice. Written communications to complainants will be written in plain English and can be made available in other languages if required. Investigation of complaints will be carried out in line with the Investigations Procedure and without prejudice or discrimination of any kind.

Complainants have the right to confidentiality, but anonymous complaints will not usually be investigated.

Abusive and offensive comments are not classed as complaints and are not acceptable.

A 'Comments, Compliments and Complaints' leaflet is made available in all patient areas and at receptions which includes advice and instructions for making a complaint.

<b>Complaints Policy and Procedure</b>			
	Page 1 of 8	Date of last review:	30/03/15
		Date of next review:	30/03/18
		Version number:	4.1

## Related Policies/Procedures

Risk Management Strategy and Policy  
 Confidentiality Policy and Procedure  
 Information Governance Framework and Policy  
 Investigation Procedure  
 Safeguarding Procedure for Adults and Children

## Responsibility/Accountability

All staff	All staff have the responsibility to ensure the complaints process is accessible to all. This may require that vulnerable adults and children are assisted in using the complaints process and every step should be taken to achieve this. Staff should seek support in this if required.
Complaint handler	To perform initial investigation and immediate resolution of the complaint if possible.  To record the details of the complaint on a Complaints Form and forward this to Quality and Compliance via their line manager.
Departmental managers	To oversee further or initial (in case of serious complaints) investigation, respond and achieve resolution if possible.
Quality & Compliance Manager	To maintain records of all complaints received.
Chief Executive/ Registered Manager	To oversee further investigation (where complaint not resolved as above), respond and achieve resolution if possible.  To use complaints as a learning process including implementation of any change in practice as a result
Chair of Trustees	To oversee further investigation (where complaint not resolved as above), respond and achieve resolution if possible.  To respond to complaints involving the Chief Executive.

## Policy Monitoring and Review

This policy will be reviewed every three years or sooner in response to changes in legislation, guidance or practice.

<b>Complaints Policy and Procedure</b>			
	Page 2 of 8	Date of last review:	30/03/15
		Date of next review:	30/03/18
		Version number:	4.1

An annual complaints return will be submitted to the Fundraising Standards Board, which includes:

- number of fundraising complaints received
- figures for the volume of each type of fundraising activity carried out.

An annual report on complaints will be sent to the Board of Trustees. Quarterly reports will also be sent to the Audit and Risk Committee.

## Compliance with Statutory Requirements

Private and Voluntary Health Care (England) Regulations  
Health and Social Care Act 2008 (Regulation 19)

## Aim and Scope

This policy and procedure covers both clinical and non-clinical complaints received by Keech Hospice Care.

It is designed to manage, respond to and resolve complaints effectively. This is achieved through a procedure which:

- Is accessible to complainants. All staff receive training and awareness updates on the Complaints Policy and Procedure and an information leaflet is widely distributed that encourages individuals to make their comments and complaints known to the organisation;
- Provides a simple system for making complaints about any aspect of the service provided;
- Responds to verbal and written complaints whether made in a formal or informal manner;
- Is a rapid and open process with designated timescales and a commitment to keep the complainant informed on the progress of the investigation;
- Is fair to staff and complainant;
- Maintains the confidentiality of the patient, complainant and staff member(s);
- Provides the opportunity to learn from the complaint to improve services.

The procedure will provide instructions on how to manage a complaint from receipt through to resolution. It covers:

- Receipt of verbal and written complaints
- Investigation of complaints
- Communication with complainant
- Resolution of complaints
- Referrals to the Care Quality Commission or Fundraising Standards Board
- Linking complaints governance and quality improvement procedures

<b>Complaints Policy and Procedure</b>			
		Date of last review:	30/03/15
		Date of next review:	30/03/18
	Page 3 of 8	Version number:	4.1

## Staff Training Requirements

Training is provided to all staff in the organisation at departmental induction and awareness updates are given at least three yearly via Policy of the Month.

Training/Updates shall include:

- What is a complaint, particularly informal complaints, which may arise as an aside within other communication;
- How to receive, investigate and administer a complaint;
- How to deal with someone making a complaint;
- The complaints process, both verbal and written.

The Registered Manager will receive more detailed training and will, in turn, train other staff.

## Definitions

We will investigate a complaint if it is one of the following:

- An expression of dissatisfaction about the standard of service;
- Action or lack of action by Keech Hospice Care detrimentally affecting an individual or group;
- An allegation that Keech Hospice Care has failed to observe proper procedures or professional Codes of Practice;
- An allegation that there has been an unacceptable delay in dealing with a matter or about how an individual has been treated by a member of staff.

## Procedure

### Receiving the complaint

- Complaints may be initiated with front line staff. Staff need to deal with the complaint sensitively.
- Complaints may be made verbally to any member of staff or in writing; they may be formal or informal.
- Where a complaint is in relation to care provided to a patient, the complaint can be made by the patient or their representative. Suitability to represent a patient normally depends on the patient's knowledge and consent that a specific person may act on their behalf. In these cases consent needs to be obtained from the patient for the release of potentially confidential information.
- Where the patient has died or is unable to give consent, it is necessary to establish in their circumstances that the complainant is suitable to represent the patient.
- Confidentiality of the patient and any known wishes expressed by the patient that information should not be disclosed to third parties should be respected.

<b>Complaints Policy and Procedure</b>			
	Page 4 of 8	Date of last review:	30/03/15
		Date of next review:	30/03/18
		Version number:	4.1

- All complaints whether verbal or written should have their details transferred on to a Complaint Form so that a full audit trail can be kept. Details to be recorded are:
  - Nature of complaint (including date and time, complainant’s details);
  - Name of person receiving the complaint;
  - Result of the investigation;
  - Action taken;
  - Resolution of complaint;
  - Whether the complaint was upheld;
  - Risk score for complaint upon receipt and after action taken;
  - Any fundraising complaints should also record the specific (Institute of Fundraising’s) Code of Practice that is believed to have been breached;
- A copy of the form must be forwarded to the Registered Manager, Quality and Compliance department and the relevant department manager without delay.

**Acknowledging the complaint**

- All complainants will receive a written acknowledgement of their complaint within two working days. This letter should detail the complaints process.
- If a full written reply can be made within five working days, an initial acknowledgement is not required.
- A copy of the acknowledgment letter must be forwarded to the Quality and Compliance department to be filed with the complaint form.

**Investigating the complaint**

- A member of the Senior Management Team will nominate a person to investigate the complaint. The nominated individual should be competent in managing and investigating complaints.
- The complaint investigation should be handled in a manner that acknowledges being subject to a complaint can be a stressful and anxious time for staff.
- Where requested and/or necessary the complainant should be given support in using the complaints procedure. This may be through use of interpreters, advocacy services or patient representatives.
- All findings should be fully documented. Any communication with the complainant should be documented.
- A full response should be sent to the complainant within 20 working days of receipt of the complaint.
- If it is not possible to send a full response within the 20 day time scale, a letter explaining the delay should be sent to the complainant every five working days thereafter during the delay period.
- The Registered Manager is responsible for ensuring a root cause analysis is performed.

<b>Complaints Policy and Procedure</b>			
		Date of last review:	30/03/15
		Date of next review:	30/03/18
	Page 5 of 8	Version number:	4.1

- Where the complaint involves other organisations, where appropriate, an agreed single and comprehensive response should be made to the complainant on behalf of both organisations.

### Resolution of the complaint

- Once the investigation has been completed, a letter should be sent within five working days outlining the findings and the proposed action to be taken.
- The findings of the complaint together with the action to be taken should be recorded on the Complaint Register.
- Action plans following the complaint should be completed together with a time scale for action and review; this will involve the staff concerned whenever possible.
- If the response is not satisfactory to the complainant, s/he can write to the Chair of Trustees within 14 days of the unsatisfactory response being received. An independent review may be conducted by the Board of Trustees. If the Chair of Trustees' response is also unsatisfactory, the complainant may raise the complaint with an overseeing body (see below).
- The Quality and Compliance department must receive details of all correspondence to file with the original complaint form.

### Unresolved Complaints

If a complaint is not resolved to the satisfaction of the complainant after the Chair of Trustees' has responded, the complainant may raise the matter with an overseeing body.

### Care complaints

If the complainant is unhappy with the outcome of their complaint they can refer the matter to the Parliamentary and Health Service Ombudsman:

Parliamentary and Health Service Ombudsman,  
Millbank Tower,  
Millbank,  
London SW1P 4QP.

Details are also available on their website at [www.ombudsman.org.uk](http://www.ombudsman.org.uk)

### Fundraising

If the complainant is unhappy with the outcome of their fundraising complaint, they can refer the matter to the Fundraising Standards Board (FRSB) at:

Fundraising Standards Board,  
61 London Fruit Exchange,  
Brushfield Street,

<b>Complaints Policy and Procedure</b>			
	Page 6 of 8	Date of last review:	30/03/15
		Date of next review:	30/03/18
		Version number:	4.1

London,  
E1 6EP

The FRSB will communicate with both the complainant and the charity to identify whether a breach of the Institute of Fundraising's Codes of Practice or the FRSB Fundraising Promise has occurred. Resolution will be provided within 30 days, which may involve recommended changes to charity fundraising procedure.

If either party is unhappy with the resolution they may request adjudication from the FRSB Board. The Board will conduct a more in-depth investigation and reach a verdict within 60 days. A written report will be produced and their judgement is not subject to appeal.

### **Third Party Complaints**

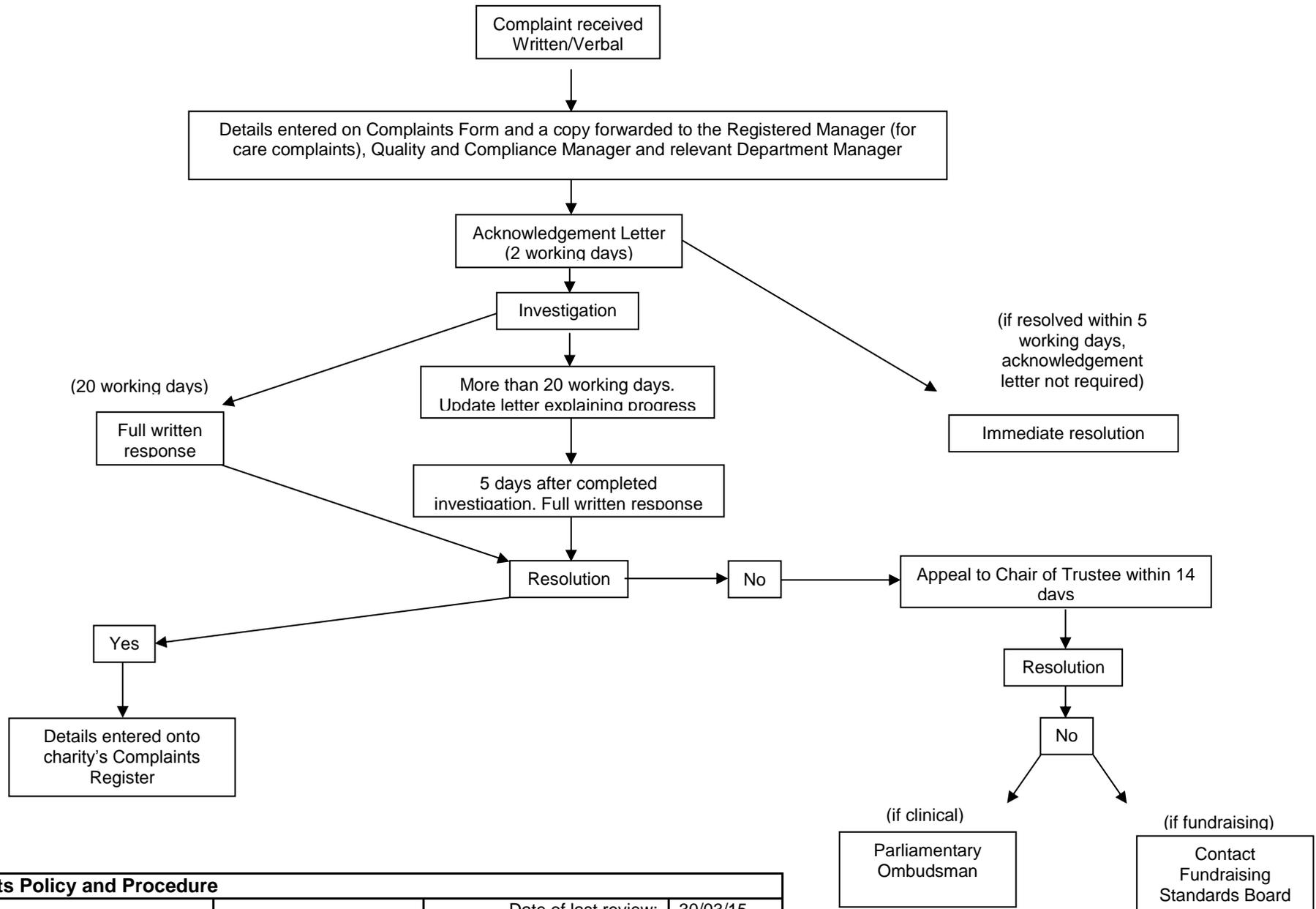
The charity will at times work with third parties, e.g. in the organising of fundraising events. Any complaints received about a third party carrying out business for the charity will be dealt with by the third party themselves using the Keech Complaints Policy and Procedure.

### **Audit Plan**

An annual complaints audit shall be carried out by Quality and Compliance to monitor adherence to the stated timescales in the procedure. The audit will be reported to the Audit and Risk Committee.

<b>Complaints Policy and Procedure</b>			
		Date of last review:	30/03/15
		Date of next review:	30/03/18
	Page 7 of 8	Version number:	4.1

**Complaints Procedure Flowchart**



Complaints Policy and Procedure			
		Date of last review:	30/03/15
		Date of next review:	30/03/18
	Page 1 of 8	Version number:	4.1