Complaints Policy

Approved by: Operations sub committee
Lead Director(s): Chair of the Operations sub committee
Originator(s): CEO
Date of Approval: May 2023
Version: 1 - Final
Review Interval: Every three years
Review due by: May 2026
Appended Documents: Complaints Procedure Flowchart
Responsibility for Dissemination and Implementation: Leadership Team
Implementation date: May 2023

POLICY STATEMENT

This policy sets out the process followed by Beaumond House Community Hospice for dealing with complaints.

Version Control	Amendments Made	Amended by	Date
Version 1	Jan 2020 version updated	LS	5/4/23
Version 2			
Version 3			
Version 4			
Version 5			

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1. Introduction

Beaumond House Hospice Care is committed to an open, transparent culture, where views and concerns are listened to and acted upon appropriately. Feedback from comments, suggestions and complaints provide a valuable source of information regarding the quality of our service. There will be a proactive approach, encouraging anyone using our services to tell us about their experience.

When a complaint about the service Beaumond House provides is received it will be accepted in a professional manner without recrimination. The issue will be dealt with in a timely manner, using a systematic approach ensuring investigation, recording, resolution and feedback to the complainant is carried out in a sensitive manner.

This policy and procedure must achieve the goal of ensuring that 'providers have an effective and accessible system for identifying, receiving, handling and responding to complaints from people using the service, people acting on their behalf or other stakeholders. All complaints must be investigated thoroughly and any necessary action taken where failures have been identified'. (CQC Regulation 16Receiving and Acting on Complaints)

2. Policy and Procedure Drafting and Approval

This policy was reviewed by the CEO and members of the Operations Subcommittee. The Operations Subcommittee is the relevant body to approve this policy.

Document Control

Approved policies and procedures are centrally indexed and compiled into two policy manuals, which will be kept in Reception at the Hospice.

Revised versions of all policies and procedures are kept electronically and are accessible by all staff on the U drive to avoid out of date copies being used. Staff will be made aware of the relevant revisions or new editions by an 'all staff' email.

3. Associated Policies, Procedures and Guidance

This policy/procedure should be read in accordance with the following Beaumond House Hospice Care policies, procedures and guidance:

- Safeguarding policy

- Beaumond House Staff Handbook

-Equal Opportunities policy

- Whistleblowing policy

- Duty of Candour

4. Aims and Objectives

Aim

To have a listening, responsive culture that encourages people who receive Beaumond House services to express their views about the service they receive without any recrimination, and embraces complaints, comments, and other feedback as opportunities to improve the quality of care.

Objectives

-Everyone who receives a service from Beaumond House knows how to register a complaint or concern.

-To have a clear and transparent system for dealing with the above.

-To ensure all staff know how to receive and deal with complaints and concerns and feedback effectively.

-To ensure complaints and concerns are used as part of a process of continuous service improvement through a process of scrutiny to identify issues and trends.

-To maintain records of complaints and concerns and ensure feedback and outcomes are reviewed, audited and reported to the appropriate people.

-To meet the standards required through regulation in the management of complaints.

5. Scope of the policy

Patients, relatives, carers, visitors. All employees and volunteers.

Other professionals and outside agencies.

Operations Sub-Committee

6. Accountabilities and Responsibilities

Directors will review complaints and concerns at relevant sub-committee meetings to provide overview and governance.

The Chief Executive is responsible for ensuring that the policy is in place and adhered to. Responsible for ensuring the content of the policy is in line with statutory requirements and professional guidance.

Managers are responsible for investigating complaints but shall not investigate a serious complaint if they are directly involved with the incident.

Registered Managers are responsible for maintaining the required standard in listening to people's concerns and complaints and acting properly in response.

All staff are responsible for compliance with the policy.

7. Method

A complaint can be made by a person who:

- receives or has received care services
- is affected by the action, omission or decision of the provider
- is a representative, such as a family member, friend, advocate, if acting with the person's consent or in their best interests if they lack capacity within the meaning of the Mental Capacity Act 2005

Any comment or complaint will be treated seriously and dealt with in a sensitive and confidential manner to achieve a satisfactory outcome with the complaint. Every effort will be made to ensure the complainant knows that this will in no way affect any aspect of care.

An open culture will be promoted where people feel comfortable raising issues or concerns and even those of a minor nature will be recorded and acted upon to promote a person-centered environment.

The complaints process should be conducted in a way that ensures people feel:

-confident to speak up
-making the complaint was simple
-listened to and understood
-their complaint/comment made a difference
-confident about making a comment/complaint in the future

Opportunities should also be provided for people to feedback on the service received in an appropriate way, such as individual interviews, surveys, feedback exercises, and focus groups. Investigations into comments and complaints will be proportionate and sufficiently thorough.

Complaints will be recorded centrally to enable proper reporting and evaluation. There will be a process of review and analysis by the relevant sub-committee and reporting back as necessary regarding any further actions required, e.g. training needs, change in practice, resources.

Employees who are the subject of a complaint should not communicate directly with the complainant unless actions have been agreed with and they are accompanied by a senior member of staff.

If the complaint relates to members of staff and there are any concerns about the safety and well-being of a patient/s, serious consideration must be given to suspending the staff member/s in line with agreed H R processes until an investigation can be carried out to identify the risks involved.

Employees who have a complaint relating to their employment should handle this through other channels. This includes raising concerns and whistleblowing (see Staff Handbook for details).
If a complaint involves more than one provider of services there is a duty to co-operate and provide a combined response to the complainant.

There is no requirement to investigate complaints that can be resolved satisfactorily within a working day but for quality improvement purposes it would still be beneficial to record them.

Complaints can be made by:

1. **Verbally** by approaching a member of staff and asking to lodge a complaint
2. **Telephone** where the complaint will be taken by the Head of Care or member of the Leadership team
3. **In writing** and handed to any member of staff who will pass this to The Head of Care or Chief Executive

Copies of the 'Tell us' leaflet, (which contains information about the complaints procedure) will be made freely available anywhere that people receive a service from Beaumond House

- In reception in Beaumond House Hospice Care
- Given to patients when they start to receive care from the In-patient unit, Hospice at Home team or Day therapy teams or any other service
- On the Beaumond House Hospice Care website

Staff should ensure patients, relatives and carers have received the leaflet, are able to read it, and if not, an alternative method should be sought.

Beaumond House Hospice Care website will give details on how to make a complaint.

Large print leaflets can be printed. People should also be encouraged to speak to a member of staff as quickly as possible if they are unhappy or dissatisfied about something so that prompt action can be taken to resolve the issue.

The 'Tell us' leaflet can be found on the U drive in the booklets folder. It should be printed out in pamphlet form on the printer in the Patient Administration office, in colour. If a large print version is required it can be printed out 2-sided, which will give 2 A4 sheets. If required, the 'Tell us' leaflet can be prepared in another format or language.

People should be encouraged to speak to a member of staff as quickly as possible if they are unhappy or dissatisfied about something so that prompt action can be taken to resolve the issue.

If a member of staff receives a verbal or telephone comment or complaint they should:

- not be defensive
- ask if the person would like to make a written comment or complaint
- record the comment or complaint, ideally using the 'Tell us' form, using the persons own words and checking they are happy with how it is recorded
- in all cases include the name, address and telephone number of the person, the time and date the complaint/comment was received
- thank the person for telling us

A formal complaint can be made in writing, either using the leaflet or in a letter. A stamped addressed envelope can be provided if requested.

Anonymous comments and complaints will still be investigated and recorded. A response cannot be given to an individual, but it may be possible to feedback through other means to communicate the actions taken.

When a completed 'Tell us' form, letter, telephone call, verbal comment, complaint or compliment is received:

- the time and date received will be recorded it will be logged on to the database – kept on the U drive, Leadership folder, Complaints and Comments Log
- it will be given a reference number
- and allocated to a person responsible for action

Head of Care will be responsible for action regarding comments and complaints about care issues.

The Chief Executive will be responsible for action regarding comments and complaints about all other matters.

Complaints should be heard in private and people making a complaint should also be helped to access any advice.

If people require assistance in making a complaint, this will be provided by the Head of Care Admin support.

All complaints will be acknowledged in writing within 2 working days of receipt, unless a full response can be met within 5 working days. The acknowledgment letter will include an invitation to a meeting to discuss the complaint.

Where the complaint requires further investigation, a letter explaining the reason for the delay will be forwarded to the complainant. A full response made within 5 working days of a conclusion being reached.

Every effort must be made to provide the complainant with regular updates about the progress of the investigation until resolution.

A full response will normally be made within 20 working days.

The final response letter should include:

- A detailed explanation of how the complaint has been considered
- Conclusions reached
- Actions taken or to be taken with timescales
- Inform complainants of details of what to do if not satisfied with response/outcome.

The relevant sub committee will review the complaint investigation if appropriate.

An electronic file will be maintained containing the original complaint details and results of investigations, copies of letters sent etc. On conclusion this will be filed securely by the Chief Executive.

The complaints process will be deemed complete when the complainant has indicated, ideally in writing, that they are satisfied with the outcome.

Non resolution

If a complaint is not resolved to the satisfaction of the complainant in the first instance, an appeal can be made by the complainant to be reviewed by the Chief Executive Officer.

An outcome will usually be given within 5 working days. This may vary depending on the nature of the complaint.

If the complaint is not resolved to the satisfaction of the complainant an appeal can be made to the Board of Trustees.

The 'Tell us' leaflet contains information about where people can go

- if they require help, support or advice
- they prefer to complain initially to an independent agency
- they are unhappy about the outcome of their complaint

For advocacy and support with a complaint people are welcome to contact either
Nottingham and Nottinghamshire Healthwatch https://hwnn.co.uk
Tel 0115 9565313 or

POhWER https://www.pohwer.net/nottingham-city
Tel 0300 456 2370

For Referral to the Appropriate Governing Body

Care Quality Commission	https://www.cqc.org.uk/
Integrated Care System, Nottingham and Nottinghamshire	https://healthandcarenotts.co.uk/contact-us/patient-advice-and-complaints/
Information Commissioners Office	https://ico.org.uk/
Charity Commission	https://www.gov.uk/government/organisations/charity-commission

Training

As part of mandatory training all staff at BH will learn:

- the difference between comments, suggestions, observations and complaints
- how to respond to comments and complaints
- what actions to take in dealing with comments and complaints, including assisting the person and correct recording
- resources available
- policy and procedure

Learning from comments and complaints will also form part of on-going learning and development for all staff development through supervision, reflective practice, individual management supervision meetings and at appraisal.

Learning from complaints

The investigation into a complaint may well provide valuable information about how to improve the service. This may require changes in individual practice, policy or procedure.

Consideration will be given to the best way to ensure learning takes place, depending on the nature of the complaint this may be done through:

- individual meeting with person involved
- training session – either individual or group
- meeting to discuss complaint and how to prevent occurrence
- disciplinary hearing if complaint warrants it.

8. Equality Impact Assessment

The impact assessment tool below must be carried out on the policy and considered for aspects of it.

	Name of Policy/Procedure	Yes/No/NA	Comments
1	Does the policy or guidance affect one group less or more favourably than another based on:		
	• Race	No	
	• Ethnic Origin	No	
	• Nationality	No	
	• Gender (Male/Female/Transgender)	No	
	• Culture	No	
	• Religion or Belief	No	
	• Sexual Orientation (Lesbian/Gay/Bisexual)	No	
	• Age	No	
	• Disability (learning disabilities, physical disability, sensory impairment and mental health problems etc)	No	
	Employment status (full/part/bank/retired)	No	
	Marital Status/Civil Partnership	No	
	Trade union membership/non-membership	No	
2	Is there any evident that some groups are affected differently?	No	
3	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	N/A	
4	Is the impact of the policy/guidance likely to be negative?	No	
5	If so, can the impact be avoided?	N/A	
6	What alternatives are there to achieving the policy / guidance without the impact?	N/A	
7	Can we reduce the impact by taking different action?	N/A	
	Name of Assessor		**Signed**
	CEO		

9. Training Needs Analysis -Staff Training requirements

On induction all staff will receive information regarding comments complaints and compliments processing. All staff and volunteers will read the policy ensuring that they understand how to comply. Individual managers will identify and respond to any training needs identified.

10. Monitoring Compliance with the policy / procedure

Each Beaumond House Sub-Committee will at each of their meetings:

- review any comments or complaints received in the period since their last meeting.
- look at the topic of comment and complaint and actions and response given.
- consider if there are any patterns or particular areas of concern.

At the end of each year ending March 31st, a report will be prepared showing a summary of the following:

- the numbers complaints received
- subject matter of each
- which were resolved fully or partly, referred to others
- improvement actions taken in response to comments and complaints
- an audit of compliance against the policy/procedure
- review and amendments to the policy and procedure

The database containing this information will be kept up to date to aid reporting to CQC when required or other bodies e.g. ICB in a timely fashion. Further guidance about what needs to be reported can be found on the CQC website.

Information will be accessible to the public on request.

11. References

CQC Regulations for providers – www.cqc.org.uk

Complaints Matter CQC publication December 2014 https://www.cqc.org.uk/publications/themed-work/complaints-matter

12. Policy Review

This policy will be reviewed every 3 years or sooner in the light of changes in the law or following investigations of incidents that indicate a change is required.

13. Sign off sheet regarding dissemination of procedural documents

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

Title of document:	Complete and sign
Lead Director:	Chair of Operations Subcommittee
Sub Committee:	Operations Subcommittee
Date Approved:	18/05/2023
Ratified by Board:	Delegate to sub committee
Dissemination Lead:	CEO
All relevant staff informed of changes, training plan in place to allow for full implementation.	Separately recorded
Date placed in policy files:	24/5/23
Review Date:	May 2026

Appendix A – Complaints Process