

Complaints Policy

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POLICY STATEMENT

Wellspring aims to provide a high-quality service in partnership with our Service User's, Relatives and other Stakeholders & to actively seek their opinion regarding the quality of care received. This policy applies to all Services in England, Wales & Scotland.

1. Introduction

Wellspring healthcare aims to provide a high-quality service in partnership with our Service Users, relatives and other stakeholders and to actively seek their opinion regarding the quality of care received.

This includes external organisations and visiting professionals who we encourage to provide feedback and to raise any issues, concerns, complaints or suggestions concerning our services.

Compliments are a measure of service user satisfaction dissatisfaction and will be used to improve the quality of services and ensure compliance.

To this end, Wellspring will:

Record and resolve any complaint as fully and quickly as possible

Use the information gained to improve the quality of services and review outcomes as part of our Compliance Audits.

2. Data Protection & GDPR

Consideration must always be given to the Data Protection Act 2018 and the GDPR when communicating with queries and complaints. At no point should you share confidential or sensitive information without ensuring the appropriate authorisations are in place.

If a request for records is submitted within a submitted complaint, compliment or feedback, this must be escalated to the Compliance Team Administrator without delay and this process will be dealt with aside from the complaint or compliment in line with our Records Management and Access to Medical Records policy.

3. Complaints

A complaint is a formal expression of dissatisfaction. This could be relating to the quality of service, with the failure to provide a previously agreed service or the attitude and behaviour of staff.

The Complaints Procedure is designed to:

be easily accessible

be simple to understand and use

allow quick handling of complaints within required time limits

ensure all involved are kept informed

ensure a full and fair investigation

address all points at issue and provide an effective response

provide information to managers and staff so that services can be improved

5. Comments & Suggestions

In addition, Wellspring wishes to promote feedback from Service Users and other stakeholders. It is hoped that Service Users in all Services will have the opportunity to raise issues at regular meetings or during the course of day to day contact with staff and the Home/Branch/Service Manager. Relatives should also be involved in this process.

6. Monitoring of Compliments and Complaints

The regular monitoring of compliments and complaints is part of Wellspring's Quality Assurance programme.

Complaints will be monitored by the Compliance & Governance Department in order to:

monitor the effectiveness of the compliments and complaints procedure;

consider trends in complaints and any remedial action taken;

consider any lessons which could be learnt from complaints, particularly for service improvement; you can find further information in the Quality Assurance Policy.

Complaints are reviewed monthly and reported on within both Executive and Board papers and discussed within these meetings for senior awareness.

Complaint trends are analysed annually and reported to the Executive and Board teams.

7. Regulatory Bodies

Health & Social care services are regulated by various bodies. The main regulatory body in England is the Care Quality Commission (CQC). For Scotland, both Healthcare Improvement Scotland (HIS) and the Care Inspectorate (Scotland) (SCISS) regulate Scottish services.

Throughout this document, reference is drawn to these bodies. Please only refer to the one that is applicable to your service and region.

If the complaint is subject to other matters outside Health & Social Care, please contact the relevant department in the Head Office who will provide further information.

8. Complaints Procedure

Guidelines for dealing with Complaints

All complaints, verbal or written, must be treated seriously and recorded immediately in the internal complaints system.

Verbal complaints directly raised with the person in charge should be dealt with immediately and supportively. It may be possible to provide a satisfactory explanation or answer in order to resolve the issue of immediate concern. This may include an agreed plan of action.

If the issue of concern is not immediately resolved or it is of a serious nature requiring further investigation or where a complaint has been received in writing, the Operations Manager should be informed at the earliest opportunity.

The Home/Branch/Service Manager or Administrator must send a letter of receipt to the complainant within 72 hours of receiving the complaint. Where the complaint is of a serious nature, the draft letter of acknowledgment should be referred to the Operations Manager or if unavailable the Compliance Department before being sent out.

Where the complaint is of a serious nature, the Regulatory body, Commissioning and Placement Officers and Contract Monitoring Department should be contacted within 24 hours, as appropriate.

If the complaint involves allegations of abuse, the Policy on Safeguarding Adults applies and the matter should be referred immediately to the Managing Director or on-call Manager.

If the complaint is related to a Duty of Candour incident, the Nominated Individual/Responsible Individual must be kept informed.

If the complaint is related to a Safeguarding investigation, this takes precedence therefore you must inform the complainant of this and confirm that their complaint is being placed on hold, following closure of the Safeguarding investigation, formal correspondence must be exchanged to confirm the complaint being resumed within the normal time frames.

8.2 Complaint Investigation

You should refer to the Incident Level Matrix when deciding who should investigate the complaint.

Depending on the seriousness of the complaint, allegations will indicate what level of management should investigate. If you are unsure, please contact the Compliance Department.

Where the complaint is to be managed internally, immediate action must be taken to fully investigate the circumstances of the complaint. All parties involved should be approached in order to get a complete account and a full documentary record should be kept (e.g. witness statements, copies of records etc.).

The investigation must be concluded within 28 days (England & Wales) or 20 days (Scotland) of receiving the complaint and the complainant advised of the final outcome.

Where appropriate, a meeting with the complainant should identify the outcome of any investigation and the steps that have been taken to address the complaint.

Where the outcome is inconclusive, reassurance should be given that the complaint has been treated seriously and fully investigated. A letter of confirmation of the final outcome should be sent to the Operations Manager to be signed off prior to being sent to the complainant with a copy of the Complaints Procedure included. This will identify further action that may be taken by the complainant if the complaint has not been satisfactorily resolved including approaching the relevant Regulator.

If the complaint is not resolved after an initial investigation, a second phase will be pursued involving a further investigation by a Senior Manager. Depending on the subject and severity of the complaint, this may be the Managing Director.

Actions should be identified to prevent a recurrence including any training and quality improvement issues. Complaints should be reviewed in the course of annual review.

A record of all actions taken to draw the matter to a conclusion should be made in the Complaints Record Form & the Complaint System updated. The Complaints Record Form should be scanned onto the Complaint System.

As soon as the management of the complaint has been brought to a satisfactory conclusion, the Complaint System must be updated to confirm closure and outcome of the complaint.
All template letters can be found on the IMS.