

Complaints and Concerns Policy

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Equality impact consideration	No impact identified

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1.0 Scope and Objectives

At Kenward Trust we always aim to achieve and maintain the highest standards and quality of service for our service users and all those with whom we interact.

Kenward Trust supports a culture of openness, honesty and transparency (Duty of Candour). We recognise that adherence to strict guidelines on dealing with concerns and complaints is of paramount importance.

The specific aim of this policy is to ensure that the Trust's ethos of welcoming complaints in a positive way, provides a clear understanding of what people should expect when they complain or express concerns.

The policy clarifies the roles and responsibilities of Kenward Trust staff in assessing, acknowledging and investigating concerns and complaints and describes the processes in place to ensure they are handled efficiently

2.0 Duties and Responsibilities

2.1 The Board of Trustees has a responsibility to ensure that there is an overall policy, procedure & process in place to enable Kenward Trust staff to report, investigate, resolve and learn from complaints and concerns that have been raised.

The role of the Trust Board is to focus on monitoring and quality assurance: to receive regular reports from the Quality Assurance Committee that the Policy and procedure for dealing with concerns and complaints is working effectively and ensure systematic learning and appropriate actions take place in response to each concern or complaint.

2.2 The Quality Assurance Committee is responsible for monitoring staff compliance of the policy and implementing processes to embed lessons learned from complaints or concerns that have been raised. The Quality Assurance Committee (QAC) is a committee established for the purpose of improving the safety and quality of The Kenward Trust Service

2.3 The Chief Executive Officer has overall accountability for ensuring compliance with the Concerns and Complaints policy whilst also ensuring that correct processes are followed with regards to complaints and concerns being effectively managed and that they are investigated thoroughly and fairly, ensuring we give fair and accountable responses.

2.4 The Registered Manager is responsible for supporting the operational teams and ensuring complaints and concerns related to provision of services for residents are addressed, lessons are learned and the information is disseminated among staff and embedded into practice. The Registered Manager is also responsible for reviewing the policy and ensuring that any changes are disseminated to all staff. In the case of a complaint or concern that is deemed to be notifiable, The Registered

Manager must immediately notify the relevant agency, for example the Kent and Medway Safeguarding Team or CQC.

2.5 The Human Resources Manager is responsible for providing assurance to the Quality Assurance Committee and Board of Trustees that systems are in place to educate and guide staff to be open and transparent and deal with complaints and concerns effectively. This will include policies, procedures, training and expert advisors where appropriate.

2.6 The Head of Therapeutic Services is trained to Level 4 in Safeguarding and will be responsible for reporting on any safeguarding concerns related to complaints or concerns that have been raised.

2.7 The Senior Management Teams will be responsible for ensuring that staff are able to be open and transparent and effectively manage a complaint or concern that is raised to them. They must also closely monitor their team's compliance in relation to managing complaints and ensuring that the complainant is not treated in a less favourable way once they have made a complaint.

2.8 The Governance Lead will be responsible for ensuring that complaints or concerns are closely monitored for themes and trends and are dealt with by the appropriate staff members in a timely manner. The effectiveness of newly implemented processes in response to a complaint or concerns will be closely monitored and evaluated.

2.9 Line Managers

Managers at all levels are responsible for ensuring that staff are aware of the location of this Policy and that this information is given to all new staff on induction. They are also responsible for assisting staff to keep up to date with any changes to this policy, although individuals have ultimate responsibility for their own practice. Different channels may be used to ensure staff awareness is raised including circulation emails, verbal briefing within team meetings, line management and other established communications.

2.10 All Staff have a responsibility to:

- respond to any concern or complaint raised to them by service users, families, visitors, or other professionals, with an emphasis on early resolution.
- direct people to appropriate information regarding how to give feedback, how to give comments, and how to raise a concern or complaint
- deal with a concern or complaint in an open, constructive and non-judgemental manner. Where possible, the staff member will resolve the matter immediately or as soon as possible, or refer to a more senior member of staff on duty at the time.

- possess the necessary skills to deal with or investigate concerns or complaints
- ensure that they are aware of the Complaints and Concerns Policy and understand how to follow the policy
- ensure that they ask their line manager for guidance if they do not understand what is required of them with regards to the policy.
- ensure that any resident or visitor who raises a complaint face-to-face is treated with dignity and respect and is not treated in an unfavourable manner
- attend training that is provided regarding dealing with complaints and concerns
- to be aware of and understand the Whistleblowing policy and Duty of Candour policy
- be appropriately trained to be able to diffuse a situation or seek help if a complainant is verbally or physically aggressive
- alert the Registered Manager of any potential concerns with regards to a complaint that may require CQC to be notified
- to act in the best interest of residents and visitors
- to safeguard all residents by ensuring that complaints or concerns that have been raised are shared escalated where required and do not remain undisclosed
- understand their legal and moral obligations when a complaint or concern is raised
- remain open and transparent at all times

3.0 Complaints and Feedback at Kenward Trust

Kenward Trust promotes a just and learning culture and we welcome feedback from service users, their families and friends, other professionals, and the general public about the services we provide. By listening to people about their experiences we can resolve any mistakes, reflect and learn from our practice, and improve the quality, safety and delivery of our services where needed.

Kenward Trust promotes and encourages service users to share experiences of the care they have received e.g. providing comments and feedback from concerns, complaints and compliments.

Kenward Trust will acknowledge concerns or complaints as soon as they are raised and, if necessary, will put things right as quickly as possible, learn lessons, prevent reoccurrence and identify service improvements. In most circumstances the quickest and most effective way of resolving a concern or complaint is to deal with the issues when they arise or as soon as possible afterwards.

3.1 Definitions

It is sometimes difficult to clearly demarcate between a concern and complaint and for this reason they should be viewed along a continuum. However, for the purpose of this policy, the following definitions will apply:

3.2 Concern

A concern can be defined as a matter of interest, importance or anxiety. Concerns received at local level can be investigated and resolved promptly to the complainant's satisfaction or within one working day. If this is not possible, the complainant can choose to have their concern investigated as a complaint.

3.3 Complaint

A complaint can be defined as any expression of dissatisfaction, or a perceived grievance or injustice, whether justified or not. This definition allows a complaint to be defined from the perspective of the complainant.

4.0 Raising a Concern or Making a Complaint

4.1 Information about raising a concern or making a complaint

Written information describing how the Trust deals with concerns and complaints will be made available in all service areas as part of the induction, and on the Kenward Trust website.

4.2 How to raise a concern or make a complaint

Concerns and complaints may be made about any matter reasonably connected with the functions of the Trust. This may be clinical or non-clinical.

Concerns and complaints may be made verbally (in person or via telephone) or in writing (letter or email) and be raised with any member of Trust staff.

Concerns and complaints must be made no later than 3 months after the date the event occurred or, if later, the date the event came to the notice of the complainant. This time limit will not apply if the complainant can give a good reason for not making the complaint within that time limit and, despite the delay, it is still possible to investigate the concern or complaint effectively and fairly.

4.3 Who may raise a concern or make a complaint

Concerns and complaints may be made by a service user, their representative, or any persons affected by the action of the Trust.

A concern or complaint may be made by a representative where the service user has died or is unable to do it themselves unaided because they lack capacity (within the

meaning of the Mental Capacity Act 2005) or has requested the representative to act on their behalf.

In all circumstances where a representative is making a complaint, the complaint can be considered by the Trust if the representative is acting in the service user's best interest; for example, where the matter complained about, if true, would be detrimental to the service user.

In cases where a representative makes a complaint, the Trust must be satisfied that the service user has consented, either verbally or in writing.

If the patient has died or is unable to act for themselves, the next-of-kin may be able to provide consent for the complaint to be investigated and details released. In these circumstances, the Trust will respect any known wishes that had been expressed by the service user.

4.4 Listening and Responding to Concerns and Complaints

Local resolution is the first line of investigation and response to a concern or complaint. Local resolution enables the Trust to:

- Provide the quickest opportunity for a full and thorough investigation and response
- Acknowledge failures and, if necessary, apologise for them
- Quickly put things right when they have gone wrong
- Have the opportunity to improve services.

All concerns and complaints will be dealt with in an open, honest and conciliatory way. The Trust will adopt a flexible approach to resolution with the emphasis on a positive outcome and not on the process.

A simple concern may be resolved promptly or within one working day to the complainants satisfaction. If not possible, the complainant may choose to have their concern investigated as a complaint.

5.0 Procedure for responding to concerns and complaints at local level

When something has gone wrong, service users and their representatives are encouraged to raise concerns or make a complaint as soon as possible and directly to the staff involved. All Trust staff, as a means of improving service provision, will welcome the complainants' concerns or complaints positively.

5.1 Responding to a verbal concern or complaint at local level

If the concern or complaint is made to a staff member, he/she will:

- Endeavour to resolve the matter with the complainant;
- Begin a [Local Level Concern/Complaint Report](#)
- Discuss the issue with the Manager or their representative.

If the staff member approached is unable to deal with the issue, they will refer the matter to a more senior member of staff on duty at the time, eg. Manager, On-Call Manager.

If the concern or complaint is resolved, the manager or their representative will:

- Complete a Local Level Concern/Complaint Report;
- Write to the complainant (letter or email) confirming the outcome and resolution of their complaint
- Copy these documents to the Registered Manager.

If a resolution of the complaint is **not** possible, the local lead will:

- Ask the complainant to put the concern or complaint in writing to the Chief Executive
- Complete a Local Level Concern/Complaint Report; and forward this to the Registered Manager

5.2 Responding to a verbal concern or complaint made to Head Office

Verbal complaints made to Head Office will be routed via the Registered Manager or the Human Resources Manager who will;

- Begin a Local Level Concern/Complaint Report
- Email the partly completed Local Level Concern/Complaint Report to the relevant manager.

The relevant manager will mediate and attempt to resolve the concern or complaint. If the matter is resolved, they will;

- Complete the Local Level Concern/Complaint Report
- Write to the complainant (letter or email) confirming the outcome and resolution of the complaint
- Copy these documents to the Registered Manager

If a resolution of the concern or complaint is not possible, the manager will:

- Ask the complainant to put their concern or complaint in writing to the Chief Executive;
- Complete a Concern/Complaint Report ; and forward this to the Registered Manager

5.3 Responding to a written concern or complaint made to Head Office

Written concerns or complaints made to Head Office, unless addressed to a specific member of staff, will be managed by the Registered Manager or Human Resources Manager who will;

- Acknowledge receipt of the concern or complaint within 10 working days;
- Provide details of external advocacy services if the complaint is from a service user;
- Begin a Local Level Concern/Complaint Report ;

The HR Manager or the Registered Manager will also check with the relevant manager to see if an attempt has been made to resolve the complaint at local level. If there has been no such attempt, they will email correspondence and the partially completed Local Concern/Complaint Report to the relevant manager to deal with the matter.

The Local manager will mediate and attempt to resolve the concern or complaint. If the issue is resolved the manager will:

- Complete the Local Level Concern/Complaint Report ;
- Write to the complainant (email or letter) confirming the outcome and resolution of the complaint within 28 working days of receiving the written concern or complaint
- Copy these documents to the Registered Manager.

If a resolution of the complaint is not possible, the manager will

- Refer the complaint to the Chief Executive
- Complete a Local Level Concern/Complaint Report (Form 1) and forward this to the Director of Clinical Services and a copy to the Chief Executive.

5.4 Responding to a written concern or complaint made to the Chief Executive

The Chief Executive will check with the relevant manager to see if an attempt has been made to resolve the complaint at local level. If there has been no such attempt, and they judge that the concern or complaint would be best managed at

local level, they will forward all correspondence to the relevant manager to deal with the matter. Otherwise it will be managed by the Chief Executive or his/her nominated deputy.

If the concern or complaint fails to be resolved at local level, or is judged unsuitable to be resolved at local level, it will be managed by the Chief Executive or his/her nominated deputy.

The Registered Manager or the Human Resources Manager will prepare a complaint file, comprising any correspondence and copies of the Local Level Complaint Report and pass these to the Chief Executive.

The Chief Executive will acknowledge receipt of the complaint within 10 working days and will nominate a person with sufficient seniority who will:

- Fully investigate the complaint
- Complete a Concern/Complaint Investigation Report and
- Compose a draft letter detailing Kenward Trust's response to all issues and matters raised by the complainant.

The Chief Executive will approve and sign a written letter to the complainant within a further 28 working days or an agreed timescale.

5.5 Responding to Complainants dissatisfaction with the Trusts response.

If a resolution has been completely exhausted and the complainant still remains dissatisfied, they will be advised of their right to raise their complaint with the Local Government Ombudsman (LGO). The LGO provides a free, independent service. The Trust will provide information on how the LGO can be contacted to register their complaint.

6.0 Record Keeping

All concerns, whether resolved by the next working day or not, and all complaints will be recorded.

A complete documentary record will be maintained for each concern or complaint. This will include all written or verbal contacts with the complainant, staff involved in the investigative process and all actions taken in investigating the complaint.

The Head of Therapy Services and Business Development will collate and maintain a spreadsheet of all received concerns or complaints for logging, reporting and analytical purposes. The complaints and concerns will be discussed on a monthly basis at the Incidents and Complaints Committee Meeting. Themes and Trends will be monitored and quality improvement strategies will be implemented where deemed necessary.

The complaint file is a confidential record and as such will be stored securely, and easily retrieved and understood in the event of further enquiry. In accordance with the Kenward Trust Records Management Policy, complaint files are kept and disposed of confidentially. Complaint files will be retained for 8 years.

7.0 Confidentiality and Discrimination

7.1 Confidentiality

Information about complaints and all the people involved is strictly confidential, in accordance with Caldicott principles. Information is only disclosed to those with a demonstrable need to know and/or a legal right to access those records under the Data Protection Act 2018.

Complaints will not be filed within individual health/recovery case files, but maintained in a separate case file unless there is a need to record any information that is strictly relevant to their health/recovery record.

7.2 Discrimination

Complaints must not affect the residents/complainants treatment and the complainant must not be discriminated against. Any identified discrimination will be reported to HR and managed as per Trust policies.

8.0 Monitoring and Reporting Complaints and Concerns

The Kenward Trust Incidents and Complaints Panel will convene monthly to discuss, analyse and monitor received concerns and complaints to ensure there is organisational learning and sharing of best practice. Learning will be fed back and shared with all relevant staff and appropriate training will be arranged if and when necessary. New processes may be implemented in response to complaints. Staff will be advised accordingly and written policies or procedures may be amended or implemented to reflect changes in practice.

Reports will be used to provide anonymised data to meetings of Senior Managers and Trustees as required.

9.0 Staff Support

If the complaint has been made against a specific member of staff, he/she may seek support from his/her Manager (who will not be the person tasked with investigating the complaint). It will be the responsibility of this person to support the staff member through the Complaints Procedure. The form of support could include, but is not limited to

- Organising extra line management

- Attending any meeting with the staff member and with the person investigating the complaint
- Organising extra clinical supervision if the complaint is against a member of staff who is undertaking direct client work
- Discussing the need for any further support with the Director of Human Resources and Estates

10.0 Disciplinary Policy

Kenward Trust has a Disciplinary/Conduct Policy and may implement it at any stage of the complaints procedure should there be sufficient evidence for it to do so.

11.0 Grievance Policy

Kenward Trust has a Grievance Policy and the staff member(s) may implement it at any stage of the complaints procedure should there be reason to do so.

12.0 Breaches of the policy

Failure to comply with this document may result in disciplinary action. A breach may be regarded as a gross misconduct and may result in dismissal of the employee.

13.0 Training Requirements

All staff will be required to attend an induction programme when they commence employment with The Kenward Trust. Additional training, that may be required for specific roles when dealing with complaints, will be provided.

14.0 Review Period

The policy will be formally reviewed every 3 years. During the 3 year period the policy will continue to be monitored and any amendments that are deemed necessary will be made by the author. Conducting a partial review and making amendments prior to the three-year period may occur as a result of changes in legislation, regulations, internal processes or best practice guidance to ensure it remains effective.

15.0 Monitoring compliance and Effectiveness

Outcome Measure	Method	Who will monitor	Frequency	Process for reviewing results
Complaints and Concerns are effectively managed and are not escalated to external bodies in response to inefficiency at Kenward (e.g. CQC)	Monitoring of the external complaints at the monthly incidents and complaints meeting	Monthly Incident and Complaints Committee meeting	On-going	To be reported at quarterly Quality Assurance committee meetings
All complaints are dealt with in a timely manner and in accordance with the policy	Monitoring of responses to complaints at	Monthly Incident and Complaints Committee meeting	On-going	To be reported at quarterly Quality Assurance committee meetings
There are no incidents that have occurred due to a complaint or concern not being effectively managed	Monitoring of incidents that have been reported	Monthly Incident and Complaints Committee meeting	On-going	To be reported at quarterly Quality Assurance committee meetings

16.0 Document Control

Document Control		
References and Bibliography		
Relevant Legislation/Regulations		
Linked Documents		
Accidents, Incidents and Near Misses Policy Employee and Volunteer Handbook Safeguarding Policy Disciplinary Policy Grievance Policy Duty of Candour Whistleblowing Policy The Residents Welcome Pack - explains our complaint procedure to the residents Information relating to complaints in the Kenward House residents room		
Document Change History		
May 2022 - Further amendments were made to ensure that the policy remains fit for purpose. The policy was also transferred to a new template		
Groups and Individual Consulted		
Governance Lead Registered Manager Human Resources Manager Chief Executive Officer		
		Comments
Legal Advice Obtained	No	
Public/Resident Involvement	No	
Equality Impact Assessment Required Consideration given to any equality dimension. If impact identified then the appropriate equality impact screening will be attached to the document	No	No impact on the protected characteristics under the Equality Act 2010.

17.0 Equality Impact Assessment

Policy Title	Complaints and Concerns Policy
Date	May 2022
EIA completed by (Title)	Governance Lead

Purpose of the Equality Impact Assessment.

The purpose of the Equality Impact Assessment is to identify if a policy impacts upon protected characteristics of service users, employees, or volunteers. If an impact is identified, the content of the policy will be considered. A negative impact will need to be justified or the policy will need to be amended to mitigate, reduce or remove risk.

	IMPACT Will there be a disproportionate impact on protected characteristics and if so will this be positive or negative?	MITIGATION Can potential negative impact be justified, if not how will it be mitigated, reduced, or removed?
1. Age	No impact	
2. Carers	No impact	
3. Disability	No impact	
4. Race / Ethnicity	No impact	
5. Gender	No impact	
6. Gender reassignment	No impact	
7. Marriage / Civil partnership	No impact	
8. Pregnancy / Maternity	No impact	
9. Religion / Belief	No impact	
10. Sexual Orientation	No impact	