

Policy:	CONCERNS AND COMPLAINTS AND POLICY
Owner:	Director of Clinical and Residential Services
Approved:	Trustee Board
Review Date:	Reviewed September 2020 Due September 2023

1.0 POLICY STATEMENT:

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 provides 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 and investigated thoroughly.

2.0 INTRODUCTION

Kenward Trust is a committed learning organisation 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.

3.0 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:

3.1 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.

3.2 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 ROLES AND RESPONSIBILITIES

4.1 Trust Board

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

4.2 Chief Executive

The Chief Executive has overall accountability for ensuring compliance with the Concerns and Complaints policy.

4.4 All Trust staff

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.

All staff have a responsibility to 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.

All staff have a responsibility to direct people to appropriate information regarding how to give feedback, how to give comments, and how to raise a concern or complaint.

All staff who deal with or investigate concerns or complaints should possess the necessary skills to undertake this role.

5.0 RAISING A CONCERN OR MAKING A COMPLAINT

5.1 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, Main Reception, and on the Kenward Trust website.

5.2 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 12 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.

5.3 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.

6.0 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.

6.1 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.

6.1.1 Responding to a verbal concern or complaint at local level

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

- Provide the complainant with a copy of the Trusts 'What do you think' leaflet;
- Endeavour to resolve the matter with the complainant;
- Begin a Local Level Concern/Complaint Report (Form 1); and
- 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, Deputy Manager, On-Call Manager.

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

- Complete a Local Level Concern/Complaint Report (Form 1);
- Write to the complainant (letter or email) confirming the outcome and resolution of their complaint
- Copy these documents to the Director of Clinical Services.

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 (Form 1); and forward this to the Director of Clinical Services

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

Verbal complaints made to Head Office will be routed via the Director of Clinical Services or the Director of Human Resources who will;

- Provide the complainant with a copy of the Trusts 'What do you think' leaflet;
- Begin a Local Level Concern/Complaint Report (Form 1);
- Email the partly completed Local Level Concern/Complaint Report (Form 1) 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 (Form 1);
- Write to the complainant (letter or email) confirming the outcome and resolution of the complaint
- Copy these documents to the Director of Clinical Services

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 (Form 1); and forward this to the Director of Clinical Services

6.1.3 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 Director of Clinical Services or the Director of Human Resources who will;

- Acknowledge receipt of the concern or complaint within 10 working days;
- Provide the complainant with a copy of the Trusts 'What do you think' leaflet;
- Provide details of external advocacy services if the complaint is from a service user;
- Begin a Local Level Concern/Complaint Report (Form 1);

The Director of Clinical Services or the Director of Human Resources 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 (Form 1) 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 (Form 1);

- 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 Director of Clinical Services.

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.

6.2 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 Director of Clinical Services or the Director of Human Resources 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 (Form 2) and
- Compose a draft letter detailing Kenward Trusts 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.

6.3 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. This can be found in the Trusts 'What do you think' leaflet.

7.0 RECORD KEEPING

7.1 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 Director of Clinical Services or his/her nominated deputy will collate and maintain a spreadsheet of all received concerns or complaints for logging, reporting and analytical purposes.

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.

8.0 CONFIDENTIALITY AND DISCRIMINATION

8.1 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 1998.

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.

8.1 Discrimination

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

9.0 MONITORING AND REPORTING CONCERNS AND COMPLAINTS

The Kenward Trust Incidents and Complaints Panel will convene regularly 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.

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

10.0 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

11.0 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.

12.0 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.

13.0 SUPPORTING LEAFLETS DOCUMENTS AND FORMS

'What do you think' leaflet

Related Policies

Disciplinary Policy

Grievance Policy