



# Policy & Procedure: Complaints

## *'Listen and show you've heard'*

**Introduction:** Complaints are not always easy to define and it is important to distinguish between concerns, problems and complaints. All of these must be dealt with promptly.

Everyone attending a hospice has their story, which will inevitably include emotions. Remembering and respecting this is a core component of all hospice communication.

Complaints are a valuable form of feedback from those using hospice services. Everyone has the right to expect a good service from the hospice and to have things put right if they go wrong. When handled well, complaints provide an opportunity to improve services and reputation (*Parliamentary Health Service Ombudsman, 2009*).

An open culture strives to prevent complaints from arising but when they do arise, prompt, informal and effective resolution, through discussion and information gathering, by the person receiving the complaint is recommended so that necessary action can be taken immediately and an apology made if necessary.

Education is available to staff and volunteers to promote good communication skills and provide an understanding of how to receive and deal with concerns and complaints.

## Policy

**Purpose of this policy and procedure:** to ensure that there is a clear and effective system in place for identifying, receiving, handling and responding appropriately to complaints and comments made by service-users, their families and carers, about any aspect of Blythe House services; to support staff by providing instruction on how to manage a complaint from receipt through to resolution, in a manner which demonstrates openness and transparency.

- Information leaflets advise service-users of the Complaints policy and procedure. A copy of the policy is available in the reception area together with complaint forms. Feedback forms are also available in this area.
- Service-users and/or anyone acting on their behalf will be offered support, where required, to bring a complaint or make a comment. The relevant Senior Manager will provide a written copy of the Complaints policy and procedure to service users on request, or any person acting on behalf of the service-user.
- The Chief Executive Officer (CEO) will ensure that any complaint is fully investigated in line with this policy and, as far as is reasonably practicable, is resolved to the satisfaction of the complainant.
- Where necessary, the CEO will take appropriate steps to co-ordinate a response to a complaint which involves other service providers, agencies or organisations.

- All formal and informal complaints against the Hospice, both verbal and written, will be dealt with in a swift, open and effective manner that is equally fair to the complainant and hospice staff.
- Where it is clear that an error has been made, the member of staff receiving the complaint will acknowledge the feelings of the complainant and offer an apology.
- The complainant must feel that they have been listened to and that
  - professional and appropriate action will be taken to fully investigate their concerns and rectify any errors made
  - designated timescales will be adhered to and the complainant will be kept informed of the progress of the investigation
  - the confidentiality of all parties involved in the complaint will be maintained at all times and only members of staff directly involved in the complaint will be advised of details.
- All members of staff will be expected to understand
  - what constitutes a complaint, particularly an informal complaint that may arise as an aside within other communication
  - how to receive a complaint
  - how to deal with someone making a complaint
  - the procedure for dealing with complaints.
  - Details of complaints made, and the actions taken in response to them, will be included in the adverse event quarterly report to the Board of Trustees and reported to the bi-monthly Hospice Governance meeting, and the Care Quality Commission, where appropriate or requested.
- An audit trail of a random selection of any complaints made within the course of a year will be undertaken annually to ensure adherence to this policy.
- All complaints will be used to reduce incidents, and improve the quality of the services at Blythe House Hospice.

# Procedure

## Receiving a complaint

- Complaints may be received by letter, email or telephone, or made in person to a member of staff or volunteer.

## Verbal complaints

- Any complaints made verbally must be addressed immediately by an appropriate member of staff who will listen carefully, acknowledge the feelings of the complainant and apologise where necessary.
- If a front-line member of staff feels that they are not the appropriate person to deal with a verbal complaint satisfactorily, it can be referred to their line manager verbally or, if the manager is not available to speak to the complainant, in writing.
- All complaints must be dealt with sensitively and with understanding and as much information as possible gained, so that action to rectify the situation can be taken at once and, where appropriate, the error can be acknowledged and an apology offered.
- Volunteers who receive a complaint directly will acknowledge it and bring it to the attention of an appropriate member of staff immediately.
- The member of staff will complete a **Complaint Form** at the time of the complaint and offer a written copy of the **Complaints Procedure Advice** to the service-user or the person acting on their behalf, this includes the address and telephone number of the Care Quality Commission. They will assure the complainant that the CEO or a senior manager will contact them and offer a timescale for the manager's response, if practical.
- The CEO or senior manager will contact the complainant as soon as possible and, if appropriate, will offer an apology. Feelings must be acknowledged and ongoing support offered if needed.

## Representation

- Suitability to represent a service-user normally depends on the service-user's knowledge and consent that a specific person may act on their behalf. In these cases consent needs to be obtained from the service-user for the release of potentially confidential information.
- Where the service-user has died or is unable to give consent, it is necessary to establish that the complainant is suitable to represent the service-user.
- Confidentiality of the service-user and any known wishes expressed by them that information should not be disclosed to third parties should be respected at all times.

- All complaints, verbal and written, must be recorded on a **Complaint Form** and include the following details:
  - date and time of the incident
  - service or department the incident relates to
  - member(s) of staff involved
  - nature of incident
  - name of service-user (if not complainant)
  - name of complainant and contact details (if not service-user)
  - results of any investigation if the complaint was upheld
  - resolution of complaint
  - recommended action to be taken.

### **Written complaints**

- Complainants who have made a complaint in writing will be sent a written acknowledgement of their complaint from the relevant senior manager within five working days of receipt of their complaint. The acknowledgement letter will include a copy of the **Complaint Form** and **Complaints Procedure Advice**. Where appropriate, the letter will detail the progress of the complaint, if any.
- Written details of both verbal and written complaints, and actions taken, are recorded on a Complaint Form and given to the senior manager with responsibility for the service or department to which the complaint refers or to the CEO.
- The CEO maintains a paper and electronic record of each complaint, including details of investigations made, the outcome and any action taken in consequence. Details are held securely to maintain confidentiality.

### **Investigation of complaints**

- The CEO or nominated senior manager will undertake a comprehensive investigation of the complaint with the assistance of relevant members of staff.
- The complainant will be offered the opportunity to meet with the investigating manager to discuss the complaint.
- All findings and any communication with the complainant will be fully documented on the Complaints Form
- A full response will be sent to the complainant within 30 working days of receipt of the complaint. If this is not possible within this time scale, a letter explaining the delay must be sent to the complainant.
- Anonymous complaints will be investigated to determine the facts and implement any necessary changes to practice.
- The electronic complaints register will be kept up-to-date throughout the investigation

## **Resolution of complaints**

- When the investigation has been completed, a letter will be sent to the complainant within five working days outlining the findings and the proposed action to be taken.
- The complainant will be offered a face-to-face meeting with the investigating manager to discuss the investigation finding and any action to be taken.
- The findings of the complaint investigation together with the action to be taken will be recorded on the **Complaint Record**.
- Where appropriate, an action plan will be prepared with timescales for actions and a review undertaken linking the complaint to grievance and quality improvement procedures. Where practical, this will involve all members of staff involved in the complaint.
- The anonymised complaint will be reported to the appropriate sub-committee(s) of the Board of Trustees and the bi-monthly Hospice Governance group to ensure that lessons are learned and practice is improved or changed as indicated by the results of investigation.
- A summary of complaints, and any action taken as a result, will be included in the annual adverse report. This report is made available to the Board of Trustees, all departments and the CQC at their inspection.
- When the complainant has been informed of the outcome of the investigation, the complaint form together with all supporting letters and action plans will be securely filed in the complaints register and held by the CEO.
- The senior management team is expected to use the complaint as a learning tool or process and put any resulting change into practice.

## **Referral to the Care Quality Commission**

- If the complainant is not satisfied with the outcome of the investigation, they may complain to the Care Quality Commission. Details of how to complain are provided in the **Complaints Procedure Advice**.
- The CEO will discuss serious service-user or family complaints in confidence with the Lead Compliance Assessor for Blythe House Hospice at the CQC.
- The complainant can also appeal in writing to the Chairman of the Board of Trustees; the complainant will be informed of this in the outcome letter.
- The Board of Trustees will hold an independent review, if appropriate.

### **Audit Plan**

Adherence to this procedure will be audited annually by the Hospice Governance group following an assessment of all complaints made in the course of the year in order to ensure adherence to the above principles. The results of this audit will be presented to the Board of Trustees.

### **Compliments**

- Complimentary letters and cards are displayed in the relevant department pending transfer to the 'Compliments' file.

### **Suggestions**

- Anyone making a suggestion to staff regarding how care and services are provided should be thanked and advised that their views will be passed on.
- All suggestions from service-users and their families will be passed to the CEO who will discuss them with the relevant team prior to implementing any change to practice or service delivery.
- Suggestions are encouraged by provision of a suggestion box and comment cards in the reception area.
- The suggestion box is checked weekly. Suggestions are reviewed by the management team prior to passing to relevant staff or teams for consideration and/or implementation.
- All suggestions are summarised by the CEO and shared with staff at the monthly staff meeting.

