



Havering
LONDON BOROUGH

**ADULT SOCIAL
CARE
STATUTORY
COMPLAINTS
POLICY &
PROCEDURE**

APPENDIX 1

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Introduction

It is a statutory requirement for Local Authority Social Services Departments (NHS and Community Care Act 1990 and Children Act 2004) to have a system for receiving representations by, or on behalf of, users of those services.

Adult Social Care complaints, as well as Children's Social Services complaints, went through changes following the introduction of new government regulations in September 2006.

Further changes were to be made with the introduction of new regulations for a single Health and Adult Social Care complaints procedure that come into effect from 1 April 2009. This followed the Department of Health's consultation paper 'Making Experiences Count', published in June 2007 and the Department's response to that consultation published in February 2008.

The government's White Paper 'Our Health, Our Care, Our Say' made a commitment to develop a comprehensive single complaints system across health and social care. With that came a number of changes: the establishment of the Parliamentary and Health Ombudsman to carry out joint investigations and the establishment of Local Involvement Networks which gives a duty on local authorities and health to involve and consult those that use their services. In addition to this, on 1 April 2009 the Care Quality Commission become operational, joining together the Commission for Social Care Inspection, the Healthcare Commission and the Mental Health Commission.

From October 2010, the Local Government Ombudsman was given additional powers to investigate self-funder complaints relating to regulated services i.e. domiciliary care agencies and residential/nursing homes. With the increased move towards self-directed support this should provide an additional resource for information on complaints, which may not have been previously captured.

1 Complaints Policy

1.1 Background

Local Authorities have developed and improved their Social Care Complaints Procedure in response to the growing body of evidence about the importance of an accessible and easy to use system, and models of good practice. However, this did not go far enough and through discussions the Department of Health had with those using the services for both social care and health, it became apparent that there was a need to have a common approach to dealing with complaints across both Adult Social Care and health which put the focus on the needs of the complainant.

Common findings were that complaints were not always being dealt with promptly and sympathetically, and the focus was mainly on the process and was not person-centred. Many people found it confusing having to deal with separate procedures and wanted to have a simple, consistent and unified system. As a result new regulations come into force on 1 April 2009 for both adult social care and health complaints. 'The Local Authority Social Services and National Health Service Complaints (England) Regulations' will introduce a revised procedure for the handling of complaints by local authorities, in respect of adult social care, NHS bodies, Primary Care Trusts' providers and independent providers of NHS care provision. This will have a single process of local resolution putting the complainant at the centre, providing the flexibility to make local arrangements with the expectation of agreed joint working between all agencies.

Where a complaint extends beyond the local authority's services, i.e. home care provider or residential/nursing homes (**regulated services**), these have sometimes caused confusion, as regulated services have their own complaints procedure. With the introduction of the Care Quality Commission from 1 April 2009, and the local authorities will be expected to bring in line the handling of complaints, through joint agreements. Staff should be aware that the Care Quality Commission will not be taking up individual complaints. **However from October 2012, the Local Government Ombudsman was able to investigate complaints from self-funders about regulated services and will**

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liaise closely with the Care Quality Commission and local authorities where it is found that a regulated service is causing concern.

Local authorities are required to learn from complaints to help service improvements, therefore it is important to evidence these throughout the process.

Complaints which are made against a local authority, are the responsibility of the Local Government Ombudsman who have the necessary remit to cover local government issues. The Parliamentary and Health Service Ombudsman has the authority to carry out joint investigations of health and social care complaints.

1.2 What makes a good complaints procedure?

A complaints procedure needs to be easily accessible to service users and efficient and effective for staff to manage. A good complaints procedure and process will ensure that complaints will be dealt with impartially, objectively and professionally. Service users need have no fear that there might be adverse treatment of themselves, their advocates and/or families as a result of making a complaint. Service users need to feel that they are listened to and provided with the necessary support to help them with the process.

The complaints manager is committed to following up complaints each year to check:

- the service user/complainant was contacted to discuss his/her complaint and their outcomes
- the complainant/service user was satisfied with or understood the response to their complaint
- the complainant/service user was kept informed
- the current service meets the specified standard.
- the service area took the necessary actions identified from the complaint
- the service area has evidenced their learning from complaints
- providers of services have taken the appropriate steps in handling complaints and used complaints to help inform and improve their services
- the arrangements for accessing the complaints process and review as appropriate.

Staff involved in a complaint will be advised of this and be offered support if required. Feedback to staff involved in a complaint within a service area is essential. This is to be undertaken by the relevant supervisor/team manager. Final actions decided as a result of the complaint outcomes will inform improvement to overall services.

It will ensure that complaints are:

- dealt with in a sympathetic and understanding manner
- handled in an individual person-centred way
- dealt with in a fair manner and proportionate to the circumstances
- dealt with quickly and effectively and within appropriate timescales as far as possible, being flexible to the complainant's needs.
- Coordinated where possible
- not lost in the system
- Logged and processed appropriately
- Used as a tool for learning within the organisation

1.3 What is a complaint?

A complaint is when a service user or their representative expresses dissatisfaction with:

- access to information
- change/closure of service
- assessment criteria
- dispute of a decision
- delivery and quality of services

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- delays in the implementation of services
- attitude and/or behaviour of staff
- financial issues
- working practices which are contrary to Havering's policies on:
 - Health and Safety
 - Equal Opportunities
 - Racial and Harassment or Bullying

and when a service user or their representative says it is.

The complaints procedure cannot be used to state dissatisfaction with:

- the general level of available resources
- a court decision.

1.4 Who can complain?

- Anyone for whom Havering has the power, or a duty to provide, or to secure the provision of, a service for their needs.
- A service user who is in receipt of payments from Havering under the Community Care (Direct Payments) Act 1996, where the complaint is in reference to the assessment of direct payments or how this was administered.
- Any person who is a representative acting on behalf of someone who has requested such a person to act on their behalf, if the person has died, is unable to complain themselves because of physical incapacity or lack of capacity, or is a child.
- A complaint can be made by a representative of someone who has died as long as that person is deemed to have had sufficient interest in the welfare of the deceased person.

Where a representative makes a complaint on behalf of a child or a person who lacks capacity, it will need to be determined that the representative is acting in the best interests of the person. If it is determined that the representative is not acting in the best interests of the person, the complaint must not be considered.

1.5 Anonymous Complaints

All such complaints will be referred to the Complaints Team for recording and investigation within the complaints system. An anonymous complaint will not be ignored but will be investigated by the Complaints Manager and/or relevant service area manager.

1.6 London Borough of Havering Adult Social Care

Havering Adult Social Care, have a leaflet called, *Comments, Compliments, Complaints*, which provides the opportunity for service users to provide feedback on the services they receive. The complaints process indicated in this leaflet meets the statutory requirements for complaint management.

The Corporate Complaints Procedure is for all departments which do not have a statutory complaints procedure. It provides a uniform and systematic approach to handling complaints across the Council. It also enables individuals who want to complain about Social Services but are not able to use the statutory process. For example a contractor of Social Services may wish to complain about the length of time taken to pay invoices; The Corporate Complaints Procedure would provide access to make this type of complaint.

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1.7 Fair and equal access

Where there are communication, language or comprehension difficulties, the Complaints Manager will seek to provide practical support. Documents will also be provided in appropriate formats to access the complaints process.

Visits will also be undertaken by the **Complaints, Information & Communication Team** when required to explain the process and the support which can be offered.

Monitoring will be ongoing to review access to the complaints process, identify where possible difficulties or issues for particular groups may exist, and address these as appropriate.

1.8 Withdrawal of a complaint

If a complainant decides not to pursue a complaint, The Complaints Manager in liaison with the appropriate Service Area Manager will consider whether the matter has been concluded, or will require further investigation and advise the complainant accordingly.

1.9 Representations from Members of Parliament (MP) and Councillors

Complainants may take their concerns to their MP, Councillor or legal representative, however it would be usual practice to refer them to the statutory complaints process where this is appropriate.

Representations are likely to be received by the Group Director or Head of Service. If representations are made directly to service areas then the relevant manager must check whether the subject matter constitutes a complaint under the criteria listed above in 1.4. Managers should be mindful of data protection issues and that there is agreement for disclosure of information by the client, or the person legally acting on their behalf. All MP/Councillor enquiries must be copied and forwarded to the **Complaints, Information & Communication Team** to be logged and monitored.

PLEASE NOTE - service users/constituents may refer their representations to MPs or Councillors in order to obtain services more quickly etc this will have implications for fair and equal access for all service users.

1.10 Representations from Solicitors

If a letter is received from solicitors acting on behalf of a client or their representative, the relevant manager will check that the subject matter constitutes a complaint under the criteria listed above in 1.4; and where a solicitor becomes involved in an ongoing complaint the Complaints Manager must be advised and relevant documentation forwarded.

The Complaints Manager will liaise with the Legal Department to agree how the matter will be progressed.

1.11 Complaints involving Provider Agencies

Where a complaint is received which involves a domiciliary care agency or residential/nursing home, the complainant must be asked if they consent to the details of their complaint being sent to the relevant agency. The relevant provider agency will be notified in addition to the **Complaints, Information & Communication Team**. The provider agency will be required to deal with the complaint through their own complaints procedure; however complainants may approach **Complaints, Information & Communication Team** directly or if they are dissatisfied with the way in which their complaint was handled. **The Complaints, Information & Communication Team will record this as an informal complaint. Additionally, complainants who are self-funders can approach the Local Government Ombudsman if they are dissatisfied with the way their complaint was handled.**

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A complaint covering both the provider agency and the local authority, a coordinated response should be provided as far as is reasonably practicable.

1.12 Complaints involving health

Complaints involving the health service are managed within the same legal framework as Adult Social Care. The protocol already in place between London Borough of Havering, Havering PCT and Barking, Havering & Redbridge Hospitals Trust, however this will need to be reviewed in light of the changes within the health authority.

1.13 What these complaints arrangements cannot be used for

- Local authorities, NHS body, primary care providers or independent providers against other, local authorities, NHS body, primary care providers or independent providers.
- Staff working within these organisations about employment, contractual or pension issues.
- Complaints that have already been investigated under complaints regulations, by the local authority, NHS body, primary care provider or independent provider
- Complaints that are being or have been investigated by the Local Government Ombudsman or Health Service Commissioner.
- Alleged failure to comply with a data subject request under the Data Protection Act 1998.
- Alleged failure to comply with a request for information under the Freedom of Information Act 2000.
- Those who are self-funders or finance their own care directly via direct payments. The Complaints Manager should be advised in these cases and will discuss with the complainant how their complaint will be handled.

Where the local authority, NHS body, primary care provider or independent provider decides that a complaint is a complaint as specified above, then

- It is not required to consider the complaint, and
- As soon as is reasonably practicable notify the complainant in writing of its decision and the reasons.

1.14 Time limit for complaints

There is a 12 month limit in which a complaint can be made from the time that the matter occurred or from the time it came to the attention of the complainant. The Complaints Manager may consider accepting the complaint if there are extenuating circumstances which led to the delay of the complaint being made and if it is still possible to investigate the complaint effectively and fairly.

N.B. If a complaint is not re-directed to the complaints procedure it could disempower the process and create additional complications should the service user remain dissatisfied with the outcome. Please inform the Complaints Manager on 433506 if you find any errors, or contradictions and inaccuracies in any part of this procedure.

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2. PROCEDURE

The Department of Health's 'A Guide to Better Customer Care' and the Parliamentary and Health Service Ombudsman's 'Principles of Good Complaint Handling' provide guidance on effective complaints handling that has informed these procedures.

There are no longer three stages to the complaints procedure. The new procedure has now two stages, local resolution and either the Health or Local Government Ombudsman.

2.1 Receiving a complaint

- You can accept a complaint by telephone, fax, letter, e-mail or in person.
- Discuss the complaint with the complainant to ensure that you understand the issues
- Clarify the complaint(s)
- Ask the complainant what they would like to happen to help resolve their complaint. However this should be realistic, fair and proportionate.
- Listen carefully to the complainant and deal with them in an appropriate manner, taking into account their individual circumstances
- Ask the complainant if they need any support in making their complaint, i.e. for poor sight or hearing impairment, interpreter, translation or advocacy support.
- If advocacy support is required, please advise the Complaints Manager who will contact the appropriate organisation on their behalf, or refer them directly to the appropriate organisation. (see Appendix 6.1)
- If someone is making the complaint on behalf of a service user, check whether they have their consent, are acting in their best interests and whether the complaint is appropriate for this procedure (see 1.4 and 1.13)
- **If the complaint contains possible safeguarding issues you should refer to the Safeguarding Team. A draft protocol is to be finalised and once agreed will be included as an appendix to the policy and procedure.**
- Confirm with the complainant the appropriate procedure the complaint will be handled under i.e. statutory, corporate, provider agency
- Explain the process and outline what will happen next

It is advisable, where possible and practical, to discuss the complaint with the complainant face to face at the beginning of the process. This provides the opportunity for the complainant to be heard and may help to resolve the complaint quickly.

2.1.1 Councillor/MP enquiries – when you receive these you must:

- Determine if the enquiry constitutes a complaint? (see 1.3) If not sure, discuss with the Complaints Manager, as there may be an ongoing complaint in relation to their enquiry.
- Copy MP/Councillor enquiries to the **Complaints, Information & Communication Team** for logging/recording and monitoring purposes
 - The **Complaints, Information & Communication Team** will establish whether the MP/Councillor has the agreement of the service user/relative/carer to act on their behalf and that they are happy for the response to be sent directly to the MP/Councillor.
 - If you are required to respond to an MP/Councillor enquiry, you must be careful of the information you provide i.e. Data Protection Act

2.2 Staff involved in complaints

- Where a complaint is received about a named member of staff, this will be forwarded to the appropriate manager to discuss with them.

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- The manager and the member of staff should discuss what went wrong, (if anything) the circumstances and the difficulties surrounding the complaint and look at what can be done to improve the situation.
- Where it is appropriate, the complaint may be considered under the disciplinary procedure or the poor work performance procedure. The Complaints Manager, appropriate Manager and a representative from Human Resources will determine how this will be investigated or progressed.
- If the disciplinary procedure is considered the appropriate route the staff member will be advised and should refer to the council's disciplinary procedures and arrange appropriate representation. If the poor work performance procedure is considered the appropriate route the staff member will be advised accordingly.

2.3 Local resolution

2.3.1 When a complaint is received you should clarify what the complaint is and what the complainant would like to see happen to help resolve their complaint. The complaint will need to be assessed as follows: (see Appendix 6.2)

2.3.2 Low risk (informal) complaint

- if it is a minor concern which is unlikely to occur again, it is not complex and can be dealt with immediately or within 5 days, this should be treated as a low risk (informal) complaint.
- Ask the person raising the concern if they would like to meet with you or are happy to discuss the concern over the telephone.
- agree the timescale in which the matter will be resolved, advise them of the named officer and contact details of the person dealing with the matter and when they will get back to them. This should be dealt with as quickly as possible and within 5 working days.
- Ask how they would like to be contacted to provide feedback on their concern. and the most convenient times for them if they wish to be contacted by telephone.
- Ensure that you note the date the concern was received, the agreed timescale and actions taken to resolve the concern, the date the concern was resolved and whether the person raising the concern was happy with the outcome. (see informal concern sheet)
- Pass on details of informal complaint as above to the **Complaints, Information & Communication Team** for logging/recording purposes. This does form part of the statutory process.

2.3.3 Low-Medium risk (formal) complaint

- If it is a concern that is serious enough to warrant as a complaint and may have occurred previously or there is a likelihood that it could happen again then this should be treated as a low-medium risk (formal) complaint.
- The relevant Team/Service Manager and Complaints Manager must be advised of the complaint, who will discuss the most appropriate way to handle the complaint.
- The Team/Service Manager, if appropriate, may identify a nominated person to deal with the complaint. The nominated person must liaise with the **Complaints, Information & Communication Team** who will assist with the process.
- The process as outlined below in 2.3.7 must be followed.

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- Staff should aim to respond within 10 working days.
- The final response will be signed off of by the designated Responsible Officer.

2.3.4 Medium Risk

- a complaint that requires investigation at Team/Service Manager level, which may have happened previously or is likely to occur in the future and could result in harm.
- the Team Manager/Service Manager will liaise with the Complaints Manager to discuss the most appropriate way to investigate the complaint.
- The process as outlined below in 2.3.7 should be followed
- Managers should aim to respond within 10-20 working days.
- The designated Responsible Officer is to have the final sign off of the response.

2.3.5 Medium-High Risk

- a serious complaint which is likely or almost certain to occur again, which could or has resulted in harm and requires investigation at Service Manager level.
- the Service Manager will liaise with the Complaints Manager to discuss the most appropriate way to investigate the complaint.
- The process as outlined below in 2.3.7 should be followed
- The Assistant Director/Head of Service should be notified.
- Managers should aim to respond within 10-20 working days.
- The designated Responsible Officer is to have final sign off of the response.

2.3.6 High Risk

- A serious and complex complaint that requires a thorough independent investigation and is almost certain to reoccur and has resulted or may result in serious harm or death, **or have major implications for the service.**
- the Complaints Manager will liaise with the Assistant Director/Head of Service to appoint an independent investigator to investigate the complaint and an independent person as necessary. Attempts should be made to match gender and ethnicity as appropriate.
- The Complaints Manager will advise the complainant of the name of the investigating officer and will obtain signed agreement from the service user/complainant for the investigator to access records for the purpose of the investigation
- The independent investigator will meet with the complainant to clarify the issues and agree a statement of complaint which should reflect the process outlined below in 2.3.7 for acknowledging a complaint.
- The Complaints Manager will liaise with the independent investigator and assist with the coordination of the investigation as appropriate.

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- An initial draft report will be sent to the Complaints Manager, who will discuss with the Director/Assistant Director/**Head of Service** and share with the complainant for any initial comments and feed these back to the investigator
- The final report will be submitted to the Complaints Manager who will forward to the Director/Assistant Director/**Head of Service** to include with their final response to the complainant
- The investigation report and response should be signed off by the designated Responsible Officer within 25-65 working days

2.3.7 The Process for formal complaints:

- The Complaints Team will contact the complainant to acknowledge the complaint either verbally or in writing within 3 working days and establish if the complainant would like to meet, or are happy to discuss the complaint over the telephone. They will also establish if the complainant requires any assistance with their complaint i.e. advocacy, language assistance, vision or hearing assistance
- Whether the complainant agrees to a face to face meeting or a telephone conversation the following should be discussed:
 - how the complaint will be handled;
 - the outcomes to resolve the complaint, which should be realistic, fair and proportionate;
 - who will be dealing with their complaint and their contact details;
 - agreed timescales with the complainant for responding to the complaint
 - how the complainant would prefer to receive their response to the complaint e.g. letter, e-mail, telephone. If by telephone, ensure a written record is made.
- The **Complaints, Information & Communication Team** will log the complaint on to **Corporate Relations Management (CRM) (corporate complaints system)** and scan to electronic file and to AIS (**adult social care database**) if appropriate and place involvement on **AIS**
- A confirmation letter will be sent by the Complaints, Information & Communication Team within 3-5 working days and will include the following:
 - the relevant legislation complaint refers to if appropriate, i.e. NHS & Community Care Act 1990
 - under which procedure the complaint is being dealt with e.g. statutory, corporate, provider agency
 - date the meeting/telephone discussion took place
 - the agreed points of the complaint,
 - the agreed outcomes to resolve the complaint
 - the named person who will be dealing with the complaint and their contact details
 - the agreed timescale to respond to the complaint.
- If you are aware that there will be a delay to the agreed timescale, contact the complainant and advise, giving the reasons why and negotiate a revised timescale. Notify the **Complaints, Information & Communication Team** who will record the change.
- If the circumstances change in relation to the original complaint, i.e. harm to individual, death in the family, etc. Notify the Complaints Manager, who will review in liaison with the appropriate manager and the complainant.

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- An initial draft response will be produced and **may** include a report, identifying the method of investigation, the findings, the conclusions and the actions already taken or identified to achieve the agreed outcomes and the timescales by which the actions will be carried out.
- The initial draft response must be sent to the relevant Team/Service Manager and Complaints Manager
- The relevant Team/Service Manager will share the initial findings with the complainant for their comment.
- Final response to be signed off by appropriate manager as identified in 2.3.3- 2.3.6 above.
- If it has been identified that something has gone wrong – **APOLOGISE!**

3. Right of review by Members

- 3.1 If, having gone through the above process, a complainant remains dissatisfied, **consideration may be given for** the case **to** be reviewed by a Hearings Panel of the Council's Adjudication & Review Committee..
- 3.2 A Hearings Panel will comprise two Councillors and an Independent Person, who will chair the Panel. The Panel will review the complaint and the findings, and discuss them with the complainant and the service manager(s) involved in the issues.
- 3.3 The Hearings Panel will make recommendations to the Group Director as to what, if anything, further needs to be done about the complaint.
- 3.4 A Hearings Panel will be triggered by the Complaints Manager's referral for a review to Legal & Democratic Services, who will deal with the review.

4. Unreasonable Complainants

- 4.1 Where it is considered that a complainant is persistent and unreasonable, you must ensure:
- you have evidenced that the complainant is raising the same issues that have been investigated previously.
 - That there is an agreed single point of contact for the complainant.
 - Advise the complainant in writing of the steps to be taken regarding contact and that repeated complaints will not be registered and only acknowledged and the reasons why.
 - Where contact is abusive, either verbally or in writing, explain to the complainant that this is not acceptable and will not be responded to.
 - Where complainant continues to persist unreasonably, a letter from the Head of Service/Director may be required to advise of further appropriate action as and when required.

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5. Ombudsman Investigations

- 5.1 Where a complainant is not satisfied with the response to their complaint, they have the statutory right to ask the Ombudsman to investigate their complaint. The Ombudsman will consider whether the Council has had sufficient opportunity to consider the complaint.
- 5.2 The Ombudsman may refer the complaint back to the Council for further consideration or may decide to investigate the complaint to determine whether it has dealt with the complaint in an appropriate and thorough way. The Ombudsman is also likely to re-investigate the background to the original issues that gave rise to the complaint.
- 5.3 Where the Ombudsman decides to investigate, Democratic Services will forward the complaint to the Complaints Manager, the relevant Head of Service and the Director.
- 5.4 The Complaints Manager will determine the service areas that will be required to provide responses and coordinate the draft response on behalf of Adult Social Care.
- 5.5 If you are asked to provide a response to an Ombudsman enquiry/investigation you should ensure that you answer it fully and provide any relevant documentary evidence within the timescale given. **Bear in mind that it is illegal to fail to provide, or to conceal, anything in the Council's records that is relevant to the Ombudsman's enquiry. EVERYTHING MUST be disclosed.**
- 5.6 The draft response will be approved by the relevant Head of Service and the Director before being passed to Democratic Services for report to the Ombudsman.

6. Monitoring

- 6.1 **Feedback on complaints and the method in which feedback is obtained will need to be reviewed regularly.** Information will be used to help inform and review complaints handling and performance on complaints for managers.
- 6.2 The Complaints Manager will provide **lessons learnt template, including actions identified** for completion by Team/Service Managers. The actions will be monitored and reviewed at Operational Managers Group.
- 6.3 Service improvement plans will be produced by the Complaints Manager for service areas and reviewed by the Complaints Manager in liaison with Service Managers to ensure that they are appropriate and relevant.
- 6.4 Performance reports on complaints will be prepared for the management board on a **quarterly** basis and will be reviewed by the Complaints Manager in liaison with the Head of Service to ensure they are appropriate and relevant.
- 6.5 The annual report will be produced by the Complaints Manager and will be presented to the management board and the relevant committee(s).
- 6.6 The annual report will be published after it has been received by the relevant committee(s) on the Council's website.
- 6.8 Complaints involving providers will be monitored through the **Quality & Suspension** meetings.
- 6.9 The Complaints Manager will, from time to time request information from providers to ensure that complaints are being dealt with in an effective and customer-focused way and that their procedures reflect this.

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SECTION 7

7.1 VOLUNTARY GROUPS PROVIDING ADVOCACY SUPPORT

MENTAL HEALTH

HUBB

109 Rose Lane
Marks Gate
Romford
RM6 5NR
Tel - 02085902666
e-mail - info@hubb.eclipse.co.uk

OLDER PEOPLE

Age Concern

HOPWA House
Inskip Drive
Hornchurch
RM11 3UR
Tel – 01708 796600
e-mail - havering@ageconcern.org.uk

LEARNING DISABILITY

People First (Havering)
c/o 24 Weald Road
Brentwood
CM14 4SX
Tel – 07957 353910
e-mail – peoplefirst1@hotmail.co.uk

PHYSICAL & SENSORY DISABILITY

HAD

Whittacker Hall
1a Woodhall Crescent
Hornchurch
RM11 3NN
Tel – 01708 476554
e-mail - had@mistral.co.uk

DRUGS & ALCOHOL

Daybreak Drug Project (Support Service)

North Street Halls
24 North Street
Hornchurch
RM11 1QX
Tel – 01708 471361
e-mail – office@daybreakdrugproject.org.uk

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7.2 RISK RATING FOR COMPLAINTS

	One off occurrence not likely to reoccur	Possibility of occurring again or has occurred previously	Possible risk or harm to individual involved or to organisation and may occur again	Risk or harm to individual or organisation and will almost certainly occur again
Concern that can be dealt with immediately or within a few days	Low	Low - Medium	Medium	Medium - High
Complaint that needs investigation	Low - Medium	Medium	Medium -High	High
Complex complaint that needs to be investigated, possibly independently of service area	Medium	Medium - High	High	High

Low Risk – front line member of staff/care manager able to deal with matter quickly to try and resolve concerns.

Low-Medium Risk – serious enough concern that would warrant a complaint. Team Manager/Service Manager can delegate to appropriate worker, but will have overview of complaint in liaison with Complaints Manager. Final sign off by designated Responsible Officer.

Medium Risk – complaint which could have happened previously or may occur again and could result in harm which requires investigation at Team/Service Manager level. This may involve review of case records and staff interviews. Final sign off by designated Responsible Officer

Medium-High Risk – a serious complaint which is likely or almost certainly to occur again, which could or has resulted in harm, which will need investigation either through interviews of staff and/or review of case files or both by Service Manager in liaison with Complaints Manager. Final sign off by designated Responsible Officer

High Risk – a serious and complex complaint that is almost certain to reoccur and has resulted or may result in serious harm or death that will need a thorough independent investigation. Complaints Manager with relevant Head of Service to coordinate. Final sign off by designated Responsible Officer

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7.3 GUIDANCE SHEET FOR STAFF

If you are contacted directly by a service user or their relative/carer about a concern or complaint, consider:

- Is the concern/complaint about a general issue that is not an adult social care function? This may need to go through the corporate complaints procedure. Discuss with the **Complaints, Information & Communication Team** who will advise on this.
- Is it a concern/complaint about a provider agency/home? If so, this may need to go through the relevant agency/home. Discuss with the **Complaints, Information & Communication Team**
- Is it a MP/councillor enquiry? Advise the **Complaints, Information & Communication Team** who will coordinate with relevant manager.
- Is it a concern/complaint about an Adult Social Care function? If so, then you should: -
 - Ensure you clarify what the concern/complaint is and whether any assistance is required i.e. advocacy, language assistance, vision or hearing assistance.
- If it is a minor concern that you can deal with quickly, do so.
 - agree with the service user/relative/carer what actions are appropriate to resolve the concern and when and how you will get back to them. Ensure that you have the appropriate consent.
 - Complete the low risk informal concern sheet and forward to the **Complaints, Information & Communication Team**
- **Concerns/complaints containing possible safeguarding issues should be referred to the Safeguarding Team and copied to Complaints, Information & Communication Team. The protocol once finalised will be added as an appendix**
- If you feel the concern may warrant a complaint, advise your relevant Team/Service Manager and the **Complaints, Information & Communication Team**.
 - The Complaints Manager will discuss and assess how the complaint will be handled with the relevant manager.
 - If an independent investigation is required, the Complaints Manager will make the necessary arrangements to appoint an investigator
 - The **Complaints, Information & Communication Team** will discuss and agree the points of the complaint with the complainant; the outcomes; who will be dealing

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with the complaint; how their complaint is to be handled; the timescale and how they would prefer to receive the response. This will be done either in a face-to-face meeting, or over the telephone.

- The **Complaints, Information & Communication Team** will acknowledge the complaint within 3 working days. A confirmation letter will be sent within 3-5 working days. This will form the complaint plan and will be forwarded to the identified person dealing with the complaint.
- o As soon as you are aware there may be a delay to the agreed timescale, contact the person making the complaint and negotiate a revised timescale. Notify the **Complaints, Information & Communication Team**.
- o An initial draft response should be prepared. **It should identify** the method of investigation, the findings, the conclusions and the actions already taken and/or those identified to achieve the agreed outcomes, and the timescales in which the actions will be carried out. A report **may** be deemed **appropriate if it is a complex complaint**.
- o The initial draft response must be forwarded to the Team/Service Manager and Complaints Manager **to clear**. The initial **response/** findings of the investigation **will** be shared with the complainant for their comments.
- o the final response is signed off by the designated Responsible Officer.
- o If the complainant is still unhappy that the complaint has not been completely resolved, then the offer of a Hearings Panel can be made.
- The Complaints Manager will refer to Democratic Services who will make the arrangements for the Hearings Panel. The Hearings Panel will review the points of the complaint still in dispute and make recommendations, if appropriate, to the Director.
- o You should also advise the complainant that they have the right to approach the Local Government Ombudsman and provide them with the contact details if the complainant remains dissatisfied as follows:
The Local Government Ombudsman (LGO),
PO Box 4771, Coventry CV4 0EH.
Telephone: LGO Advice Team on 0845 602 1983 (Mon-Fri 8.30am – 5.00pm)
e-mail advice@lgo.org.uk
- o Don't be afraid to **APOLOGISE** if it has been identified that something has gone wrong.
- o If you have any queries or are not sure contact the **Complaints, Information & Communication Team** on 01708 433056/3589/3038

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7.4 CHECKLIST – DISCUSSION WITH COMPLAINANT

- Does the complainant wish to have a face to face meeting to discuss their complaint or are they happy to discuss this over the telephone?
- Always check whether the complainant requires any additional support, i.e. advocacy, hearing or vision aids, interpretation, wheelchair access, etc.
- Clarify the complaint – what are the key issues?
- What outcome does the complainant want to resolve complaint. Is it realistic, fair and proportionate?
- Identify those outcomes that are unrealistic and explain why.
- Explain how the complaint is to be handled and what procedure it will be investigated under.
- Agree timescales with the complainant
- Notify complainant who will be dealing with their complaint and provide contact details.
- Ask the complainant what their preferred method of contact is.
- Keep the complainant updated on progress of their complaint and notify them of any changes to what was agreed.
- Don't baffle with jargon, explain in simple language that can be generally understood.

IMPORTANT: Ensure if a person is making a complaint on behalf of someone else, they are doing so with –

- The client's consent (do they have capacity to consent?)
- If client cannot give consent, they are acting in the client's best interests; they have the relevant power of attorney e.g. for health and welfare/finances

Also be careful about the information you give for data protection purposes.

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8.1 Low Risk Concern Sheet

To be completed and sent to **Complaints, Information & Communication Team**

Name of person raising concern:			
Address:			
e-mail:			
Telephone:		Mobile:	
Are they the service user?		If no, name of service user	
		Swift/AIS ID:	
What is their concern?			
Date concerned raised:		Agreed timescale:	
Actions taken:			
Date actions completed:			
Did actions resolve concern:		If no, please comment:	
<p>If person raising concern feels that this has not been resolved, please refer to the Complaints, Information & Communication Team.</p>			
<p>To be completed by Complaints, Information & Communication Team</p>			
CRM No:		SR No:	
Date logged:			
File reference:			

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8.2 Confirmation Letter (Complaint Plan)



Name
Title:

Adult Social Care

London Borough of Havering
Scimitar House
23 Eastern Road
Romford
RM1 3NH

Telephone: 01708 439
Fax: 01708 43
Email: @havering.gov.uk
Textphone: 01708 433175
Date:

Our ref:
Your ref:

Dear

Statutory Complaint against Adult Social Care – NHS & Community Care Act 1990 OR [Corporate Complaint against Adult Social Care] OR [Complaint against (named provider)]

Ref: CRM/SR (*this is the reference generated by the complaints database*)

Thank you for your complaint form/letter/e-mail/telephone call received on regarding As discussed with you on Your complaint is being dealt with under the (*statutory/corporate/provider agency*) procedure and I have outlined what was agreed with you as follows:

The main points of your complaint are:

(List each of the points of the complaint as agreed with the complainant)

You agreed the following will help to resolve your complaint:

(Outline what the complainant wants as an outcome, identifying the agreed realistic and fair outcomes and detailing any outcomes that were not and the reasons why)

(Name and title of investigating officer) will investigate your complaint and will respond to you by *(give agreed timescale)*. You can contact *(Name of investigating officer)* on *(give contact number)*. An initial response of the investigation will be shared with you for your comment by the Complaints Manager/relevant manager.

You have asked that contact is made with you by and that your preferred times are (if appropriate)

If you need any further assistance with your complaint, please do not hesitate to contact the **Complaints, Information & Communication Team** on 01708 432589/433038.

Yours sincerely

8.3 Response letter



Name

Title:

Adult Social Care

London Borough of Havering

Scimitar House

23 Eastern Road

Romford

RM1 3NH

Telephone: 01708 439

Fax: 01708 43

Email: @havering.gov.uk

Textphone: 01708 433175

Date:

Our ref:

Your ref:

Dear

Statutory Complaint against Adult Social Care – NHS & Community Care Act 1990 OR [Corporate Complaint against Adult Social Care] OR [Complaint against (named provider)]

Ref: CRM/SR (*this is the reference generated by the complaints database*)

I have now completed my investigation into your complaint, (*give summary and outline findings of investigation and actions identified*). The full investigation report is enclosed (*if applicable*).

I understand that the initial findings/response was discussed with you (*If appropriate*) and that you were satisfied/not satisfied with the actions taken/to be taken to resolve your complaint, (*outline the actions and timescales*)

(The following will only be relevant if the complainant is to be referred for a 'Review by Members') As agreed with you, your complaint will be reviewed by a Hearings Panel. The Complaints Manager will forward this to Legal and Democratic Services who will contact you about the arrangements.

I would like to take this opportunity to thank you for bringing these matters to our attention and to advise you that you have the right to ask the Ombudsman to investigate your complaint if you are not satisfied. Details are given below:

The Local Government Ombudsman (LGO),

PO Box 4771, Coventry CV4 0EH.

Telephone: LGO Advice Team on 0845 602 1983 (Mon-Fri 8.30am – 5.00pm)

e-mail advice@lgo.org.uk

Yours sincerely

Veronica Webb
London Borough of Havering
\$hatbncla.doc
Version 1

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(N.B. Personalise your letter)

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8.4 Complaint Investigation Report

Complainant:			
Address:			
Service user, if applicable:		Swift ID:	
Ref: (reference given by complaints team)	CRM No.:	SR No.:	
Agreed timescale for response to complaint:		Revised timescale (if applicable):	
Procedure: (statutory/corporate/provider)			

Method of investigation:

(Include interviews carried out, files reviewed, or policy/guidelines used etc)

Complaint Point 1

Finding:

(Detail key issues and the facts identified through the investigation. Refer to any policy/guidelines which may have had an impact on decision)

Conclusion:

(What have you concluded from the investigation – has something gone wrong, if so acknowledge this. If not, explain the reasons why you have come to the conclusion. **Remember do not use jargon and use simple language**)

Actions identified:

(Outline any actions already taken as a result of the complaint and actions that will be taken. Give timescales by which the actions will be done and who will be responsible for the action)

Complaint Point 2

The above should be repeated for each agreed complaint point.

(Before sign off, the initial response **should** be shared with the complainant and relevant manager for comment.)

Investigating Officer:

Report date:

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This should be sent separately to the Complaints, Information & Communication Team

Investigating Officer:

Initial response date:

Final response date:

Name: (Relevant Manager/Head of Service)

Title:

Is complainant satisfied with response? Yes/No

If no, does the complainant want this to be referred for 'Right of Review by Members?'
Yes/No

Is this to be referred to the Ombudsman? Yes/No

A copy of the final response and report (if applicable) to be sent to the Complaints, Information & Communication Team.

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8.5 Adult Social Care Complaints Survey

(Please circle your answer where applicable)

Were you clear about the complaints process: YES / NO

If no, which part of the process were you unclear about:

Did you feel your concerns were taken seriously: YES / NO

Was your complaint acknowledged: YES / NO

Were you responded to within the agreed timescale: YES / NO

If no, were you updated on the progress of your complaint YES / NO

Were you happy with the outcome of the complaint: YES / NO

If no, did you feel sufficiently informed of reasons why YES / NO

Were you advised of your right - to a review by members YES / NO

- to refer to Ombudsman YES / NO

How did you make your complaint:

Telephone / Email / Fax / Visit / Letter / Complaints Leaflet

Did you feel the complaints leaflet was easy to use: YES / NO

If no, how do you feel the complaints leaflet could be improved:

General Comments Box:

Can you please indicate how the complaints process was for you:

VERY GOOD / GOOD / AVERAGE / POOR / VERY POOR

Thank you for taking the time to complete this survey. This will help to improve our service to you.

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8.6

LESSONS LEARNT TEMPLATE					
Brief description of complaint	Outcome	Actions required to achieve outcome	Team/Service area to action	Actions completed and date	service improvements identified

This will be sent as an excel document to the **Operational Management Group (OMG) for completion and sign off by relevant managers.**