

Beaumont Healthcare Ltd

Complaints Policy

Policy Statement

Beaumont Healthcare Ltd policy is intended to achieve outcome 17, Complaints, of the CQC's Essential Standards.

Beaumont accepts the rights of service users to make complaints and to register concerns about the services received. It further accepts that they should find it easy to do so. It welcomes complaints and looks upon them as opportunities to learn, adapt, improve and provide better services.

This policy is intended to ensure that complaints are dealt with properly and that all complaints or comments by service users and their relatives, carers and advocates are taken seriously.

The policy is not designed to apportion blame, to consider the possibility of negligence or to provide compensation. It is not part of the company's disciplinary policy.

Beaumont Healthcare Ltd believes that failure to listen to or acknowledge complaints leads to an aggravation of problems, service user dissatisfaction and possible litigation. The company supports the idea that most complaints, if dealt with early, openly and honestly, can be sorted at a local level between just the complainant and the organisation.

This company acts on the basis that, wherever possible, complaints are best dealt with on a local level between the complainant and the company's management. If either of the parties is not satisfied by a local process, the next step is to refer the matter to the Care Quality Commission for it to investigate, or alternatively the complainant may contact the Local Government Ombudsman (LGO).

However, the company also recognises the right of complainants to approach the Care Quality Commission or local Authorities directly particularly if the complaint involves alleged abuse. The company also includes CQC, local authorities and LGO contact information in its Statement of Purpose and Service User Guide.

Aim of the Complaints Procedure

Beaumont Healthcare Ltd aims to ensure that its complaints procedure is properly and effectively implemented and that service users feel confident that their complaints and worries are listened to and acted upon promptly and fairly.

Specifically it aims to ensure that:

- (a) Service users, carers, users and their representatives are aware of how to complain and that the company provides easy to use opportunities for them to register their complaints
- (b) A named person will be responsible for the administration of the procedure
- (c) Every written complaint is acknowledged within 10 working days
- (d) All complaints are investigated within 28 days of being made
- (e) All complaints are responded to in writing within 28 days of being made
- (f) Complaints are dealt with promptly, fairly and sensitively, with due regard to the upset and worry that they can cause to both staff and service users.

Responsibilities

The named complaints manager with responsibility for following through complaints for the company is Hetty Griffiths.

Contact Details for Hetty Griffiths are:

Hetty Griffiths – General Manager

15 Eaton Court Road

Colmworth Business Park

St Neots

Cambs

PE19 8ER

Telephone Number: 01480 218300

Fax Number: 01480 225030

Complaints can also be sent via e-mail using the address:

complaints@beaumontpark.co.uk

The Care Quality Commission contact details are

Care Quality Commission
CQC East
City Gate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Tel: 03000 616161

Fax: 03000 616172

Email: enquires.eastern@cqc.org.uk

Complaints Procedure

A complaint may be made by telephone, in person, in writing or by e-mail. All complaints will be investigated by a person with sufficient seniority to resolve the issues.

Verbal complaints

1. The company accepts that all verbal complaints, no matter how seemingly unimportant, must be taken seriously.
2. Front-line care staff that receive a verbal complaint are expected to seek to solve the problem immediately.
3. If they cannot solve the problem immediately, they should offer to get their line manager to deal with the problem.
4. Staff are expected to remain polite, courteous, sympathetic and professional to the complainant. They are taught that there is nothing to be gained by adopting a defensive or aggressive attitude.
5. At all times in responding to the complaint, staff are encouraged to remain calm and respectful.
6. Staff should not accept blame, make excuses or blame other staff.
7. If the complaint is being made on behalf of the service user by an advocate, it must first be verified that the person has permission to speak for the service user, especially if confidential information is involved. (It is very easy to assume that the advocate has the right or power to act for the service user when they may not). If in doubt it should be assumed that the service user's explicit permission is needed prior to discussing the complaint with the advocate.

8. After talking the problem through, the manager or member of staff dealing with the complaint will suggest a course of action to resolve the complaint. If this course of action is acceptable then the member of staff should clarify the agreement with the complainant and agree a way in which the results of the complaint will be communicated to the complainant (ie through another meeting or by letter).

9. If the suggested plan of action is not acceptable to the complainant, then the member of staff or manager will ask the complainant to put their complaint in writing to the registered manager. The complainant should be given a copy of the company's complaints procedure this can be found in the back of the care plan folder.

10. Details of all verbal and written complaints must be recorded in the Complaints file.

Serious or written complaints

1. Preliminary steps:

(a) When the company receives a written complaint it passes it to the named complaints manager who records it in the Complaints file and sends an acknowledgment letter within two working days to the complainant

(b) The manager also includes a copy detailing the company's policy for the complainant. (The complaints manager is the named person who deals with the complaint through the process)

(c) If necessary, further details are obtained from the complainant; if the complaint is not made by the service user but on the service user's behalf, then consent of the service user, preferably in writing, must be obtained from the complainant

(d) If the complaint raises potentially serious matters, advice could be sought from a legal advisor. If legal action is taken at this stage, any investigation by the company under the complaints procedure immediately ceases

(e) If the complainant is not prepared to have the investigation conducted by the company, they will be advised to contact the Care Quality Commission or Local Authorities and be given the relevant contact details.

2. Investigation of the complaint by the company:

(a) Immediately on receipt of the complaint, the complaints manager will start an investigation and within 28 days should be in a position to provide

a full explanation to the complainant, either in writing or by arranging a meeting with the individuals concerned

(b) If the issues are too complex to complete the investigation within 28 days, the complainant will be informed of any delays.

3. Meeting:

(a) If a meeting is arranged, the complainant will be advised that they may if they wish bring a friend or relative or a representative such as an advocate

(b) At the meeting a detailed explanation of the results of the investigation will be given and also an apology if it is deemed appropriate (apologising for what has happened need not be an admission of liability)

(c) Such a meeting gives the company management the opportunity to show the complainant that the matter has been taken seriously and has been thoroughly investigated.

4. Follow-up action:

(a) After the meeting, or if the complainant does not want a meeting, a written account of the investigation will be sent to the complainant. This includes details of how to approach the Care Quality Commission if the complainant is not satisfied with the outcome.

(b) The outcomes of the investigation and the meeting are recorded in the Complaint file and any shortcomings in company procedures will be identified and acted upon

(c) The company management formally reviews all complaints at least every six months as part of its quality monitoring and improvement procedures to identify the lessons learned.

Anonymous complaints

Beaumont Healthcare Ltd ensures that all complaints are taken seriously, this includes complaints received anonymously. All complaints are recognised, fully investigated and necessary steps are taken to resolve the issues and improve the service provided. Due to a complaint being made anonymously, Beaumont Healthcare Ltd are unable to respond to the complainant directly to ensure that the complaint has been dealt with to their satisfaction, however as with every complaint, all anonymous complaints are recorded in the Complaint file.

Alternatively, once a complaint has been fully dealt with by Beaumont Healthcare Ltd, if the complainant is not satisfied with the outcome, the complainant can

approach the Local Government Ombudsman (LGO). The LGO provides a free, independent service. The complainant can contact the LGO Advice Team for information and advice, or to register their complaint on:

Telephone Number: 0300 061 0614

E-mail: advice@lgo.org.uk

Website: www.lgo.org.uk

Training

The complaints policy and procedures are included in new staff members' induction training. All updates are sent to all staff and discussed at supervision to confirm their understanding.

This procedure can be made available on request in other languages and in other formats such as cassette and Braille.

Review of this Procedure

Name: Hetty Griffiths

Date: June 2011

Policy Review Date: June 2012