

Quality Procedure QP: 25 **Customer Complaints and Compliments**

1. INTRODUCTION

- 1.1 We are committed to ensuring Service Users and their relatives or representatives are confident that their complaints or compliments whether formal or informal will be listened to, taken seriously, recorded and acted upon, as quickly as possible.
- 1.1.1. A Complaint can be generally **defined** as *an expression of dissatisfaction or disquiet about actions, decisions or apparent failings of a service provider provisions which requires a response*. Ceiba Community Support will use this as a working guide rather than a rigid definition to allow for the flexibility of dealing with complaints as set out in this policy and procedure.
- 1.2 Employees encourage, enable and empower Service Users and their relatives or representatives to use this procedure, including how to gain access to appropriate interpretation and methods of communication.
- 1.3 We acknowledge where necessary, relatives/representatives may need to act on behalf of Service Users. This will be agreed with Service Users, relatives/representatives as appropriate.
- 1.4 Where appropriate, and in joint agreement with Service Users and their relatives or representatives, stages 1 to 3 of the procedure may be by-passed.
- 1.5 It is hoped that this procedure will allow Service Users and their relatives/representatives to confidently air complaints and forward compliments.

2. PROCEDURE

2.1 Stage 1

- 2.1.1 Service Users, or their relatives/representatives meet with the Support Worker in order to seek a resolution to their complaint. The Support Worker should formally advise Service Users, or their relatives/representatives of the outcome of this meeting as soon as possible, and normally within five working days.
- 2.1.2 If a complaint is related to a Support Worker, their Manager may assume the role for the purpose of this procedure.

2.2 Stage 2

- 2.2.1 Service Users, or their relatives/representatives, if unsatisfied with the result of the initial meeting with the Support Worker, or Manager, meet with the Operations Manager in order to seek resolution of the problem.

Formal notification of the outcome of this meeting should be given to Service Users or their relatives/representatives as soon as possible, and normally within five working days.

2.3 **Stage 3**

2.3.1 Service Users, or their relatives/representatives, if still unsatisfied with the result of their previous two meetings, meet with a Registered Manager in order to seek resolution of the problem. Formal notification of the outcome of this meeting should be given to Service Users or their relatives/representatives as soon as possible, and normally within five working days.

2.3.2 The decision of the Registered Manager is final with the Company.

2.3.3 However, Service Users or their relatives/representatives who still have a complaint may refer to outside agencies such as their Social Worker or the Care Quality Commission (CQC)/ Care & Social Services Inspectorate Wales CSSIW.

2.3.4 A response to all complaints will be forwarded to Service Users or their relatives/representatives within 28 days.

3. **RECORDING**

3.1 Complaints and Compliments including any investigation and action taken are kept in a separate file and not in Service Users personal files, which are kept at the Office.

3.2 A diary for recording both formal and informal complaints/compliments is kept at the office to acknowledge when the complaint/compliment was received.

3.3 As part of our Quality Assurance system we will provide a summary of any complaints/compliments quarterly, which is made available for inspection to all our stakeholders.

3.4 This procedure will be reviewed as necessary, and at least annually and will involve feedback from relevant and appropriate stakeholders. Amendments to the policy will be communicated to staff, service users and other appropriate and relevant stakeholders in a suitable format with the aim of increasing the use of the policy.

4. **Anonymous Complaints**

4.1 Anonymous complaints fall outside the scope of this policy and procedure, however all anonymous complaints received are logged and reported on.

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- 4.2 The Registered Manager will consider what action should be taken on receipt of an anonymous complaint, in addition to it being logged; this action will include it being passed onto the relevant manager within the service area.
- 4.3. The fact that a complaint is from an anonymous source will not in itself justify a decision not to pursue the matter nor will it rule out a referral to other procedures as appropriate.

5. Safeguarding Vulnerable Adults

- 5.1 Where a complaint or subsequent risk assessment highlights concerns regarding the safeguarding of vulnerable adults, then the matter must be referred to the Safeguarding Adults Team for consideration and investigation.
- 5.2 Ceiba Community Support Team will liaise with the Safeguarding Adults Team in these circumstances as it may be possible for the complaint investigation to continue whilst these procedures are running. If it is considered that a complaint investigation may prejudice a Safeguarding investigation, the complaint investigation will be suspended.
- 5.3 Once the Safeguarding investigation is discontinued or completed, consideration will be given to starting or resuming the complaints investigation.