Complaints, Concerns and Compliments Policy and Procedure

Policy Number: CCC001
Version Number: 2.0
Effective Date: 27 June 2026
Next Review Date: 27 June 2027
Approved By: Michael Burke, Registered Manager
Applies To: Foundry Wharf, Heyeswood and all TogetherCare services

1. Introduction

TogetherCare welcomes feedback from people receiving care, tenants, relatives, representatives, advocates, staff, commissioners and partner organisations.

Complaints, concerns and compliments provide an important opportunity to understand people's experiences, put things right, recognise good practice and improve the quality and safety of services.

Foundry Wharf and Heyeswood are Extra Care schemes where people live in their own homes. TogetherCare is responsible for the care and support it provides. Housing providers, landlords or managing agents may be responsible for building repairs, communal areas, fire systems, lifts, utilities, access systems and tenancy matters.

Where a complaint relates to both care delivery and housing arrangements, TogetherCare will work with the person and relevant housing provider to establish which organisation is responsible for each aspect. TogetherCare will continue to address any impact on safe care delivery.

This policy must be read and used in conjunction with the current **St Helens Safeguarding Adults Multi-Agency Policy, Procedures and Good Practice Guidance** where a complaint raises concerns about abuse, neglect, self-neglect, organisational abuse, unsafe care, avoidable harm or exploitation. St Helens guidance makes clear that safeguarding is everyone's responsibility and that agencies must act where abuse or neglect is suspected.

2. Purpose

The purpose of this policy is to ensure that TogetherCare:

- provides an accessible and fair process for complaints and concerns
- responds promptly where people are unhappy with care or support
- protects people from any disadvantage because they have raised a concern
- ensures immediate safety concerns are acted upon without delay
- supports people to explain what has happened and what outcome they want
- identifies learning and makes improvements where failures are found
- recognises compliments and positive feedback
- maintains accurate, confidential and auditable records
- works openly with external agencies where required.

3. Scope

This policy applies to complaints, concerns and compliments relating to TogetherCare's care and support.

It may be used by:

- people receiving care or support
- tenants at Foundry Wharf and Heyeswood
- relatives, friends and informal carers
- advocates or legal representatives
- commissioners, social workers and healthcare professionals
- visitors
- housing providers or managing agents
- staff and volunteers raising concerns about care quality.

Employment grievances must be managed under the Grievance Procedure.

Concerns raised by staff about unsafe practice, wrongdoing, regulatory breaches or risks to people receiving care may also need to be managed under the Whistleblowing Procedure.

Safeguarding concerns must be managed immediately under the Adult Safeguarding Policy and Procedure and alongside the current St Helens Multi-Agency Safeguarding Adults Policy, Procedures and Good Practice Guidance.

4. Legal and Regulatory Framework

This policy is operated in line with:

- Health and Social Care Act 2008
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, particularly Regulation 16
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, particularly Regulations 12, 13, 17 and 20 where relevant
- Care Act 2014
- Mental Capacity Act 2005
- Equality Act 2010
- Data Protection Act 2018 and UK GDPR
- Human Rights Act 1998
- Local Government and Social Care Ombudsman guidance
- St Helens Safeguarding Adults Multi-Agency Policy, Procedures and Good Practice Guidance
- relevant contractual and commissioner requirements.

Regulation 16 requires registered providers to have an effective and accessible system for identifying, receiving, recording, handling and responding to complaints. Complaints must be investigated and necessary, proportionate action taken where a failure is identified.

5. Key Principles

TogetherCare will ensure that:

- complaints may be made verbally, in writing, by email, through an advocate or by another accessible method
- a person does not need to use the word “complaint” for their dissatisfaction to be taken seriously
- people can raise concerns with any member of staff
- complaints will be acknowledged and handled respectfully
- people will not receive poorer care or treatment because they raise a complaint
- concerns will be assessed for immediate safety, safeguarding, conduct or clinical risks
- people will be asked what outcome they want
- information will be shared only where necessary and lawful
- complaints will be investigated fairly and by someone who is appropriately independent where possible
- learning and actions will be communicated clearly.

CQC expects providers to ensure people can complain verbally or in writing, receive support to do so, are kept informed, and are protected from discrimination or victimisation because they complain.

6. Definitions

Complaint

An expression of dissatisfaction about the care, support or service provided by TogetherCare that requires investigation or a formal response.

Concern

A matter that may be capable of resolution quickly and informally, usually through discussion, explanation or immediate action.

Compliment

Positive feedback about staff, care, support or service delivery.

Complainant

The person raising the complaint. This may be the person receiving care or someone acting on their behalf.

Investigation

A proportionate review of the complaint, relevant records, staff accounts, evidence, risks, decisions and actions required.

7. Responsibilities

7.1 Registered Manager

The Registered Manager will:

- oversee implementation of this policy
- ensure complaints are acknowledged, investigated and responded to appropriately
- ensure immediate risks are addressed without delay
- allocate an appropriate investigator
- ensure complaints involving the Registered Manager are escalated to an alternative senior manager or director
- consider whether safeguarding, CQC notification, Duty of Candour, commissioner notification or professional-regulator referral is required
- monitor themes, trends, actions and learning
- ensure complaints records are available if requested by CQC.

CQC may require a provider to provide complaint summaries, responses and related information within 28 days of a request.

7.2 Complaint Investigator

The investigator will:

- review the complaint fairly and without assumptions
- clarify the matters to be investigated and the outcome sought
- gather relevant evidence
- speak to staff, the person receiving care, relatives or professionals where appropriate
- maintain confidentiality
- identify immediate action, learning and service improvements
- provide a clear written response.

7.3 All Staff

All staff must:

- listen respectfully when a complaint or concern is raised
- avoid becoming defensive or dismissive
- thank the person for raising the matter
- ensure immediate safety concerns are acted upon

- inform a manager promptly
- make a factual record of what was raised and actions taken
- cooperate with investigations
- avoid discussing the complaint with people who do not have a legitimate need to know
- not alter, delete or backdate records.

7.4 People Receiving Care, Families and Representatives

People are encouraged to raise concerns as soon as possible. However, TogetherCare will consider complaints raised after a delay where there is a reasonable explanation or where the matter remains relevant to current care or safety.

8. Accessibility, Support and Advocacy

TogetherCare will make information about how to complain available in an accessible form.

Support may include:

- easy-read information
- large-print documents
- translated information
- verbal explanation
- support from a relative, representative or advocate
- interpreter support
- assistance to write down the complaint
- reasonable adjustments for sensory impairment, disability, learning disability, autism, literacy needs or communication needs.

People who need help to raise a complaint will be offered support and signposted to suitable advocacy where appropriate. CQC guidance requires providers to offer the support needed to help people make a complaint, including advocates or interpreter services where required.

9. Consent, Capacity and Representation

A complaint may be raised by another person on behalf of someone receiving care.

Where the person has capacity, TogetherCare will normally seek their consent before sharing confidential information with a representative.

Where the person lacks capacity to make a decision about complaint involvement or information sharing, TogetherCare will act in line with the Mental Capacity Act 2005 and make decisions in their best interests.

Consent may not be required where there is a safeguarding concern, serious risk of harm, legal duty, public-interest reason or criminal concern.

10. Raising a Complaint or Concern

Complaints and concerns may be raised:

- verbally with any member of staff
- by telephone
- in writing
- by email
- through an advocate or representative
- through a commissioner, social worker, housing provider or other professional
- through feedback forms, surveys or meetings.

Staff must not insist that a person completes a form before they will listen or take action.

Where a concern can be resolved immediately, staff should try to do so in discussion with the person. The outcome must still be recorded where it relates to care quality, safeguarding, medication, missed care, staff conduct, health and safety or any recurring issue.

11. Immediate Risk Assessment and Escalation

Every complaint or concern must be considered for immediate risks.

The manager must be informed immediately where the complaint includes:

- abuse, neglect or exploitation
- unsafe care or missed critical care
- medication error or medication concern
- allegation against a staff member
- serious injury, fall, deterioration or hospital attendance
- police involvement
- self-harm or suicidal risk
- violence, aggression or criminal activity
- unsafe building conditions affecting care delivery
- fire, utilities, lift, access or security concerns
- repeated late or missed calls
- concern that a person is unable to keep themselves safe.

The complaint process must not delay safeguarding action, emergency response, clinical advice or police involvement.

12. Safeguarding, Allegations and Unsafe Practice

Where a complaint raises possible abuse or neglect, TogetherCare will follow the Adult Safeguarding Policy and Procedure and use this policy in conjunction with the current **St Helens Safeguarding Adults Multi-Agency Policy, Procedures and Good Practice Guidance**.

Where an allegation concerns a staff member, volunteer, agency worker, contractor or another person in a position of trust, TogetherCare will consider:

- immediate protection of people receiving care
- safeguarding referral
- police involvement
- disciplinary or HR action
- referral through the St Helens Person in a Position of Trust process
- notification to commissioners, CQC, DBS or professional bodies where required.

A complaint about poor quality care or professional practice does not automatically meet the Person in a Position of Trust threshold. However, allegations that indicate a person may pose a risk of harm to adults with care and support needs must be considered under the relevant safeguarding and Person in a Position of Trust arrangements.

13. Acknowledgement

TogetherCare will acknowledge formal complaints within **three working days** of receipt, unless the complaint is anonymous.

The acknowledgement will:

- confirm the matters understood to form the complaint
- identify the person handling the complaint
- confirm the desired outcome where known
- explain the investigation process
- explain the expected response timescale
- offer advocacy or support where appropriate
- provide information about external escalation routes.

If the person has raised a concern verbally, the acknowledgement will confirm TogetherCare's understanding of the issues to avoid misunderstanding.

14. Investigation

The level of investigation will be proportionate to the seriousness, complexity, risks and outcomes sought.

The investigator may review:

- care plans and risk assessments
- Birdie care records
- medication records
- rota and call-monitoring information

- staff statements
- incident reports
- communication records
- relevant photographs, where lawfully taken
- professional advice
- housing-provider records where the issue affects care delivery
- previous complaints or relevant trends.

The investigator must remain fair and open-minded. They must not make findings before all relevant information has been considered.

Where a complaint concerns the investigator or Registered Manager, an alternative senior manager or director will lead the review.

15. Timescales

TogetherCare aims to provide a full written response within **20 working days** of receiving a formal complaint.

Where this is not possible, TogetherCare will:

- provide a progress update before the 20-working-day point
- explain why further time is required
- confirm what action remains outstanding
- provide a revised expected response date
- keep the complainant updated until the matter is concluded.

Immediate safety actions will not wait for the investigation to be completed.

16. Complaint Outcome

The final response will normally include:

- a summary of the complaint
- the investigation completed
- the evidence considered
- findings for each issue raised
- whether the complaint is upheld, partly upheld, not upheld or unable to be determined
- apology where appropriate
- action taken or planned
- learning identified
- timescales for outstanding actions

- information on external escalation routes.

Where a complaint identifies a notifiable safety incident, TogetherCare will also follow its Duty of Candour Procedure. Duty of Candour requires providers to act openly and transparently, provide support and apologise where appropriate.

17. Request for Internal Review

Where a complainant remains dissatisfied, they may request an internal review.

The review will be carried out by a senior person who has not been involved in the original investigation where reasonably possible.

An internal review will consider:

- whether the complaint was understood correctly
- whether the investigation was fair and proportionate
- whether relevant evidence was considered
- whether the response addressed the concerns raised
- whether further action is needed.

The internal review does not prevent the complainant from seeking advice from the Local Government and Social Care Ombudsman.

18. External Escalation Routes

18.1 Local Government and Social Care Ombudsman

A person who remains unhappy after TogetherCare has completed its process may contact the Local Government and Social Care Ombudsman.

The Ombudsman can consider complaints about adult social care, including care funded privately and care arranged through a local authority. Usually, the Ombudsman expects the provider to have had a reasonable opportunity to investigate and respond first.

18.2 Care Quality Commission

A complainant may share information about poor care with CQC.

CQC uses this information to monitor services and protect people, but it does not investigate individual complaints or resolve them on the complainant's behalf.

18.3 St Helens Council

Where the complaint concerns council-arranged care, care management, assessment, commissioning or a Council Adult Social Care decision, the complainant may also contact St Helens Council's Adult Social Care complaints team.

18.4 Housing Provider or Landlord

Where a complaint relates solely to repairs, tenancy issues, rent, communal facilities, building safety or housing management, the person should normally use the relevant housing provider's complaints procedure.

TogetherCare will assist the person to identify the appropriate route where requested and will record any effect on care delivery.

Where appropriate, housing complaints may be referred to the Housing Ombudsman after the landlord's complaint procedure has been completed.

19. Compliments

Compliments will be recorded and shared with relevant staff.

TogetherCare will use compliments to:

- recognise positive practice
- support staff morale
- identify examples of person-centred care
- share good practice in team meetings and supervision
- inform training and quality improvement.

20. Confidentiality and Records

Complaints, concerns and compliments will be recorded securely.

Records will include:

- date received
- person raising the matter
- person receiving care affected
- complaint details
- desired outcome
- immediate safety actions
- safeguarding or external referrals
- investigation activity
- findings
- response date
- action plan
- review date
- evidence that actions were completed.

Information will be shared only on a need-to-know basis, unless safeguarding, legal or regulatory duties require wider disclosure.

Complaint records will be retained in line with TogetherCare's Records Retention Schedule and for no less than six years after closure, unless a longer period is required because of safeguarding, legal, insurance, regulatory or contractual matters.

21. Training

All staff will receive complaints and feedback awareness training during induction.

Training will include:

- listening and responding professionally
- recognising a complaint or concern
- safeguarding escalation
- recording factual information
- confidentiality
- professional boundaries
- avoiding defensive responses
- supporting people with communication needs
- complaint handling in Extra Care settings
- learning from complaints and compliments.

Managers and investigators will receive additional training on investigation, root-cause analysis, complaint responses, safeguarding, Duty of Candour and conflict management.

22. Monitoring, Audit and Learning

The Registered Manager or delegated manager will review complaints, concerns and compliments monthly.

Quarterly governance review will consider:

- complaint numbers and themes
- time taken to acknowledge and respond
- upheld and partly upheld complaints
- repeated complaints
- missed or late care
- medication concerns
- safeguarding issues
- staff conduct concerns
- complaints linked to housing or communal areas
- learning and action-plan completion
- compliments and positive feedback
- complainant experience of the process.

Where themes indicate wider risks, TogetherCare will update care plans, training, staffing arrangements, policies, audits or service-delivery processes.

23. Related Policies and Procedures

This policy must be read alongside:

- Adult Safeguarding Policy and Procedure
- Accident, Incident and Near-Miss Reporting Procedure
- Duty of Candour Procedure
- Whistleblowing Procedure
- Grievance Procedure
- Disciplinary Procedure
- Medication Support and Administration Policy
- Emergency and Business Continuity Procedure
- Lone Working Procedure
- Data Protection and Confidentiality Policy
- Mental Capacity Act and Best Interests Procedure
- Equality, Diversity and Inclusion Policy.

24. Policy Review

This policy will be reviewed annually, following a serious complaint, safeguarding concern, Ombudsman decision, CQC feedback, significant audit finding, legal change or material change to TogetherCare's service delivery.