



Agency Care Staff Ltd

## Concerns and Complaints (Wales) Policy

Please note that all policies are templates and should be amended to fit your requirements.

This policy sets out the values, principles and procedures, which underpin Agency Care Staff Ltd's approach to handling complaints in line with the requirements of the Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017. The key regulations are:

- Regulation 12: Guidance — all registered care services must include a complaints policy in its policies and procedures
- Regulation 19: Information About the Service — should include the complaints procedure, how to make a complaint, and how to escalate an unresolved complaint to the relevant body, eg Public Service Ombudsman Wales, Care Inspectorate Wales (CIW), and the Older People's Commissioner for Wales
- Regulation 64: Complaints Policy and Procedure.

(See also Regulations 66, 73, 74, 77 and 80.)

This policy should be read and used in relation to the policy on quality assurance.

## Policy Statement

Agency Care Staff Ltd works on the principle that if a person receiving care wishes to make a complaint or register a concern they should find it easy to do so. It is the service's policy to welcome complaints and look upon them as an opportunity to learn, adapt, improve and provide better services. It will always seek to find a workable solution to any concern or complaint. This policy is intended to ensure that complaints are dealt with properly and that all complaints or comments by people who use the service and their relatives and carers are taken seriously.

The policy is not designed to apportion blame, to consider the possibility of negligence or to provide compensation. It is not the same as the disciplinary policy. However, the service understands that failure to listen to or acknowledge complaints could lead to an aggravation of problems, dissatisfaction of people who use the service and possible litigation.

The service supports the principle that most complaints, if dealt with early, openly and honestly, can be sorted at a local level, ie between the complainant and the service.



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The aim is always to make sure that the complaints procedure is properly and effectively implemented and that people who use the service feel confident that their complaints and worries are listened to and acted upon promptly and fairly.

People who use the service and their representatives are always advised to make any complaint initially to the management of the service, which will address the matter by following its established procedures.

### **The Welsh Model for making complaints about public services**

The service's complaints procedure is based on the model used for making complaints about public services in Wales. The model adopts a two-stage procedure.

#### **Stage 1. Local resolution**

The first stage involves seeking resolution at "local level" or internally, which should result on resolution in most cases. The service will respond and discuss the matter with the complainant within 10 working days of receipt of the complaint.

#### **Stage 2. Further investigation**

The second stage provides a step up to a further investigation in the event of a failure to resolve the complaint internally, in which complainants refer the matter to their local authority (LA) if it is involved in their care and support arrangements or the equivalent NHS trust if the complaint is about healthcare. The body to which the complaint has been passed on should respond within 25 working days.

If the complaint is still unresolved or it is felt that the complaint has been badly handled, the complainant can ask the Public Services Ombudsman for a judgment. A self-funding person who uses the service, for whom the LA or NHS might have no statutory responsibilities in relation to the complaint, might also seek help directly from the Public Services Ombudsman if stage 1 resolution fails.

Under the Social Services Complaints Procedure (Wales) Regulations 2014, which adopts this model, a complainant has the right to have the complaints procedure conducted in the Welsh language if that is their choice.

### **The service's approach**

The service works on the basis that, wherever possible, complaints are best dealt with directly with the individuals by its staff and management, who will arrange for the appropriate enquiries to be made in line with the nature of the complaint. This can involve using an independent investigator as appropriate or if the complaint raises a protection issue, referral to the local vulnerable adults' protection team.



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## Complaints' escalation

If the complainant is dissatisfied with the way in which the complaint has been handled or with the result, the service respects their right to report the matter to the CIW, which will respond in line with its procedures.

CIW policy is not to investigate the complaint directly, but it will enable the complaint to be referred to the relevant body, eg Agency Care Staff Ltd if the matter is suitable for local resolution, or the LA, which can investigate it. However, the service understands that the inspectorate might intervene if there is evidence from the complaint to indicate that the service is in breach of its registration requirements. The inspectorate will then investigate the possible breach of any regulation.

People who use the service whose service delivery plans have been commissioned by an LA or health service also have the right to take an unresolved complaint (stage 2) to the commissioning organisation and will be informed how to go about this.

The service is committed to acting promptly on any complaint it upholds through its internal complaints procedure and on any complaint upheld by any external body.

If, after investigations by, for instance, the LA, complainants are still dissatisfied with the management and outcome of their complaint they can have the matter referred to the Public Services Ombudsman for Wales for independent adjudication.

## Scope of responsibilities

The service accepts full responsibility for the practice and actions of all employees, who work under its direction, management and supervision, including temporary staff.

There might be occasions when a complaint made to the service is not appropriate for the service to address, for example, when the complaint is about staff who are employed by other agencies or the LA. In these instances, the service will direct the complainant to the relevant service or LA.

Some complaints might need to be addressed jointly with other agencies, and the service will fully co-operate with these other agencies to address the complaint fully. It also fully co-operates with any external organisation that investigates the complaint.

## Safeguarding

In the event of the complaint involving alleged abuse or a suspicion that abuse has occurred, the service will refer the matter immediately to the LA adult safeguarding team, which will usually call a strategy meeting to decide on the actions to be taken next. This



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could entail an assessment of the allegation by the protection team and involve other agencies concerned with local adult support and protection.

## Principles of Complaints Handling

The service will:

- inform people who use the service, their representatives and carers from the onset of the service of how to complain
- provide easy-to-use versions of the complaints procedure, including “Easy Read” versions, and versions that are always accessible to individuals, including those whose first language is Welsh
- have a named person responsible for handling verbal and day-to-day complaints (usually the duty manager)
- have a named person for handling written complaints
- reply to every written complaint within two working days of its receipt with an account of how it intends to proceed
- then investigate the complaint within 10 working days after the initial response and arrange a meeting or discussion within a mutually agreed time
- respond to all formal verbal and written complaints in writing
- deal with all complaints promptly, fairly and sensitively with due regard to the upset and worry that they can cause to people who use the service and those against whom the complaint has been made
- inform people that they can always take their complaint to the next level, if dissatisfied with the service’s handling of their complaint and how to proceed.

## Verbal Complaints

The service adopts the following procedures for responding to complaints and concerns made verbally to staff or to the service’s managers.

1. All verbal complaints, no matter how seemingly unimportant, are taken seriously.
2. Front-line care staff who receive a verbal complaint are instructed to address the problem straight away.



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3. If staff cannot solve the problem immediately they should offer to get the manager to deal with the problem.
4. All contact with the complainant should be polite, courteous and sympathetic. There is nothing to be gained by staff adopting a defensive or aggressive attitude.
5. At all times staff should remain calm and respectful.
6. Staff should not make excuses or blame other staff.
7. All verbal complaints should be recorded and reported to the appropriate service manager.
8. If the complaint is being made on behalf of the person who uses the service by an advocate, it must first be verified that the person has permission to speak for the person using the service, especially if confidential information is involved.
9. It is very easy to assume that the advocate has the right or power to act for the person who uses the service when they may not. If in doubt it should be assumed that the individual's explicit permission is needed prior to discussing the complaint with the advocate.
10. After talking the problem through, the manager or the 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 will 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).
11. 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.
12. Details of all verbal complaints are recorded in the complaints book by the staff or managers who receive the complaint and on the individual's care records with information on how a specific matter was addressed.

## Written Complaints

The service adopts the following procedures for responding to written complaints, which might be made by letter or on a form, which Agency Care Staff Ltd makes available.

### Preliminary steps

1. When a complaint is received in writing (which could be in English or Welsh if that is the complainant's preferred language), it is passed on to a named person/complaints



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manager who records it in the complaints book and sends an acknowledgement letter within two working days, which describes the procedure to be followed.

2. The complaints manager/named person deals with the complaint throughout the process which could include asking an independent person to carry out the investigation.
3. If necessary, further details are obtained from the complainant. If the complaint is not made by the person who uses the service but on their behalf, then consent of the person, preferably in writing, is obtained from the complainant.
4. If the complaint raises potentially serious matters, advice will be sought from a legal advisor (or the local safeguarding team if abuse is suspected).
5. If police action is taken at this stage any investigation under the complaints procedure should cease immediately pending the outcome of the police inquiries.
6. A complainant, who is not prepared to have the investigation conducted by the organisation or is dissatisfied with the service's response to the complaint is advised to contact the relevant LA and/or the CIW for further advice.

### Local investigation of the complaint

The service adopts the following procedures for investigating and assessing the complaint.

1. Immediately on receipt of a written complaint, the service will investigate and respond with its preliminary findings in 10 working days with a view to providing a full explanation to the complainant, either in writing or by arranging a meeting with the individuals concerned so that an outcome can be reached by 28 working days.

**Note:**

These timescales are provisional and need to be decided locally.

2. If the issues are too complex to complete the investigation within 28 days, the complainant will be informed of any delay and the reason for the delay.

### Meeting

1. If a meeting is arranged the complainant is advised that they may, if they wish, bring a friend or relative or a representative such as an advocate.
2. At the meeting, a detailed explanation of the results of the investigation is given. The complaint will either be upheld, and appropriate redress will follow or not upheld.



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3. In the case of a complaint not being upheld, the service might still issue a formal apology for what has happened, which is not necessarily an admission that it was at fault.
4. Such a meeting gives the organisation the opportunity to show the complainant that the matter has been taken seriously and has been thoroughly investigated and that the service is prepared to learn from the experience to improve the service.

### Follow-up action

1. After the meeting, or if the complainant does not want a meeting, a written account of the investigation is sent to the complainant.
2. This includes details of how to take the complaint to the next stage if the complainant is not satisfied with the outcome.
3. The outcomes of the investigation and the meeting are recorded in the complaints book and any shortcomings in procedures are identified and acted upon.
4. The management reviews all complaints to determine what can be learned from them. It regularly reviews the complaints procedure to make sure it is working properly and is legally compliant.

### Training

All care staff are trained to respond correctly to complaints of any kind. Complaints policy training is included in the induction training for all new staff and updated as indicated by any changes in the policy and procedures and in the light of experience of addressing complaints.

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Responsible Person: Poppy Bradley

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