



## Complaints Policy

Inmind Reference:	HR01
Category:	Human Resources
Version Number:	1.3
Reviewed on:	February 2018
Next review date:	February 2020
Lead Officer:	HR Manager
Equality Impact Assessment completed:	Yes

### Applicable Legislation/Regulations:

The Care Act 2014; Data Protection Act 1998  
 Freedom of Information Act 2000; The Human Rights Act 1998  
 The Mental Capacity Act 2005; NHS Standard Contract 2017/18

### Codes of Practice:

Principles of good complaints handling. Parliamentary and Health Service Ombudsman (2008)  
 The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009

### Purpose:

The effective management and resolution of complaints is essential in enabling services to enhance the quality of care provided. Therefore, Inmind Healthcare Group is committed to the fair, equitable and timely resolution of complaints it may receive. This policy offers guidance to any individual wishing to make a complaint to Inmind and meets the criteria for effective Complaints Handling in line with The Care Act 2014.

### Version Control Table

Date Ratified	Version Number	Status
	1.3	Live

Date	Key Revision
11/02/18	Updated to reflect NHS Standard Contract; Inclusion of the Parliamentary and Health Service Ombudsman (PHSO) as external body for complainants

***Please check to ensure this is the most current electronic copy of this document as it is updated and published in electronic format only (hard copies may become out of date).***

## 1.0 The Policy

- a) The Inmind Healthcare Group aims to provide a high quality service. In order to maintain standards, the Company recognises the need to constantly assess and reassess practice and procedure. Part of that process is recognising when something has gone wrong and putting in place a plan to correct the situation or to address the issue.
- b) Feedback from Service Users and their families, provides one method of assessment, and as such the Company welcomes all such comments. Raising an issue by using the complaints procedure is one very clear way of providing feedback and ensuring that it is looked at in a structured way. This enables the company to investigate the issue, respond appropriately, and deal with it correctly.
- c) Making a complaint should never be difficult or allow anyone who does so to feel embarrassed or at a disadvantage. This policy sets out the process to enable this to happen.
- d) Inmind will ensure that any complaints it receives are handled in a fair, equitable and timely manner, and in accordance with the criteria for effective *Complaints Handling* in line with regulatory guidance.
- e) Inmind will provide information and supervision to staff to ensure they are competent and capable of delivering the requirements of the policy.
- f) All employees have a responsibility to ensure that if they are approached with a complaint, the complainant is advised of the procedure set out within this document.

## 2.0 The Procedure

### 2.1 Who can make a complaint?

- a) Any external professional, family member, carer or member of the public can make a complaint about Inmind Healthcare Group.
- b) Representatives of service users can also make complaints about Inmind's services under the following conditions:
  - Where they know that the service user has consented, either verbally or in writing
  - Where the service user cannot complain unaided and cannot give consent because they lack capacity within the meaning of the Mental Capacity Act 2005, and the representative is acting in the service user's best interests – for example where the matter complained about, if true, would be detrimental to the service user.

### 2.2 How to make a complaint

- a) There are different forms in which complaints can be made:
  - By contacting the service and speaking to a member of staff
  - By writing to the Registered Manager
  - By emailing the Registered Manager
  -
- b) Posters advising on the complaints process can be found in the visitor areas of all services.
- c) Any individual wishing to make a complaint about any aspect of the services provided by Inmind should first raise their complaint with the Senior Nurse on Duty.
- d) If a complaint is made to another staff member, the person who receives the complaint should make both the senior Nurse on Duty and the Registered Manager aware of the existence and nature of the complaint as soon as possible.

### 2.3 Receiving a Complaint

- a) The employee receiving the complaint, after listening to the complainant, should document the details of the complaint. Every complaint, however received (verbal or written), should be recorded on the Complaint Record Form (Appendix 2) at the end of this policy. This must include both informal and formal complaints. A copy of any written complaint, whether it be by letter or email, should be attached with a staple to the form.
- b) The Senior Nurse on Duty must then pass on the details of the complaint to the Registered Manager (or nominated deputy).
- c) The Registered Manager must acknowledge receipt of the complaint in writing to the complainant within two working days of receiving the complaint.
- d) If the complaint involves an alleged safeguarding of a service user, it is the responsibility of the Registered Manager to ensure that the Safeguarding Policy is followed.

- e) All complaints, whether formal or informal, and from whatever source, verbal or written, must be entered onto the eMDS system by the designated Complaints Administrator. The responsibility for the maintenance of this lies with the Registered Manager.

#### 2.4 Addressing a Complaint

- a) Unless in extenuating circumstances, all complaints must be investigated and responded to within 20 days of the complaint being received.
- b) If, for any reason, the 20 day period has to be extended, the Registered Manager must inform the complainant of this in writing, explaining the reason for the delay.
- c) If the Registered Manager has nominated an individual other than themselves to address the complaint, it remains the responsibility of the Registered Manager to ensure that the complaint is addressed in a thorough and timely manner.
- d) On receipt of the complaint, the Registered Manager (or a nominated deputy) should make contact with the complainant to arrange a convenient time to meet to discuss their complaint.
- e) If the complaint cannot be resolved during this meeting, and further information is required, the Registered Manager (or nominated deputy) must ensure that a thorough and timely investigation is conducted.
- f) If the complaint involves an allegation against an employee of Inmind, the Registered Manager must inform the employee of this and give them an opportunity to respond.
- g) If the allegation is of a conduct nature, this may result in the issue being addressed in accordance with the Company's Disciplinary Policy.

#### 2.5 Responding to a Complaint

- a) It is the responsibility of the Registered Manager to ensure that a full written response is given to all complaints.
- b) This response must be made no more than five days after any investigation into the complaint is concluded.
- c) All complaint conclusions are one of 'Upheld', 'Partially Upheld', or 'Not Upheld'.
- d) There should be no specific mentions of what was done within the investigation, or the outcome for the member of staff. A more general phraseology should be used. The following may be used as a pattern:

*Your complaint has been investigated thoroughly using our prescribed internal policies and procedures and appropriate action has been taken to address the concerns you raised.*

- e) To protect the interests of both the complainant and the person complained about there must be no informal discussions or comments outside of the formal complaint investigation or once the formal communication giving the outcome has been released. If this is breached then the validity of the complaints procedure may be jeopardised, which in turn may put the outcome at risk. If this happens then the actions of the person who divulged information, if a staff member, may be considered under the disciplinary policy.
- f) It is possible that, if the complainant is a service user or a family member, they will continue to ask questions during the process, to gain more information or an update. These must not be answered but they must be courteously referred to the Registered Manager to be dealt with.
- g) In the event that there is any doubt as to the correct procedure or protocol in dealing with a complaint the advices should be sought of the Group Operations Director, or other members of the Executive Management team. They may seek legal advice to obtain greater clarification as to the way forward.

## 2.6 What can a complainant do if they are dissatisfied with the outcome?

- a) If a service user is unhappy with the outcome of a complaint investigation they, or their representative, should raise the matter directly with the Registered Manager.
- b) If the complainant is unhappy with the outcome of a complaint investigation they can also ask that their dissatisfaction is brought to the attention of the Group Operations Director. This appeal must be registered within five working days. The outcome of the review by the Group Operations Director will be reported to the complainant.
- c) The complainant can also complain to the Parliamentary and Health Service Ombudsman (PHSO) who provide a free, independent service. The PHSO will not usually investigate a complaint until the provider has had an opportunity to respond and resolve matters.
- d) The PHSO service is registered and regulated by the Care Quality Commission (CQC) and can be contacted as follows:

Helpline: 0345 015 4033

Website: <https://www.ombudsman.org.uk/making-complaint>

All of the required information can be found on the website.

- e) The Care Quality Commission (CQC) can also be contacted:

Care Quality Commission National Correspondence

Citygate

Gallowgate

Newcastle upon Tyne

NE1 4PA

Tel number: 0300 061 6161

Email address: [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)

Further details and guidelines on the CQC complaints process can be found on:  
<http://www.cqc.org.uk/content/complain-about-cqc>

## 2.7 Monitoring of Complaints

- a) All documentation regarding a complaint must be stored by the Registered Manager.
- b) The Registered Manager must ensure that they audit all complaints regarding their service in accordance with governance arrangements.

## 2.8 NHS Standard Contract – Service Condition 16 Complaints

- a) The following guidelines are set within the NHS Standard contract and must be maintained at all times.
- b) 16.1 The Commissioners and the Provider must each publish, maintain and operate a complaints procedure in compliance with the Fundamental Standards of Care and other Law and Guidance.
- c) 16.2 The Provider must:

16.2.1 provide clear information to Service Users, their Carers and representatives, and to the public, displayed prominently in the Services Environment as appropriate, on how to make a complaint or to provide their feedback and on how to contact Local Healthwatch; and

16.2.2 ensure that this information informs Service Users, their Carers and representatives, of their legal rights under the NHS Constitution, how they can access independent support to help make a complaint, and how they can take their complaint to the Health Service Ombudsman should they remain unsatisfied with the handling of their complaint by the Provider.

**Appendix 1**

**Equality Impact Assessment for this policy**

<b>Protected Characteristic (domain)</b>	<b>Area of conflict</b>	<b>Resolution</b>
Age	Nil	N/A
Disability	Nil	N/A
Gender Reassignment	Nil	N/A
Pregnancy & Maternity	Nil	N/A
Race	Nil	N/A
Religion or Belief	Nil	N/A
Sex	Nil	N/A
Sexual Orientation	Nil	N/A
Marriage and Civil Partnership	Nil	N/A

All relevant persons are required to comply with this policy and must demonstrate sensitivity and competence in relation to diversity in race, faith, age, gender, disability and sexual orientation. If you feel you are disadvantaged by this policy, please contact the Registered Manager and the service will actively respond to the enquiry.

**Appendix 2**

**Complaint Record Form**

Recording Staff Member  Date  /  /

<b>Complainant Name</b>	<input type="text"/>	<b>Address</b> <i>(If not service user)</i>	<input type="text"/>
<b>Complainant Status</b>	<b>Service User</b>		
	<b>User Carer</b>		
	<b>Family or Friend</b>		
	<b>Other</b>		
<b>Please explain</b>	<input type="text"/>	<b>Post code</b>	<input type="text"/>
		<b>*Email</b>	<input type="text"/>
		<b>*Phone</b>	<input type="text"/>
		<b>*Optional</b>	<input type="text"/>

<b>Received</b>				
<b>In Person</b>	<input type="text"/>	<b>By Email (attached)</b>	<input type="text"/>	<b>Other</b>
<b>By Phone</b>	<input type="text"/>	<b>By Letter (attached)</b>	<input type="text"/>	<input type="text"/>

**Details of Complaint**

**Please immediately pass to the Hospital Director or Registered Manager**

Registered Manager  Acknowledgement Sent  /  /

Complaint Type  **Formal**  **Informal**

Investigating Officer  Date  /  /

## **Appendix 3**

### **How to make a complaint**

Inmind Healthcare Group aims to provide a high quality service. In order to maintain standards the Company recognises the need to constantly assess and reassess practice and procedure. Part of that process is recognising when something has gone wrong and putting in place a plan to correct the situation or to address the issue.

Feedback from Service Users and their families is one method of assessment, and as such the Company welcomes all such comments. Raising an issue by using the complaints procedure is one very clear way of providing feedback and ensuring that it is looked at in a structured way. This enables the company to investigate the issue, respond appropriately, and deal with it correctly.

Anyone who has dealings, of whatever type with the Inmind Group is entitled to make a complaint about any part of their experience of Inmind, its facilities or its staff. This sheet will help you and guide you through the process.

You can make your complaint in any way you feel is best for you; in writing, by email, on the phone or in person and you can make that complaint to any member of staff.

However, we would ask that, if possible, you contact the Nurse in Charge, the Hospital Director or Registered Manager to make your complaint in order that it immediately comes to the attention of a senior manager.

Whatever way you choose, your complaint will follow the same procedure. Your complaint will be investigated and dealt with following the Inmind Complaints Policy and Procedures.

#### **What You Can Expect From Us:**

- We will listen to your complaint, make notes on our standard form and ensure that your form reaches a senior manager.
- You will receive acknowledgement from us that we have received your complaint.
- We will follow our standard set procedure to investigate your complaint.
- After investigation we will provide written feedback as to the outcome of our investigations.
- We expect to finish the investigation within 20 working days. If it's going to take longer we will tell you.
- Should the complaint lead to a referral to the Police, CQC, or a Safeguarding Board and they take it up as an official complaint then Inmind's investigation will be put on hold till these organisations have finished their enquiries. This can cause significant delays in the process. If this happens we will let you know.
- We will treat your information in confidence and not release it to any third party without your permission.
- We will always treat you courteously and with respect.

## What We Ask of You

- We ask that you provide us with as much information as you can and that that information is as accurate and up to date as you are able to make it.
- We ask you provide us with personal details such as a postal address, phone number and email address to assist us in contacting you should we need to.
- We ask that you give us time to finish the investigation and to understand that we are not able to comment till the investigation is finished.
- Please understand that we extend to our Service Users and staff the same right to confidentiality that we extend to you. There is some information we may not be able to give you. If this is the case we will explain why.
- Inmind has a zero tolerance of abuse or harassment to anyone involved with or in contact with the Inmind Group. We ask that you respect this.
- Please remember that our staff are only human and try very hard to do their jobs to the very best of their ability.

Should you require any further help or advice please contact the Hospital Director or Registered Manager at the service you are linked to.

Thank you for reading this