

Axis Recruitment Ltd

Policy Title	Complaints	March 2017	
CQC KLOE Reference	Responsive	September 2017	

Policy

Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 states:

16.—(1) Any complaint received must be investigated and necessary and proportionate action must be taken in response to any failure identified by the complaint or investigation.

(2) The registered person must establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity.

(3) The registered person must provide to the Commission, when requested to do so and by no later than 28 days beginning on the day after receipt of the request, a summary of—

(a) complaints made under such complaints system,

(b) responses made by the registered person to such complaints and any further correspondence with the complainants in relation to such complaints, and

(c) any other relevant information in relation to such complaints as the Commission may request.

Complaints are encouraged and welcomed as a way of ensuring that any dissatisfaction with the quality of service provided by the Agency is brought to the attention of the Agency Manager as quickly as possible.

All complaints will be fully investigated, handled sympathetically and confidentially, and, where necessary, improvements made and appropriate reparation offered.

Our aim is to deal with complaints efficiently and fairly, and, wherever possible, to achieve a resolution which is satisfactory to both the complainant and the Agency. Individuals who use our services, and those who act on their behalf will be encouraged to make use of the complaints procedure, if they wish to do so.

They will be offered assistance or advice on independent advocacy where this may help to ensure that concerns and views are fully expressed.

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This policy document will be provided to any Client, or their representative, upon request. If the Client is blind, or their vision is impaired, then the Agency will, so far as it is practicable to do so, supply, in addition to a copy of this document, a copy of the complaints procedure in a form which is suitable to that person.

If, as a result of a complaint the Agency has reason to believe that the actions or negligence of any of its employees have harmed an individual using its services or placed them at risk of harm, the employee concerned will be referred to the Independent Safeguarding Authority for possible inclusion on the Protection of Children Act List (PoCA) or the Protection of Vulnerable Adults (POVA) list, and barred from working with children and/or vulnerable adults, as appropriate.

The matter may also be reported to the Care Quality Commission (CQC), the Police, or the local child/adult protection teams.

No Client will be discriminated against or victimised and in particular their care and treatment will not be affected if a complaint is made by them or on their behalf.

Procedure

Oral Complaints

An oral complaint will, wherever possible, be dealt with at the point of service, by the person providing that service and as quickly, sympathetically and efficiently as possible. All employees of the Agency are, potentially, recipients of oral complaints, and upon receipt, an employee will:

- Attempt to deal with the matter to the overall satisfaction of the complainant, and subsequently;
- Prepare a comprehensive written record of the complaint using the form designed for this purpose; and
- Submit the form to the Agency Manager, who will maintain an accurate record of oral complaints, and, where necessary, will seek assurance from the complainant that the matter has been dealt with satisfactorily.

However should the employee not be capable of dealing immediately (or the same day) with the initial complaint (for whatever reason, but usually because the matter refers to operational policy, which the employee is incapable of changing, or is a matter outside of their normal responsibility, or the matter is clearly serious in its nature), then the employee will inform the complainant that the matter will have to be referred. In such situations the complainant will be advised that their complaint will be acknowledged, formally, in writing, within three working days.

At this point the matter will be dealt with as if it were a written complaint.

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Written Complaints

- All written complaints (together with unresolved oral complaints) should be addressed (or forwarded) to the Agency Manager;
- Any written complaint addressed to someone else within the Agency should be referred to the Agency Manager for action and resolution;

Any complaint about the Agency Manager should be addressed to:

**Kashif Butt
Manager
100 North Sherwood Street
Nottingham
NG1 4EE**

Governing principles for dealing with complaints:

- All complaints will be recorded in a register maintained for this purpose;
- All complaints will be acknowledged within 3 working days of receipt;
- All complaints (other than oral complaints resolved on the same day) will be investigated, and a written response given within 10 working days. The written response will address the issues raised in the complaint, and provide information about what action (if any) has been taken, or is to be taken, by way of resolution;
- All records relating to the complaint, including copies of all correspondence etc. will be filed in the complaints file maintained by the Agency Manager.

Where it is considered, at the outset, that the “10 day response” target is unlikely to be met, then a more realistic assessment will be made, and the complainant informed. Complainants will also be advised if any statutory or other bodies have been notified and what that may mean for the investigation.

If a target date is missed, then the complainant will be informed of the reason(s) why, given a new target date, and kept regularly informed at all times of progress. It is hoped that all complaints may be dealt with satisfactorily within the governing principles described above and that the complainant is satisfied with the way the matter has been handled, and the response which has been given. Therefore the matter comes to a close.

However if the complainant, or her/his representative is not satisfied then they should be advised to refer the complaint, together with an understanding of why dissatisfaction remains, in writing, to:

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**Kashif Butt
Manager
100 North Sherwood Street
Nottingham
NG1 4EE**

Complainants will also be reminded that, if unsatisfied at any stage, they may take their complaint further. In addition to the senior responsible Manager above and CQC below, contact details may be provided for:

- Any third-party purchaser involved (local authority, PCT etc.);
- Relevant membership organisations (UKHCA etc.).

The timescales for response are as before:

- A further letter of acknowledgement will be sent within 3 days; and
- A further written response will be provided within 10 days.

If the “10 day target” is likely to be missed, then the complainant will be kept informed as at the initial stage of review and investigation.

It is hoped that following further review and response, that the complainant is satisfied with the way the matter has been handled, and the response which has been given. Therefore the matter comes to a close. However if the complainant remains dissatisfied, then they should be referred to:

**Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA**

Notes

Legal Intervention

This complaints procedure is designed to try to ensure, as far as is possible, that all complaints about the service provided by the Agency are dealt with internally, and, hopefully, to the satisfaction of the Client and/or their representative. However if it is immediately apparent that the matter is to be referred, by the complainant, to a Solicitor, then the relative informality of the review process is immediately compromised. If such a situation arises, either at the outset, or during the complaints procedure, then the complainant will be informed that the complaints procedure is no longer in operation, and that the matter is to be immediately referred to Solicitors and/or insurers who represent the interests of the Agency.

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Disciplinary Action

The Agency has a number of employment policies in place, which are designed to deal with allegations of abuse, discrimination, etc. If, during any investigation into a complaint made by a Client it becomes apparent that some form of disciplinary action is to be taken, against an employee of the Agency, then it will be taken in accordance with the most appropriate and relevant policy.

Bullying/Harassment

The Agency has introduced a policy/procedure relating to bullying/harassment which advises that any complaint of this type should, in the first instance, be handled informally, either by the Client himself/herself, or by someone acting on their behalf.

However it is accepted that dealing with the complaint informally, in the first instance, may not be the desired option of the complainant, or such an approach may not be effective in resolving the problem. Where a formal complaint is to be made, then Clients are advised to use this complaints procedure, or to have someone use it on their behalf.

Records

Complaints/Compliments, including details of any investigation/action taken will be recorded on the relevant employee's personnel file and the personal file of the Client.

References to Legislation and Fundamental Standards	
Health and Social Care Act 2008 (Regulated Activities) Regulations 2014	Regulation 16
Fundamental Standards	Complaints must be appropriately investigated and appropriate action taken in response