



Concerns and Complaints (England) Policy

Introduction

This policy sets out the values, principles and procedures, which underpin this care service's approach to handling complaints to comply with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 16: Receiving and Acting on Complaints.

It also shows how the care service is meeting the Quality Statement, "Listening to and Involving People" which the CQC is using in future for assessment purposes.

"We make it easy for people to share feedback and ideas or raise complaints about their care, treatment and support. We involve them in decisions about their care and tell them what's changed as a result."

Regulation 16 requires care providers to have an effective system to identify, receive, handle and respond appropriately to complaints and comments made by people who use the service, or persons acting on their behalf, and others involved with the service.

Regulation 16 is one of the fundamental standards with which providers must comply to meet their registration requirements. It states the following.

1. Any complaint received must be investigated and necessary, 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 people who use the service 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
 - c. any other relevant information in relation to such complaints as the Commission may request.

To be compliant with this regulation, the care service will:



- bring the complaints system to the attention of people who use the service and people acting on their behalf in a suitable manner and format
- facilitate the making of complaints when one is being made
- acknowledge and investigate all verbal and written complaints and (where relevant), work with other services where the complaint is of a joint nature to address the issues raised
- ensure that people who use the service have access to and the help of an independent advocacy service, which they might need to make a complaint where they lack the capacity or means to make the complaint without such assistance; an advocate can assist the person at all stages in the complaints process (see also the separate policy on [Advocacy](#)).

Where appropriate, the care service will also refer users to the leaflet published by the Care Quality Commission (CQC), *How to Complain About a Health or Social Care Service*.

This policy should be read and used in relation to other policies on:

- [Responding to the Experiences of People Who Use the Service](#)
- [Quality Assurance and Improvement](#)
- [Escalation](#)
- [Duty of Candour](#)
- Safeguarding policies.

Policy Statement

This care service works on the principle that if a person who uses the service or anyone who acts in their best interests wishes to make a complaint or register a concern they should find it easy to do so.

The care service welcomes complaints and looks on them as a opportunities to learn, adapt, improve and provide better services. This policy ensures that complaints are dealt with properly and that all complaints or comments by individuals 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 care 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 care 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 care service. If



this fails due to the complainant being dissatisfied with the result, the care service respects the right of the complainant to take the complaint to the next stage by seeking a review with the relevant reviewing body of how the complaint was addressed.

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

Policy Issues

Assured Optimal Care recognises that where it is providing a local authority or health authority commissioned service it is the commissioner which becomes accountable for any potential faults in the provision of the service. It is also the commissioning authority which will be responsible for ensuring that Assured Optimal Care corrects any faults found from the investigation of the complaint and could do this through its quality monitoring processes.

When it receives a written complaint about a local authority commissioned service it is providing, Assured Optimal Care will notify the commissioning authority of the complaint, how it proposes investigating it and of the outcomes. This ensures transparency, good communication and partnership working in the complaints handling process.

Assured Optimal Care recognises that a complainant who is not prepared to have the investigation conducted by the care service or its parent organisation or is dissatisfied with the response to the complaint can escalate the complaint to the responsible commissioning authority.

Assured Optimal Care will also inform people who are paying for their own care independently without local authority involvement of their legal right to escalate an unresolved complaint directly to the Local Government Social Care Ombudsman.

If the complaint involves safeguarding issues requiring an alert to the local safeguarding authority, the care service will follow the safeguarding procedures, carrying out any internal investigation in line with any plan agreed with the safeguarding staff (with information shared with the CQC).

If the complaint concerns the conduct or performance of the registered manager, who would otherwise be responsible for handling and investigating the complaint, the nominated individual, if different from the registered manager, will become responsible for the complaints handling process.

The nominated individual will investigate the complaint in line with the complaints procedure, which could include arranging for the complaint to be investigated by a competent independent person or body. This could be the local authority if the commissioner of the service subject to the complaint about the manager.



If a privately funded service, the nominated individual as the representative of Assured Optimal Care will, if unable to achieve local resolution, recommend that the complainant escalates the matter to the Local Government Social Care Ombudsman.

(If, as possible in a small business, the registered provider and registered manager are the same person then the issue will be handled following the same process.)

Principles of Complaints Handling

1. In this care service, people who use it, their representatives and carers are always made aware of how to complain from the onset of their using the service, (for example, by having a complaints notice displayed prominently in public areas, having copies of the complaints procedure or complaints notice included in the information given to people who use the service, and having the procedure available in alternative formats in line with users' communication needs).
2. People who use the service, their representatives and carers are always made aware that the care service provides easy-to-use opportunities for them to register their complaints.
3. A named person is always responsible for the administration of the procedure.
4. Every written complaint is acknowledged with the acknowledgment sent within two working days.
5. Investigations into written complaints are held within 28 days.
6. The complainant will be informed of any reasons for failing to complete the investigation within the 28 days.
7. The findings of the investigation will be given to the complainant in writing by the care service immediately after completion.
8. Complaints are dealt with 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.
9. The care service recognises national guidance on complaints' handling, which uses a three-stage (two stages for some self-funding people) model of:
 - a. local resolution
 - b. complaints review
 - c. independent external adjudication by Local Government and Social Care Ombudsman (LGSCO), Health Service Ombudsman or through the Independent Healthcare Advisory Services (IHAS).
10. The person to whom complaints should be made is **Kirby Castillon**, registered manager.



The Complaints Procedure

Stage one: local resolution

The care service works on the basis that wherever possible, complaints are best dealt with directly with the people who use the service 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 safeguarding matter a referral to the local safeguarding adults authority.

Stage two: complaints review

In line with national guidance, the care service then recognises that if the complaint is still not resolved, the complainant has a right to take their complaint to the body responsible for the commissioning of the service, eg local authority and/or health service (again depending on the nature of the complaint and type of service involved). A self-funding person whose care and support has no local authority involvement is entitled to go directly to the LGSCO for resolution.

Stage three: independent external adjudication

If complainants are still dissatisfied with the management and outcome of their complaint, the care service is aware that they can refer the matter to the LGSCO/Health Service Ombudsman in respect of some private healthcare providers through the IHAS for external independent adjudication.

Role of the Care Quality Commission

The care service makes its users aware that the Care Quality Commission (CQC) does not investigate any complaint directly, but it welcomes hearing about any concerns. It accordingly provides users with information about how to contact the CQC by referring them to the CQC's leaflet *How to Complain About a Health or Social Care Service* (July 2013) (available on the CQC website).

The care service also sends to the CQC any information about complaints requested or required as part of the CQC's compliance reviewing policy.

Safeguarding issues

In the event of the complaint involving alleged abuse or a suspicion that abuse has occurred, the care service refers the matter immediately to the local safeguarding adults' authority which will usually, following an initial assessment, call a meeting to decide on the actions to be taken next. This could entail further enquiries into any allegation by a member of the Safeguarding Authority team.



The care service will also notify the CQC under the (revised) Care Quality Commission (Registration) Regulations 2009, Regulation 18(e) Notification of Other Incidents of “any abuse or allegation of abuse in relation to a service user”.

Verbal Complaints

The care service adopts the following procedures for responding to complaints and concerns made verbally to care staff in the course of their providing care or to managers to whom the matter has been referred or escalated.

1. Assured Optimal Care expects its staff to treat all verbal concerns and complaints, no matter how seemingly unimportant, seriously and to acknowledge, report and record them.
2. If a person expresses a concern or complaint to their care worker while receiving care, the care worker should agree to address the matter immediately, resolve it if possible and apologise as appropriate.
3. If the care worker cannot address the person’s complaint immediately, they should say they will refer the matter to their manager without delay.
4. Care staff should always be professional, remaining calm and respectful, polite, courteous and sympathetic to a complainant. There is nothing to be gained by their being defensive or aggressive. They should avoid making excuses or blaming other staff.
5. After talking the problem through, the member of staff or manager responding to the complaint will suggest a course of action to resolve it. 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).
6. 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 and give them a copy of the care service’s complaints procedure to enable them to do this.
7. The care staff member receiving the initial complaint in addition to any reporting should always record the matter on the person’s care records and in the care service’s concerns and complaints book or log.
8. The record should include the nature of the complaint and how it arose, how the staff member receiving the complaint responded and how they followed it up.
9. If a third party makes the complaint directly to a care worker, for example a relative or friend on behalf of the person who uses the service, the care worker should respond in the same professional manner as described above.



10. If the complainant has acting power of attorney for the health and welfare for the person receiving care they might respond directly as if it was the person receiving care making the complaint.
11. Otherwise, it is less likely that they can deal with the complaint directly and will need to refer the matter to their manager. The care staff receiving the complaint or the manager to whom it has been referred, must then always check with the third party the nature of the complaint in relation to the care and treatment that they are providing to the person receiving their care and how it is affecting them.
12. If the complaint appears to be valid in that respect, the care worker or manager, whoever is responding, might suggest that as a first step they discuss the matter directly with the person receiving their care and go on from there to resolve the matter with the person's consent.
13. Alternatively they might suggest that the third party complainant speaks to the person receiving care to see if they have the same concerns which can then be addressed by the person receiving care or jointly.
14. They might also suggest, depending on the nature of the concern or complaint. That the third party raises the matter directly with Assured Optimal Care or put in a written complaint.
15. Care service staff must not disclose to a third party complainant information that is confidential to the care and treatment of the person receiving care without the person's valid consent.

Written Complaints

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

Preliminary steps

1. When the care service receives a written complaint, it passes it to a designated person or complaints handler, eg the registered manager or registered provider/complaints manager who records it in the complaints book and sends an acknowledgement letter which describes the procedures they will follow. The care service will send the acknowledgment letter within two working days of receipt.
2. The designated person, eg the registered manager or registered provider/complaints manager is responsible for dealing with the complaint throughout the complaints handling process, including for any investigations to be carried out by an independent person, who will report to the named person/complaints manager.
3. If necessary, the designated person or a person carrying out the investigation into the complaint will obtain further information from the complainant. If the complaint is not made by the person who uses the service but by a third party, the designated person



will seek the consent of the person receiving care to proceed with the complaint as a valid complaint related to their care and treatment.

4. Assured Optimal Care reserves the legal right to seek legal advice if the nature of the complaint raises questions of law. Assured Optimal Care recognises that this is likely to delay the completion of the investigation and will inform the complainant of this possibility. Assured Optimal Care will continue to keep the complainant informed of the progress of the legal intervention.

Investigation of a complaint (other than safeguarding)

1. Immediately on receipt of a written complaint, the care service will launch an investigation and aims within 28 days to provide a full explanation to the complainant, either in writing or by arranging a meeting with the individuals concerned.
2. If the issues are too complex to complete the investigation within 28 days, Assured Optimal Care will issue an interim report of the progress being made with the complaint investigation, stating reasons for any delay and an estimated timescale for completion.

Meetings

1. At any meetings to discuss the complaint, the complainant might wish to bring a friend or relative or have an advocate to represent their views, which will be conducted openly, transparently and fully recorded with records agreed by all parties.
2. Once an outcome is reached, Assured Optimal Care will arrange a special meeting which could be face to face or remote to discuss the findings and the measures it proposes to resolve the complaint.
3. Assured Optimal Care, through its designated person will provide a detailed explanation of the results of the investigation, an apology for any possible distress caused and any remedial measures it proposes to take or might have already taken.
4. Assured Optimal Care views such a meeting as an opportunity to show the complainant that it has taken the complaint seriously and has thoroughly investigated it.

Follow-up action

1. Assured Optimal Care will also provide a written report to the complainant confirming the results of the investigation and a summary of the discussions held.
2. The report will include how the complainant might escalate the complaint if the complainant is not satisfied with conduct of the complaint investigation or the outcome.
3. The designated person or complaints handler will provide a full record of the complaint investigation and outcomes.



4. Assured Optimal Care will ensure that remedial measures agreed from the complaint process are fully actioned in agreed timescales, which will be subject to further auditing and review.
5. 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

Assured Optimal Care expects its staff to respond correctly to complaints of any kind and gives complaints training a high priority.

It includes complaints policy training in the induction training for all new staff and updates it in respect of any changes in its policy and procedures and in the light of experience of addressing complaints.

Assured Optimal Care arranges relevant training at the appropriate level for staff responsible for complaints handling and management.

Review

Signed:

Date:

20/08/2025

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