

# Angels Homecare and Community Services

## Concerns and Complaints Policy

### Purpose and Legal Basis

This policy explains how Angels Homecare and Community Services receives, records, investigates and responds to concerns and complaints about the care and support it provides. It is designed to support an open culture in which people feel safe to speak up and know that concerns will be taken seriously, investigated fairly and used to improve the service.

This policy is based on the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 16: Receiving and acting on complaints. Under Regulation 16, providers must operate an accessible and effective system for identifying, receiving, recording, handling and responding to complaints; investigate complaints thoroughly; take necessary and proportionate action where failures are identified; and provide complaint information to the Care Quality Commission within 28 days if requested.

In practice, the service will:

- make it easy for people to raise concerns verbally, in writing, by telephone, by email, or through a relative, representative or advocate;
- support people to complain in accessible ways, including by providing information in suitable formats where needed;
- acknowledge complaints promptly and keep complainants informed about progress and expected timescales;
- investigate complaints fairly, proportionately and without discrimination or detriment to the person raising them;
- consider whether any complaint raises immediate safety, safeguarding, duty of candour or regulatory issues;
- record outcomes, share learning and use complaints information to improve the quality of care.

No person will be treated unfairly or disadvantaged for making a complaint in good faith. Complaints will be handled alongside related policies such as safeguarding, incidents, duty of candour, data protection and quality assurance where relevant.

### Principles

- People can complain to any member of staff and do not have to use a particular form.

- Complaints will be taken seriously, handled confidentially as far as possible, and responded to in plain language.
- The service will aim to acknowledge complaints within 3 working days and provide a full written response within 25 working days where possible.
- If more time is needed, the complainant will be told why, what is happening next and when a response can be expected.
- Where a complaint identifies immediate risk, urgent action will be taken without waiting for the complaint process to finish.

The Registered Manager is responsible for overseeing complaints handling, ensuring investigations are completed, responses are issued and learning is acted on. If the complaint concerns the Registered Manager, it must be reviewed by an appropriate senior person not directly involved in the matter.

A complaint may be made by the person receiving care, their relative, representative, advocate or another person acting in their best interests where appropriate consent or authority is in place.

### **Stage One: Local Resolution**

Staff and management address complaints directly; independent investigators or safeguarding referrals may occur as needed.

### **Stage Two: Complaints Review**

Unresolved complaints are escalated to the commissioning body

### **Stage Three: Independent External Adjudication**

Persistent dissatisfaction may be referred to LGSCO, Health Service Ombudsman, or IHAS.

### **Care Quality Commission Role**

The CQC does not investigate individual complaints but accepts reports. Complaint information is shared with CQC upon request.

### **Safeguarding Issues**

Suspected abuse is immediately referred to local safeguarding authorities and reported to the CQC. Each complaint is assessed for safeguarding risks, and M.A.S.H will be contacted without delay if such risks are identified.

### **Verbal Complaints**

- Promptly acknowledge, record, and attempt to resolve verbal complaints.
- Unresolved issues are passed to management.
- Staff interact professionally and empathetically.
- Authorization is verified for advocates.
- Management proposes resolutions; unsatisfactory outcomes invite written complaints.

- Details are logged in the complaints log and care records.
- All verbal complaints are evaluated for safeguarding risks; concerns are referred to M.A.S.H as appropriate.

## Written Complaints

- Forwarded to Casey Goodchild for logging and acknowledgment within one day.
- Investigation led by the nominated person, overseen by Casey Goodchild.
- Further information sought as necessary.
- Serious complaints suspend internal investigation pending legal advice.
- Escalation routes and safeguarding processes outlined.
- Investigations aim to conclude within 28 days; delays are communicated.
- Each written complaint is assessed for safeguarding risks, and if identified, M.A.S.H is contacted.

## Meeting

Complainants may attend meetings to discuss findings and receive apologies if appropriate.

## Follow-Up Action

A written summary is provided detailing findings and next steps. Outcomes inform quality improvements, reviewed regularly by management.

## Training

All staff receive induction and ongoing training on complaint procedures.

## Review: