

EIA – [EQUALITY IMPACT SCREENING & ASSESSMENT TOOL](#)

SUI – [SERVICE USER POLICY REVIEW FORM](#)

Praxis Care
IOM - COMPLAINTS & COMPLIMENTS
MANAGEMENT POLICY & PROCEDURE

Printed copies are for reference only. Please refer to electronic copy for most recent information.

Please read in conjunction with the following:-

[RAISING A CONCERN FLOWCHART](#)

[HOW TO MAKE A COMPLAINT](#)

[COMPLAINTS PROCESS FLOWCHART](#)

1 INTRODUCTION

Praxis Care is committed to improving the services it provides for service users. This document outlines the aims of Praxis Care with regard to the management of complaints.

2 SCOPE

This policy and procedure should be read and understood by all Praxis Care employees, volunteers and students on placement.

3 DEFINITION

For the purposes of this policy a complaint is: 'Any formal expression of dissatisfaction, whether oral or written, and whether justified or not, from or on behalf of an eligible complainant about the organisation's provision of, or failure to provide, a service.'

4 PURPOSE

The purpose of this Complaints Management Policy is to enable those who use Praxis Care services, their representatives, Praxis Care suppliers, or the public to complain to the organisation if dissatisfied with any aspect of the services provided by Praxis Care.

5 EXCLUSIONS

5.1 Anti-Social Behaviour

A report of anti-social behaviour from a service user or neighbour about another service user is not a complaint about Praxis Care. In such instances, all incidents of nuisance, or anti-social behaviour should be reported to the owner/landlord of the relevant property to be managed under the terms of the relevant policy or the person's licence/tenancy agreement.

5.2 Property Maintenance

Where Praxis Care is not the owner, managing agent or landlord responsible for maintaining the property, a report received which relates to a property issue should not be recorded as a complaint against Praxis Care. In such instances, all property maintenance issues should be reported to the appropriate landlord/owner for action and resolution. Staff should support the service user appropriately to speak to the relevant owner/landlord of the property.

Where Praxis Care is the owner, managing agent or landlord of the property, a report of a property maintenance issue is also not a complaint, it is a request for a service and should be recorded and managed in line with the relevant Repairs Policy.

On occasions it may be appropriate for a complaint to be made in respect of property maintenance. For example, if a request for a repair was made in line with the relevant Repairs Policy, but the repair was not carried out within the timeframe promised or not carried out well. On this occasion it would be appropriate for a complaint to be made that the service provided was not as expected.

5.3 Concerns of Abuse

A concern may be reported, which, on further consideration, relates to safeguarding. In such instances, the concern should be managed and resolved under the relevant safeguarding policy and procedures, rather than this Complaints Management Policy.

5.4 Staff Concerns

This policy is not to be used by employees raising an issue or concern. Staff members with a concern should first raise it with their line manager and attempt to resolve it informally. If, following discussion with the manager, either informally or in supervision, a staff member feels the

issue has not been resolved, it should be brought to the attention of the appropriate Head of Operations.

Staff should refer to:

- the [GRIEVANCE PROCEDURE](#) where they have an issue about their employment, treatment, or terms and conditions which has not been resolved informally with the line manager.
- the [CAPABILITY POLICY](#) where they have concerns about a colleague's conduct/performance, which have not been resolved informally.
- the [WHISTLEBLOWING POLICY](#) where the employee is concerned about dangers or wrong-doing that affect others and which has not been fully addressed locally at scheme level.

Staff should refer to the [RAISING A CONCERN FLOWCHART](#) for further clarification of the appropriate policy to follow in these instances. In any of these cases, the employee should raise the issue firstly with their line manager to enable a swift local resolution where possible.

6 AIMS

Praxis Care Complaints Management Policy aims to:-

- Resolve any complaints efficiently and fairly.
- Keep people fully informed of the progress of their complaint.
- Achieve an outcome of satisfaction for the complainant.
- Improve learning for the service and the organisation.
- Promote best practice regarding the management of complaints.
- Comply with relevant legislation.

7 ROLES AND RESPONSIBILITIES

7.1 Chief Executive

The Chief Executive has overall responsibility for ensuring that complaints are investigated fully and that complainants receive a timely and comprehensive response.

7.2 Directors

Directors have delegated responsibility for ensuring the efficient and effective implementation of the Complaints Management Policy and Procedure. Directors are responsible for ensuring that complaint management procedures are effectively and efficiently implemented.

7.3 Head of Operations

Head of Operations are responsible for ensuring that staff are aware of the Complaints Management Policy and Procedure and assist in building a culture where feedback of any type is welcomed and encouraged. Head of Operations have a duty to ensure that, where they have been involved in an investigation, an action plan is produced and completed within an agreed timescale and copied to the Complaints Master File.

7.4 Managers

The Project Manager will ensure that all complaints received locally are actioned appropriately.

Managers have a responsibility to ensure that staff are aware of the Complaints Management Policy and Procedure. They have a responsibility to encourage a culture where a positive approach to learning from the results of service user feedback, concerns and complaints is fostered.

Managers must contact Praxis Care's Safeguarding Champion, at the earliest opportunity, if the complaint relates to a safeguarding concern.

Managers must contact the HR Department, at the earliest opportunity, where a complaint has been made concerning a member of staff, or where a complaint could potentially lead to disciplinary action, and take guidance from the HR Department where necessary.

7.5 All Staff

Any staff member may be the first recipient of a concern or complaint from a service user, carer or service user representative. Therefore, best practice in customer care and management of informal concerns and complaints is every staff member's responsibility.

7.6 The Complaints Officer

Praxis Care has a nominated Complaints Officer (Director of Quality & Governance). The Complaints Officer is responsible to the Chief Executive for implementing, delivering and monitoring of the Complaints & Compliments Management Policy and Procedure.

The Complaints Officer must be informed of all complaints received. Staff should use the on-line Complaint Form on which to record complaints.

The Complaints Officer is responsible for ensuring that an investigating officer is appointed to deal with any complaint, not resolved locally at Stage One.

The Complaints Officer will present a report to the Governance Committee which details the number and type of complaint for each service, a status report on any resolved complaints, and a summary of any organisation learning resulting from any complaint.

7.7 Governance Committee

The Governance Committee will oversee and review the management of the organisation's complaints processes. At each meeting it will review the number and type of complaint by service, and seek assurances that complaints have been managed in accordance with Praxis Care policy. The Governance Committee will also review any unresolved complaints and enquire about their status.

7.8 HR Department

The HR Department will provide guidance where a complaint has been made concerning a member of staff, or where a complaint could potentially lead to disciplinary action.

8 TRAINING

All staff involved in any aspect of operational services will be provided with training on Complaints Management. Staff should attend refresher training every 5 years. Details of the course aims and objectives can be located in [TRAINING PROGRAMME AIMS & OBJECTIVES](#).

9 COMPLAINTS AND EXTERNAL INVESTIGATIONS

The Complaints Management Policy and Procedure will not normally continue where an external investigation is investigating the same concern. In the event that an external investigation, a Safeguarding investigation, or a police investigation is underway, the complaint maybe put 'on hold' by Praxis Care, and the complainant informed of this. Praxis Care will liaise, as much as is practical, with the co-ordinator of any external investigation to enable the complaint to be resolved at the earliest opportunity. If a legal view is needed on consideration of a complaint, the Director of Quality & Governance should be contacted.

10 CONFIDENTIALITY AND CONSENT

Information about complaints and those involved is strictly confidential. Any information should only be disclosed to those with a demonstrable need to know, in line with the relevant Data Protection legislation.

If someone makes a complaint on behalf of a service user, staff should clarify with the service user that he/she has given consent for the complainant to do so. Information about a service user should not be shared with anyone without the consent of the service user.

11 PUBLIC AND SERVICE USER INFORMATION ABOUT COMPLAINTS

An Information Guide [COMPLAINTS AND COMMENTS](#) has been developed for service users, to accompany this policy and procedure. It provides information about all aspects of Praxis Care's complaints procedures as well as additional information. It directs service users and/or their representatives to advice and guidance services, regulatory bodies, advocacy services and ombudsman services. These resources must be made available to all service users and representatives on commencement of service and on request. Information on how to make a complaint must also be made available to all relevant parties on request.

12 PERFORMANCE REVIEW

- a. The number and nature of complaints will be monitored on a monthly basis in each scheme by the Head of Operations as part of the electronic Monthly Monitoring Visit Report.
- b. Complaints will be monitored and evaluated by the Governance Committee, a Sub-Committee of the Board, which meets every two months. The Complaints Officer will submit a report to this Committee.
- c. A Management Review Meeting, held twice yearly, comprising the Senior Management Team, will be held which will evaluate the trends and learning from complaints. The Quality and Governance Department will submit a report to this meeting.

13 ADVOCACY SERVICE

In some instances, an advocacy service is an important support to a service user in assisting him / her to make a complaint and guiding the individual through the complaints process. Praxis Care should ensure that the service user is aware of the contact details of advocacy services in the local area. Please read: [ACCESSING OTHER SERVICES](#).

Independent Advocacy Service:

IOM Health & Care Association
Flat 10
Bradda Court
Port Erin
IM9 6PQ

Telephone: 07624 425326

Email: office@iomhaca.im

14 LANDLORDS

If a complaint received relates to a property issue where Praxis Care is not the owner, managing agent or landlord responsible for maintaining the property, then staff should not record the complaint against Praxis Care on a Praxis Care Complaint Form. Instead, staff should support the service user to speak to the appropriate owner/landlord of the property. The owner/landlord of the property can then deal the issue as per their own organisation's procedures.

A report of anti-social behaviour from a service user or neighbour about another service user is not a complaint about Praxis Care. In such instances, all incidents of nuisance, or anti-social behaviour should be reported to the owner/landlord of the relevant property to be managed under the terms of the relevant policy or the person's licence/tenancy agreement.

15 COMPLAINTS POLICY

Praxis Care adopts a user-led approach to complaints management and aims to empower service users, representatives and stakeholders to make a complaint or raise a concern.

Praxis Care will operate its Complaints Policy on the basis of openness, transparency and candour:

- **Openness** – enabling concerns and complaints to be raised freely without fear.
- **Transparency** – allowing information about performance and outcomes to be shared with staff, service users, the public and regulators.
- **Candour** – any individual harmed by the provision of service is informed of the fact and an appropriate remedy offered, regardless of whether a complaint has been made or a question asked about it.

It is Praxis Care's policy to:

- Take all complaints seriously.
- Inform people about the process and make information readily available in accessible formats.
- Make the process simple and enable people to make a complaint in a way that suits them, at a time convenient to them and with the immediate reassurance that the issue will be taken seriously.
- Train staff to be receptive and supportive of feedback and complaints, to have the skills to manage complaints and to be empowered to resolve issues promptly and effectively.
- Investigate and respond to complaints within 28 days, and if this is not possible, ensure the complainant is kept informed (every 28 days) of the reasons for any delays.
- Keep the complainant informed of progress in a timely manner, where possible providing anonymity if requested.
- Ensure the views of the complainant are taken into account when exploring remedial actions.
- Provide outcomes/resolutions that directly address the complaint, in a manner the complainant prefers and by an appropriate person.
- Adopt an open, leaning culture where complaints and feedback are actively encouraged and recognized as opportunities to reflect and improve service provisions locally and organisationally.

16 ROLE OF REGULATORY BODIES, OMBUDSMEN AND COMMISSIONERS

16.1 Commissioners

Service users can contact the Complaints Officer or Service Manager in the Local Authority. The commissioner involved will have a procedure in relation to dealing with complaints from service users receiving a service from a provider organisation.

16.2 IOM Regulation & Inspection Unit

All service users are able to make a complaint to The Regulation of Care Services (IOM Registration and Inspection Unit). Contact with this unit is an additional channel and is not intended to detract service users from raising matters with the service provider.

The unit has a Statutory Power to investigate the complaint. The Registration and Inspection Unit is located at:

Ground Floor
St. George's Court
Hill Street,
Douglas
IM1 1EF

Telephone: 01624 642422

Email: RandI@gov.im

16.3 Health and Care Professions Council

Service users, carers or the general public can make a complaint to the HCPC about a Registered Social Worker. The HCPC have a duty to investigate complaints as Registered Social Workers are expected to abide by the Codes of Practice for Social Workers.

Service and Complaints Manager
Health and Care Professions Council (HCPC)
184-186 Kennington Park Road
London
SE11 4BU
Tel: +44(0)20 7840 9708
Email: feedback@hcpc-uk.org

17 COMPLIMENTS POLICY

For the purposes of this policy a compliment is defined as an: 'Expression of appreciation either verbally, or by letter, card, gift or donation.'

Compliments are as important to Praxis Care as complaints and should be seen as a means of learning how things have gone well. It is always helpful to hear how people think about the organisation and the services it provides. People are encouraged when they are complimented on their work. If a compliment is received about any aspect of Praxis Care it should be shared with all those involved.

Compliments are important because:

- They can help influence the policy and decisions of the organisation
- They can help maintain the standards of our services
- They can raise issues of real importance and can lead to change for the better
- They enable inspectors to monitor and evaluate the safety and quality of the service
- They provide a quality indicator which can be used by commissioners, individuals and their families, and regulators to measure the quality of the service and to provide evidence of outcomes.

Compliments should be recorded on the online [COMPLIMENTS FORM](#) and evidence of submission i.e. the confirmation email, printed and filed locally for quality monitoring purposes.

Letters of appreciation/compliments, cards, etc. should also be filed as supporting evidence, with the confirmation email.

Compliments should be a standing item on team meeting agendas.

Compliments are monitored monthly through the Head of Operations monthly monitoring visit report (MMVR).

18 LEGISLATION

All regulated services must operate a complaints procedure.

- Regulation of Care Act, 2013, (IoM)

18.1 CARE STANDARDS

- Adult Care Homes Minimum Standards, 2017 (Isle of Man Department of Social Care)
- Domiciliary Care Agencies Minimum Standards, 2017 (Isle of Man Department of Social Care)
- Adult Day Care Minimum Standards, 2017 (Isle of Man Department of Social Care)

19 REFERENCES

- 1 A Patient's Guide, NHS Complaints Procedure, Department of Health, Isle of Man, 2012.

2 Being Open, National Patient Safety Agency, 2009

COMPLAINTS PROCEDURE

The [COMPLAINTS PROCESS FLOWCHART](#) outlines this procedure in the form of a flowchart. Advice can also be sought from the Complaints Officer at any stage.

Praxis Care's Complaints Procedure comprises of 3 stages:-

- STAGE 1 – Local Resolution (Scheme/Department)
- STAGE 2 – Formal Investigation (Head of Operations Level)
- STAGE 3 – Independent Review (Director Level)

1. STAGE ONE – LOCAL RESOLUTION

Any member of staff may receive an expression of dissatisfaction, and whether written or oral, it must be addressed promptly and in a professional manner.

Service users and their representatives should be assured that all feedback is greatly appreciated, that they will not be disadvantaged in any way, and that there will be no retribution for making a complaint. Staff should explain the complaints procedure and provide a copy of the [COMPLAINTS AND COMMENTS](#) leaflet.

Employees in receipt of feedback should clarify whether the individual wants the issue to be managed as a formal complaint or whether they simply wish for action to be taken and the issue resolved. The individual should also be asked how he / she would like the complaint to be resolved.

Where an individual does not wish to make a formal complaint, the issue should be resolved through the normal processes of discussion and negotiation. A record should be kept locally of all informal expressions of dissatisfaction with the service and the process of how they were resolved.

Where an individual wishes for an issue to be treated as a formal complaint, the employee must record the complaint and actions taken on the online complaint form.

If an individual wishes to write the complaint, he or she should be given the [COMPLAINT FORM](#) on which to record the complaint. The individual should then be advised to give the form to the Project Manager to deal with. The Project Manager will ensure that all complaints received locally are actioned appropriately.

If a complaint is being made on behalf of a service user by a carer or advocacy service, it must first be verified that the person has permission to speak for the service user. If staff are in doubt, it should be assumed that the service user's explicit permission is needed prior to discussing the complaint with the advocacy service.

Employees should take steps to resolve complaints immediately, agreeing the course of action with the complainant at the time and in person. Where remedial action cannot be facilitated, the employee's line manager should be informed without delay. The Project Manager will ensure that all complaints received locally are actioned appropriately.

The person dealing with the complaint should not be directly involved in the matters of the complaint or be the subject of the complaint. If the manager is the subject of the complaint, the complaint should be referred to Praxis Care's Complaints Officer to appoint an appropriate person to deal with the complaint.

Managers must contact Praxis Care's Safeguarding Champion, at the earliest opportunity, if the complaint relates to a safeguarding concern.

Managers must contact the HR Department, at the earliest opportunity, where a complaint has been made concerning a member of staff, or where a complaint could potentially lead to disciplinary action, and take guidance from the HR Department where necessary.

Staff should make every effort to obtain the complainant's postal address, email address and contact details as soon as possible, to enable contact to be maintained during the investigation and to enable feedback to be given to the complainant once the complaint is resolved.

Following receipt of a complaint, initial communication with the complainant should take place within 2 working days, and preferably be verbal via phone or in person, unless the complainant cannot be contacted directly or has requested another means of correspondence. Where a contact number is not provided by the complainant, a letter of acknowledgement will be issued within 5 working days.

A record of all communication with the complainant should be maintained by the person investigating the complaint.

If the complaint is received directly by the Complaints Officer, he/she will allocate a suitable representative to contact the complainant directly via phone (within 5 working days) to talk through the concern and agree the course of action, including the process of investigating the complaint.

Where a contact number is not provided by the complainant, a letter of acknowledgement will be issued within 5 working days.

The member of staff dealing with the complaint should fully investigate it, and complete a report with findings, within 28 days.

If this is not possible, the member of staff dealing with the complaint should ensure the complainant is kept informed (every 28 days) of the reasons for any delays, until the complaint is resolved.

The person dealing with the complaint should discuss the findings of the investigation with the complainant to ascertain that he/she is satisfied with Praxis Care's response.

Once the complaint has been addressed, the record of the complaint on the on-line complaint form must be updated. This record should highlight the complainant's level of satisfaction with the recommendations/actions and identify any organisational learning.

A copy of all investigative work, correspondence, etc, should also be forwarded by the investigating officer to the Complaints Officer.

The Complaints Officer will then draft a letter to be sent to the complainant to inform them that the complaint has been investigated and outline the actions taken.

This letter will be quality assured by the Head of Operations with operational responsibility for the service to ensure its content is appropriate and reflective of the complaint and the steps taken to resolve it.

The letter will inform the complainant that the complaint is considered as closed unless the complainant responds to express dissatisfaction with the response.

A copy of this letter will also be sent to the manager for the service about which the complaint was made.

2 STAGE TWO – FORMAL INVESTIGATION

2.1 Referral to Stage Two

An investigation at Stage 2 is used for any complaint that:

- Has not been resolved at Stage 1 – Local Resolution

In discussion with the complainant, if resolution has not been reached at Stage 1, the complainant should be advised that the matter will be escalated to Stage 2, and the process outlined.

The Manager / Head of Operations must inform the Complaints Officer directly and forward a copy of the completed Complaints Form to initiate Stage 2.

- Is of a serious nature that requires a formal investigation. This can include the following:-
 - Where the complaint concerns more than one service
 - Where serious matters are concerned i.e. perceived or actual risk to the service user
 - Where there is a potential or actual Health and Safety issue
 - Where the complainant infers or states that legal action will follow
 - Where action could result in disciplinary proceedings for staff members
 - Where the complainant infers or states that they will inform or involve the media, their MP or local councillor

If a complaint is received which raises a potentially serious matter, advice should be sought in the first instance from the Head of Operations to determine whether the Complaints Officer requires to be contacted to initiate a Stage 2 Formal Investigation, without first seeking a local resolution.

Praxis Care's Safeguarding Champion must be contacted, at the earliest opportunity, if the complaint relates to a safeguarding concern.

The HR Department must be contacted, at the earliest opportunity, where a complaint has been made concerning a member of staff, or where a complaint could potentially lead to disciplinary action, and take guidance from the HR Department where necessary.

2.2 Stage Two – Investigation

The Complaints Officer will appoint an Investigatory Officer, and all relevant information will be promptly forwarded to the Investigatory Officer.

The Investigatory Officer must contact the complainant (preferably verbally or in person) within 5 working days, to explain his/her role, talk through the concern and agree the course of action, including investigation of the complaint at this stage.

The member of staff dealing with the complaint should fully investigate it, and complete a report with findings, within 28 days.

If this is not possible, the member of staff dealing with the complaint should ensure the complainant is kept informed (every 28 days) of the reasons for any delays, until the complaint is resolved.

The person dealing with the complaint should discuss the findings of the investigation with the complainant.

Once the complaint has been addressed, the completed [COMPLAINT RECORD FORM - STAGE TWO](#) should be sent to the Complaints Officer, and a copy sent to the Manager of the service, to log within the local Complaints file. This record should highlight the complainant's level of satisfaction with the recommendations/actions and identify any organisational learning.

A copy of all investigative work, correspondence, etc, should also be forwarded by the investigating officer to the Complaints Officer.

The Complaints Officer will then draft a letter to be sent to the complainant to inform them that the complaint has been investigated and outline the actions taken.

This letter will be quality assured by the Head of Operations with operational responsibility for the service to ensure its content is appropriate and reflective of the complaint and the steps taken to resolve it, and also by the Head of Operations of Quality & Governance, before being sent to the complainant.

The letter will inform the complainant that the complaint is considered as closed unless the complainant responds to express dissatisfaction with the response.

A copy of this letter will also be sent to the manager for the service about which the complaint was made.

If after receiving feedback, the complainant is still not satisfied, then he/she should be made aware that an Independent Review can be arranged, and the process and timescales should be explained.

3. STAGE THREE - INDEPENDENT REVIEW

Where the complainant is still not satisfied with the findings and actions of Stage 2 – Formal Investigation, he can make a written request to the Investigating Officer or the Complaints Officer for an Independent Review to be carried out.

Where an Investigating Officer receives a request for an Independent Review, he will pass this to the Complaints Officer.

The Complaints Officer will pass all the information to a convenor who is a member of the Praxis Care Board.

The convenor will review the documentation and may ask the complainant to state in writing why he / she is still unhappy with the previous attempts to resolve the issue.

The convenor will only consider the complaint if he / she is satisfied that Stage One and Two procedures have been completed correctly without adequate resolution of the complaint.

The convenor may then decide:-

- More could still be done locally to rectify the situation and refer the matter back to the Investigating Officer.
- Convene a panel to look into the matter more closely.

The matter has been dealt with fully and inform the complainant giving reason why this is so.

3.1 Composition of the Review Panel

If the convenor decides that it is necessary to convene a panel to look into the matter more closely, he will arrange a meeting of the panel within one month of receiving the request for an Independent Review.

The Complaints Officer will inform the complainant of the date of this meeting.

The panel will comprise of three people, the convenor and two independent persons, usually at Director Level.

The panel will look again at the complaint and the convenor may get independent specialist advice if he feels it's necessary.

The Review Panel will produce a written report with recommendations within four months of the request for an Independent Review.

The Complaints Officer will ensure a copy of this report is issued to the complainant.