

	<p align="center"><b>Complaints Policy &amp; Procedure</b></p> <p align="center">GEN-POL-32</p> <p align="center"><b>Version: 6.0</b></p>
<p><b>Date:</b> July 2024</p>	<p><b>Developed by:</b> Chief Executive</p>
<p><b>Review period:</b> 3 years</p>	<p><b>Owned by:</b> Chief Executive</p>
<p><b>Review date:</b> July 2027</p>	<p><b>Authorised by:</b> Board</p>

## 1. PURPOSE OF THE POLICY

1.1 SJMT & YGTG are committed to creating an open and non-defensive culture which acts to protect the rights of the people with whom we work. We welcome feedback of any kind. This Policy has been developed in partnership with residents/clients to achieve this.

This policy is directly linked to the expectations of Housing Ombudsman Compliant Handling Code 2024 for our housing services and the Solihull MBC requirements related to complaints received concerning the care services. SJMT and YGT acknowledge that they are required to follow the Housing Ombudsman Code for all Housing Services and the SMBC process in care services funded by SMBC. **The SMBC expectations are attached as appendix A to this policy. More information about the Housing Ombudsman’s Code can be found here: [How to complain to your landlord | Housing Ombudsman \(housing-ombudsman.org.uk\)](https://www.housing-ombudsman.org.uk)**

1.2 The purpose of this policy is to provide a framework for listening and responding to all client feedback, including complaints.

The aim of this Policy is for people to be able to:

- Feel confident to speak up on concerns and complaints
- Register feedback in the simplest possible way
- Feel listened to and understood, where possible through a private interview
- Be confident that their issues have been resolved and addressed in an efficient and timely manner
- Feel that their feedback has made a difference
- Feel confident raising concerns and complaints which are summarised and reported to Trustees for trends and lessons learnt
- Have an opportunity to thank us and tell us what we have done well.

1.3 This Policy and Procedure is principally concerned with complaints made against an organization’s staff, trustees or volunteers. Disputes between residents/clients will generally be covered by one or more of the policies in place for individual services. However, there will be occasions when it will be appropriate to use this procedure to provide a framework for an investigation of a dispute or process for an appeal.

## 2. POLICY STATEMENT

- 2.1 All staff are committed to listening to residents/clients and carers through responding to compliments, concerns and complaints during the course of their work.
- 2.2 Residents/clients and their families can feedback to all staff members, Trust staff and Service Managers, the Senior Management Team and Trustees.
- 2.3 We welcome all feedback (compliments and concerns) verbally, face to face, via the telephone, letters, emails and other online media including social media.
- 2.4 We will support all residents/clients, their families, external colleagues and members of the public to give feedback, taking into account however they might best communicate with us. We will strive to meet the information and communication support needs of residents/clients and carers where those needs relate to a physical or learning disability, impairment or sensory loss, in line with the Accessible Information Standard.
- 2.5 No member of staff will treat a residents/clients, carer, relative or representative unfairly because they have raised a complaint or concern.

## 3. RESPONSIBILITY

- 3.1 **The Trusts** will ensure all staff receive regular training to help them understand the importance of promoting a culture that is open to feedback and that instructs them in how to implement this Policy & Procedure.
- 3.2 **All staff** have a duty to respond to **complaints and concerns** in the first instance, requesting advice and help from their line managers as needed. All staff should be familiar with the procedures detailed in this document and other related policies and immediately inform their line manager of any complaints they receive.
- 3.3 **All staff** are responsible for responding to **feedback** wherever they can, with the support of their line manager, to apologise and put things right when needed, and to record and promote good practice that is highlighted by feedback.
- 3.1 Staff with **Line Management/Supervisory responsibilities** are responsible for ensuring all staff are conversant with this policy and related policies. Line managers should seek advice from the relevant **Executive Lead** about any concerns or comments. All concerns, compliments and formal complaints should be passed to **Executive Assistant** to record on the database.
- 3.2 **Managers** are responsible for carrying out investigations as requested by **Executive Assistant** and ensuring that all comments received are properly considered and responded to. In the complaints procedure they are considered the "Investigation Leads". All Managers should ensure that they have copies of Complaints leaflets available for enquirers and that it is on display in a public area in all services.

3.3 The **Oversight & Scrutiny Management Group (OSMG)** is responsible for reviewing all new complaints to ensure they are being managed by the appropriate person and within the timeframes prescribed within this Policy and Procedure.

3.4 The **Executive Assistant** is responsible for:

- monitoring the implementation of the complaints procedure;
- maintaining records of complaints, action taken, and outcome;
- writing reports to OSMG, Finance and Performance Committee and resident involvement groups;
- Providing statistical returns;
- Providing information to CQC, the Local Authority or the Housing Ombudsman where requested;
- Ensuring the complaints process takes into account diversity needs including access to translation and interpreting services.
- Monitoring compliance with the content of this policy at an operational level.

3.1 The **Chief Executive** is the responsible officer for complaints and oversees and agrees all final response letters in reply to all formal complaints received by the Trust.

3.2 The **Chief Executive** will ensure policy development and review takes place at least every three years, or sooner in line with local and national guidance.

3.3 The **Chief Executive** is responsible for reviewing learning from complaints ensuring that this is heard at every level of the Trust.

3.4 Governance - **OSMG** and **Finance & Performance Committee** are responsible for reviewing trend data and lessons learnt in relation to complaints and concerns at least once a year.

3.5 The **Board of Trustees** agrees the policy and its content and is made aware of all formal complaints raised.

3.6 The **Chair of Trustees** of each Board will be the person responsible for complaints at a Board level and will be referred to as the **Member Responsible for Complaints (MRC)**.

3.7 The **MRC** will be responsible for ensuring that their respective Boards receive regular information on complaints that provides insight on the complaint handling performance. This person must have access to suitable information and staff to perform this role and report on their findings. As a minimum, each **MRC** and the Board will receive:

- a) quarterly updates on the volume, categories and outcomes of complaints, alongside complaint handling performance;
- b) quarterly reviews of issues and trends arising from complaint handling;
- c) regular updates on the outcomes of any Regulators/Ombudsman's investigations into complaints and progress made in complying with orders related to severe maladministration findings; and
- d) the annual complaints performance and service improvement report.

## **4. DEFINITIONS**

The following information is to help you decide how best to address the feedback you want to provide. Please note: reporting or requesting a repair at your property is not a complaint and you should follow the procedure for reporting maintenance jobs. If you are not happy with the response time or quality of maintenance work undertaken, only then could this be registered as a Concern or Complaint.

### **4.1 What is a Compliment**

We all like to be told we have done well or to receive a pat on the back. We welcome and encourage residents/clients, their families and members of the public to tell us if we have done something well. We are particularly interested in hearing about the difference we have made to people's lives.

We monitor your compliments and seek to learn from good practice and what people tell us is important to them.

### **4.2 What is a Concern?**

A concern usually refers to an issue someone may want to raise informally. They may want to make the organisation aware of something that they feel it could improve or do better. It may or may not have an impact on their daily life and they may not always want to be formally notified of what has happened as a result of their feedback.

As an organisation, we will record concerns and any action taken as a result of the concern and monitor these as we would a formal complaint, looking for trends. Wherever possible, we will try and provide feedback about an individual's specific concern and where relevant, involve them in resolving the issue. We will also produce an annual Impact Report which provides a summary of concerns and lessons learnt.

### **4.3 What is a Complaint?**

The Housing Ombudsman defines as complaint as being:

*'An expression of dissatisfaction, however made, about the standard of service, actions or lack of action by the organisation, its own staff, or those acting on its behalf, affecting an individual resident or group of residents.'*

There is a difference between a service request and a complaint. A service request is a request from a resident or beneficiary to the relevant Trust requiring action to be taken to put something right. Service requests are not complaints, but must be recorded, monitored and reviewed regularly. If a resident raises dissatisfaction with a service request, this must be treated as a complaint. We will not stop their efforts to address the service request if the resident complains.

The person making a complaint does not have to use the word complaint in order for it to be treated as such and it is the responsibility of our staff to recognise what is a complaint as opposed to a request or general feedback.

At both SJMT and YGTG, a complaint should always be formally recorded and investigated within a specified timeframe and the person making the complaint

should be informed of the outcome.

Anyone making a complaint should have the right to appeal against the decision taken and to have this investigated again by someone not involved in the original complaint or investigation.

Both organisations, will record all complaints and report these internally to ensure that we monitor trends and review lessons learnt. We will also present a summary of complaints and lessons learnt quarterly at the Residents Forums and in an annual Impact Report.

#### **4.4 Exclusions**

There are circumstances in which a matter will not be considered as a complaint or escalated. These include:

- The issue giving rise to the complaint occurred over twelve months ago.
- Legal proceedings have started. This is defined as details of the claim, such as the Claim Form and Particulars of Claim, having been filed at court.
- Matters that have previously been considered under the complaints policy.

If we do not accept a complaint on the grounds of exclusion, an explanation will be provided to the resident or beneficiary setting out the reasons why the matter is not suitable for the complaints process and the right to take that decision to the relevant Ombudsman or Regulator.

## 5. PROCEDURE

### 5.1 Compliments

- 5.1.1 Compliments can be given to **all staff members**, verbally, face to face, in writing and email, via the telephone and other online media including social media.
- 5.1.2 **Managers** should ensure that they submit quarterly compliments return to **Business Support** which is then reported to **OSMG** and the relevant **Finance & Performance Committee**.
- 5.1.3 An Annual Impact report should summarise the compliments received and individual staff members and teams should be thanked for their good work.

### 5.2 Resolving concerns or problems informally

- 5.2.1 All residents/clients and their families must be encouraged to raise concerns in order to resolve any worries or problems with care/support and improve services. Concerns can be raised anonymously or via a third person 'advocating' on the resident/clients behalf.
- 5.2.2 Concerns may be raised verbally, in involvement meetings, in writing or via email.
- 5.2.3 Residents/clients are encouraged where possible to raise concerns directly with the staff members involved in their support. Alternatively, concerns can be raised directly to Head Office via email for SJMT to [concerns@sjmt.org.uk](mailto:concerns@sjmt.org.uk) and for YGTG [enquiries@ygtrust.org.uk](mailto:enquiries@ygtrust.org.uk)
- 5.2.4 We will always acknowledge receipt of your concern, whether this be by an automated email response or written receipt which is part of our Compliments, Concerns or Complaints Form.
- 5.2.5 Depending on the concern, we may investigate the matter and may offer to hold a 'resolution meeting' between the person raising the concern, their advocate and the local staff member. We will endeavor to offer a private one-to-one meeting when you have raised a concern.
- 5.2.6 We will aim to respond to concerns within 5 working days. The person raising the concern will be kept informed of all progress made and should be involved in the process.
- 5.2.7 If staff are not sure whether a concern should be dealt with informally or as a formal complaint, staff should discuss the issue with either Director of Operations or their Line Manager. Emphasis should be placed on resolving the issue quickly and sensitively at a service level where possible.

### 5.3 Resolving complaints formally

- 5.3.1 A concern should be handled as a formal complaint if:
- I. the person wants their concern handled as a formal complaint;
  - II. it cannot be resolved quickly by the service manager within a short timeframe (less than five working days) or as agreed with the complainant;
  - III. there is important learning for other services or for the Trust;
  - IV. the concern relates to a significant issue or a breach of fundamental standards of support/care.
- 5.3.2 The person making a complaint does not have to use the word complaint in order for it to be treated as such and it is the responsibility of us to train our staff to be able to recognise what is a complaint as opposed to a request or general feedback.
- 5.3.3 A formal complaint may be made in writing, verbally (over the telephone or face to face) or via email, the website or social media to any member of staff. All formal complaints should be sent to **Executive Officer** for immediate action and recording on the complaints database.
- 5.3.4 Formal Complaints can be raised anonymously or via a third person 'advocating' on the resident/clients behalf. Anonymous complaints may be difficult to fully investigate and we will be unable to acknowledge or provide feedback to the complainant and the complainant will not therefore have the right to appeal. We will however do all we can to investigate the complaint fully and we will include the complaint, the outcome and any lessons learned in our annual Impact Report.
- 5.3.5 Residents/beneficiaries who have made a complaint have the right to be represented or accompanied at any meeting with either SJMT or YGT
- 5.3.6 The Trust recognises the important role provided by advocacy services in assisting residents/clients through the complaints process. The Trust will ensure that individuals are made aware of how to contact the local advocacy services by publicising these services. Please refer to our **Advocacy Policy**.
- 5.3.7 Where the issue is raised by a third party and it directly relates to the circumstances surrounding a client's/resident's support or care, it may be necessary to gain authorisation/consent in writing from the client before any information about their care is shared.

The Trust's **Formal Complaints Procedure** is a two stage process.

## **STAGE ONE**

- 5.3.8 The complaint must be forwarded by the service to Head Office within 24 hours of receipt. Head Office will allocate an appropriate Investigating Officer. This would usually be a Manager, unless they have already been involved in the complaint. If the complaint relates to that Manager then it should be passed to the next in the line of management.
- 5.3.9 Head Office will send the standard letter of **acknowledgement** within **3 working days** of receipt of the complaint. This will outline our understanding of the complaint and state that an investigation will take place and response detailing findings sent within a further 10 working days of receipt of the complaint.
- 5.3.10 If the investigation is likely to take more than 10 days, the complainant will be notified by day 9 and informed of this.
- 5.3.11 Any extension must be no more than 10 working days without good reason, and the reason(s) must be clearly explained the complainant and they must be provided with the contact details of the relevant Regulator or Ombudsman.
- 5.3.12 Where complainants raise additional complaints during the investigation, these must be incorporated into the stage 1 response if they are related and the stage 1 response has not been issued. Where the stage 1 response has been issued, the new issues are unrelated to the issues already being investigated or it would unreasonably delay the response, the new issues must be logged as a new complaint
- 5.3.13 The investigation may include interviews with relevant persons including the complainant. The complainant should be offered support for any meetings in which they are involved.
- 5.3.14 The person investigating the complaint should address all points included in the complaint and keep notes of who was spoken to, what was said and what was observed in the course of their investigation and complete The Resolution Form.
- 5.3.15 At the conclusion of the investigation, the investigator will decide whether the complaint is upheld, part upheld or not upheld. The Feedback Resolution Form should be completed. The complainant will be informed of the outcome within ten working days in writing using the Outcome Letter. This letter will be approved by Head Office before it is issued.
- 5.3.16 If the complaint is upheld or part upheld then the complainant will be informed of the actions the Trust proposes to take to rectify matters.
- 5.3.17 The complainant should be informed of their right to appeal if dissatisfied with the outcome.



5.3.18 All notes and correspondence must be attached to the Feedback Form and passed to Head Office and retained in the Complaints Folder.

#### **5.4 Appeals: STAGE TWO**

5.4.1 If the Complainant is not happy with the outcome of Stage One, they have a right to appeal against the decision. The appeal request should be in writing or in a recorded format and made within 5 working days of receipt of the original response.

5.4.2 The appeal should be sent to Head Office who should acknowledge receipt of the appeal request within 3 working days.

5.4.3 An appeal should be investigated by a member of the **Senior Management Team**. This must be a different person to the one who considered the stage one complaint.

5.4.4 The appeal must be concluded, wherever practical, within 20 working days. if this is not possible an explanation and a date when the stage two response will be received. This should not exceed a further 20 working days without good reason, and the reason(s) must be clearly explained to the complainant. The complainant must also receive details of the relevant Regulator/Ombudsman at the time of the extension.

5.4.5 The **Chief Executive** is responsible for reviewing the appeal investigation evidence and to make a recommendation to an Appeal's Panel which will be comprised of two Trustees.

5.4.6 The decision of the Panel is final and no further right of appeal exists internally.

5.4.7 Copies of all notes and correspondence must be attached to the Feedback Form and Resolution Form, and copies should be held on the complainants file.

**Please note:** if a Complaint is about the Chief Executive, you can bypass this process and send this directly to the Chair of Trustees [chair@sjmt.org.uk](mailto:chair@sjmt.org.uk) or [chair@yqtrust.org.uk](mailto:chair@yqtrust.org.uk)

## **5.5 GENERAL GUIDANCE ON MANAGING COMPLAINTS**

- 5.5.1 When communicating with residents, staff will use plain language that is appropriate to the complainant.
- 5.5.2 Staff managing complaints shall address all points raised in the complaint and provide clear reasons for any decisions, referencing the relevant policy, law and good practice where appropriate.
- 5.5.3 At the completion of each stage of the complaints process we will write to the complainant advising them of the following:
- the complaint stage
  - the outcome of the complaint
  - the reasons for any decisions made
  - the details of any remedy offered to put things right
  - details of any outstanding actions
  - details of how to escalate the matter if dissatisfied.
- 5.5.4 As part of the complaint policy the complainant shall be given a fair opportunity to:
- set out their position
  - comment on any adverse findings before a final decision is made.
- 5.5.5 Communication with the complainant should not generally identify individual members of staff or contractors as their actions are undertaken on behalf of the Trust.
- 5.5.6 SJMT and YGTG will adhere to any arrangements agreed with complainant in terms of frequency and method of communication.
- 5.5.7 SJMT and YGTG will keep complainants regularly updated and informed even where there is no new information to provide.
- 5.5.8 Any complaint investigation shall be fair and transparent. To ensure fairness, processes and procedures shall require the complaints officer to:
- deal with complaints on their merits
  - act independently and have an open mind
  - give the complainant a fair chance to set out their position
  - take measures to address any actual or perceived conflict of interest
  - consider all information and evidence carefully
  - keep the complaint confidential as far as possible, with information only disclosed if necessary to properly investigate the matter.
- 5.5.9 The assessment of the issue should include:
- what the complaint is about
  - what evidence is needed to fully consider the issues
  - what risks the complaint raises for SJMT and or YGTG
  - what outcome would resolve the matter for the complainant
  - any urgent action that it needs to take.
- 5.5.10 Complaints can be resolved in a number of ways. Any remedy offered should

reflect the extent of any and all service failures, and the level of detriment caused to the complainant as a result. These shall include:

- acknowledging where things have gone wrong
- providing an explanation, assistance or reasons
- apologising (apologising is not an admission of liability and is always the right thing to do. It acknowledges that something could have been done better or lessons could have been learnt).
- taking action if there has been a delay
- reconsidering or changing a decision
- amending a record or adding a correction or addendum;
- providing a financial remedy
- changing policies, procedures or practices.

5.5.11 Any remedy offered must reflect the extent of any service failures and the level of detriment caused to the complainant as a result.

5.5.12 Factors to consider in formulating a remedy can include, but are not limited to the:

- length of time that a situation has been ongoing
- frequency with which something has occurred
- severity of any service failure or omission
- number of different failures
- cumulative impact on the complainant
- a complainant's particular circumstances or vulnerabilities.

5.5.13 When offering a remedy, SJMT and or YGTG will clearly set out what will happen and by when, in agreement with the complainant where appropriate. Any remedy proposed must be followed through to completion.

## EXTERNAL REVIEW

- The letter informing the complainant of the outcome of the Appeal should also inform them of other relevant avenues of complaint such as CQC or the Housing Ombudsman Service.

When referring a complaint to the Housing Ombudsman Service, this should be through a designated person within eight weeks of the final decision or directly by the resident after eight weeks. SJMT and or YGTG shall cooperate with the Ombudsman's requests for evidence and provide this within 15 working days. If a response cannot be provided within this timeframe, the landlord shall provide the Ombudsman with an explanation for the delay. If the explanation is reasonable, the Ombudsman will agree a revised date with the landlord.

## 5.6 PUBLICITY AND PROMOTION

SJMT and YGT are committed to publicizing and promoting this Policy. All public buildings should openly display user friendly posters and leaflets which encourage residents/clients and members of the public to provide feedback, including how to complain. All public venues should have a feedback box. This information should be readily accessible but in an area which is not monitored by staff.

This Policy and a user friendly leaflet and forms which encourage people to complain should be readily accessible on our website.

## 5.7 PERSISTENT COMPLAINERS

For people who continue to complain once their complaint has been investigated and the process followed and concluded, please refer to the '**Persistent or Unreasonable Complaints Policy**'.

## **6. MONITORING**

All complaints will be recorded on the Complaints Database. The Chief Executive will present to the Trustees & Residents Forum quarterly.

Key themes and improvements will be discussed and outcomes will be actioned to ensure that each Trust's service is continuously improved.

Each Trust will produce an annual complaints performance and service improvement report for scrutiny and challenge. This report will include an annual self-assessment against the Housing Ombudsman's Code to ensure that this policy remains in line with the Codes requirements. It will also include a qualitative and quantitative analysis of each Trusts complaint handling performance, with a summary of the types of complaints that have been refused acceptance, any findings of non-compliance with this Code by the Ombudsman; the service improvements made as a result of the learning from complaints; any annual report about the landlord's performance from the Ombudsman; and any other relevant reports or publications produced by the Ombudsman in relation to the work of the relevant Trust.

The annual complaints performance and service improvement report must be reported to the Board of Trustees and published on the on the section of each website relating to complaints. The response of each Boards to the report must be published alongside this.

## **7. LINKS TO OTHER POLICIES**

Persistent or Unreasonable Complaints Policy  
Grievance Procedure  
Whistleblowing Procedure  
Safeguarding Procedure  
Advocacy Policy  
Duty of Candour Policy

## Appendix A

# Adult Social Care Provider Quality Concerns, Complaints and Compliments

### Introduction

Feedback has the best evidence for bringing about sustainable change and forms the basis for any quality improvement (QI) approach. Complaints from people who access services and their family offer insight into how it feels to be on the receiving end of service provision. The raw intelligence can be used to change practice and improve provider assurance as well as service user outcomes.

### Contractual Requirements

All contracts issued by Solihull MBC Commissioning give details of the Councils expectations and standards around the handling of complaints received by a commissioned provider.

### Quality Concerns, Compliments and Formal Complaints

Feedback about a provider's service is divided into three categories – these being quality concerns, compliments and complaints. Each category has a different approach and response required by providers.

### Quality Concerns

Solihull MBC recognise that people make their views known both informally and formally. Quality concerns may be communicated to the provider by a representative of Adult Social Care (including the social work team and Commissioning Care Quality Team), or directly by a person or representative who has been receiving care or support from the provider.

Quality concerns are recognised as informal concerns, but equally the provider is required to investigate, address and action any learning actions identified. Informal complaints **do not** have to be reported to the Council's Childrens and Adults Complaints Team. However, responses to quality concerns raised through the council will require a response from the provider. The quality team may communicate these through a Provider Response Form.

The oversight of records of quality concerns and lessons learnt completed by the provider will be included within the monitoring undertaken by the Care Quality Monitoring Officer (CQMO). Records should include quality concerns received directly by the provider and also any directed through Adult Social

## **Compliments**

Adult Social Care celebrate success and encourage providers to have recognition for compliments received about their services. The council register all compliments from Solihull funded people that have been submitted to the council. Providers are asked to also provide copies of any compliments from or on behalf of Solihull funded people.

Compliments are submitted and received by the Childrens and Adults Complaints Team, and success of providers shared as good news stories. Compliments submitted may contribute towards the provider achieving a compliments recognition award from the Director of Adult Social Care.

## **Complaints relating to a Solihull MBC funded person**

All complaints that are received by a provider that are made by or on behalf of a Solihull MBC funded person must be communicated to Solihull MBC Childrens and Adults Complaints Team. This needs to be done as soon as possible – ideally on the same day as the complaint has been received.

The provider is required to acknowledge the complaint directly with the complainant and advise that the complaint has been shared with Solihull MBC Childrens and Adults Complaints Team within 5 working days of the receipt of the complaint.

The complaints team will co-ordinate with the provider identifying and agreeing that either the provider or by allocating an investigating officer to carry out the complaint investigation. The investigation timeline will be directed by Solihull MBC Childrens and Adults Complaints Team, which the provider or investigating officer need to adhere to.

On completion of the complaint, the Assistant Director of Commissioning, Adult Social Care reviews the response and provides a final response directly to the complainant. This response includes the findings of the provider or investigating officer.

Following the completion of a Complaint, Providers are required to complete the Complaint Monitoring and Learning Form and return to the Childrens and Adults Complaints Team. A copy of this is provided to the CQMO linked to the provider.

## **Contacting Childrens and Adults Complaints Team**

The Childrens and Adults Complaints Team can be contacted by telephone on 0121 704 8296 or by email [childrensandadultscomplaints@solihull.gov.uk](mailto:childrensandadultscomplaints@solihull.gov.uk)

## **Lessons Learnt**

As part of the commissioning quality assurance approach, the Commissioning Manager works closely with the Childrens and Adults Complaints Team to understand any lessons learnt as part of developing and improving our market performance.

Following a complaint investigation, the Directorate Complaint Monitoring and Learning Form Appendix 2 is used as part of the assurance and completed by the Care provider with the monitoring undertaken as part of the Care Quality Monitoring Officer (CQMO) remit. The CQMO will share any areas of learning directly with the provider and discuss any staff training and development as part of the feedback.

As part of the oversight of Quality Assurance, the CQMO is expected to feedback progress of implementation of learning to the Strategic and Commissioning managers with key themes captured as part of quarterly assurance.

### **Sharing with wider Market**

The Strategic and Commissioning Managers take high level themes and anonymise lessons learnt which are shared through the Solihull Care Market and Quality forum

as part of Commissioning quality assurance updates. The Commissioning manager will also link with the Senior Commissioning Officer (Work Force) and other partners to take any wider learning forward.

**Appendix 1 (Taken directly from SMBC Standard Contract agreement) This will be subject to any alterations in line with the formal contract review process.**

## **Schedule 5**

### **Complaints Safeguarding and Whistle Blowing**

#### **1. Complaints**

- 1.1 The Provider will have a clearly defined and well publicised written procedure for receiving comments and complaints from its Persons, which shall be approved by the Council from time to time and which shall be aligned with the Council's own procedure for dealing with complaints and a copy of this should be given to the Person, their families, advocates and/or representatives at commencement of the service provision. The Providers Staff and any volunteers should be fully aware of the procedure. The Provider shall ensure that any reasonable amendments requested by the Council are incorporated into its complaint's procedure within 21 days of request by the Council.
- 1.2 The Provider shall accept responsibility for investigating all complaints made about its service whether referred or received directly and will keep detailed records of all complaints, including the investigation, response, actions taken in resolution and the learning outcomes of the complaints.
- 1.3 The Providers complaints procedure shall comply with the requirements of any regulatory body to which the Provider is subject, including any change in such requirements.
- 1.4 Where the Provider receives a complaint from a Person funded by the Council, the Provider shall inform the Council's Complaints Team as soon as possible, with the relevant details of the complaint. The Provider shall acknowledge the complaint within 5 working days and also include that the Council has been informed of the complaint.
- 1.5 Where the complainant is self-funded the Provider should acknowledge the complaint within 5 working days and then provide a written response direct to the complainant in no more than 20 working days.
- 1.6 Where the Person who is the subject of the complaint is funded by the Council, the Providers written response should be provided to the Council's Complaints Team for adjudication under its Statutory Complaints Procedure within 20 working days. the Council will then be responsible for providing that response to the complainant along with its adjudication outcome.



- 1.7 Where an investigating officer is appointed to undertake a complaint investigation the Provider will co-operate with the investigation and allow access to the relevant records and files as appropriate.
- 1.8 The Provider shall supply information and records in relation to all complaints it receives and the resolutions and learning outcomes to the Council's Nominated Contact Person in a format and at a frequency determined in the Specification for quality and performance monitoring purposes.
- 1.9 Where a complaint is made against a member of the Providers Staff in connection with this provision, the complaint shall be investigated in accordance with the Providers obligations under Paragraph 3 (Whistle Blowing) and in accordance with the Providers Disciplinary Procedures. In all such cases the Provider shall notify the Council's Nominated Contact Person of all actions taken on Person cases.
- 1.10 Where a complaint alleges that a Person has suffered, or is likely to suffer, significant harm due to neglect or abuse, the complaint must immediately be passed to the appropriate social work team, and the relevant office of the Care Quality Commission.
- 1.11 The ombudsman may investigate Providers if a complaint is made about the actions of the Provider when undertaking this provision. The Provider shall co-operate fully with any such investigation and shall reimburse to the Council in whole or in any reasonably attributable part of any payment properly made to a complainant by the Council when an investigation by the ombudsman leads to a finding of maladministration against the Provider which is found to be directly attributable to the Provider failure.

**Appendix 2 - Internal Complaint Monitoring & Learning Form**

**SMBC Adults Social Care Services  
STATUTORY COMPLAINT FOR COMMISSIONED PROVIDER**

**Internal Complaint Monitoring & Learning Form  
(to be completed for ALL complaints)**

The Council is committed to learning from complaints. This helps us to implement new services and improve service delivery. In order to assist with this, would you please complete the details in Section B and return this form to the Performance & Complaints Team **at the same time as returning your completed investigation response letter.**

**SECTION A** *To be completed by Performance & Complaints Team*

Name of Complainant:		Respond Ref:	
Name of Service User:			
Provider to which complaint relates:			
Investigating Manager			
Date Investigation Began:			
Summary of Complaint:			

**Complaint issue(s):**

**SECTION B** *To be completed by Responding Provider Manager*

Date Response Letter Sent:	
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**Please list any learning and actions that need to be taken as a result of the complaint:**  
(Please indicate how, by whom and by when these actions will be completed)

Learning arising from complaint	Specific Actions to be taken to implement learning	Person responsible for ensuring actions are carried out	Due/done Date (Please state specific date actions was/is to be carried out & whether or not it has been completed yet)

<b>Is support required from your Council's Care Quality Monitoring Officer to achieve your learning outcomes? If yes, please provide details below.</b>
No

Name:		Signed:	
Title:		Date:	

- On completion of the complaint response, you will need to ensure that:**
- 1. A copy of this form is now placed on your service user's file.**
  - 2. A copy is sent to the Performance & Complaints Team which will be sent to your Care Quality Monitoring Officer for monitoring and reporting purposes.**

# Compliments, Concerns and Complaints

## How to provide feedback about the Trust

We actively encourage people to make comments and, if appropriate, complain about aspects of the service we provide. This leaflet explains more about how you can do this.

### What is a Compliment?

We welcome and encourage you to tell us if we have done something well. We monitor your compliments and seek to learn from good practice and what people tell us is important to them.

### What is an informal Concern?

A concern usually refers to an issue someone may want to raise informally. You may want to make us aware of something that you feel we could improve or do better.

### What is a formal Complaint?

An expression of dissatisfaction, however made, about the standard of service, actions, or lack of action by the organisation, its own staff, or those acting on its behalf, affecting an individual or a group.

**Please note:** reporting or requesting a repair at your property is not a complaint and you should follow the procedure for reporting maintenance jobs. If you are not happy with the response time or quality of maintenance work undertaken, this can be registered as a Concern or Complaint.

### How to resolve your concerns or problems informally

Where possible, we encourage you to raise **concerns** directly with the staff members involved in the service you or someone you represent is accessing. They will aim to resolve this within 5 working days.

Concerns may be raised verbally, in involvement meetings, in writing, by using the attached form or via email at [concerns@sjmt.org.uk](mailto:concerns@sjmt.org.uk). We will always acknowledge receipt of your concern and we will keep you informed of any outcome.

### How to resolve your concerns or problems formally

A formal complaint may be made in writing, verbally (over the telephone or face to face), or via our website, an SJMT email address or social media account or to any member of staff. Formal Complaints can be raised anonymously or via a third person 'advocating' on the resident/clients behalf, but please be aware that anonymous complaints may be difficult to fully investigate.

The Trust recognises the important role provided by advocacy services in assisting residents/clients through the complaints process and will ensure that you are made aware of how to contact a local advocacy service.

We will write to you acknowledging your complaint within 3 working days. We aim to complete a full investigation within 10 working days. If you are not satisfied with the outcome of the investigation, you will be informed about how you can appeal.

If your complaint is about the Chief Executive, you may send this directly to the Chair of Trustees [chair@sjmt.org.uk](mailto:chair@sjmt.org.uk)

## Compliment, Concerns and Complaints Feedback Form

**We welcome any comments regarding the quality of service you have received from the Trust.**

Please tick one of the following to indicate which area your comments fall into:-

I want to make a <b>COMPLIMENT</b>	
I want to raise a <b>CONCERN</b>	
I want to make a <b>COMPLAINT</b>	
Please provide details of your compliment, concern or complaint:	
If this is a CONCERN or COMPLAINT, what solution would you like to see happen as a result?	

*Please note: you do not have to use the word complaint in order for it to be treated as such and it is the responsibility of us to train our staff to be able to recognise what is a complaint as opposed to a request or general feedback.*

Your name:

Date:

Are you a: resident  relative/carer  other \_\_\_\_\_

Your address:

Postcode:

Telephone Number:

Email:

**Please send your completed form to the relevant Manager, or Head Office marked FAO: Executive Assistant, SJMT, Mason Court, Hillborough Road, Solihull, B27 6PF. Alternatively, you can call Head Office on 0121 245 1002 and they will complete the form over the phone with you. Please feel free to use a continuation sheet if required.**

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**ACKNOWLEDGEMENT OF YOUR FEEDBACK:** If you hand this form to a member of staff, they should complete this part of the form and hand this back to you as a receipt.

Received from \_\_\_\_\_ Received by \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_ Summary of feedback: \_\_\_\_\_

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Received from \_\_\_\_\_ Received by \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_ Summary of feedback: \_\_\_\_\_

