Complaints, Concerns and Compliments Policy and Procedure

Supportive Bridge Ltd | Community Support and Healthcare Staffing | Bradford, England

POLICY AT A GLANCE

- **Who it covers:** everyone who works for Supportive Bridge Ltd, including support workers, agency-supplied workers, office staff, managers, directors, bank staff and anyone working on our behalf.
- **Why it matters:** people we support must be able to raise a concern easily and safely, and we must use every complaint to improve (CQC Regulation 16, and local authority provider assurance).
- **Anyone can complain** in any way they like: to their support worker, by phone, email, letter, text, in person or through someone who speaks for them. They never need to use the word "complaint".
- **Two stages:** Stage 1 Quick Resolution (aim: within 5 working days) and Stage 2 Formal Investigation (acknowledged within 2 working days, full written response within 28 calendar days).
- **Safeguarding comes first:** if a complaint suggests abuse, neglect or risk of harm, the safeguarding procedure starts immediately, alongside the complaint.
- **No one is penalised** for complaining. Their support will not be reduced, delayed or changed as a result.
- **If still unhappy**, people can go to the Local Government and Social Care Ombudsman, which is free and independent.
- **Accountable person:** the Registered Manager leads complaint handling; the Nominated Individual oversees it at director level (both named in Service Details).

SERVICE DETAILS (fill in before issuing)

Registered Manager	
Nominated Individual	
Office address	
Office phone	
Out-of-hours / on-call number	
Complaints email	
Date issued	
Next review date	

This summary is a quick guide only. All staff must read and follow the full policy on the following pages.

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1. PURPOSE

1.1 This policy explains how Supportive Bridge Ltd ("Supportive Bridge", "we", "us") welcomes, handles, investigates and learns from complaints, concerns and compliments about our services.

1.2 It reflects Regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, together with good governance (Regulation 17) and the Duty of Candour (Regulation 20), and meets local authority provider assurance expectations.

1.3 We see complaints as valuable information. Every concern tells us something about the experience of the people we support, and we use it to make our service safer, kinder and more reliable.

2. SCOPE

2.1 Supportive Bridge Ltd operates two arms, and this policy applies to both: our **healthcare staffing service**, supplying care and support workers to care homes, hospitals and other providers; and our **community support service**, where our own support workers visit adults and older people in their own homes, including council housing, on morning and evening shifts, to support them with daily living.

2.2 Supportive Bridge does **not** provide personal care. Personal care is a regulated activity under the Health and Social Care Act 2008 and we will provide it only if and when we are registered with the Care Quality Commission. Our support workers provide non-personal support such as companionship, meal preparation, shopping, domestic help, prompting, and support to get out and about. This policy is written to meet both local authority provider assurance requirements and the standards we will be assessed against at CQC registration.

2.3 It applies to everyone who works for us, whether employed, on a bank or zero-hours contract, on placement, volunteering or supplied through another agency.

2.4 It covers complaints from people we support, their families, friends, representatives, advocates, client organisations, commissioners, health and social care professionals and members of the public affected by our service.

2.5 Where a complaint concerns a shift worked by one of our staff in a client organisation, the Registered Manager will agree with that organisation who leads the response, tell the complainant, and keep our own record.

2.6 Failure to follow this policy may lead to action under our Disciplinary Policy.

3. OUR COMMITMENTS

3.1 When someone raises a concern with us, we will:

- make it easy to complain, in whatever way and language suits the person, including easy read, large print, translated or verbal formats (Accessible Information Standard);
- listen properly, take the concern seriously and find out what outcome the person is hoping for;
- say sorry when something has gone wrong, without waiting for an investigation to finish;
- put things right quickly wherever we can, especially where the issue affects someone's safety or daily support;
- be open and honest, keep people updated and never make promises we cannot keep;
- treat everyone fairly and without discrimination, in line with the Equality Act 2010;
- make sure no one's support is affected because they, or someone on their behalf, complained;

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- record every complaint and share what we learn with our team so the same problem does not happen again.

4. DEFINITIONS

Term	Meaning in this policy
Complaint	Any spoken or written expression of dissatisfaction about our service, an action, something we failed to do, or a decision we made, where the person wants us to respond or put it right.
Concern	A worry or issue raised informally that can usually be sorted out straight away (for example, a support worker arriving later than expected). Concerns are still logged.
Compliment	Positive feedback about our service or a member of staff.
Complainant	The person making the complaint, whether they receive support from us or not.
Representative	Someone acting for the person supported, such as a family member, friend, advocate, or a person holding Lasting Power of Attorney or a Court of Protection deputyship.
Person we support	An adult receiving support from Supportive Bridge in their own home.

5. ROLES AND RESPONSIBILITIES

Role	Responsibilities
Nominated Individual	Makes sure the company has an effective complaints system and the resources to run it. Reviews complaint trends at least quarterly. Handles complaints about the Registered Manager.
Registered Manager	Leads complaint handling day to day. Decides the stage of each complaint, appoints investigators, signs all Stage 2 responses, keeps the complaints log, links complaints to safeguarding, incidents, Duty of Candour and CQC notifications where applicable, and reports trends monthly.
Care Coordinator / Field Supervisor	Resolves concerns at Stage 1 where appropriate, carries out follow-up calls and spot checks, and passes all complaints to the Registered Manager on the same working day.
Support workers	Listen respectfully, never argue or become defensive, reassure the person, help them raise the issue if they wish, and report it to the office on the same day. Report any safeguarding concern immediately.
Office and on-call staff	Record concerns received by phone, email or out of hours on the complaint form and pass them to the Registered Manager or on-call manager.

6. HOW PEOPLE CAN COMPLAIN

6.1 A complaint can be made in any of the following ways:

- by telling their support worker or any member of staff during a shift;
- by phone to our office, or out of hours via our on-call number (see Service Details);
- by email to our complaints email address (see Service Details);
- in writing to the Registered Manager at our office address (see Service Details);
- through the contact form on our website, supportivebridge.com;

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- through a family member, friend, advocate, social worker, commissioner or other professional.

6.2 Every person we support receives our Service User Guide, which explains how to complain, who to contact and the external organisations they can go to. A copy of the "How to raise a concern" leaflet is kept in the support folder in each person's home, and an easy read version is available.

6.3 If a person needs help to complain, we will support them, including completing the form with them, arranging an interpreter or signposting them to an independent advocate.

6.4 Anonymous complaints are logged and looked into as far as possible, although we may not be able to give a personal response.

7. WHO CAN COMPLAIN AND CONSENT

7.1 Anyone who receives our support, or who is affected by it, can complain. If someone complains on behalf of another person, we will ask for that person's consent (verbal or written, recorded in the complaint file) before sharing personal information about them.

7.2 Where the person lacks mental capacity to consent, we will follow the Mental Capacity Act 2005. We will accept a complaint from a person with Lasting Power of Attorney for Health and Welfare, a Court of Protection deputy, or another suitable person acting in their best interests, and will only share information that is necessary.

7.3 If the person has died, we will accept a complaint from their next of kin or personal representative and handle it with sensitivity.

7.4 If we believe a representative is not acting in the person's best interests, the Registered Manager may decide not to continue with that representative, will explain why in writing, and will give details of the Ombudsman.

8. TIME LIMIT FOR MAKING A COMPLAINT

8.1 Complaints should normally be made within 12 months of the event, or within 12 months of the person becoming aware of it.

8.2 We will still consider a later complaint if there is a good reason for the delay and it is still possible to investigate fairly. If we decide not to, we will explain why in writing.

9. ISSUES HANDLED THROUGH OTHER PROCEDURES

9.1 Some issues must be dealt with through a different process, either instead of or alongside this policy:

Issue	How it is handled
Abuse, neglect or risk of harm	Safeguarding Adults Policy. The Registered Manager reports it to Durham County Council via Social Care Direct (03000 267 979, 24 hours) under the Care Act 2014. In an emergency, call 999.
Missing money, property or suspected theft	Safeguarding, Handling Service Users' Money and Property Policy, and police where appropriate.
Incidents where someone was harmed	Incident Reporting Policy and Duty of Candour.
Concerns raised by our own staff	Whistleblowing (Speaking Up) Policy or Grievance Policy.

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Issue	How it is handled
Requests for personal records	Data Protection Policy (subject access request under UK GDPR).
Council decisions about the support package (e.g. hours funded)	The local authority's own complaints procedure; we will help the person contact them.
Legal claims	Referred to the Nominated Individual and our insurers.

10. OUR COMPLAINTS PROCEDURE

Stage 1: Quick Resolution

10.1 Many concerns, such as a late arrival, a task missed, or a worker's manner, can be sorted out quickly. The member of staff who receives the concern should apologise, act on it where they can, and report it to the office the same day.

10.2 The Care Coordinator or Registered Manager will contact the complainant, agree what will be done and aim to resolve the matter within **5 working days**. The outcome is confirmed to the complainant (in writing if they wish) and recorded on the complaints log.

10.3 If the complainant is not satisfied, or the issue is serious or complex, it moves straight to Stage 2.

Stage 2: Formal Investigation

10.4 The Registered Manager will:

- acknowledge the complaint in writing within **2 working days**;
- contact the complainant to understand the concerns, agree the points to investigate, the outcome they want, and how they would like to be kept informed;
- appoint an investigator who was not involved in the matter (the Nominated Individual investigates any complaint about the Registered Manager);
- review support plans, daily notes, rotas, electronic call monitoring records and staff statements as needed;
- provide a full written response within **28 calendar days** of receiving the complaint.

10.5 If more time is genuinely needed, we will explain why, agree a new date with the complainant and update them at least every 10 working days.

10.6 The final response, signed by the Registered Manager, will explain what we found, whether the complaint is upheld, partly upheld or not upheld, include an apology where appropriate, set out what we are changing as a result, and give details of how to contact the Ombudsman if they remain unhappy.

10.7 We will offer to meet the complainant, at home or elsewhere, before or after the response if this would help.

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Timescales summary

Step	Timescale
Staff report concern to office	Same working day
Stage 1 resolution	Within 5 working days
Stage 2 acknowledgement	Within 2 working days
Stage 2 full written response	Within 28 calendar days (extensions agreed with complainant)
Progress updates during any extension	At least every 10 working days

11. COMPLAINTS ABOUT SUPPORT IN PEOPLE'S HOMES

11.1 Because our staff work in people's homes, often alone, we take extra care that people feel safe to speak up. In particular:

- if a complaint is about a particular worker, we will offer a different worker while we look into it, wherever possible and with the person's agreement;
- staff must never discuss a complaint about themselves with the person or their family, or ask them to withdraw it;
- complaints about missed or late shifts will be checked against our rota and electronic call monitoring records;
- managers carry out follow-up calls or visits after a complaint to check the person is happy with their support;
- complaint details are kept in the office complaint file, not in the folder in the person's home.

12. IF THE COMPLAINANT IS STILL NOT SATISFIED

12.1 After our Stage 2 response, the complainant can ask the **Local Government and Social Care Ombudsman (LGSCO)** to review their complaint. The LGSCO looks at complaints about adult social care providers, whether the support is privately paid for or funded by a council. It is free and independent.

12.2 If the support is arranged or funded by Durham County Council (or another council), the complainant can also contact that council. If it is funded by the NHS, they can contact the NHS Integrated Care Board and, after that, the Parliamentary and Health Service Ombudsman.

12.3 CQC does not investigate individual complaints, but people can share their experience with CQC at any time.

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Useful contacts (check these details are current before issuing)

Organisation	Contact details
Local Government and Social Care Ombudsman	Tel: 0300 061 0614 (Mon to Fri, 10am to 4pm) www.lgo.org.uk
Care Quality Commission (CQC)	Tel: 03000 616161 www.cqc.org.uk/give-feedback-on-care
Parliamentary and Health Service Ombudsman	Tel: 0345 015 4033 www.ombudsman.org.uk
Durham County Council: Adult and Health Services complaints	Complaints Team, Adult and Health Services, Zone B1, Council Offices, Spennymoor, County Durham, DL16 6JQ Tel: 03000 266 855
Durham County Council: Social Care Direct (safeguarding adults)	Tel: 03000 267 979 (24 hours)
Local Healthwatch / advocacy service	

13. UNREASONABLE OR PERSISTENT COMPLAINANT BEHAVIOUR

13.1 We will always try to be patient and understanding, recognising that people may be upset or stressed. Where a complainant's behaviour becomes abusive, threatening or unreasonably persistent, the Registered Manager may agree ground rules for contact (for example, one named contact person). Any restriction will be explained in writing, reviewed regularly, and will never affect the person's support.

13.2 Staff safety comes first. Threats or abuse towards our workers will be handled under our Lone Working and Health and Safety policies.

14. CONFIDENTIALITY AND RECORDS

14.1 Complaint information is handled in line with UK GDPR and the Data Protection Act 2018. It is shared only with people who need it to investigate or act on the complaint.

14.2 Each complaint has its own file (paper or electronic, stored securely) containing the complaint, correspondence, investigation notes, outcome and actions. These are kept separately from support records and retained in line with our Records Management Policy.

14.3 The complaints log records: date received, complainant, person supported, summary, stage, investigator, key dates, outcome, actions and lessons learned.

15. LEARNING, MONITORING AND COMPLIMENTS

15.1 The Registered Manager reviews all complaints and concerns monthly to spot trends (for example repeated late arrivals in one area or on one run). The Nominated Individual reviews a summary at least quarterly as part of our governance and quality assurance.

15.2 Lessons learned are shared with staff through team meetings, supervision, memos and training, and actions are tracked until complete. We will be able to show CQC and commissioners how complaints have led to improvements.

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15.3 Compliments are also logged and shared with the staff involved, and form part of our quality monitoring.

15.4 We ask complainants whether they were happy with how their complaint was handled, and use this feedback to improve this procedure.

16. TRAINING

16.1 All staff learn about this policy during induction (linked to the Care Certificate standards on communication and duty of care) and receive refresher information at least every year.

16.2 The Registered Manager and anyone who investigates complaints will receive additional training in complaint handling and investigation.

17. LEGISLATION AND GUIDANCE

- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, especially Regulation 16 (complaints), Regulation 17 (good governance) and Regulation 20 (duty of candour)
- Care Quality Commission (Registration) Regulations 2009 (notifications)
- Care Act 2014
- Mental Capacity Act 2005
- Equality Act 2010
- UK General Data Protection Regulation and Data Protection Act 2018
- Accessible Information Standard (DCB1605)
- Local Authority Social Services and NHS Complaints (England) Regulations 2009 (for council and NHS-funded care)
- Local Government and Social Care Ombudsman guidance on good complaint handling for adult social care providers
- Conduct of Employment Agencies and Employment Businesses Regulations 2003 (staffing arm)

18. RELATED POLICIES AND FORMS

Related policies: Safeguarding Adults; Duty of Candour; Incident and Accident Reporting; Missed and Late Visits; Handling Service Users' Money and Property; Consent and Mental Capacity; Whistleblowing; Grievance; Disciplinary; Data Protection and Confidentiality; Care Records and Record Keeping; Equality, Diversity, Dignity and Respect; Lone Working; Accessible Information.

Forms: Complaint and Concern Record Form; Complaints Log; Third Party Consent Form; Acknowledgement and Final Response Letter Templates; "How to raise a concern" leaflet (standard and easy read); Compliments Record.

19. DOCUMENT CONTROL

Version	Date	Approved by	Role	Reason
1.0			Nominated Individual	New policy for local authority assurance and CQC registration

This policy will be reviewed every year, or sooner if the law, CQC guidance or our service changes.

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