

## Complaint management checklist

This good practice checklist is based on the 2009 regulations that currently apply to local authorities and the NHS.

### General arrangements

1. Have an identified complaint manager for the company. In smaller companies the 'responsible individual' is often responsible for complaints.
2. Allocate someone to investigate each complaint. The investigator should be of suitable seniority to resolve the issues raised in the complaint. In addition it is important that the person investigating has had no previous involvement with the issue or complaint.
3. Arrangements need to be in place to communicate with complainants by both letter and email. If you are able to do so, set up a dedicated email address specifically for receiving complaints and quote it in your complaints procedure.
4. Information about how to complain should be available:
  - on your website
  - clearly visible in the foyer of the care home(s)
  - sent out with all contracts for care.

### Checklist for adjusting your written procedure, including a complaint leaflet

Your procedure for making a complaint must be set out in a leaflet for your service users and their representatives. That leaflet can be a glossy affair or on A4 paper, the presentation is your choice. The procedure for your staff is a different document but it should mirror what you say in your leaflet and set out how staff must manage the process internally.

1. Your complaint leaflet should say that a complaint may be made by telephone, in person, in writing or by email (if possible).
2. Give full contact details for complainants to use in the procedure, including an email address.
3. Where a complaint is made in person or on the telephone tell the complainant you will:
  - make a written record of the complaint
  - provide a copy of the written record within three working days.
4. Say that all complaints will be acknowledged within three working days and in the acknowledgement letter give the name of the person who will investigate.
5. You may wish to set a 12-month time limit for complaints to be accepted and investigated.

Here is some suggested wording you can use:

A complaint must be made no later than 12 months after:

- the date the event occurred or, if later,
- the date the event came to the notice of the complainant.

The time limit will not apply if [name of company] is satisfied that:

- the complainant can give a good reason for not making the complaint within that time limit, and
- despite the delay, it is still possible to investigate the complaint effectively and fairly.

You must also say how you will investigate and respond to anonymous complaints.

6. Say that all complaints will be investigated by a person with sufficient seniority to resolve the issues.
7. The leaflet should say that complainants will receive (so far as is reasonably practical):
  - assistance to enable them to understand the complaint procedure, and
  - advice on where they may obtain such assistance.

Say in your leaflet that users should see the notice board in your foyer for details about local advocacy services. Make sure the foyer board has a display of these services with contact details.

8. You must say in your leaflet that you will only accept complaints from a representative under certain conditions.

Either:

- where you know that the service user has consented, either verbally or in writing

or:

- where the service user cannot complain unaided and cannot give consent because they lack capacity within the meaning of the Mental Capacity Act 2005, **and**
- the representative is acting in the service user's best interests – for example, where the matter complained about, if true, would be detrimental to the service user.

9. The leaflet must be made available on request in other languages and formats. You only need to prepare a special format on request to keep costs low. At the end of the leaflet or in the footer say for example:

*This document can be made available on request in other languages and in other formats such as cassette and Braille.*

10. Say that you will keep the complainant informed about the progress of the investigation.
11. You should state your expected turnaround time. This should be 28 days usually, but be realistic. Make sure you say working days if that is what you mean.
12. You should aim to have all complaint investigations concluded within six months unless a different deadline is agreed with the complainant and there is a good reason for this.

13. You must tell complainants they have a right to refer their complaint to the Local Government Ombudsman if they are unhappy with the outcome of your investigation. Also make a reference to the complainants' right to alert CQC.

Here is some suggested wording you can use:

Once your complaint has been fully dealt with by [name of care provider], if you are not satisfied with the outcome you can complain to the Local Government and Social Care Ombudsman (LGSCO). The LGSCO provides a free, independent service. You can contact the LGSCO Intake Team for information and advice, or to register your complaint.

T: 0300 061 0614

W: [www.lgo.org.uk/adult-social-care/](http://www.lgo.org.uk/adult-social-care/) (there are links to an enquiry form and a complaint form on this page)

Or write to: The Local Government and Social Care Ombudsman, PO Box 4771, Coventry CV4 0EH

The LGSCO will not usually investigate a complaint until the provider has had an opportunity to respond and resolve matters.

Our service is registered with and regulated by the Care Quality Commission (CQC). The CQC cannot get involved in individual complaints about providers, but is happy to receive information about our services at any time. You can contact the CQC at:

Care Quality Commission National Correspondence  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA  
T: 0300 061 6161  
W: [www.cqc.org.uk/contactus.cfm](http://www.cqc.org.uk/contactus.cfm)

## **General administration**

### ***Monitoring***

1. Set up a complaints log to record the following information:
  - each complaint received
  - the subject matter and outcome of each complaint
  - details of the reasons for delay where an investigation took longer than the agreed response period agreed, and
  - the date the report of the outcome of the investigation was sent to the complainant.

### ***Annual reports***

2. Each provider must prepare an annual report for each year in which it must:
  - specify the number of complaints received
  - specify the number of complaints that the provider decided were well-founded, partly or fully

- specify the number of complaints that the provider has been informed have been referred to other bodies
  - give the subject matter of complaints received
  - summarise any matters of importance in those complaints themselves or in the way that the complaints were handled, and
  - summarise any matters where action has been or is to be taken to improve services as a consequence of those complaints.
3. A 'year' means a period of 12 months ending 31 March.
  4. Providers must ensure that its annual complaint report is available to anyone on request.

### ***Acknowledgement letters***

The LGSCO has a suggested template for an acknowledgement letter on the providers section of its website: [www.lgo.org.uk/adult-social-care/providers/](http://www.lgo.org.uk/adult-social-care/providers/)

5. Your acknowledgement letter should include an offer to discuss the complaint with the complainant at a mutually agreed time, to go over:
  - the manner in which the complaint is to be handled, and
  - the period ('the response period') within which the investigation of the complaint is likely to be completed.
6. If the complainant does not accept the offer of a discussion, the provider must determine the response period (which should always be within six months) and notify the complainant in writing of that period.
7. The acknowledgement can be sent by letter or email.
8. You should take account of the complainant's preferences when communicating with him or her.

### ***Holding letters***

9. It is inevitable that timings will occasionally not go to plan. It is best practice to send a suitable letter explaining and giving an indication of when the complainant can expect to receive a reply.

The LGSCO has a suggested template for a holding letter on the providers section of this website [www.lgo.org.uk/adult-social-care/providers/](http://www.lgo.org.uk/adult-social-care/providers/).

### ***The final response letter***

The LGSCO has a suggested template for a final response letter on the providers section of its website: [www.lgo.org.uk/adult-social-care/providers/](http://www.lgo.org.uk/adult-social-care/providers/)

10. The final response letter must include a report giving:
  - a detailed explanation of how the complaint has been considered
  - the conclusions reached, including any remedial action needed, and
  - confirmation that any action needed has either already been taken or, if not yet taken, the proposed timescale when such action will be completed.

11. The letter must inform complainants of their right to take their complaint to the Local Government and Social Care Ombudsman if they are not happy with the outcome.
12. The final letter should be signed by the 'responsible individual' or sent by email in their name.
13. If the response is not ready within six months, you must:
  - notify the complainant in writing accordingly and explain the reason why, and
  - send the complainant in writing a response in accordance with the above as soon as reasonably practicable after six months.

## **General information for staff managing complaints**

### ***People who can complain***

14. A complaint may be made by:
  - someone who receives or has received care services
  - someone who is affected (or likely to be affected) by the action, omission or decision of the provider who is the subject of the complaint, or
  - a representative of either of these, under certain conditions.

If a provider is not satisfied that the representative is acting with the service user's consent or in their best interests, the provider must notify the representative in writing, and state the reason for its decision.

### ***Complaints you do not have to investigate***

15. Providers are not required to investigate the following complaints:
  - a complaint by an employee relating to their employment (you should handle this in a different way, for example through your grievance procedure)
  - a complaint that was made in person or by telephone and is resolved to the complainant's satisfaction no later than the next working day after the day the complaint was made, and
  - a complaint that has already been investigated and resolved.

In these circumstances, the provider must, as soon as reasonably practicable, notify the complainant in writing of its decision not to investigate the complaint and the reasons why. It would be best practice to have a standard letter for this purpose.

### ***Duty to co-operate***

16. If a complaint involves more than one provider/commissioner of services there is a duty on local authorities and the NHS to co-operate and provide a single response. Every provider must work with primary care trusts (PCTs) or local authorities to provide a single response to complainants.
17. Arrangements need to be in place to agree who should take the lead in:
  - co-ordinating the handling of the complaint

- communicating with the complainant
- providing information that is reasonably requested, and
- attending any meeting reasonably required.

Sometimes the service provider will take this lead and other occasions it may be more appropriate for the PCT or local authority to do so.

18. If you have any queries about using this checklist, please contact:

Donna Campbell, Assistant Ombudsman  
[d.campbell@lgo.org.uk](mailto:d.campbell@lgo.org.uk)