



# Feedback, Compliments and Complaints Policy

**For people we support, families and external persons**

**An Easy Read Version is Available**

Policy implemented: July 2019

Last reviewed: July 2019

Next review due: July 2021

## 1. Summary

At Salutem we want to maintain high standards in all that we do. One of the ways in which we can achieve this is by listening and responding to feedback. We encourage and welcome feedback from the people who use and access our services as it encourages good practice and it's great for our staff to receive praise. Wherever possible, we try to resolve issues and concerns immediately at the point of service delivery in a constructive way. We also recognise that sometimes we do get things wrong and that everyone has the right to register a formal complaint.

We are committed to achieving the highest standards in all our activities and are keen to hear about any feedback that you might have. This will further help us to share good practice, resolve mistakes faster and learn how we can do things better to improve the quality of the services we provide and customer satisfaction.

This policy complies fully with relevant legal and statutory requirements for handling complaints. It takes into account the Local Authority Social Services and NHS Complaints Regulations 2009, The Health Act 2009 as well as guidance issued by the Department of Health within the Local Government Ombudsman's 'Principles of Good Complaint Handling'.

The Health and Social Care Act 2008 requires organisations that are providing social care services for children and adults whether residential or community to make provision as to the handling of complaints and disputes and the application of lessons learnt from them.

The Education (Independent School Standards) (England) Regulations 2010 and the Independent School Standards (Wales) Regulations 2003 has similar requirements in respect of Salutem schools.

### **Regulatory requirements**

This policy also takes into account the regulatory requirements of:

- The Care Quality Commission
- Ofsted
- Estyn
- CIW

## 2. Document Control

Initial purpose and scope of the new policy/procedure agreed by:	Director of Quality and Governance
Technical review carried out:	Group Head of Policy and Performance (July 2019)
Date signed off by the Policy and Procedure Committee:	July 2019
Date implemented:	July 2019
Version Number:	1.1
Date of the next review:	July 2021
Department responsible:	Quality
Job Title of Lead Person:	Group Head of Policy and Performance
Author / Main Contact, including their job title (if different from above):	-

In addition to this policy, local authorities and other commissioners may have their own policies, procedures and guidance which Services must comply with. These policies should complement this policy.

However, there may be additional requirements put in place by local authorities and other commissioners and these must be adhered to. Changes must not be made to Salutem's policies and procedures without corporate approval but, where needed, local procedures should be developed to accompany these.

### EQUALITY AND DIVERSITY STATEMENT

The Salutem Group is committed to the fair treatment of all in line with the Equality Act 2010. An equality impact assessment has been completed on this policy to ensure that it can be implemented consistently regardless of any such factors and all will be treated with dignity and respect.

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This policy must be brought to the attention of all employees.

The controlled version of this policy and its associated documents are available on the eLFY bookshelf.

Printed or downloaded copies are uncontrolled and may not be up to date.

## 4. Definitions

**Feedback:** information or statements of opinion about something such as a service that provides an idea of whether people like it or not.

**Compliment:** a polite expression of praise or admiration

**Complaint:** a statement that something is unsatisfactory or unacceptable and something must be done about it to make it right

## 5. Principles

- People we support, their families and external persons must be provided with this Policy as well as the associated Procedure so they clearly understand how to provide feedback, compliments and complaints.
- A culture of openness with regular opportunities for feedback is paramount
- Resources and tools must be provided by the service to help you provide feedback in a way that is accessible to you
- You must be offered support from an advocate with the service helping you to access the right type for you
- Staff must always use a person-centred approach ensuring that you are at the centre of your care and support at all times and that you direct your own life
- If you have a concern we will address it immediately and ensure that you are satisfied
- If you are not satisfied we will support you in submitting a complaint and will acknowledge it with 5 working days, providing you with a formal outcome within 21 working days (Wales) or 28 working days (England). We will do all we can to make things right for you.
- If you are not satisfied with the outcome, we will escalate it to our Head Office
- If you are not satisfied with the Head Office outcome, we will provide you with the details to the relevant body who can process your complaint

## 6. Areas of Governance

This policy has been written with expert contribution from appropriate stakeholders. The Quality Assurance and Risk Management Group (QARM) will monitor, reflect on and gain organisational learning from the implementation of this policy. This policy will be reviewed and updated two years from implementation by QARM unless legal changes demand a more timely amendment.

The application of this policy and its associated documents is mandatory for all services staff, volunteers, agency staff and all other Salutem representatives. Staff understanding of this policy and associated documents will be assured through training, assessment of competency and supervision.

Staff understanding of this policy will be assured through training and the delivery of awareness raising workshops as deemed necessary by QARM. The people we support will be involved in the review to ensure it captures the important issues for them.

## 7. Areas of Responsibility

### Executive Board / Directors

- Ensure available resources to ensure the implementation of this policy and the completion of training for staff
- Ensure there are systems for the ratifying, management, communication and timely review of this policy
- Ensure there are clear disciplinary and other measures for staff that do not adhere to this policy
- Ensure organisational learning is enabled by systems of data collection and analyse as appropriate.

### Service Managers / Principals / Area Managers

- Monitor policy and procedure implementation.
- Manage conduct inconsistent with the policy
- Raise concerns of policy non-adherence with potential reasons to senior management.
- Inform staff and volunteers of the seriousness of breaching this policy.
- Seek specialist internal advice as necessary to expand on policy detail and act on this advice.
- Alert the document author of any problems of policy implementation or omissions.

### Individual Staff

- Be familiar with responsibilities described in this document and other policies and procedures and follow them.
- Use opportunities such as supervision to discuss issues relating to sustainability and attend training as directed.

## 8. Learning and Development

Salutem is committed to ensuring that all staff are aware of what is expected of them so that everyone is appropriately supported. We can assure you that all Service Managers and Principals know how to process feedback and compliments and complaints effectively.

## 9. Associated Documents

Complaints Procedure

Person Centre Care Policy

Handling Feedback, Compliments and Complaints Guidance for Managers

Easy Read version of Policy

Advocacy Guidance

## 10. Useful Links

<https://www.lgo.org.uk/make-a-complaint>

<https://www.disabilityrightsuk.org/making-complaint>

## 11. References

Care Quality Commission

Ofsted

Local Government and Social Care Ombudsman

Local Authority Social Services and NHS Complaints Regulations 2009

The Health Act 2009

Guidance issued by the Department of Health within the Local Government Ombudsman's 'Principles of Good Complaint Handling'

## 12. Version Control

This is a controlled document. As a controlled document, any printed copies of this document, or saved onto local or network drives should be actively monitored to ensure the latest version is always available.

Version Number	Date	Status	Changes
V0.1	July 2019	Final	New policy