COMPLAINTS AND COMPLIMENTS POLICY AND PROCEDURE

PRIMUS PLUS HEALTHCARE

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Signed By: Jonas Ayitevie

1. PURPOSE

The Complaints and Compliments Policy and Procedure for Primus PLUS Healthcare has been developed to ensure that all service users, their families, and other stakeholders have a clear and accessible process for raising complaints and providing feedback regarding the services provided. It reflects our commitment to high-quality care and support, particularly for individuals with learning disabilities, mental health needs, and autism spectrum conditions.

This policy aims to foster a culture of openness, transparency, and continuous improvement by ensuring that:

- Complaints are effectively addressed in a manner that is empathetic, timely, and aligned with the regulatory requirements outlined by the Care Quality Commission (CQC) and other national bodies.
- Service users and their families feel confident that their concerns will be heard and that they will be supported throughout the complaints process, particularly in ensuring accessibility and sensitivity to their individual needs.
- Compliments are actively encouraged as an essential part of the feedback process, allowing us to celebrate the successes of our staff and services, while also learning from positive experiences to enhance the care provided.

Our Complaints and Compliments Policy and Procedure ensures compliance with all relevant CQC regulations, national UK legislation, and best practices, particularly regarding services provided to individuals with learning disabilities, mental health conditions, and autism. This includes upholding the Equality Act 2010, UK GDPR (General Data Protection Regulation), and ensuring the process adheres to the Accessible Information Standard, which ensures that complaints and feedback mechanisms are accessible to all service users, regardless of their communication needs.

Key Elements of this Policy:

- How complaints can be made:
  This policy outlines how service users and stakeholders can raise complaints about the care and support provided, including various methods (in writing, in person, via email, or through supported communication systems).
- Support for those who wish to complain:
  Special consideration will be given to individuals with learning disabilities, mental health needs, and autism spectrum conditions. We will offer assistance, including support from an advocate, to ensure they are able to express their concerns without barriers.
- Clear point of contact for complaints:
  A designated person or team will be responsible for receiving, investigating, and responding to complaints. Contact details, including the name, position, and communication methods, will be provided to all service users.
- Step-by-step approach to managing complaints:
  The policy outlines a clear, accessible process for handling complaints, specifying how each stage will be managed and how long it will take. Each stage will be communicated to the complainant to keep them informed throughout the process.
- Handling complaints about the registered manager:
  For complaints related to the registered manager, a clear process will be provided, including how

they will be handled fairly, either by another senior team member or an independent individual, ensuring impartiality.

- Learning from complaints:
  We will document and review all complaints to identify patterns and areas for improvement. Feedback will be used to drive continuous service improvement and will be shared with staff to ensure learning and development are embedded into the service.
- Ensuring fairness in the process:
  In the event of dissatisfaction with the outcome of a complaint, service users will be directed to appropriate escalation channels, including independent review bodies, such as the Local Government and Social Care Ombudsman (LGSCO), ensuring fairness and transparency throughout.
- Regulatory compliance and legislation:
  This policy adheres to the following CQC regulations and UK legislation:
    - Regulation 16: Receiving and Acting on Complaints
      This regulation requires that all complaints are investigated thoroughly, promptly, and in a manner that is accessible to all service users. This policy outlines the steps for receiving and managing complaints to ensure compliance with this regulation.
    - Regulation 20: Duty of Candour
      This regulation requires transparency and honesty when responding to complaints. We will ensure that complaints are addressed in a manner that is candid and forthright, with a focus on providing clear explanations and taking accountability where necessary.
    - The Accessible Information Standard
      We will ensure that our complaints policy and procedures are accessible to individuals with disabilities, including those with learning disabilities and autism. This may include providing information in accessible formats, such as easy-read documents, and offering support for individuals with communication needs.
    - The Equality Act 2010
      We are committed to ensuring that all service users, regardless of their background, have equal access to the complaints process. We will ensure that the complaints procedure is free from discrimination and accessible to people with all protected characteristics, including those with learning disabilities, mental health conditions, and autism spectrum conditions.
    - UK GDPR (General Data Protection Regulation) and Data Protection Act 2018
      All personal data related to complaints will be managed in compliance with data protection laws, ensuring that service users' privacy and confidentiality are respected throughout the complaints process.
- Special consideration for service users with learning disabilities, mental health needs, and autism spectrum conditions:
  This policy is designed with a focus on the specific needs of individuals with learning disabilities, mental health conditions, and autism. We will ensure that service users in these groups can access and use the complaints process, whether it involves offering assistance in understanding the policy or providing communication support.

This Complaints and Compliments Policy reflects Primus PLUS Healthcare's commitment to transparency, responsiveness, and continuous improvement, ensuring that the feedback and concerns of all service users are taken seriously and acted upon effectively. The process is designed to support our service users in making complaints and giving compliments with confidence, knowing that their voices are heard and that their concerns will lead to meaningful improvements in care and service delivery.

2. SCOPE

The Complaints and Compliments Policy and Procedure for Primus PLUS Healthcare applies to all aspects of the services provided to individuals receiving supported living without personal care. This includes, but is not limited to, adults with learning disabilities, mental health needs, and autism spectrum conditions. This policy ensures that the complaints and compliments process is accessible, fair, and effective for all service users, their families, carers, and advocates.

Scope of Application:

1. Service User Groups:
    - The policy is specifically designed to cover complaints and compliments raised by:
        - Adults with learning disabilities who may require additional support in understanding or expressing concerns.
        - Adults with mental health needs, where additional sensitivity and support may be necessary to ensure that their concerns are fully understood and addressed.
        - Adults with autism spectrum conditions, ensuring that the complaints process is tailored to meet their communication and sensory needs.

    This policy ensures that these groups are supported throughout the process, and that their needs are specifically addressed in a manner that aligns with their abilities, communication preferences, and individual circumstances.
2. Supported Living Services without Personal Care:
    - The policy applies to supported living services without personal care where individuals receive assistance with housing-related support, daily living activities, and social integration but not with personal care services such as bathing, dressing, or eating.
    - It covers areas such as accommodation, day-to-day activities, social and recreational support, and other non-care related services.
3. Complaints and Compliments from Various Stakeholders:
    - The policy is not limited to complaints from service users alone but also includes complaints or compliments raised by:
        - Family members and carers of service users, particularly where they have concerns about the quality or delivery of services.
        - Advocates who may act on behalf of service users, particularly when those users require support to make their voices heard or navigate the complaints process.
        - Staff members who may raise concerns about the service provided to service users.

- Other third-party stakeholders, including external professionals or organisations involved in supporting service users.

4. Types of Complaints and Compliments:
    - Complaints can be related to:
        - Quality of service (e.g., unsatisfactory support or neglect in meeting the needs of service users).
        - Conduct of staff (e.g., unprofessional behavior or lack of respect for service users).
        - Service delivery (e.g., insufficient care coordination, missed appointments, or delays in service).
        - Accommodation-related issues (e.g., issues with the living environment, safety, and maintenance of facilities).
        - Access to support (e.g., delays in receiving support or lack of availability).
    - Compliments can refer to:
        - Positive feedback about staff members or the quality of care and support received.
        - Acknowledgment of improvements in services.
        - Recognition of good practices, teamwork, or positive outcomes for service users.
5. Methods for Raising Complaints and Compliments:
    - This policy outlines the various ways in which complaints and compliments can be raised, ensuring that all service users, regardless of their disability or communication ability, have equal access to the complaints process. These methods include:
        - Written complaints (via letter, email, or forms).
        - In-person complaints (during meetings or by appointment).
        - Verbal complaints (via phone or face-to-face with a designated staff member).
        - Assisted complaints (with support from an advocate, family member, or staff member if needed).
        - Use of easy-read formats, pictorial representations, or other accessible methods where necessary.
6. Complaints about the Registered Manager and Nominated Individual:
    - In cases where complaints are raised about the Registered Manager, Nominated Individual, or senior staff, the policy clearly outlines the process for handling these complaints impartially and transparently. This includes ensuring that complaints are dealt with fairly, with an alternative senior team member, or an independent individual handling the investigation, especially if the nominated individual and the registered manager are the same person.
7. Special Circumstances and Vulnerable Groups:
    - The policy specifically addresses the needs of vulnerable groups, ensuring that complaints from individuals with learning disabilities, mental health needs, or autism spectrum conditions are handled with extra care, support, and accessibility. It provides mechanisms

to ensure that these individuals can access the complaints process and that their feedback is treated seriously, even when they may have challenges in expressing their concerns.

- Reasonable adjustments will be made to ensure service users are fully supported in accessing and using the policy. This includes providing information in accessible formats (easy-read documents, large print, or audio) and offering communication support, such as the involvement of an advocate, where necessary.

8. Regulatory Compliance:
    - This policy ensures compliance with the following key CQC regulations and UK legislation:
        - Regulation 16: Receiving and Acting on Complaints - This regulation requires that complaints are handled promptly, fairly, and in an accessible way. The policy ensures that all complaints are thoroughly investigated and resolved according to this regulation.
        - Regulation 20: Duty of Candour - This regulation ensures that transparency and honesty are maintained when responding to complaints. The policy ensures that all complaints are managed in an open, accountable manner.
        - The Accessible Information Standard - This ensures that information about how to raise complaints is accessible to all, including individuals with learning disabilities, mental health needs, and autism. We ensure that information is available in formats suitable for service users with specific communication needs.
        - The Equality Act 2010 - This ensures that complaints are handled in a way that is inclusive and non-discriminatory. The policy ensures that all service users, regardless of their background or disability, can raise complaints without barriers.
        - UK GDPR and the Data Protection Act 2018 - Personal data related to complaints will be handled in compliance with data protection regulations, ensuring privacy and confidentiality at all stages of the process.
9. Using Complaints to Improve Services:
    - Primus PLUS Healthcare is committed to using complaints as a source of feedback to improve services. Complaints will be recorded, reviewed, and analysed regularly to identify patterns or recurring issues that need to be addressed. Feedback from complaints will be used to implement changes in service delivery, staff training, or procedures to ensure ongoing improvement in the quality of support provided.
10. Monitoring and Evaluating the Complaints Process:
    - This policy outlines how the complaints system will be regularly monitored and reviewed to ensure its effectiveness. Service user feedback and data from complaints will be used to evaluate whether the system is functioning as intended and if any adjustments are needed to improve the process.

3. POLICY STATEMENT

At Primus PLUS Healthcare, we are committed to providing high-quality supported living services that are person-centred and responsive to the needs of all service users. We believe that effective communication, transparency, and a commitment to improvement are key to delivering excellent care.

We value the feedback of our service users, their families, carers, advocates, and other stakeholders, as it helps us identify areas for improvement, address concerns, and celebrate positive experiences. This Complaints and Compliments Policy and Procedure ensures that all complaints and compliments are handled fairly, transparently, and promptly, in line with our core values of respect, empathy, and integrity.

This policy outlines the procedures for managing complaints and compliments, as well as the steps we take to support service users in raising concerns. We are committed to making the complaints process accessible to all service users, including those with learning disabilities, mental health needs, and autism spectrum conditions, by providing appropriate support and reasonable adjustments where needed. We will ensure that all complaints are treated seriously, with the aim of resolving issues in a timely and satisfactory manner.

Core Principles:

1. Accessibility and Transparency:
   We will ensure that the complaints process is accessible to everyone, particularly those who may need extra support, such as service users with learning disabilities, mental health conditions, or autism spectrum conditions. We will provide clear information on how to make a complaint in an easy-to-understand format, including alternative communication methods where necessary (e.g., easy-read documents, pictorial representations, or support from an advocate).
2. Support for Complaints:
   We recognize that some service users may require assistance to make a complaint. We will provide support for service users who need help in raising concerns, ensuring that they have the necessary resources to express themselves effectively. This includes involving advocates, carers, or staff members who can assist in articulating complaints on their behalf.
3. Fair and Timely Resolution:
   All complaints will be handled in a fair, impartial, and timely manner. We will acknowledge receipt of complaints within 24 hours, investigate them thoroughly within 10 working days, and communicate the outcome to the complainant promptly. We aim to resolve issues at the earliest opportunity, ensuring that service users feel heard and respected throughout the process.
4. Learning from Complaints and Compliments:
   Complaints are seen as an opportunity for learning and improvement. We will record and review all complaints and compliments, using feedback to make necessary changes to our services, training, or procedures. This feedback loop will help us enhance the quality of the services we offer and ensure we are continuously improving in response to the needs and preferences of our service users.
5. Cooperation with Independent Review:
   In the event that a complainant is dissatisfied with the resolution provided, we will ensure they are informed of their right to escalate the complaint to an independent body such as the Local Government and Social Care Ombudsman (LGSCO). We will fully cooperate with any independent review or investigation to ensure that the outcome is fair and just.

6. Commitment to Service Users with Specific Needs:
   We are particularly focused on ensuring that our complaints process meets the needs of service users with learning disabilities, mental health conditions, and autism spectrum conditions. This includes making necessary adjustments to our procedures and offering tailored support for individuals who may face communication barriers or other challenges in engaging with the complaints process.

7. Regulatory Compliance and Legal Requirements:
   Our policy complies with all relevant CQC regulations and UK legislation, including:

   - Regulation 16: Receiving and Acting on Complaints
     We ensure that complaints are handled promptly and effectively, in line with CQC requirements for investigating and resolving complaints.
   - Regulation 20: Duty of Candour
     We are committed to being open and transparent in our approach to complaints, ensuring that service users are fully informed throughout the process and that we take responsibility where necessary.
   - The Accessible Information Standard
     We make sure that all service users, including those with learning disabilities, mental health needs, and autism spectrum conditions, have access to information about how to raise a complaint and receive support in a format that meets their needs.
   - The Equality Act 2010
     We ensure that our complaints process is inclusive and free from discrimination, providing equal access to the complaints procedure for all service users, regardless of their background, disability, or other protected characteristics.
   - UK GDPR and the Data Protection Act 2018
     Personal information collected during the complaints process will be handled in accordance with data protection laws to ensure privacy and confidentiality.
   - Services for Autistic People and People with a Learning Disability:
     This policy ensures that our services are accessible and that the complaints process meets the specific needs of autistic people and those with learning disabilities. We will offer support in ways that make it easier for these service users to express their concerns.

8. Special Circumstances for Complaints about the Registered Manager:
   If complaints arise regarding the Registered Manager or the Nominated Individual, a separate and impartial process will be followed. If the Registered Manager and the Nominated Individual are the same person, another senior member of the team or an independent external reviewer will handle the complaint to ensure fairness and transparency in the investigation and resolution.

9. Encouraging Compliments:
   In addition to managing complaints, we value and encourage compliments from our service users and stakeholders. Recognizing and celebrating positive feedback is an important part of our commitment to improving service quality and rewarding good practice among staff. Compliments will be recorded and shared with the relevant staff members to promote a culture of excellence.

4. OBJECTIVES

The Complaints and Compliments Policy and Procedure for Primus PLUS Healthcare aims to create a supportive, transparent, and responsive environment where service users, their families, carers, and other stakeholders can express concerns and provide feedback. This policy seeks to ensure that complaints are handled in a manner that is fair, respectful, and in line with legal and regulatory frameworks, including those specific to supported living services without personal care for individuals with learning disabilities, mental health needs, and autism spectrum conditions. The primary objectives of this policy are as follows:

1. To Provide an Accessible and Transparent Complaints Process

- Accessibility for All Service Users:
  The policy will ensure that all service users, including those with learning disabilities, mental health needs, and autism, are fully supported in accessing and using the complaints process. This includes offering information in accessible formats (e.g., easy-read versions, large print, audio), providing communication support (such as assistance from an advocate or staff member), and ensuring reasonable adjustments are made to meet individual needs.
- Clear Communication:
  The complaints process will be clearly explained to all service users, ensuring that they understand how to make a complaint and what to expect during the process. The aim is to eliminate any barriers to raising concerns and to ensure that every service user can make their voice heard.

2. To Ensure Timely and Fair Resolution of Complaints

- Step-by-Step Process:
  The policy will outline a clear step-by-step process for managing complaints, from the initial acknowledgement of the complaint through to its resolution. This includes specific timeframes for each stage, ensuring that complaints are handled efficiently and promptly, typically within 10 working days.
- Timely Updates:
  Service users will be kept informed of the progress of their complaint throughout the process. This includes informing them of any delays and providing regular updates as appropriate, so that they feel supported and engaged in the resolution process.
- Fair and Impartial Investigation:
  All complaints will be investigated thoroughly and impartially. The policy will ensure that the investigation is conducted by a person who is not directly involved in the matter at hand, ensuring fairness and transparency in the process.
- Outcome Communication:
  The outcome of the complaint investigation will be communicated in a timely and clear manner to the complainant, including details of any actions taken or changes made in response to the complaint. If the complainant is not satisfied with the resolution, they will be informed of their right to escalate the complaint.

3. To Use Complaints to Drive Continuous Service Improvement

- Learning from Feedback:
  Complaints and compliments will be carefully reviewed to identify any recurring issues or patterns. This feedback will be used as a basis for making improvements in service delivery, staff

training, and operational procedures. The objective is to use complaints as a valuable tool for improving the quality of care and support provided to service users.

- Staff Training and Development:
  Feedback from complaints will be used to inform the development and delivery of training programs for staff. This ensures that staff are aware of any areas of concern raised through complaints and that they are equipped with the knowledge and skills to address these issues in the future.
- Service Improvements:
  Any recurring themes or common issues identified through complaints will be addressed through service improvements. This may involve revising care plans, adjusting staffing levels, enhancing communication protocols, or making physical changes to the environment to better meet the needs of service users.

4. To Promote a Culture of Openness and Transparency

- Encouraging Open Communication:
  By handling complaints and compliments effectively, this policy aims to foster a culture where service users feel comfortable raising concerns and offering feedback without fear of retaliation or negative consequences. We encourage all service users to share their thoughts and experiences, as their feedback is essential to improving our services.
- Duty of Candour:
  In line with Regulation 20: Duty of Candour, Primus PLUS Healthcare will ensure that all complaints are addressed with honesty and transparency. If mistakes or issues are identified, we will take responsibility and work to resolve them. We aim to be open about any areas where service delivery may not have met expectations and to show our commitment to making things right.

5. To Ensure Compliance with Relevant Legislation and Regulatory Requirements

- CQC Regulations:
  This policy complies with Regulation 16: Receiving and Acting on Complaints, which requires that complaints are dealt with effectively and that service users' concerns are acted upon in a timely manner. By adhering to these requirements, we ensure that our services are in line with the expectations set out by the Care Quality Commission (CQC).
- Equality and Accessibility:
  The policy will comply with the Equality Act 2010, ensuring that no service user is discriminated against when raising a complaint. We will also ensure compliance with the Accessible Information Standard, ensuring that information about how to make a complaint is accessible to all service users, particularly those with learning disabilities, autism, or mental health needs.
- Data Protection:
  All complaints will be handled in compliance with UK GDPR and the Data Protection Act 2018. Personal data will be kept confidential, with appropriate safeguards in place to protect the privacy and rights of the complainants.

6. To Ensure Special Considerations Are Made for Complaints about the Registered Manager

- Complaints about the Registered Manager:
  In cases where complaints are raised about the Registered Manager or Nominated Individual, the

policy will ensure that these are handled fairly and impartially. If the Registered Manager and Nominated Individual are the same person, another senior staff member or independent individual will handle the complaint to ensure fairness and objectivity.

- Impartial Handling:
  The objective is to ensure that complaints about senior staff members are taken seriously and investigated thoroughly, with impartiality and transparency at every stage of the process.

7. To Uphold the Rights of Service Users and Promote a Fair Complaints Process

- Service User Rights:
  The policy will protect the rights of service users throughout the complaints process. We are committed to ensuring that service users feel respected, valued, and heard when raising concerns. We will make every effort to ensure that service users with additional needs (e.g., learning disabilities, mental health issues, or autism) are fully supported in navigating the complaints process.
- Fairness and Non-Retaliation:
  The policy will ensure that there is no retaliation against anyone who raises a complaint, whether they are a service user, family member, or staff member. We will foster an environment where concerns are raised constructively, and everyone feels safe in doing so.

5. DEFINITIONS

The following definitions are provided to ensure clarity and consistency in the interpretation of the Complaints and Compliments Policy and Procedure at Primus PLUS Healthcare. These definitions reflect CQC regulations, relevant legislation, and best practices in supported living services for adults with learning disabilities, mental health needs, and autism spectrum conditions. These definitions are intended to ensure that all stakeholders understand the terms used throughout the policy, helping to maintain a transparent, effective, and accessible process for service users and staff.

1. Complaint

A complaint is an expression of dissatisfaction or concern raised by a service user, family member, carer, or advocate about the service provided by Primus PLUS Healthcare. Complaints may relate to any aspect of service delivery, including but not limited to the quality of care, staff conduct, facilities, or communication. Complaints can be made in any format, including verbally, in writing, or electronically.

- Relevant Legislation: CQC Regulation 16: Receiving and Acting on Complaints
- Examples: Inadequate care, poor communication, staff behaviour.

2. Compliment

A compliment is positive feedback given by a service user, family member, carer, or advocate to acknowledge and praise the quality of services, staff performance, or any other aspect of care provided by Primus PLUS Healthcare. Compliments may relate to the professionalism of staff, improvements in care, or the overall positive experience of service users.

- Relevant Legislation: Not directly specified in legislation, but contributes to person-centred care and service improvement.
- Examples: Praise for staff support, satisfaction with service quality.

3. Service User

A service user refers to any individual who receives supported living services, including but not limited to those with learning disabilities, mental health needs, and autism spectrum conditions. Service users may live in supported living arrangements without personal care, where the primary focus is to assist with daily living activities and social inclusion, without providing personal care or medical treatments.

- Relevant Legislation: Care Act 2014, CQC Regulation 9: Person-Centred Care
- Examples: An adult with autism seeking support with daily activities.

4. Advocate

An advocate is an individual or organization that represents or supports a service user in making a complaint or providing feedback. Advocates may assist service users, particularly those with learning disabilities, mental health needs, or autism spectrum conditions, in communicating their concerns, ensuring that their voice is heard and their rights are upheld.

- Relevant Legislation: Care Act 2014 (right to advocacy)
- Examples: An independent advocacy service supporting a service user with learning disabilities.

5. Investigation

An investigation is the process of reviewing, gathering evidence, and assessing a complaint to determine the facts and identify appropriate actions. This process may involve interviewing staff, reviewing care records, and engaging with the complainant to understand the nature of the issue. An investigation aims to resolve the complaint in a fair, transparent, and timely manner.

- Relevant Legislation: CQC Regulation 16: Receiving and Acting on Complaints
- Examples: Investigating a complaint about poor staff conduct by reviewing incident reports and interviewing witnesses.

6. Duty of Candour

The Duty of Candour is a legal requirement under the Health and Social Care Act 2008 that requires healthcare providers to be open and honest with service users when things go wrong. If an incident occurs that causes harm or distress to a service user, Primus PLUS Healthcare is obliged to inform the service user, apologize, and explain what happened, as well as the steps being taken to prevent it from happening again.

- Relevant Legislation: CQC Regulation 20: Duty of Candour
- Examples: Apologizing and explaining the circumstances when a medication error occurs.

7. Escalation

Escalation refers to the process of taking a complaint to a higher authority or an independent body when a complainant is dissatisfied with the outcome of the initial complaint handling process. This could include escalating the complaint to the Local Government and Social Care Ombudsman (LGSCO), the Care Quality Commission (CQC), or an external regulatory or safeguarding body.

- Relevant Legislation: CQC Regulation 16: Receiving and Acting on Complaints, Care Act 2014
- Examples: A service user escalating a complaint to the LGSCO after being dissatisfied with the outcome of the internal investigation.

8. Safeguarding

Safeguarding refers to the actions taken to prevent the abuse, neglect, or harm of vulnerable individuals, particularly service users with learning disabilities, mental health needs, and autism spectrum conditions. Complaints involving safeguarding concerns, such as allegations of abuse or neglect, are taken very seriously and are subject to immediate reporting and investigation.

- Relevant Legislation: Care Act 2014, Safeguarding Vulnerable Groups Act 2006
- Examples: Allegations of physical abuse by a staff member.

9. Person-Centred Care

Person-centred care is a philosophy of care that places the individual service user at the heart of decision-making and care planning. It recognizes the unique needs, preferences, and values of each person and focuses on empowering them to make decisions about their own care, supporting their dignity, and respecting their choices.

- Relevant Legislation: CQC Regulation 9: Person-Centred Care, Care Act 2014
- Examples: A care plan that respects the service user's choices about their daily routine and activities.

10. Accessible Information Standard

The Accessible Information Standard requires that information is provided in formats that meet the needs of service users, ensuring that all individuals, particularly those with learning disabilities, autism spectrum conditions, or sensory impairments, can understand and use the information. This includes providing information in easy-read formats, large print, audio, or Braille, as necessary.

- Relevant Legislation: The Accessible Information Standard, CQC Regulation 9: Person-Centred Care
- Examples: Providing an easy-read version of the complaints policy for service users with learning disabilities.

11. Complaint Resolution

Complaint resolution refers to the process of addressing and resolving complaints to the satisfaction of the complainant, ensuring that any issues identified are corrected, and that the complainant feels their concerns have been heard and acted upon.

- Relevant Legislation: CQC Regulation 16: Receiving and Acting on Complaints, Care Act 2014
- Examples: Offering an apology, changing service delivery practices, or providing additional support to a service user to resolve their complaint.

12. Mental Capacity

Mental capacity refers to the ability of a person to make decisions for themselves. In the context of the complaints procedure, it is important to assess whether the service user has the mental capacity to understand and engage with the complaints process. If they lack mental capacity, appropriate support or advocacy will be provided to ensure their views are represented.

- Relevant Legislation: Mental Capacity Act 2005
- Examples: A service user with a learning disability may require an advocate to help them understand and participate in the complaints process.

13. Advocacy

Advocacy is the support provided to individuals to help them express their wishes, make informed decisions, and have their voices heard. In the complaints process, advocacy ensures that service users with learning disabilities, mental health needs, or autism spectrum conditions are supported to raise concerns and have those concerns addressed appropriately.

- Relevant Legislation: Care Act 2014
- Examples: A service user with autism may need an advocate to help them communicate their concerns about the quality of care they are receiving.

6. LEGISLATION AND REGULATORY FRAMEWORK

The Complaints and Compliments Policy and Procedure for Primus PLUS Healthcare has been developed in strict compliance with the relevant legislation, regulations, and guidelines to ensure that the policy not only meets legal standards but also supports the delivery of high-quality, person-centred services for adults with learning disabilities, mental health needs, and autism spectrum conditions. This section outlines the key pieces of legislation and regulatory frameworks that guide the handling of complaints, as well as the specific requirements we must meet as a provider of supported living services without personal care.

1. Care Quality Commission (CQC) Regulations

Regulation 16: Receiving and Acting on Complaints

- Requirement:
  The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Regulation 16 requires that all health and social care providers handle complaints effectively. The provider must establish systems that allow service users and others to raise concerns and complaints. The provider must respond to complaints in a timely and effective manner, ensuring that the outcome is communicated clearly to the complainant.
- Compliance:
  Primus PLUS Healthcare will adhere to this regulation by ensuring all complaints are investigated promptly, and that we maintain a transparent process where service users are kept informed throughout the complaint resolution. The process will be designed to provide accessible ways for all service users, including those with learning disabilities, mental health needs, and autism spectrum conditions, to raise concerns.

Regulation 20: Duty of Candour

- Requirement:
  Under Regulation 20, the Duty of Candour requires that all providers be open and honest with service users when things go wrong. If a complaint reveals a serious issue, the provider must notify the complainant about the incident, apologize, and explain what actions will be taken to rectify the situation.
- Compliance:
  We will ensure that we respond to complaints with transparency, honesty, and accountability. If a complaint results in a breach of care or services, we will take responsibility, inform the complainant, and take corrective actions as necessary.

2. The Equality Act 2010

- Requirement:
  The Equality Act 2010 prohibits discrimination, harassment, and victimization based on specific protected characteristics, including disability. The Act requires that service providers make reasonable adjustments to ensure accessibility for individuals with disabilities, including those with learning disabilities, mental health conditions, and autism spectrum conditions.
- Compliance:
  Primus PLUS Healthcare will make reasonable adjustments to our complaints process to ensure that individuals with learning disabilities, mental health needs, or autism spectrum conditions can raise complaints easily. This may include offering accessible formats for information, providing communication support, or assisting with completing complaint forms. All complaints will be handled in a way that ensures service users with disabilities are not disadvantaged.

3. The Accessible Information Standard

- Requirement:
  The Accessible Information Standard requires that all providers of publicly funded services ensure that information is accessible to individuals with sensory, communication, or cognitive impairments. This includes providing information in formats such as large print, braille, or easy-read versions and offering communication support for individuals who need it.
- Compliance:
  As part of this policy, Primus PLUS Healthcare will ensure that all service users are provided with accessible information about how to make a complaint, including ensuring that easy-read versions or other accessible formats are available as needed. We will provide support such as an advocate or a staff member to assist individuals in expressing their concerns or complaints.

4. UK General Data Protection Regulation (GDPR) and Data Protection Act 2018

- Requirement:
  The UK GDPR and the Data Protection Act 2018 regulate how personal data should be processed and protected. These laws require that personal data is processed lawfully, transparently, and securely, and that individuals' rights regarding their data are respected. This includes complaints data, which may include sensitive personal information.
- Compliance:
  Primus PLUS Healthcare will ensure that all personal data collected during the complaints process is handled in accordance with the UK GDPR and the Data Protection Act 2018. Complaints records will be stored securely, and personal data will only be shared with individuals involved in the complaint investigation process. Service users will be informed about how their personal data will be used, and we will ensure that their rights to access, rectify, or erase their data are respected.

5. Services for Autistic People and People with Learning Disabilities

- Requirement:
  There are specific considerations for service providers offering support to individuals with autism and learning disabilities. The Care Act 2014 and other regulations require that services for individuals with autism or learning disabilities are tailored to meet their unique needs, including how complaints are handled.
- Compliance:
  Primus PLUS Healthcare will ensure that we have considered the specific needs of individuals with autism and learning disabilities when designing and implementing our complaints process.

This includes making adjustments to how we communicate about the complaints process, offering additional support where necessary (such as involving an advocate or providing information in accessible formats), and ensuring that complaints from individuals with autism or learning disabilities are responded to in a way that respects their communication preferences and needs.

6. Local Government and Social Care Ombudsman (LGSCO) – Independent Review

- Requirement:
  If a complainant is not satisfied with the response from the service provider, they have the right to escalate the complaint to the Local Government and Social Care Ombudsman (LGSCO). The Ombudsman is an independent body that reviews complaints about public services, including social care services.
- Compliance:
  In line with the Care Act 2014 and CQC requirements, Primus PLUS Healthcare will cooperate fully with any independent review or investigation carried out by the LGSCO. This includes providing all necessary information about the complaint and its resolution, as well as making any required changes to our services or processes based on the Ombudsman's recommendations.

7. The Care Act 2014

- Requirement:
  The Care Act 2014 establishes the framework for adult social care in England. It places a duty on providers to ensure that complaints are handled effectively, and that individuals are supported to raise concerns. It also emphasizes the need for transparency, accessibility, and fairness in handling complaints.
- Compliance:
  Primus PLUS Healthcare will comply with the Care Act 2014 by ensuring that our complaints process is transparent, accessible, and effective. We will provide service users with the information they need to raise concerns, ensure that complaints are acted upon in a timely manner, and maintain records of complaints and their outcomes for accountability and improvement.

8. National Health Service (NHS) Complaints Procedure (Where Relevant)

- Requirement:
  The NHS Complaints Procedure provides a standard framework for handling complaints in the health and social care sector. Where our supported living services intersect with health-related support (such as mental health care), we will ensure that complaints related to these services are handled in accordance with NHS guidelines.
- Compliance:
  For service users who receive health-related support (e.g., mental health services), Primus PLUS Healthcare will ensure that complaints related to these services follow the NHS Complaints Procedure, ensuring that they are handled in a timely, transparent, and responsive manner. This will be in line with both NHS standards and the Health and Social Care Act 2008.

7. COMPLAINTS AND COMPLIMENTS PROCEDURE

The Complaints and Compliments Procedure for Primus PLUS Healthcare is designed to ensure that all concerns raised by service users, their families, carers, or advocates are dealt with efficiently,

transparently, and with respect. This procedure outlines the step-by-step approach to handling complaints and compliments, ensuring compliance with relevant legislation and regulations, including the CQC (Care Quality Commission) regulations, Equality Act 2010, UK GDPR, and the Accessible Information Standard. The process has been specifically tailored to support adults with learning disabilities, mental health needs, and autism spectrum conditions, ensuring accessibility and appropriate support throughout.

1. How to Make a Complaint or Provide a Compliment

Service users, their families, carers, or advocates can make a complaint or provide a compliment through the following methods:

In Writing

Complaints or compliments can be submitted in writing, either via email or letter. Service users can use a simple complaint form or write a letter detailing their concerns. Easy-read formats are available upon request.

- **Email:** care@primusplus.co.uk
- **Postal Address:** 603 London Road, Westcliff on Sea, Southend on Sea, Essex, SS0 9PE

Verbally

Service users can express their complaints or compliments verbally, either in person or over the phone. A member of staff will be designated to record verbal complaints and ensure they are addressed.

- **Phone Number:** +447359402911

In Person

Service users can approach any member of staff to raise a concern or provide feedback. A designated person will be responsible for listening to complaints and ensuring they are documented and investigated.

Through an Advocate or Carer

Service users who require additional support to make a complaint can appoint an advocate, family member, or carer to raise concerns on their behalf. We will ensure that these individuals are supported to act on the service user's behalf.

Other Supported Communication Methods

For individuals with specific communication needs, we will offer alternative methods of raising complaints, such as using pictorial complaint forms, video communication, or through staff support.

2. How Complaints Will Be Processed

Once a complaint is received, it will be processed according to the following steps:

Step 1: Acknowledging the Complaint

- Timeframe: All complaints will be acknowledged within 24 hours of receipt, either verbally or in writing, depending on the method of communication preferred by the complainant.
- Content: The acknowledgment will include confirmation that the complaint has been received, an outline of the process, and the expected timeline for resolution.

Step 2: Investigating the Complaint

- Timeframe: Complaints will be investigated thoroughly within 10 working days of being acknowledged.

- Investigation Process:
    - A complaints officer (or a staff member who is not directly involved in the issue) will investigate the complaint.
    - The investigation will include speaking to all parties involved, reviewing relevant documentation, and gathering any other information necessary to understand the complaint fully.
    - For complaints regarding complex issues, such as the conduct of staff, service delivery, or the living environment, a detailed review will be conducted to address the concern.

Step 3: Keeping Complainants Updated

- Regular Updates: Throughout the investigation process, the complainant will be kept updated regularly on the status of their complaint, particularly if there are delays in resolving the issue.
- Timeframes for Updates: Updates will be provided at intervals of every 3 working days or sooner if there are any developments.

Step 4: Communicating the Outcome

- Timeframe: The outcome of the investigation, including any decisions made or actions taken, will be communicated to the complainant in writing within 10 working days of the complaint being acknowledged.
- Details of Outcome: The written communication will outline:
    - The outcome of the investigation.
    - Any actions taken or changes made as a result of the complaint.
    - If no action is taken, a clear explanation of why that decision was made.
    - Details of how the complainant can escalate the complaint if they are dissatisfied with the outcome.

Step 5: Escalating the Complaint

If the complainant is not satisfied with the resolution, they have the right to escalate the matter. The escalation process will be as follows:

1. Local Government and Social Care Ombudsman (LGSCO)

If the complainant is still dissatisfied after the internal resolution, they can contact the LGSCO, an independent body that can review the complaint and provide further recommendations. The LGSCO investigates complaints about local authority social care services, including adult care and supported living services.

- How to Escalate:
    - The complainant can contact the LGSCO directly via their website or by phone. Complaints can be submitted online, by email, or by post.
- LGSCO Contact Information:
    - **Website:** www.lgo.org.uk
    - **Phone:** 0300 061 0614

- **Email:** advice@lgo.org.uk
- **Postal Address:**
  Local Government and Social Care Ombudsman
  PO Box 4771
  Coventry
  CV4 0EH

2. Care Quality Commission (CQC)

The Care Quality Commission (CQC) is the independent regulator of health and social care services in England. If a complaint involves breaches of service quality or regulatory issues and the complainant remains dissatisfied after internal resolution, they may contact the CQC**.**

- How to Escalate:
  - The complainant can file a complaint directly with the CQC for concerns regarding the care provided and compliance with regulatory standards.
- CQC Contact Information:
  - **Website:** www.cqc.org.uk
  - **Phone:** 03000 616161
  - **Email:** enquiries@cqc.org.uk
  - **Postal Address:**
    Care Quality Commission
    Citygate
    Gallowgate
    Newcastle upon Tyne
    NE1 4PA

3. Safeguarding Concerns - Southend-on-Sea Borough Council

If the complaint involves safeguarding concerns (such as allegations of abuse, neglect, or harm), the complainant may contact Southend-on-Sea Borough Council**'s** Adult Social Care or the Safeguarding Adults Board (SAB) for further investigation.

- How to Escalate:
  - The complainant can contact the local Adult Social Care & Safeguarding team to report safeguarding concerns.
- **Southend-on-Sea Borough Council Contact Information:**
  - **Phone (Adult Social Care & Safeguarding):**
    01702 215004 (Social Services)
    01702 534200 (Emergency Duty Team)
  - **Email:** adultservices@southend.gov.uk
  - **Website:** www.southend.gov.uk
  - **Postal Address:**
    Southend-on-Sea Borough Council
    Civic Centre

Victoria Avenue
Southend-on-Sea
Essex, SS2 6ER

4. Independent Review

In some cases, an independent third party will be invited to review the complaint to ensure fairness and objectivity in the process. This may include appointing an external investigator or independent review body to assess the handling of the complaint, ensuring transparency and impartiality.

- How to Escalate:
    - Primus PLUS Healthcare will provide the complainant with the contact details of an independent third party or organization, as appropriate to the complaint's nature.
- Independent Review Contact Information:
    - The complainant may be referred to an independent investigator or review service appointed by Primus PLUS Healthcare. Contact details for these services will be provided as necessary.

3. Handling Compliments

In addition to handling complaints, Primus PLUS Healthcare encourages and values positive feedback from service users. Compliments will be handled in the following manner:

- Recording Compliments:
  Compliments will be recorded and shared with the relevant staff members to ensure that positive contributions are recognized and celebrated.
- Using Compliments for Improvement:
  Compliments will be used to highlight good practices and successful interventions. These can be shared with all staff to promote best practices and encourage ongoing professional development.

4. Special Circumstances: Complaints About the Registered Manager

In some cases, complaints may be raised about the Registered Manager or Nominated Individual. In such cases, we will ensure that the process remains fair, impartial, and independent.

Complaints About the Registered Manager

If a complaint is made about the Registered Manager or Nominated Individual**,** the complaint will be directed to another senior staff member**,** or an independent external investigator, to ensure an impartial review. This process ensures that complaints are handled in a fair and transparent manner, and the service user can trust that their concerns will be addressed appropriately.

If the Registered Manager and Nominated Individual are the Same Person

In situations where the Registered Manager and the Nominated Individual are the same person, an independent individual (e.g., a senior manager from another location or an external investigator) will take charge of the investigation to ensure fairness and impartiality. The person assigned to manage the investigation will report directly to the Board of Directors or the relevant oversight body.

Complaints About the Registered Manager at Primus PLUS Healthcare

If someone wishes to make a complaint about the Registered Manager at Primus PLUS Healthcare, they should initially contact the following:

- **Contact Name:** Jonas Ayitevie, Registered Manager
- **Email:** care@primusplus.co.uk
- **Phone Number:** +447359402911
- **Postal Address:** 603 London Road, Westcliff on Sea, Southend-on-Sea, Essex, SS0 9PE

If the complaint involves Jonas Ayitevie (or concerns are about the Registered Manager role), the complainant can escalate the complaint to a senior staff member or an independent external investigator.

Alternative Contact (if Registered Manager is involved in the complaint):

- **Contact Name:** Senior Staff Member or Independent Investigator (depending on the situation)
- **Email:** care@primusplus.co.uk
- **Phone Number:** +447359402911

External Process of Complaining About the Registered Manager

If a complainant is dissatisfied with the outcome of the internal investigation or feels that the issue has not been addressed adequately, they have the right to escalate their complaint to an independent external body.

1. Local Government and Social Care Ombudsman (LGSCO)

The Local Government and Social Care Ombudsman (LGSCO) is an independent body that investigates complaints about local government services, including social care. If a complaint about the Registered Manager has not been resolved satisfactorily, the complainant can escalate their complaint to the LGSCO**.**

- How to escalate:
  - The complainant can contact the LGSCO via their website: www.lgo.org.uk
  - Complaints can be submitted online, by email, or by post to the LGSCO office.
- LGSCO Contact Information:
  - **Website:** www.lgo.org.uk
  - **Phone:** 0300 061 0614
  - **Email:** advice@lgo.org.uk

2. Care Quality Commission (CQC)

The Care Quality Commission (CQC) is the independent regulator of health and social care services in England. If a complaint regarding the Registered Manager or service quality is not handled appropriately or breaches CQC regulations, the CQC can be contacted.

- **How to escalate:**
  - The complainant can contact the CQC directly for issues relating to the standard of care or regulatory breaches.
  - The CQC provides guidance on how to file a complaint via their website.
- CQC Contact Information:
  - **Website:** www.cqc.org.uk
  - **Phone:** 03000 616161

- **Email:** enquiries@cqc.org.uk

3. Safeguarding Concerns

If a complaint involves serious safeguarding issues (e.g., abuse, neglect, or risk of harm), the complainant may also contact the Southend-on-Sea Borough Council for safeguarding concerns.

- **Southend-on-Sea Borough Council Contact Information:**
  - Adult Social Care & Safeguarding:
    Phone: 01702 215004 (Social Services)
  - Phone (Emergency Duty Team): 01702 534200
  - **Email:** adultservices@southend.gov.uk
  - **Website:** www.southend.gov.uk
  - **Safeguarding Adults Board (SAB)**:
    If safeguarding concerns arise, the Safeguarding Adults Board can be contacted through the same contact details as above.
- **4. Independent Investigators**

  In the case of ongoing concerns or if the complaint is particularly sensitive, an external independent investigator may be appointed. This investigator will be selected from a list of professionals who specialize in complaints handling and who are not affiliated with Primus PLUS Healthcare. The independent investigator will review the complaint impartially and report findings to the relevant governing bodies or senior staff.

5. Learning from Complaints and Compliments

- Recording and Reviewing Complaints:
  All complaints will be recorded in a secure, central system, including details of the complaint, the outcome, and any actions taken. Compliments will also be recorded and shared with staff for recognition and motivation.
- Using Feedback to Improve Services:
  Feedback from complaints and compliments will be reviewed regularly by senior management to identify areas for service improvement. This will include examining recurring issues, training needs, or potential changes to the service delivery model.
- Review of Complaints System:
  To ensure that the complaints process remains effective, we will review the system annually. This review will assess whether complaints are being handled in a timely and efficient manner, and whether service users are satisfied with how their concerns are addressed. We will adjust the process as needed to enhance efficiency and accessibility.

6. Relevant Regulations and Compliance

The Complaints and Compliments Procedure for Primus PLUS Healthcare complies with the following:

- Regulation 16: Receiving and Acting on Complaints under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – ensuring that complaints are investigated thoroughly and responded to promptly.

- Regulation 20: Duty of Candour – ensuring transparency and honesty when addressing complaints, particularly if errors or failings are identified during the process.
- The Accessible Information Standard – ensuring that all individuals, including those with learning disabilities, mental health needs, and autism, can access and understand the complaints process.
- Equality Act 2010 – ensuring that the complaints process is inclusive and accessible to all, without discrimination.
- UK GDPR (General Data Protection Regulation) and Data Protection Act 2018 – ensuring that personal data provided during the complaints process is handled securely and in compliance with data protection laws.

8. CONFIDENTIALITY AND DATA PROTECTION

8. Confidentiality and Data Protection

At Primus PLUS Healthcare, we are committed to protecting the confidentiality and privacy of all personal information provided during the complaints process. We understand that confidentiality is a fundamental aspect of building trust with service users, their families, carers, and advocates. We also recognize the importance of safeguarding personal data in compliance with all relevant legislation and regulatory requirements. This section outlines how complaints-related data will be handled, ensuring full compliance with CQC regulations, UK GDPR, and the Data Protection Act 2018.

1. Confidentiality of Complaints and Compliments

- Principle of Confidentiality:
  All complaints and compliments will be treated with the utmost confidentiality. Service users, their families, carers, and any individuals raising a complaint will be assured that their personal details and the content of the complaint will not be shared beyond the necessary individuals involved in the complaint resolution process.
- Access to Information:
  Personal data collected during the complaints process will be accessible only to authorized personnel involved in the investigation and resolution of the complaint. These personnel may include complaints officers, senior managers, or external investigators, depending on the nature of the complaint.
- Transparency in Handling Complaints:
  Service users will be informed at the time of making a complaint about how their personal data will be used, stored, and protected. We will ensure that service users know which staff members will have access to their complaint-related information and the purpose of that access.

2. Data Protection Compliance

Primus PLUS Healthcare complies with the following regulations to ensure that personal data is handled securely:

2.1 UK General Data Protection Regulation (GDPR)

- Requirement:
  The UK GDPR sets out the principles for the processing of personal data, including data

minimization, transparency, and security. The regulation requires that personal data is handled lawfully, fairly, and transparently.

- Compliance:
  We will ensure that all personal data provided during the complaints process is:
  - Collected lawfully and only for legitimate purposes related to the complaint.
  - Stored securely and for no longer than necessary for the purpose of the complaint investigation.
  - Accessed only by authorized personnel and in accordance with data protection principles.
  - Correct and up-to-date, with any errors rectified promptly.

2.2 Data Protection Act 2018

- Requirement:
  The Data Protection Act 2018 complements the UK GDPR by providing specific rules about the processing of personal data within the UK. It outlines how personal information should be handled, with particular emphasis on the rights of individuals to access their data and ensure it is protected.
- Compliance:
  We will adhere to the Data Protection Act's requirements by:
  - Allowing service users to access their personal data upon request, subject to lawful exemptions.
  - Ensuring that any data breaches are promptly reported to the Information Commissioner's Office (ICO) and affected individuals, as required under the regulation.
  - Implementing appropriate security measures to prevent unauthorized access to or disclosure of personal data.

3. Secure Storage and Disposal of Data

- Storage of Complaints Data:
  All records related to complaints will be stored securely, whether in physical or digital format. Digital records will be stored on secure, encrypted systems to protect against unauthorized access. Physical records will be kept in locked filing cabinets with access restricted to authorized personnel only.
- Retention of Complaints Data:
  We will retain complaints data for as long as necessary to resolve the complaint and for any subsequent legal or regulatory purposes. Once the complaint is resolved, data will be securely archived for a period defined by CQC regulations or any other relevant legislative requirements. After the retention period, records will be securely disposed of.
- Disposal of Complaints Data:
  Once complaints data is no longer required, it will be destroyed in a secure manner to prevent unauthorized access or accidental disclosure. Digital records will be deleted using secure methods, and physical records will be shredded.

4. Service User Rights and Access to Data

Primus PLUS Healthcare respects the rights of service users and others involved in the complaints process regarding their personal data. These rights include:

- Right to Access:
  Service users have the right to request access to their personal data held by Primus PLUS Healthcare, including any information related to complaints. Requests for access will be handled in accordance with the UK GDPR and the Data Protection Act 2018, ensuring that service users receive a response within the required timeframe, typically within one month.
- Right to Rectification:
  If service users believe that any information held about them is incorrect or incomplete, they have the right to request that it be corrected. We will promptly address any requests for rectification of personal data.
- Right to Erasure:
  Service users have the right to request the deletion of their personal data, subject to certain conditions. If data is no longer required for legitimate purposes, it will be erased securely.
- Right to Restrict Processing:
  Service users can request the restriction of processing their personal data in specific circumstances, such as when the accuracy of the data is contested or when the data is no longer needed but must be kept for legal reasons.
- Right to Object:
  Service users have the right to object to the processing of their personal data for specific purposes, including marketing or profiling. Complaints data may only be processed based on legitimate grounds related to the complaint process.

5. Training and Awareness

Primus PLUS Healthcare ensures that all staff members involved in handling complaints are adequately trained on data protection principles, confidentiality, and the proper handling of personal data. This training includes:

- Data Protection Awareness:
  All staff will be trained on their obligations under the UK GDPR and the Data Protection Act 2018, ensuring they understand how to securely handle personal data, particularly in relation to complaints.
- Confidentiality and Security Practices:
  Staff will be educated on the importance of confidentiality, and they will be provided with guidance on how to store, access, and share complaints-related information securely.
- Ongoing Updates:
  Training will be updated regularly to reflect changes in data protection laws, best practices, and the introduction of new systems or processes related to the complaints procedure.

6. Data Breach Procedures

In the event of a data breach involving complaints data, Primus PLUS Healthcare will take immediate action to contain the breach and mitigate its effects. Our breach procedures will include:

- Notification of Breach:
  We will promptly notify the Information Commissioner's Office (ICO) within 72 hours of discovering a breach if it poses a risk to the rights and freedoms of individuals. Affected individuals will be informed without undue delay if the breach is likely to result in a high risk to their rights.

- Investigation and Remediation:
  We will investigate the cause of the breach, assess its impact, and implement corrective actions to prevent future breaches. This may include revising our data protection procedures or implementing additional safeguards.

7. Compliance with CQC Regulations

As part of our commitment to regulatory compliance, this Complaints and Compliments Policy adheres to the CQC's Fundamental Standards, specifically:

- Regulation 16: Receiving and Acting on Complaints
  Ensuring that complaints are handled in accordance with data protection laws and that all personal data related to complaints is securely managed.
- Regulation 20: Duty of Candour
  Maintaining transparency in how complaints data is handled and ensuring that any mistakes or issues identified in the complaints process are addressed openly.

9. TRAINING AND AWARENESS

At Primus PLUS Healthcare, we recognize that effective handling of complaints is essential to maintaining a high standard of care and support for all our service users. To ensure that all staff members are well-equipped to manage complaints and compliments in a way that is fair, transparent, and in line with our policies, we are committed to providing regular training and raising awareness throughout the organization. This section outlines the key elements of our Training and Awareness program, which is designed to support staff in handling complaints effectively while ensuring compliance with CQC regulations, UK legislation, and best practices.

1. Staff Training on Complaints Handling

1.1 Initial Training for All New Staff

- Objective:
  Every new staff member will receive comprehensive training on the Complaints and Compliments Policy and Procedure as part of their induction. This training will ensure that all staff are familiar with the importance of complaints and compliments, how to manage them, and how to maintain confidentiality and data protection in line with regulatory requirements.
- Training Content:
  The induction training will cover:
  - The importance of complaints and compliments in improving service quality.
  - The complaints process—how service users can make complaints, the steps involved in handling complaints, and the expected timeframes.
  - Support mechanisms available to service users who wish to complain (e.g., assistance from an advocate or staff member).
  - CQC regulations, including Regulation 16 (Receiving and Acting on Complaints) and Regulation 20 (Duty of Candour).

- Data protection principles related to the complaints process, ensuring compliance with UK GDPR and the Data Protection Act 2018.
- Special considerations for individuals with learning disabilities, mental health needs, and autism spectrum conditions, including communication methods and reasonable adjustments.

1.2 Ongoing Training for All Staff

- Objective:
  To ensure that all staff, including new and existing team members, are continually up-to-date with any changes in legislation, policy, or best practices related to complaints handling.
- Training Content:
  Ongoing training will focus on:
  - Reviewing recent complaints and compliments to understand areas for improvement.
  - Dealing with difficult or sensitive complaints (e.g., complaints regarding staff conduct, safeguarding concerns, or serious incidents).
  - Handling complaints from vulnerable groups, particularly those with learning disabilities, mental health conditions, and autism spectrum conditions.
  - Ensuring accessibility in the complaints process how to support service users who may need assistance (e.g., using easy-read formats, offering support from an advocate, or utilizing alternative communication methods).
  - Continuous improvement how complaints are used to improve service delivery, training, and overall care standards.
- Frequency of Training:
  Ongoing training will occur at least once a year or whenever significant updates to the complaints process or relevant legislation occur. Additional refresher training sessions will be provided as necessary.

1.3 Role-Specific Training for Complaints Officers

- Objective:
  To provide specialized training for designated Complaints Officers or staff members responsible for handling complaints. These individuals will have a more detailed understanding of the procedures and responsibilities involved in resolving complaints.
- Training Content:
  - In-depth understanding of the complaints process, including how to investigate complaints, communicate with complainants, and record outcomes.
  - How to manage complaints about the Registered Manager or senior staff, ensuring impartiality and transparency in the investigation process.
  - Conflict resolution and de-escalation techniques for handling difficult or emotional complaints.
  - Ensuring compliance with the duty of candour, including how to handle situations where things go wrong and how to be transparent with service users and families.

- Working with external agencies, such as the Local Government and Social Care Ombudsman (LGSCO), to ensure the independent review of complaints when needed.

1.4 Understanding the Needs of Vulnerable Groups

- Objective:
  To ensure that all staff are aware of the specific needs of service users with learning disabilities, mental health needs, and autism spectrum conditions, and are trained to offer the necessary support when handling complaints from these individuals.
- Training Content:
  - Special considerations for autism, learning disabilities, and mental health when communicating with service users about complaints.
  - Using accessible formats for individuals with communication difficulties, including easy-read documents, pictorial complaint forms, and support from advocates.
  - Tailoring the approach to each individual's needs, ensuring that staff are sensitive to sensory processing issues, cognitive difficulties, and emotional challenges that may affect the way complaints are raised or understood.
  - Providing additional support to service users who may require help expressing their concerns, ensuring they feel empowered and comfortable in the process.

2. Raising Awareness among Service Users

2.1 Ensuring Service Users Are Aware of the Complaints Process

- Objective:
  To ensure that service users are fully informed about how to make a complaint, who they can turn to for help, and what their rights are in the complaints process.
- Methods of Communication:
  - Information Packs:
    All service users will receive an information pack outlining the complaints process. This will include clear instructions on how to make a complaint, contact details, and support available. These packs will be tailored to suit the needs of the individual, using accessible formats such as easy-read documents or audio versions.
  - Orientation and Welcome Sessions:
    During their initial meeting or orientation, service users will be informed about the complaints process, who to contact, and how to access assistance if needed.
  - Regular Reminders:
    Throughout the year, service users will be reminded of their right to make a complaint, and the process for doing so, through newsletters, posters, and other accessible communication methods.
  - Accessible Formats:
    We will provide materials in accessible formats to meet the needs of service users with disabilities, including those with learning disabilities, mental health needs, or autism. This includes easy-read versions of the policy, pictorial diagrams, and videos with sign language interpretation if required.

3. Monitoring and Reviewing the Training Program

3.1 Regular Review of Training Effectiveness

- Objective:
  To ensure that all training related to the complaints process is effective and meets the needs of service users and staff.
- Process:
  - Feedback from Staff and Service Users:
    Feedback from staff and service users will be collected after training sessions to assess their relevance and effectiveness.
  - Audits of Complaints Handling:
    Regular audits will be conducted to assess how well complaints are being handled, identifying any training gaps or areas where staff may need additional support.
  - Annual Review:
    The training program will be reviewed annually to ensure it continues to meet legal and regulatory requirements, reflects best practices, and addresses any emerging challenges related to the complaints process.

4. Compliance with Legislation and Regulatory Standards

The Training and Awareness program for Primus PLUS Healthcare is designed to ensure full compliance with all relevant legislation and regulatory standards, including:

- Regulation 16: Receiving and Acting on Complaints
  ensuring that all staff are trained on the importance of responding to complaints in a timely, transparent, and respectful manner.
- Regulation 20: Duty of Candour
  Providing staff with the skills and knowledge to be honest and transparent when things go wrong and to communicate this effectively to service users.
- The Accessible Information Standard
  Ensuring that all staff are trained to provide accessible information to service users, including those with learning disabilities, mental health needs, and autism.
- The Equality Act 2010
  Ensuring that staff understand the importance of equality and are trained to handle complaints in a way that is inclusive and non-discriminatory.
- UK GDPR and Data Protection Act 2018
  Training staff on how to handle personal data appropriately, in compliance with data protection laws.

10. MONITORING AND REVIEW

At Primus PLUS Healthcare, we are committed to continually improving the quality of care and services provided to our service users. A key aspect of this commitment is the Monitoring and Review of our Complaints and Compliments Policy and Procedure. Through regular monitoring, assessment, and

reviews, we ensure that complaints are handled effectively, that service users are satisfied with the process, and that we learn from feedback to improve our services. This section outlines the key elements of the monitoring and review process for this policy, in line with CQC regulations, relevant UK legislation, and best practices for supported living services without personal care, particularly for individuals with learning disabilities, mental health needs, and autism spectrum conditions.

1. Monitoring of Complaints Handling

1.1 Recording and Tracking Complaints

- Objective: To ensure that all complaints are recorded accurately, tracked, and followed through to resolution.
- Process:
    - Every complaint, regardless of its nature, will be logged into a secure, centralized complaints management system. The record will include:
        - The date the complaint was received.
        - The nature of the complaint.
        - The individual or team handling the complaint.
        - The outcome of the investigation.
        - Any actions taken as a result of the complaint.
    - This system will allow us to monitor the progress of each complaint and ensure that all steps of the procedure are followed.

1.2 Regular Reviews of Complaints

- Objective: To monitor trends, identify recurring issues, and ensure that complaints are resolved within the required timeframes.
- Process:
    - Complaints will be reviewed regularly by the Complaints Officer or Senior Management Team to identify any trends or patterns that may suggest systemic issues.
    - This review will include:
        - Ensuring all complaints are processed in a timely manner.
        - Checking that the complainant has been kept updated and informed.
        - Ensuring the outcomes and actions taken are appropriate and documented.

1.3 Feedback and Follow-Up

- Objective: To assess whether the complainant is satisfied with the resolution and to ensure service improvements.
- Process:
    - After a complaint has been resolved, the complainant will be contacted for feedback on their experience of the complaints process. This feedback will help identify any areas for improvement in the process or in service delivery.

- A Complaints Satisfaction Survey may be offered to the complainant to gauge their satisfaction with how their complaint was handled and whether their concerns were appropriately addressed.

2. Review of Complaints Trends and Service Improvements

2.1 Data Analysis and Reporting

- Objective: To analyse complaints data to identify trends and areas for service improvement.
- Process:
  - Complaints data will be reviewed periodically to identify common themes, patterns, or recurring issues.
  - This analysis will help highlight:
    - Areas where service delivery needs improvement.
    - Specific services or staff members that may require additional training or support.
    - Any systemic or procedural issues that need to be addressed.
  - Reports summarizing this analysis will be compiled and shared with senior management, and may be incorporated into internal audits or quality assurance reviews.

2.2 Action Plans Based on Complaints Data

- Objective: To ensure that complaints data is used to drive meaningful improvements.
- Process:
  - Based on the analysis of complaints trends, action plans will be developed to address any identified weaknesses or issues.
  - These action plans will:
    - Outline specific changes or improvements to services, policies, or procedures.
    - Identify training or support needed for staff to improve service delivery.
    - Set clear timelines for implementing changes.
  - Action plans will be reviewed by senior management to ensure that they are effectively addressing the issues identified and leading to improvements in service quality.

3. Annual Review of the Complaints and Compliments Policy

3.1 Policy Effectiveness Evaluation

- Objective: To ensure that the Complaints and Compliments Policy is effective, compliant, and aligned with best practices.
- Process:
  - Primus PLUS Healthcare will conduct an annual review of the Complaints and Compliments Policy to assess its effectiveness in handling complaints, supporting service users, and driving service improvement.
  - The review will include:

- Feedback from service users, staff, and stakeholders regarding their experiences with the complaints process.
- A review of complaints handling times, outcomes, and satisfaction levels.
- A review of compliance with relevant regulations, including CQC regulations, UK GDPR, and the Equality Act 2010.

3.2 Stakeholder Involvement in the Review

- Objective: To incorporate feedback from stakeholders, including service users and their families, in the review process.
- Process:
  - Stakeholders, including service users and their families, will be invited to provide feedback on the complaints process during the annual review.
  - This feedback will help ensure that the process remains accessible, effective, and focused on the needs of those we support, particularly individuals with learning disabilities, mental health needs, and autism spectrum conditions.

4. Compliance with Regulations and Legislation

This policy and the monitoring and review process will ensure ongoing compliance with the following CQC regulations and relevant UK legislation:

4.1 Regulation 16: Receiving and Acting on Complaints

- We will ensure that complaints are consistently investigated in line with this regulation, addressing the concerns of service users and ensuring that their voices are heard.

4.2 Regulation 20: Duty of Candour

- We will maintain transparency throughout the complaints process, ensuring that service users are fully informed and that any mistakes or issues are communicated openly and honestly.

4.3 The Accessible Information Standard

- This policy ensures that the complaints process is accessible to all service users, including those with learning disabilities, mental health needs, and autism spectrum conditions, through the provision of accessible formats and communication support.

4.4 The Equality Act 2010

- The complaints process will be inclusive and non-discriminatory, ensuring that all service users, regardless of their protected characteristics, have equal access to the complaints procedure.

4.5 UK GDPR and Data Protection Act 2018

- We will ensure that all personal data related to complaints is handled in compliance with data protection laws, maintaining confidentiality and security at all stages of the process.

5. Continuous Improvement of the Complaints System

5.1 Feedback and Action

- The monitoring and review process will provide opportunities to improve the complaints system. Feedback from service users, complaints outcomes, and trends will be used to make necessary

adjustments to the system, ensuring that it is continuously improving and remains effective in addressing complaints and improving service delivery.

5.2 Annual Reporting

- A report will be generated annually summarizing the complaints handled, actions taken, and any improvements made. This report will be presented to senior management, staff, and, if appropriate, service users and their families to ensure transparency and accountability in the complaints process.

11. ROLES AND RESPONSIBILITIES

The Roles and Responsibilities outlined in this section ensure that the Complaints and Compliments Policy and Procedure at Primus PLUS Healthcare is effectively implemented and managed in line with CQC regulations, UK legislation, and best practices. Clear roles and accountability are essential to maintaining a transparent and efficient process for handling complaints and compliments, especially for individuals with learning disabilities, mental health needs, and autism spectrum conditions. This section defines the key individuals and teams responsible for managing complaints, ensuring compliance, and promoting continuous service improvement.

1. Service Users

Responsibilities:

- Raising Complaints and Compliments:
  Service users have the right to raise complaints or provide compliments about any aspect of the service they receive. They are encouraged to do so in a timely manner and to provide clear, accurate details about their concerns or feedback.
- Receiving Support:
  Service users are encouraged to seek help from staff, family members, carers, or advocates if they require assistance in raising a complaint. We will ensure that the complaints process is fully accessible to all, including providing support for individuals with communication needs.

2. Registered Manager or Nominated Individual

Responsibilities:

- Overall Accountability:
  The Registered Manager or Nominated Individual holds overall accountability for the management and resolution of complaints within Primus PLUS Healthcare. This includes ensuring that the Complaints and Compliments Policy is implemented effectively and in compliance with regulatory standards.
- Complaint Oversight:
  The Registered Manager will oversee the investigation of complaints to ensure that all complaints are handled promptly, impartially, and in line with the policy. The Registered Manager may also act as the first point of contact for escalated complaints, ensuring that they are addressed or escalated appropriately.
- Ensuring Compliance:
  The Registered Manager ensures that all aspects of the complaints process comply with CQC

regulations, particularly Regulation 16 (Receiving and Acting on Complaints) and Regulation 20 (Duty of Candour), ensuring transparency and accountability.

- Monitoring Trends and Service Improvement:
  The Registered Manager is responsible for reviewing trends in complaints data, analysing patterns, and ensuring that necessary changes are made to improve the quality of service. They will be involved in using feedback from complaints to improve care and implement staff development programs.

3. Complaints Officer

Responsibilities:

- Complaint Management:
  The Complaints Officer (or designated staff member) is the primary individual responsible for managing the complaints process. This includes acknowledging complaints, investigating them in line with policy, and keeping the complainant updated on the progress of their complaint.
- Investigation and Documentation:
  The Complaints Officer will investigate complaints thoroughly, ensuring that all relevant facts are gathered, parties involved are interviewed, and outcomes are documented clearly. The officer will maintain detailed records throughout the process.
- Clear Communication:
  The Complaints Officer will communicate with the complainant throughout the investigation, providing updates and ensuring they are informed of the final outcome. They will also ensure that the complainant is aware of their right to escalate the complaint if they are dissatisfied with the resolution.
- Ensuring Confidentiality:
  The Complaints Officer will ensure that all information related to complaints is treated confidentially and securely, in line with UK GDPR and the Data Protection Act 2018.

4. Senior Management Team

Responsibilities:

- Oversight and Support:
  The Senior Management Team is responsible for overseeing the implementation of the Complaints and Compliments Policy at an organizational level. They will ensure that adequate resources are allocated to the complaints process and that staff are trained appropriately.
- Policy and Procedure Review:
  Senior management will review the Complaints and Compliments Policy annually to ensure its effectiveness and compliance with relevant legislation and regulations. They will assess whether any changes are required based on feedback from service users, complaints data, and external reviews.
- Service Improvement:
  Senior management will use the insights gained from complaints data to drive service improvements. They will ensure that action plans are developed and implemented based on trends or recurring issues identified through complaints.

5. Staff Members

Responsibilities:

- Supporting the Complaints Process:
  All staff members have a role to play in supporting the complaints process, whether by assisting service users in expressing concerns, providing feedback, or ensuring that complaints are escalated appropriately when necessary.
- Providing Information and Support:
  Staff members should be aware of the Complaints and Compliments Policy and be able to inform service users about how to make a complaint. They should provide support, such as helping service users complete complaint forms or providing assistance for those with communication needs.
- Maintaining Confidentiality:
  Staff must ensure that any information shared during the complaints process is treated with strict confidentiality. They must not disclose any personal or sensitive information outside of the necessary investigation process.
- Being Open and Responsive:
  Staff are expected to demonstrate a positive attitude toward complaints and compliments, being open to feedback and responsive to concerns raised by service users or their families. They should provide respectful and empathetic responses to service users expressing dissatisfaction.

6. Independent Investigators or External Agencies

Responsibilities:

- Handling Complaints about Senior Staff or Registered Manager:
  In the event that complaints are raised about the Registered Manager or senior staff, an independent investigator or external agency may be called upon to handle these complaints to ensure impartiality and fairness. The investigator will be tasked with conducting an independent review of the complaint and providing recommendations.
- Cooperation with External Reviews:
  Primus PLUS Healthcare will fully cooperate with any independent review process carried out by external bodies, such as the Local Government and Social Care Ombudsman (LGSCO) or regulatory bodies, ensuring that all requested information is provided and that the outcomes are acted upon appropriately.

7. External Advocacy Services

Responsibilities:

- Supporting Service Users in Raising Complaints:
  External Advocacy Services may be engaged to support service users, particularly those with learning disabilities, mental health needs, or autism spectrum conditions, in raising complaints. These advocates assist service users in expressing their concerns, ensuring that their voices are heard, and that they understand the complaints process.
- Ensuring Access to the Complaints Process:
  Advocacy services ensure that the complaints process is accessible to individuals who may have difficulty navigating it alone. They help service users who may need assistance with completing complaint forms, understanding the process, or communicating their concerns.

8. Responsibilities of the Complainant

Responsibilities:

- Providing Clear Information:
  The complainant (service user, family member, or advocate) is responsible for providing clear, accurate, and detailed information about the complaint. This includes outlining the issue, providing any relevant evidence, and being specific about the resolution they are seeking.
- Engaging with the Process:
  The complainant should engage with the complaints process by responding to requests for further information or clarification and maintaining communication with the designated complaints officer.

12. ACCESSIBILITY OF THE COMPLAINTS PROCEDURE

At Primus PLUS Healthcare, we are committed to ensuring that all service users, including those with learning disabilities, mental health needs, and autism spectrum conditions, have equal access to the complaints process. We understand that barriers to communication or understanding may affect some individuals' ability to raise concerns or provide feedback. Therefore, this section outlines how we make the Complaints and Compliments Procedure fully accessible, ensuring it meets the diverse needs of our service users in line with CQC regulations, the Equality Act 2010, and the Accessible Information Standard.

1. Accessible Information

1.1 Clear and Simple Language

- Objective: To ensure that all service users can understand the complaints process, we will provide information in clear and simple language.
- Process:
  - We will use plain English in all written complaints materials (e.g., complaint forms, information leaflets, letters).
  - Complex terms or jargon will be avoided, and any technical language will be explained in simple terms.
  - The complaints process will be described in a way that is easy to follow and understand, regardless of the service user's communication skills.

1.2 Easy-Read Formats

- Objective: To ensure that individuals with learning disabilities or those who require additional support can access and understand the complaints process.
- Process:
  - We will provide easy-read versions of the complaints policy and procedures, using simple words, short sentences, and helpful pictures to illustrate key points.
  - Easy-read versions will be available in paper format and electronically, ensuring accessibility in all settings (e.g., service users' homes or community locations).

1.3 Alternative Formats

- Objective: To ensure that the complaints process is accessible to all individuals, including those with sensory impairments or communication challenges.

- Process:
    - Large print versions of the complaints materials will be available for individuals with visual impairments.
    - Audio recordings of the complaints information will be available for those who have difficulty reading.
    - Braille versions of the policy and forms will be available on request.
    - Bilingual support will be offered where needed, ensuring that non-English-speaking service users can access the complaints process.

2. Support for Making Complaints

2.1 Assistance with Raising Complaints

- Objective: To ensure that service users who need support are able to raise complaints effectively.
- Process:
    - Service users who have difficulty communicating their concerns will be supported by a staff member, advocate, or family member to help them articulate their complaint.
    - Advocacy services will be available for those who need assistance in understanding or navigating the complaints process. We will work with external advocacy services that specialize in supporting individuals with learning disabilities, mental health conditions, and autism spectrum conditions.
    - If needed, a named staff member will be appointed to help a service user with the complaints process, from understanding the process to filling out forms or having verbal discussions.

2.2 Communication Support

- Objective: To ensure that service users with communication needs are able to express their complaints clearly and have their concerns understood.
- Process:
    - We will provide communication support, such as sign language interpreters, speech-to-text services, or communication boards, for individuals who have speech or hearing difficulties.
    - For autistic individuals who may prefer visual or non-verbal communication methods, we will provide visual aids or pictorial complaint forms.
    - If a service user prefers to use a particular method of communication (e.g., via text message or email), we will ensure that the complaints process accommodates that method.

3. Access to Complaints Procedure

3.1 Availability of Information

- Objective: To ensure that all service users know how to make a complaint and are provided with information on how to do so.
- Process:

- Complaints procedures will be clearly displayed in all service locations, including residential care homes, supported living facilities, and offices. This information will be available in visible and accessible areas.
- Staff will inform service users about how to make a complaint during their induction or initial assessments, ensuring that all new service users are aware of their rights to raise concerns.
- Information about the complaints procedure will also be available in service user handbooks and welcome packs and provided at regular intervals throughout the year.

3.2 Complaint Access Points

- Objective: To ensure that service users can easily access the complaints process and know where to submit complaints.
- Process:
  - Complaints can be submitted via multiple channels: in person, by phone, by email, or in writing. Service users will be encouraged to use whichever method is most comfortable for them.
  - A dedicated Complaints Officer or Staff Member will be the main contact for all complaints. This individual will provide a clear name, role, and contact details to the service users so they know exactly who to approach.
  - For individuals with communication or mobility issues, staff members can assist with submitting complaints on their behalf.

4. Ensuring Equality in the Complaints Process

4.1 Compliance with the Equality Act 2010

- Objective: To ensure that the complaints process is fully inclusive and does not discriminate against any service users, particularly those with disabilities.
- Process:
  - The complaints procedure will be non-discriminatory, ensuring that all service users, regardless of their disability, ethnicity, gender, or any other protected characteristic under the Equality Act 2010, are treated equally and fairly.
  - We will ensure that reasonable adjustments are made where necessary to accommodate individuals with learning disabilities, mental health needs, or autism spectrum conditions, ensuring their full participation in the complaints process.

4.2 Addressing Specific Needs of Service Users

- Objective: To ensure that we address the unique needs of service users, particularly those with learning disabilities, mental health needs, and autism spectrum conditions, when they make a complaint.
- Process:
  - We will provide training for staff on the needs of autistic individuals and individuals with learning disabilities to ensure that complaints are managed in a sensitive and appropriate manner.

- For individuals who experience sensory sensitivities or difficulties with processing verbal or written communication, we will use alternative communication methods such as pictorial aids or visual support to help them express concerns.

5. Feedback and Continuous Improvement

5.1 Regular Review of Accessibility

- Objective: To ensure that the complaints procedure remains accessible to all service users, especially those with additional needs.
- Process:
  - The accessibility of the complaints process will be reviewed annually as part of our Complaints and Compliments Policy review. This review will include feedback from service users and staff to identify any barriers or issues that may have been encountered.
  - Adjustments will be made to ensure that all service users have equal access to the complaints process and that any challenges identified are addressed promptly.

5.2 Ongoing Staff Training

- Objective: To ensure that staff are knowledgeable about how to support service users with disabilities in accessing the complaints process.
- Process:
  - Staff will receive training on accessibility and communication needs, with a particular focus on supporting individuals with learning disabilities, mental health conditions, and autism spectrum conditions in raising complaints.
  - The training will cover how to provide assistance to service users in understanding the complaints process, filling out complaint forms, and offering alternative communication support.

6. Compliance with Relevant Legislation

This section ensures that the Complaints and Compliments Policy complies with the following CQC regulations and UK legislation:

- Regulation 16: Receiving and Acting on Complaints
  Ensuring that all complaints are addressed in a timely, transparent, and accessible manner for service users, including those with communication challenges or disabilities.
- Regulation 20: Duty of Candour
  Ensuring transparency in all aspects of the complaints process and making sure that service users are informed when things go wrong.
- The Accessible Information Standard
  Ensuring that all complaints and compliments procedures are accessible to individuals with sensory, communication, or cognitive impairments, particularly service users with learning disabilities, mental health needs, and autism spectrum conditions.
- The Equality Act 2010
  Ensuring that the complaints process is non-discriminatory and that reasonable adjustments are made for individuals with disabilities.

- UK GDPR and the Data Protection Act 2018
  Ensuring that personal information related to complaints is handled securely and in compliance with data protection laws.

13. FEEDBACK LOOP FOR SERVICE IMPROVEMENT

At Primus PLUS Healthcare, we view complaints and compliments not only as an opportunity to address concerns but also as a vital source of feedback to improve our services. By implementing an effective feedback loop, we ensure that service user input leads to tangible improvements in care quality, service delivery, and overall satisfaction. This section outlines how feedback from complaints and compliments is gathered, analyzed, and used to drive service improvements, ensuring compliance with CQC regulations, UK legislation, and best practices relevant to supported living services for adults with learning disabilities, mental health needs, and autism spectrum conditions.

1. Gathering Feedback from Complaints and Compliments

1.1 Complaint and Compliment Collection

- Objective: To ensure that all complaints and compliments are formally recorded and acted upon.
- Process:
  - Complaints and compliments will be systematically collected via multiple channels (e.g., in person, via phone, written forms, email, or through an advocate).
  - Each complaint and compliment will be documented in a centralized system with details on the nature of the issue, the date of submission, and the outcome of the investigation or the positive feedback shared.
  - Service user feedback will be routinely solicited through structured surveys or informal channels, ensuring that all service users are encouraged to share their thoughts about the service they are receiving.

1.2 Engaging Stakeholders in Feedback

- Objective: To involve service users, families, carers, and advocates in the feedback process.
- Process:
  - Service users with learning disabilities, mental health needs, and autism spectrum conditions will be actively encouraged to provide feedback through accessible formats. This may include easy-read documents, video feedback, or support from an advocate to communicate their experiences.
  - Families and carers will also be invited to provide feedback on behalf of service users, especially if the service user requires assistance or has difficulty expressing themselves.

2. Analysing Feedback for Service Improvement

2.1 Regular Data Review

- Objective: To analyse complaints and compliments data for patterns or trends that can guide improvements.
- Process:

- Complaints and compliments data will be reviewed regularly (e.g., monthly or quarterly) by the Complaints Officer or designated team. This review will focus on:
    - Trends or recurring issues—for example, if there are multiple complaints about the same issue (e.g., delays in care, staff behavior, accommodation problems), these will be flagged for attention.
    - Root causes of complaints—analysing whether specific issues can be linked to particular departments, staff members, or systems.
    - Service user satisfaction—feedback from compliments will be analyzed to identify strengths and areas where positive experiences can be replicated.

2.2 Reporting to Senior Management

- Objective: To ensure that findings from complaints and compliments data are shared with senior management to drive service improvement.
- Process:
    - Senior management will receive quarterly reports summarizing the analysis of complaints and compliments. These reports will highlight common themes, recurring problems, and positive feedback.
    - The reports will also include action plans for addressing any issues identified, as well as recommendations for enhancing the service based on positive feedback.

3. Acting on Feedback to Improve Services

3.1 Developing Action Plans

- Objective: To create and implement action plans based on the feedback gathered from complaints and compliments.
- Process:
    - When recurring issues are identified through complaints, action plans will be developed to address them. This could involve:
        - Revising policies or procedures to better meet the needs of service users.
        - Providing additional staff training in areas such as communication, handling difficult situations, or specialized care for individuals with learning disabilities, mental health needs, or autism spectrum conditions.
        - Improving service delivery processes (e.g., more timely access to care, enhanced communication between staff and service users).
        - Addressing environmental or facility-related issues that may have been identified in complaints (e.g., accessibility issues, cleanliness, or maintenance problems).
    - Action plans will include clear timelines, responsible individuals, and measurable outcomes to track progress and effectiveness.

3.2 Service Improvements from Complaints and Compliments

- Objective: To use the insights gained from complaints and compliments to improve the overall quality of care and services provided.

- Process:
    - Positive feedback will be used to reinforce good practices and ensure that staff members or practices that are particularly effective are recognized and replicated across the service.
    - The feedback will help us identify successful interventions or methods of care that may be applicable to other service users.
    - Insights from complaints will be used to inform the continuous improvement of policies, procedures, and practices, ensuring that the service is always evolving to meet the changing needs of service users.

4. Monitoring the Impact of Changes

4.1 Tracking the Effectiveness of Service Improvements

- Objective: To ensure that improvements resulting from complaints and compliments are effective and lead to lasting change.
- Process:
    - The Complaints Officer and Senior Management Team will regularly monitor the impact of any service improvements made as a result of complaints and compliments.
    - Feedback loops will be used to track whether the changes have had the desired effect. This will include asking service users if the changes have addressed their concerns and if the quality of service has improved.
    - Regular follow-up surveys will be conducted with service users to assess their satisfaction with the changes and identify any areas that still require improvement.

5. Transparency and Communication with Service Users

5.1 Communicating Outcomes to Service Users

- Objective: To ensure that service users are kept informed about how their feedback has been used to improve services.
- Process:
    - Service users will be informed about the outcomes of their complaint, including any actions taken or improvements made as a result.
    - Regular updates will be provided through newsletters, emails, or community meetings to communicate improvements based on service user feedback.
    - Service users will be informed about the specific changes implemented and how these changes address the issues raised in complaints.

5.2 Involving Service Users in Continuous Improvement

- Objective: To foster a culture of participation and involvement in service improvement.
- Process:
    - Service users and their families will be encouraged to provide feedback on ongoing changes and improvements.

- We will involve service users in consultation forums or focus groups where they can discuss their experiences and suggest further improvements.
- Service user representatives may be invited to join a Quality Improvement Group, where they can contribute directly to the development of new policies or service changes.

6. Compliance with Relevant Regulations and Legislation

This Feedback Loop for Service Improvement section ensures that Primus PLUS Healthcare complies with the following CQC regulations and UK legislation:

- Regulation 16: Receiving and Acting on Complaints
  Ensuring that the organization collects, analyses, and acts on complaints in a way that fosters improvement in the quality of care.
- Regulation 20: Duty of Candour
  Ensuring that feedback, particularly where things go wrong, is handled with transparency and accountability, fostering an open culture within the organization.
- The Accessible Information Standard
  Ensuring that service users with communication needs are able to participate in the feedback loop and that their concerns are heard and addressed.
- The Equality Act 2010
  Ensuring that service users are treated equally and that reasonable adjustments are made to facilitate their participation in the complaints and compliments process.
- UK GDPR and Data Protection Act 2018
  Ensuring that all personal data collected as part of the complaints and feedback process is handled in a manner that respects the privacy and confidentiality of service users.

14. ESCALATION PROCESS BEYOND LGSCO

At Primus PLUS Healthcare, we understand that there may be instances where a complainant is not satisfied with the outcome of their complaint after it has been reviewed and resolved through our internal processes and the Local Government and Social Care Ombudsman (LGSCO). To ensure that service users have access to an appropriate means of further redress, this section outlines the Escalation Process beyond the LGSCO. The escalation process ensures that complaints are handled impartially, transparently, and in accordance with CQC regulations, UK legislation, and best practices for supporting adults with learning disabilities, mental health needs, and autism spectrum conditions.

1. Escalating Complaints after the LGSCO Review

1.1 When to Escalate Beyond the LGSCO

- Objective: To outline when and how complaints may be escalated further after the LGSCO has completed its investigation.
- Process:
  Complaints may be escalated beyond the LGSCO if:
  - The complainant is dissatisfied with the LGSCO's findings or decisions.

- The complainant believes their complaint was not fully addressed, or their concerns were not resolved to their satisfaction by the LGSCO.
- The LGSCO determines that the complaint requires action from another regulatory or independent body that specializes in the issue at hand (e.g., safeguarding or clinical care).

2. Referral to Regulatory Bodies and Independent Authorities

2.1 Care Quality Commission (CQC)

- Objective: To ensure that complaints can be escalated to the Care Quality Commission (CQC), which regulates and monitors healthcare providers in England, ensuring that services meet required standards.
- Process:
  If the complainant remains unsatisfied after the LGSCO review, they may escalate the complaint to the CQC. The CQC can be contacted regarding:
  - Non-compliance with CQC standards, including Regulation 16 (Receiving and Acting on Complaints) and Regulation 20 (Duty of Candour).
  - Poor service delivery or systemic issues affecting the quality of care, particularly in supported living services.
  - Serious concerns about the safety or well-being of service users.
  - How to escalate to the CQC:
    The complainant can contact the CQC directly through their official contact points (via their website, phone, or postal address). The CQC will review whether the complaint warrants further investigation based on regulatory compliance issues.

2.2 Local Authorities and Safeguarding Bodies

- Objective: To provide service users with the option of referring complaints related to safeguarding concerns or issues involving abuse, neglect, or harm to local authorities or safeguarding boards.
- Process:
  In cases where a complaint involves safeguarding concerns (e.g., allegations of abuse or neglect), service users or their representatives can escalate the matter to:
  - Local Authority Safeguarding Adults Boards: Local authorities have a duty to investigate safeguarding concerns under the Care Act 2014.
  - Multi-Agency Safeguarding Hubs (MASH): These hubs are designed to ensure a coordinated response to safeguarding issues involving vulnerable adults.

  The complainant can approach the local safeguarding board to report concerns or request further action.

2.3 Ombudsman for Health and Social Care

- Objective: To provide an additional avenue for complaints that specifically relate to health and social care services.
- Process:
  If the complainant is dissatisfied with the LGSCO's handling of a healthcare-related complaint,

they may refer the issue to the Health and Social Care Ombudsman (if not previously involved). This body can review cases of systemic healthcare complaints within supported living services.

The Ombudsman for Health and Social Care can be contacted if the complaint concerns:

- Healthcare service delivery within supported living services (e.g., mental health care, medication management, therapy services).
- Issues related to NHS services, especially when the provider is offering both health and social care services.

3. Legal Recourse

3.1 Seeking Legal Advice

- Objective: To inform complainants of the option to seek legal recourse if they feel that their complaint has not been adequately addressed by Primus PLUS Healthcare, the LGSCO, or other regulatory bodies.
- Process:
  Complainants may choose to pursue legal action if they believe their legal rights have been violated or if they have experienced harm due to poor care. They can consult with a solicitor specializing in:
  - Negligence or abuse cases in healthcare or social care settings.
  - Human rights violations under the Human Rights Act 1998.

  Legal advice may also be sought in cases where service users feel that they have not received proper compensation or redress for harm suffered.

4. Cooperation with Independent Reviews and Investigations

4.1 Supporting Independent Reviews

- Objective: To ensure that Primus PLUS Healthcare is committed to cooperating fully with any independent review or investigation after escalation, as directed by regulatory bodies, the legal system, or external authorities.
- Process:
  - We will work with independent investigators, including those appointed by the CQC, Local Authorities, or other external agencies.
  - Service users and complainants will be informed of the steps being taken to cooperate with any further investigations or reviews, and their ongoing feedback will be encouraged.
  - We will ensure that any improvement plans resulting from independent reviews are implemented in a timely and transparent manner to resolve issues and prevent recurrence.

5. Transparency and Communication with Complainants

5.1 Keeping Complainants Informed

- Objective: To ensure that complainants are kept informed at every step of the escalation process, beyond the LGSCO, and are aware of their options for further recourse.
- Process:

- Primus PLUS Healthcare will maintain transparent communication with the complainant, informing them of:
    - Their right to escalate the complaint beyond the LGSCO.
    - The procedures for escalating to other bodies such as the CQC, safeguarding authorities, or the Health and Social Care Ombudsman.
    - Any investigations or actions taken following the escalation, including timelines and expected outcomes.
- Regular updates will be provided during the escalation process, ensuring the complainant remains informed and supported.

6. Reviewing and Addressing Systemic Issues Post-Escalation

6.1 Identifying Systemic Problems

- Objective: To use feedback from the escalation process to identify systemic issues that may need addressing within the organization.
- Process:
    - When a complaint is escalated beyond the LGSCO, it may indicate broader issues within the service. This could include gaps in service delivery, staff training, policy, or regulatory compliance.
    - Primus PLUS Healthcare will use the results of escalated complaints to conduct a systemic review and make improvements to prevent similar issues from arising in the future.

6.2 Continuous Improvement

- Objective: To ensure that escalation processes contribute to the continuous improvement of services.
- Process:
    - Following any escalation, an action plan will be developed to address the root causes of the complaints or concerns.
    - Service users, staff, and management will be involved in reviewing the action plan and ensuring that all steps are taken to improve service delivery and prevent future complaints.

7. Compliance with Relevant Regulations and Legislation

This section ensures that Primus PLUS Healthcare complies with the following key CQC regulations and UK legislation when handling escalated complaints:

- Regulation 16: Receiving and Acting on Complaints
  Ensuring that complaints are addressed at all stages, including the escalation process, to ensure service user rights are respected and issues are resolved.
- Regulation 20: Duty of Candour
  Ensuring transparency and honesty when things go wrong and providing complainants with a clear understanding of the escalation process and their options for further recourse.
- The Accessible Information Standard
  Ensuring that the escalation process is accessible to all service users, including those with learning

disabilities, mental health needs, or autism spectrum conditions, by offering appropriate communication support.

- The Equality Act 2010
  Ensuring that all complainants, regardless of their protected characteristics, are treated fairly and equitably during the escalation process.
- UK GDPR and Data Protection Act 2018
  Ensuring that personal data involved in the escalation process is handled securely and in compliance with data protection laws.

15. COMMUNICATION OF POLICY TO SERVICE USERS

At Primus PLUS Healthcare, we believe that effective communication of the Complaints and Compliments Policy is essential to ensure that service users, their families, carers, and advocates are aware of how to raise concerns and provide feedback about the services they receive. This section outlines how we will communicate the policy to service users, ensuring it is accessible, clear, and fully in line with CQC regulations, UK legislation, and best practices for supported living services, particularly for individuals with learning disabilities, mental health needs, and autism spectrum conditions.

1. Ensuring Accessibility of the Complaints and Compliments Policy

1.1 Providing Information in Multiple Formats

- Objective: To ensure that all service users, regardless of their communication needs or disabilities, can access and understand the complaints and compliments procedure.
- Process:
  - The Complaints and Compliments Policy will be made available in a variety of formats to meet the diverse needs of our service users, including:
    - Easy-read versions for individuals with learning disabilities.
    - Large print formats for those with visual impairments.
    - Audio recordings of the policy for individuals with sight difficulties or who prefer audio formats.
    - Braille versions will be available upon request.
    - Bilingual options or interpreting services will be provided for non-English speakers as required.
    - Pictorial aids or visual communication tools will be used to help individuals with autism spectrum conditions or other communication challenges to understand the process.

1.2 Communication Support

- Objective: To provide service users with support when explaining the complaints procedure and assisting them in raising concerns.

- Process:
    - Staff members will be trained to support service users in understanding the complaints policy, including how to submit complaints and feedback.
    - Advocacy services will be available for service users who need extra assistance in articulating their concerns.
    - Service users who experience difficulties with verbal or written communication will be encouraged to use alternative methods of communication, such as through a family member, carer, or an advocate.

2. Informing Service Users about the Complaints Process

2.1 Initial Induction and Ongoing Communication

- Objective: To ensure that all service users are informed about the complaints procedure as part of their initial introduction to the service and regularly throughout their care.
- Process:
    - Induction Pack: Upon entering the service, all service users will be given an induction pack that includes a clear, accessible summary of the Complaints and Compliments Policy. This will explain how to raise complaints, who to contact, and the expected process.
    - Orientation Session: During the initial orientation, service users will be informed by staff about how to make a complaint, the support available, and their rights under the Care Act 2014 and CQC regulations.
    - Regular Reminders: Service users will be reminded about the complaints process at regular intervals throughout their care. This can be done via:
        - Posters in common areas.
        - Verbal reminders from staff members during routine care.
        - Service user meetings or feedback sessions where complaints and compliments are discussed openly.

2.2 Clear Communication of Rights

- Objective: To ensure that service users understand their rights regarding the complaints process and the support they are entitled to receive.
- Process:
    - The complaints policy will include a clear statement of rights for service users, specifically outlining:
        - Right to complain without fear of retaliation or disadvantage.
        - Right to receive support in making complaints, including access to advocacy or communication aids.
        - Right to have complaints treated confidentially and fairly.
        - Right to escalate complaints to independent bodies such as the Local Government and Social Care Ombudsman (LGSCO) or CQC, if they are dissatisfied with the response.

3. Providing Opportunities for Service User Feedback

3.1 Accessible Feedback Channels

- Objective: To ensure that service users are aware of and can easily access the methods available for providing complaints and compliments.
- Process:
    - Service users will be informed about the multiple feedback channels available to them, including:
        - In-person complaints where they can speak with a staff member.
        - Complaints forms (in accessible formats) that can be completed independently or with support.
        - Online complaints via email or online portals, where applicable.
        - Phone lines where complaints can be made by phone, ensuring a direct route for communication.

3.2 Encouraging Service User Engagement

- Objective: To encourage service users to actively engage with the complaints and compliments process.
- Process:
    - Regular feedback surveys will be distributed to service users, encouraging them to share their experiences.
    - During service user meetings, we will make space for complaints and compliments, helping individuals feel more comfortable sharing feedback.
    - Staff will actively encourage service users to provide feedback, whether positive or negative, and explain the importance of their input in improving the quality of care.

4. Staff Role in Communicating the Complaints Process

4.1 Staff Training on Complaints Procedure

- Objective: To ensure that all staff members understand how to communicate the complaints procedure and provide the necessary support to service users.
- Process:
    - All staff will receive mandatory training on the Complaints and Compliments Policy as part of their induction and ongoing development.
    - Training will include:
        - How to explain the complaints process in a way that is clear and accessible.
        - How to provide support to service users who may need assistance in making complaints (e.g., helping with forms or acting as a communication intermediary).
        - The importance of maintaining confidentiality and ensuring transparency when handling complaints.

4.2 Encouraging a Person-Centred Approach

- Objective: To ensure staff provide individualized support to service users when communicating about the complaints process.
- Process:
    - Staff will be trained to understand the specific needs of service users, particularly those with learning disabilities, mental health needs, and autism spectrum conditions.
    - Staff will adapt their communication to meet the needs of the service user, ensuring that the complaints process is accessible to everyone.

5. Ensuring Ongoing Accessibility and Transparency

5.1 Regular Policy Review

- Objective: To ensure that the Complaints and Compliments Policy remains relevant, accessible, and effective in addressing the needs of service users.
- Process:
    - The policy will be reviewed annually, and feedback from service users and staff will be incorporated into the review process.
    - If new accessibility challenges are identified, the policy will be adjusted to ensure all service users can fully engage with the complaints process.

5.2 Engaging Families and Carers

- Objective: To ensure that the complaints process is well understood by the families and carers of service users.
- Process:
    - Families and carers will be provided with information about the complaints process and encouraged to support service users in raising complaints when needed.
    - Families will be informed that they can also submit complaints on behalf of the service user if the individual has difficulty expressing themselves.

6. Compliance with Relevant Regulations

This section ensures that the Complaints and Compliments Policy is communicated in a way that complies with the following regulations:

- Regulation 16: Receiving and Acting on Complaints
  Ensuring that service users are provided with clear and accessible information on how to make complaints and raise concerns.
- Regulation 20: Duty of Candour
  Ensuring transparency and openness in the complaints process, including informing service users of their right to escalate their complaints if they are dissatisfied with the outcome.
- The Accessible Information Standard
  Ensuring that the complaints process is accessible to individuals with sensory, cognitive, or communication impairments, including those with learning disabilities, autism, or mental health needs.

- The Equality Act 2010
  Ensuring that service users are not discriminated against and that reasonable adjustments are made to facilitate their participation in the complaints process.
- UK GDPR and the Data Protection Act 2018
  Ensuring that service users' personal information, particularly related to complaints, is handled confidentially and in compliance with data protection laws.

16. COMPLAINT CATEGORIES

At Primus PLUS Healthcare, we recognize that complaints can arise from various aspects of care, service delivery, and the overall experience of our service users. This section outlines the Complaint Categories included in our Complaints and Compliments Policy and Procedure, ensuring that all potential issues are appropriately categorized and addressed. Each category is designed to cover a broad range of concerns that service users may encounter, and the complaints process is structured to ensure that each type of complaint is managed efficiently, in line with CQC regulations, UK legislation, and best practices for supported living services for adults with learning disabilities, mental health needs, and autism spectrum conditions.

1. Service Delivery Issues

1.1 Complaints about the Quality of Care

- Examples:
  - Inadequate support for daily living activities (e.g., personal care, meal preparation).
  - Poor-quality care or neglect of service user's needs.
  - Inappropriate or insufficient assistance in managing health and well-being.
- Process:
  Complaints related to the quality of care will be investigated by the Complaints Officer or Registered Manager, who will review care records, speak with relevant staff, and ensure any gaps in care delivery are addressed promptly.

1.2 Delays in Care or Services

- Examples:
  - Delays in receiving scheduled support services.
  - Long waiting times for appointments, assessments, or treatments.
- Process:
  Complaints will be logged and addressed by reviewing the scheduling and delivery of services, identifying the cause of delays, and making improvements to the timeliness of services provided.

2. Staff Conduct and Behaviour

2.1 Unprofessional Behaviour

- Examples:
  - Rudeness or unhelpfulness by staff members.

- Disrespectful or discriminatory behavior toward service users or their families.
- Failure to act professionally during interactions with service users or other stakeholders.

- Process:
  Complaints related to staff conduct will be investigated thoroughly, with appropriate action taken if required, including disciplinary action if the staff member's behavior is found to be inappropriate.

2.2 Lack of Empathy or Compassion

- Examples:
  - Staff being dismissive of service user concerns or requests.
  - Failure to provide person-centred care or emotional support.
- Process:
  Complaints will be reviewed by observing staff interactions with service users and assessing whether care is being provided in a compassionate and respectful manner. Training or additional support may be provided if needed.

3. Communication Issues

3.1 Failure to Communicate Information

- Examples:
  - Service users not being informed about changes in their care plan or schedule.
  - Failure to communicate important information about service changes, appointments, or medication.
- Process:
  Complaints regarding communication failures will be addressed by reviewing communication processes and ensuring that information is being provided in a timely and clear manner to all service users.

3.2 Inaccessible Communication Methods

- Examples:
  - Lack of accessible communication formats for individuals with disabilities (e.g., service users with learning disabilities or autism who require visual aids or easy-read materials).
  - Failure to provide translation or interpreting services for non-English speakers.
- Process:
  Complaints about inaccessible communication will be addressed by ensuring that appropriate support, including accessible formats or interpreting services, is available to service users who need it.

4. Environmental and Facility-Related Complaints

4.1 Issues with the Living Environment

- Examples:
  - Problems with the cleanliness, maintenance, or safety of the premises.

- Lack of accessibility (e.g., inadequate facilities for individuals with mobility challenges or sensory sensitivities).

- Process:
  Complaints regarding the living environment will be addressed by conducting an inspection of the premises and addressing any maintenance or safety concerns in line with Health and Safety regulations and CQC standards.

4.2 Inadequate or Unsafe Facilities

- Examples:
  - Lack of essential facilities such as proper bathroom or kitchen facilities.
  - Inadequate or broken equipment (e.g., mobility aids, lifts, or alarms).
- Process:
  Complaints regarding facilities will be investigated and rectified by repairing or replacing any broken equipment or unsafe facilities to ensure the comfort and safety of service users.

5. Safeguarding Concerns

5.1 Allegations of Abuse or Neglect

- Examples:
  - Allegations of physical, emotional, or verbal abuse by staff or other service users.
  - Neglect of service users, leading to harm or a lack of necessary care.
- Process:
  Any complaint involving safeguarding issues will be treated with the utmost seriousness. The complaint will be reported immediately to the Designated Safeguarding Lead (DSL) and investigated according to safeguarding procedures in place. This may involve reporting to the Local Safeguarding Adults Board (LSAB) or CQC, as appropriate.

5.2 Violation of Rights

- Examples:
  - Discrimination or violation of a service user's human rights (e.g., unlawful restrictions on their freedom, discrimination based on disability or mental health status).
- Process:
  Complaints about violations of rights will be escalated to senior management for review, and steps will be taken to rectify the situation, ensuring service users' rights are upheld under the Human Rights Act 1998 and Equality Act 2010.

6. Medication and Health-Related Complaints

6.1 Incorrect or Missing Medication

- Examples:
  - Errors in medication administration (e.g., missed doses, incorrect medication given).
  - Delays in receiving prescribed medications.

- Process:
  Complaints regarding medication issues will be investigated by reviewing medication administration records and ensuring that staff follow prescribed protocols. Any errors will be addressed, and training or procedural changes will be implemented if necessary.

6.2 Inadequate Healthcare or Support

- Examples:
  - Failure to meet the healthcare needs of service users (e.g., failure to arrange regular health checks or access necessary medical support).
  - Concerns about the adequacy of mental health or therapeutic support for service users with mental health needs or autism spectrum conditions.
- Process:
  Complaints about healthcare support will be reviewed by consulting with healthcare professionals and ensuring that necessary care or interventions are provided in a timely and appropriate manner.

7. Service User Rights and Participation

7.1 Restrictions on Service User Autonomy

- Examples:
  - Unnecessary restrictions on the freedom or choices of service users (e.g., restricting their ability to make decisions about their own care or living arrangements).
  - Lack of opportunities for service users to participate in decisions about their care or treatment.
- Process:
  Complaints about service user rights will be thoroughly investigated, ensuring that person-centred care is being provided in line with the principles of autonomy and informed consent as set out in the Care Act 2014 and Mental Capacity Act 2005.

7.2 Lack of Person-Centred Care

- Examples:
  - Care plans that do not reflect the individual needs, preferences, or goals of service users.
  - A failure to respect the dignity and preferences of service users in the delivery of care.
- Process:
  Complaints related to person-centred care will be reviewed by assessing care plans, reviewing staff interactions with service users, and ensuring that care is tailored to individual needs and preferences.

8. Financial and Billing Complaints

8.1 Incorrect Billing or Charges

- Examples:
  - Incorrect invoicing for care services or additional charges that were not agreed upon.
  - Discrepancies in financial records or overcharging for services provided.

- Process:
  Complaints regarding billing issues will be investigated by reviewing financial records, addressing any discrepancies, and ensuring that service users are charged fairly and transparently for the services they receive.

9. General Complaints and Feedback

9.1 General Feedback on Service

- Examples:
  - Complaints or compliments that do not fall into any specific category but are related to general service quality, staff performance, or overall user experience.
- Process:
  General complaints and feedback will be reviewed by senior management to identify areas of improvement or to reinforce best practices. Compliments will be shared with the relevant staff to promote positive behaviours and good practice.

10. Compliance with Relevant Regulations and Legislation

This Complaint Categories section ensures that Primus PLUS Healthcare complies with the following key CQC regulations and UK legislation:

- Regulation 16: Receiving and Acting on Complaints
  Ensuring that all complaints are categorized appropriately, investigated thoroughly, and addressed in a timely manner.
- Regulation 20: Duty of Candour
  Ensuring that complaints about care failures or issues are handled transparently, with a commitment to openness and honesty with service users.
- The Accessible Information Standard
  Ensuring that complaints are accessible to all individuals, including those with learning disabilities, mental health needs, and autism spectrum conditions.
- The Equality Act 2010
  Ensuring that all complaints are treated equally, with reasonable adjustments made for service users with disabilities.
- UK GDPR and Data Protection Act 2018
  Ensuring that complaints data is handled securely and in compliance with data protection regulations.

17. FORMS

1. Complaint Form

Purpose:

This form is designed to capture all relevant details regarding a complaint made by a service user, family member, or advocate.

Structure:

- Section 1: Service User Information
  - Full Name: _____
  - Date of Birth: _____
  - Address: _____
  - Contact Information (phone/email): _____
  - Service User's Support Needs:
    ☐ Learning Disabilities
    ☐ Mental Health Needs
    ☐ Autism Spectrum Conditions
    ☐ Other (Please specify): _____
- Section 2: Complaint Details
  - Date of Complaint: _____
  - Type of Complaint:
    ☐ Quality of Care
    ☐ Staff Conduct
    ☐ Communication Issue
    ☐ Environmental Issues
    ☐ Medication/Health Care Issue
    ☐ Safeguarding Concern
    ☐ Other (Please specify): _____
  - Description of the Complaint (please provide as much detail as possible):

    _____

    _____

    _____
  - Has the complaint been raised previously?
    ☐ Yes ☐ No
    - If yes, please provide details of previous complaints or actions taken:

      _____

      _____

- Section 3: Desired Outcome
    - What would you like to happen as a result of this complaint?

      _____

      _____
- Section 4: Support for Making the Complaint
    - Did the service user need help to make this complaint?
      ☐ Yes ☐ No
        - If yes, please specify who helped: _____
- Section 5: Acknowledgment and Next Steps
    - Date Complaint Acknowledged: _____
    - Name of Person Acknowledging Complaint: _____

2. Compliment Form

Purpose:

This form is designed to record positive feedback from service users, families, or advocates.

Structure:

- Section 1: Service User Information
  (same as the Complaint Form, Section 1)
- Section 2: Compliment Details
  - Date of Compliment: _____
  - Compliment About (Please specify):
    ☐ Care Quality
    ☐ Staff Performance
    ☐ Communication
    ☐ Service Environment
    ☐ Other (Please specify): _____
  - Details of the Compliment (please describe what went well or which staff member or service was praised):

    _____

    _____

    _____
- Section 3: Acknowledgment
  - Date Compliment Acknowledged: _____
  - Name of Person Acknowledging Compliment: _____

3. Complaint Acknowledgment Form

Purpose:

To formally acknowledge that a complaint has been received and inform the complainant of the next steps.

Structure:

- Section 1: Complaint Reference Number: _____
- Section 2: Complainant Details
  - Full Name: _____
  - Contact Information: _____
- Section 3: Complaint Summary
  - Brief Description of the Complaint: _____

    _____

    _____
- Section 4: Acknowledgment
  - Date of Acknowledgment: _____
  - Name of Person Acknowledging Complaint: _____
  - Next Steps (brief description of the investigation or resolution process):

    _____

    _____
- Section 5: Timelines for Resolution
  - Expected Completion Date for Investigation: _____
  - Contact Details for Further Queries: _____

4. Complaint Investigation Record Form

Purpose:

To document the investigation process and findings for each complaint.

Structure:

- Section 1: Complaint Reference Number: _____
- Section 2: Investigation Details
    - Investigator Name: _____
    - Date of Investigation Start: _____
    - Date of Investigation Completion: _____
    - Investigation Findings (summary of the facts gathered during the investigation):

      _____

      _____
- Section 3: Action Taken
    - What action has been taken to address the complaint?

      _____

      _____
    - Was the complainant informed of the action?
      ☐ Yes ☐ No
        - If no, explain why: _____
- Section 4: Outcome
    - Outcome of the Complaint (resolved, partially resolved, or unresolved):
      ☐ Resolved
      ☐ Partially Resolved
      ☐ Unresolved
    - If unresolved, what are the next steps or alternative solutions?

      _____

      _____
- Section 5: Follow-up
    - Date Follow-up Contact Made (if applicable): _____
    - Follow-up Outcome: _____

5. Escalation Request Form

Purpose:

To document the process of escalating a complaint beyond Primus PLUS Healthcare to independent bodies such as the Local Government and Social Care Ombudsman (LGSCO), CQC, or other external agencies.

Structure:

- Section 1: Complaint Reference Number: _____
- Section 2: Complainant Details
    - Full Name: _____
    - Contact Information: _____
- Section 3: Escalation Reason
    - Why is this complaint being escalated beyond Primus PLUS Healthcare?

      _____

      _____
    - What is the desired outcome from the escalation?

      _____

      _____
- Section 4: External Body Details
    - Name of the Body to Which the Complaint is Being Escalated (e.g., LGSCO, CQC, safeguarding board):

      _____
    - Contact Information for External Body:

      _____

      _____
- Section 5: Acknowledgment of Escalation
    - Date of Escalation: _____
    - Name of Person Escalating the Complaint: _____

6. Complaint Resolution Feedback Form

Purpose:

To gather feedback from service users or complainants after a complaint has been resolved to assess their satisfaction with the process and outcome.

Structure:

- Section 1: Complainant Details
  - Full Name: _____
  - Contact Information: _____
- Section 2: Resolution Satisfaction
  - Were you satisfied with the resolution of your complaint?
    ☐ Yes ☐ No
    - If no, please explain why: _____
  - Was the complaint handled in a timely manner?
    ☐ Yes ☐ No
    - If no, please explain why: _____
- Section 3: Overall Satisfaction
  - How satisfied are you with the way your complaint was handled?
    ☐ Very Satisfied
    ☐ Satisfied
    ☐ Neutral
    ☐ Dissatisfied
    ☐ Very Dissatisfied
  - Comments on the Complaints Process:

    _____

    _____
- Section 4: Suggestions for Improvement
  - Do you have any suggestions for improving the complaints process?

    _____

    _____

7. Complaints Review and Improvement Plan Form

Purpose:

To evaluate trends in complaints and compliments, identify areas for improvement, and create an improvement plan.

Structure:

- Section 1: Complaint Trends Overview
  - Total Complaints in the Last Quarter: _____
  - Types of Complaints Reported:
    ☐ Quality of Care
    ☐ Staff Conduct
    ☐ Communication Issues
    ☐ Medication/Healthcare Issues
    ☐ Safeguarding Concerns
    ☐ Environmental Issues
    ☐ Other: _____
- Section 2: Action Plan
  - Identified Areas for Improvement:

    _____

    _____
  - Actions Taken to Address Issues:

    _____

    _____
- Section 3: Follow-up
  - How will the effectiveness of these actions be measured?

    _____
  - Review Date: _____

18. REFERENCES

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