Policy and Procedure

Compliments and Complaints Policy

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Delivering excellent **CARE** to our clients and our colleagues

Compassionate **A**ccountable **R**espectful **E**mpowering

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1. Purpose

The purpose of this policy is to maintain and improve the quality of service provided by Acuity Care Group Limited by ensuring that effective and appropriate action is taken upon receipt of compliments and complaints.

A key consideration is to make arrangements flexible within the parameters of this policy and procedure, treating each complaint according to its individual nature, with a focus on satisfactory outcomes, organisational learning and those lessons leading to service improvement.

This policy and procedure apply to all Acuity Care Group Limited's staff.

Acuity Care Group Limited will be referred to as Acuity Care Group throughout this document.

An accessible version of this policy and procedure is available.

2. Policy Statement

Acuity Care group endorse the Complaints Standard as it provides a quicker, simpler and more streamlined complaint handling service, ensuring:

- Early resolution by empowered and well-trained people
- All staff, particularly senior staff, regularly review what learning can be taken from complaints
- That all staff, particularly senior staff, use this learning to improve services.

This procedure applies to any team member employed by Acuity Care Group who receives a compliment or complaint regarding a client in receipt of care and support, or any service provided by the organisation.

This policy procedure includes the roles and responsibilities of managers and team members, including people called upon to investigate a complaint.

If a complaint or concern is an allegation or suspicion of abuse, for example sexual abuse, physical neglect or abuse, or financial abuse, it must immediately be investigated following the Safeguarding of Children, Young People and Adults at Risk Policy and Procedure.

In a situation where a client discloses physical or sexual abuse, or criminal or financial misconduct, it must be reported to the necessary authority even if the person does not want to make a complaint.

In any case that involves a child, young person or adult at risk, including threat of self-harm and/or harm to others, staff must implement effective safeguarding policies and practice, and refer to the appropriate safeguarding/child protection/LADO teams.

3. Policy standards

The standards which are met by this policy are:

CQC:

Regulations - Regulation 16: Receiving and Acting on Complaints

- To make sure that people can make a complaint about their care and treatment. To meet this regulation providers must have an effective and accessible system for identifying, receiving, handling and responding to complaints from people using the service, people acting on their behalf or other stakeholders. All complaints must be investigated thoroughly, and any necessary action taken where failures have been identified.

Quality Standards:

- **Effective**
  - Assessing needs – We maximise the effectiveness of care by assessing health, care, wellbeing, and communications needs of clients.
  - Delivering, evidenced-based care and treatment – We plan and deliver client's care and treatment with them.
  - How staff, teams and services work together – We work effectively across teams and services to support clients.
  - Supporting Clients to live healthier lives - We support clients to manage health and wellbeing to maximise independence, choice, and control.
  - Monitoring and improving outcomes – We routinely monitor client's care and treatment plans to continuously improve it.
  - Consent to care and treatment – We respect client's rights around consent when delivering person-centred care and treatment.

- **Responsive**
  - Person-centred care – We ensure that clients are at the centre of their care and treatment choices.
  - Care provision, integration, and continuity – We understand the diverse health and care needs of clients
  - Providing information – We provide appropriate, accurate, and up to date information.
  - Listening to and involving people – We make it easy to share feedback and ideas or raise complaints about care and treatment.
  - Equity in access – We ensure everyone can access the care, support, and treatment they need.
  - Equity in experiences and outcomes – We actively seek out and listen to information about those who are most likely to experience inequality.
  - Planning for the future – We support clients to plan important life changes
- **Well-Led**
  - We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment and support.

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 (legislation.gov.uk)	Report_My_expectations_for_raising_concerns_and_complaints.pdf (ombudsman.org.uk) 2014
NHS_Complaint_Standards_Summary_of_expectations_December_2022_Final.pdf (ombudsman.org.uk)	NHS England » A just culture guide

4. Responsibilities and governance

The Chief Executive Officer (CEO) has ultimate accountability and responsibility for the safety of all staff and clients. This responsibility is delegated through organisational structures and accountability frameworks in order to ensure staff providing direct or delegated care and support are provided with the appropriate tools and training to undertake their duties and in line with best practice.

The Chief Operating Officer, and Senior Management Team (SMT) are accountable for promoting awareness of the policy and procedure and ensuring when required, suitable staff training and review of competence in relation to all matters associated with this policy and procedure.

The Head of Quality is accountable for this policy and procedure and when requested, for providing assurance reports, identifying its effectiveness to the Governance Committee. The company board may request assurance from the SMT that appropriate structures are in place and that staff are provided with appropriate training and resources to undertake their duties.

The Governance Committee are a sub-group to the SMT and are responsible for requesting and receiving assurance reports when required, regarding the application and effectiveness of policy and procedures and procedural documents.

Operations Managers are responsible, across their portfolio, for:

- Ensuring that this policy and procedure is fully implemented;
- Monitoring and reviewing the service provided;
- Ensuring compliance for all required training for care workers, where appropriate.

Registered/Service Managers/Complex Care Managers are responsible for ensuring this policy and procedure is implemented and complied with across their services. This includes:

- Ensuring that up-to-date client's guidance (based on assessed needs and risk assessment) is documented on the electronic system/PASS, including level of risk and assistance/support provided to the client on a day-to-day basis, by trained and competent staff
- Monitoring and reviewing the service provided
- Supporting team members to recognise and explain why things went wrong and identify suitable ways to put things right for clients
- Ensuring that any mistakes are reviewed through the Duty of Candour Policy and Procedure
- Ensuring that this policy and procedure is fully implemented, and all required documentation is completed where required
- Providing feedback on this policy and procedure to aid its evaluation and review
- Facilitating training attendance and supervision for support workers, where appropriate;
- Maintaining records of staff training;
- Compliance with record keeping requirements;
- Supporting and encouraging staff to be open and honest when things have gone wrong or where improvements can be made.
- Making all records available for inspection by regulatory inspectors, and appointed representatives of Acuity Care Group
- Ensuring all requirements of this policy and procedure are monitored through audit, where appropriate
- Sharing the learning that will be used to improve services and support staff with all relevant teams
- Taking action with individual staff where necessary when the policy and procedure is not adhered to.

Providing supervisory support to ensure that their members follow the policy and procedure requirements.

All staff members (including bank, agency staff) and volunteers are required to:

- Follow the policy and procedures to receive and record compliments and complaints as required
- Identify their own training needs in conjunction with their manger / job description and service. This must be acknowledged in the appraisal system.
- Recognise the need to be accountable for their actions and to identify what learning can be taken from a complaint.
- Following a complaint, respond positively and think about why things went wrong and contribute to identifying suitable ways to put things right for clients.

5. Consent

Valid consent must be given voluntarily by an appropriately informed person prior to referral for any support with regard to complaint management. No one can give consent on behalf of another adult who is deemed to lack capacity regardless of whether the impairment is temporary or permanent. Although, if someone has suicidal thoughts it may be that their capacity has been temporarily affected.

However, clients who lack capacity to give compliments or make complaints, should be involved in the complaints process, wherever possible, if it is deemed to be in their Best Interest. Any decisions made must be recorded within the client's care and support documents / health action plan with a clear rationale stated at all times.

Refer to the Acuity Care Group's Mental Capacity Policy and Procedures for further guidance.

6. Training

Training and support will be provided where required by Acuity Care Group in partnership with specialists to ensure that staff members are competent to support clients and staff with compliments and complaints.

Acuity Care Group make sure staff are supported and trained in all aspects of dealing with complaints, from identifying a complaint to issuing a response, so that they meet the expectations

set out in the Complaint Standards. This includes how to manage challenging conversations and behaviour.

Any additional training required by Commissioners will also be undertaken.

7. Procedure

This policy and procedure encourage all kinds of feedback. Anyone who has a relationship with Acuity Care Group Limited can compliment a member of staff, a team or the organisation. Compliments are passed on to staff and their line manager and are used to identify areas of good practice Acuity Care Group Limited can learn from.

7.1 Principles

We seek to promote a learning culture by supporting the whole organisation to:

- See complaints as an opportunity to develop and improve its services and people
- We set clear expectations to embed an open, non-defensive approach to learning from complaints
- We regularly talk to our managers, leaders and clients about what we have learnt from complaints and how we have used learning to improve services for everyone – using a 'You said ….We did' approach
- We give colleagues the support and training they need to deliver best practice in handling complaints.

We welcome complaints in a positive way and:

- Recognise them as important insight into how to improve services
- We create a positive experience by making it easy for clients to make a complaint
- We give colleagues the freedom to resolve issues quickly and to everyone's satisfaction.

Our process is thorough and fair when looking into complaints and:

- We give an open and honest answer as quickly as possible, considering the complexity of the issues
- We make sure clients who make complaints, and colleagues directly involved in the issues, have their say and are kept updated when they carry out this work
- We make sure clients can see what colleagues are doing to look into the issues in a fair and objective way, based on the facts.

- Set out what happened and whether mistakes were made
- Fairly reflect the experiences of everyone involved
- Clearly set out how Acuity Care Group is accountable
- Give colleagues the confidence and freedom to offer fair remedies to put things right
- Take action to make sure any learning is identified and used to improve services.

7.2 Compliments

Compliments can be submitted verbally to any member of staff, who must then forward this on to feedback@acuitycaregroup.com. This email box will be monitored by identified members of the Quality team.

Compliments must be celebrated and acknowledged and documented within the member of staff's next supervision and during team meetings.

Compliments must also be learnt from and the good practice/learning be shared across the business unit teams via meetings, supervisions and newsletters.

7.3 Welcoming Complaints

All staff must openly welcome complaints so they can identify and resolve issues quickly. Staff are trained to do this well and ensure people are being listened to and treated with empathy, courtesy and respect.

Acuity Care Group publicise and reinforce how clients/staff can raise complaints (in induction; on staff Identification (ID) cards; within the Employee Handbook, in supervisions and meetings; in Newsletters; and by undertaking Feedback Surveys).

When a complaint is received, it should be viewed positively, and as an opportunity to improve aspects of the services provided by Acuity Care Group Limited.

If a member of staff is approached by an individual wanting to make a complaint, they should listen to the complaint and complete the Complaints Form. Where appropriate, an explanation should be given about the various ways in which the complaint may be made.

Acuity Care Group's staff should actively reassure their clients that their care will not be compromised if they make a complaint and what they can do if they feel it has been. An accessible version of the compliments and Complaints Policy and Procedure is available.

Acuity Care Group make sure staff can identify when issues raised in a complaint should be addressed (or are being addressed) via another route at the earliest opportunity, so a co-ordinated approach can be taken. Other possible routes include inquests, local disciplinary processes, legal claims or referrals to regulators. Staff know when and how to seek guidance and support from colleagues on such matters so they can give people information on the relevant process and explain where they can get support.

The complaint can be made either by the complainant, with the help of a member of staff or an advocate of the complainant's choice in the following ways:

- Using the Complaints Form, which can be filled in personally.
- Writing a personal letter of complaint.
- Confidentially via Email to complaints@acuitycaregroup.com.
- Making a formal complaint verbally, either in person or over the telephone. In this event, the person receiving the complaint must make a written record of the complaint, which the person making the complaint should sign in agreement if present, or which is sent out to them to be signed and returned to Acuity Care Group Limited via email or in in a pre-paid envelope, where required;
- Asking a representative to act on their behalf using any of the above routes.

Whichever method the person chooses to voice their complaint, a written record of the complaint must be made within 24 hours.

Letters of complaint or completed Complaints Forms should then be sent to the relevant Operations Manager or Clinical Nurse Manager, as appropriate.

The individual making the complaint must be assured by the person they have contacted that they will be supported throughout the process, and as far as the procedures allow, their confidentiality will be maintained.

7.3.1 Confidentiality

Complaints will be handled in the strictest confidence, and records will be kept in line with our Record Keeping Policy and Procedure, the Data Protection Act, the Human Rights Act 1998 and any other legal obligations.

Confidentiality will be maintained so that only managers and staff who are leading the investigation know the contents of the case, on 'a need-to-know basis'. Anyone disclosing information to others

who are not directly involved in the case will be dealt with under disciplinary procedures. See Confidentiality Policy in the Employee Handbook, for further details.

Information will not be disclosed to third parties unless the complainant or representative who has provided the information has given consent to the disclosure of that information.

However, information will be disclosed if it is in the best interests of a Client, or the protection, safety or wellbeing of a child or vulnerable adult. In these circumstances, escalation should take place in line with the Children, Young People and Adult Safeguarding Policy and Procedure.

7.3.2 Making a complaint about an incident that happened a few months ago

Complaints can be made twelve months from the date when the event or subject of the complaint came to the notice of the complainant. If good reasons exist for the complaint not being made within 12 months, and it's possible to investigate the complaint fairly, Acuity Care Group Limited may still decide to consider the complaint.

7.4 Receiving a Complaint

Acuity Care Group Limited will investigate a complaint in a manner appropriate to resolve it as efficiently as possible, proportionate to the seriousness of the complaint.

In summary, there are 3 stages to Acuity Care's complaints process:
- Stage 1 Complaint – to be completed within 28 days.
- Stage 2 Complaint – to be completed within 28 days of the complaint being escalated to Stage 2.
- Stage 3 – The complaint is shared with external independent organisations.

7.4.1 Stage 1 – Complaint

All 'minor' complaints where the person is clear that they do not want their concerns to be logged as part of a formal process, and this is agreed by the manager, will be addressed under Stage 1.

Acuity Care Group are committed to resolving peoples' concerns at the level that is most applicable to their concern and/or at the lowest possible level. Minor complaints must be:

- Logged as a complaint;
- Managed and a resolution found as soon as practically possible; it is not expected that the person making the complaint will have to wait for 28 days for an outcome;
- Escalated to Stage 2 if the person making the complaint is not satisfied with the resolution or outcome/s.

If Acuity Care Group receive a complaint from whatever source, the CCM/SSM/CNS will:

- Liaise with their Operations Manager or Clinical Nurse Manager (determined by whether the concern is to do with clinical issues or not) to appoint an investigator. Within 48 -72 hours (2-3 working days), the investigator will contact the person to acknowledge their receipt of the complaint and advise the person that they will investigate their concerns using the Complaints Acknowledgement letter. This letter must include:
  - Agreed actions/plans for handling the complaint.
  - Realistic timescales, both within which the complaint will be managed and timescales for responding
  - Any further relevant information regarding the process.
  - An offer to discuss the complainant's expectations and desired outcome.
  - The initiation of Acuity Care Group's Duty of Candour Policy and Procedure requirements, where applicable.
- In cases where the Manager/Clinical Nurse Specialist is the focus of the complaint, the Operations Manager/Operations Director will decide on the most appropriate person to manage and investigate the complaint.
- Information about providers of independent advocacy services e.g. the Independent Complaints Advocacy Service.
- Save copies of all letters sent on SharePoint in the relevant file.
- Complete the investigation as per Complaints Process below:

Formal Complaints Process

Stage 1 Complaint

Day 1 – Complaint received by staff member/Manager/Nurse

Within 48-72 hours/2-3 working days

- OM/CNM to allocate investigating officer (manager/nurse)
- Investigating Manager/Nurse to acknowledge complaint using Complaint- Acknowledgement letter (1)..docx
- Notify OM/CNM/RM and consider whether there is a need to notify HR, CQC and Safeguarding/LADO
- Add complaint details on to PASS and complaints Excel tracker
- Investigator must acknowledge the complaint within 48-72 hours of receiving.
- Notify the Commissioner
- During leave/absence managers/nurses must ensure that their out of hours messaging is on to ensure the complainant can forward to the next relevant person.

Days 3-14

- Investigation officer (CCM, CNS) to complete investigation - gather statements, plan investigation meetings, look at any other supporting evidence and record timeline on *Investigation Form Template.*
- Utilise the "How to conduct an investigation template" throughout the process; address all key points within the complaint.
- Add a reminder using outlook calendar for Day 21 to allow 1 week to finalise outcome and send complainant by email or post (allow for delivery of post and send by day 24).

Days 15-21

- Discuss findings and lessons learnt with OM and decide on actions to be completed and who is going to undertake those actions.
- Draft "Complaint Outcome letter.docx response to complainant
- Provide an update to the complainant where possible, let them know you are taking their concerns seriously and will provide an outcome in line with Acuity Care Group's complaints policy and procedure .
- Review key points from the complaint and check that all have been answered
- Ask line manager, RM, or HR for advice and support, if required.

Days 22-28

- Finalise Complaint Outcome letter.docx and send to OM to review before sending to complainant, in some cases it may be appropriate to run the letter past HR.
- Ensure outcome letter is with the client by day 28.
- Always send the outcome letter via 1st class post recorded delivery and scan and save to receipt evidence file.
- Where there has been an unavoidable delay with an investigation, a Complaint- extension of 28 days response.docx can be sent (with line manager approval), identifying a reasonable time frame to add to the letter to be sent.

Stage 2 Complaint – to be completed by a Senior Manager, working to the above timescales from identification that the person's complaint needs to be investigated under Stage 2.

7.4.2 Managing the Complaint – Being Thorough and Fair

The person appointed to manage the complaint will be given all relevant documentation from the Operations Manager or Complex Nurse Specialist. They will:

- Actively listen and demonstrate a clear understanding of what the main issues are for the person who has made the complaint, and the outcomes they seek
- Discuss timescales with everyone involved in the complaint and agree how people will be kept informed and involved
- Look for ways they can resolve complaints at the earliest opportunity
- Make sure everyone involved in a complaint (including those specifically complained about) know how they will look into the issues. This includes what information they will need, who they will speak to, who will be responsible for providing the final response and how they will communicate their findings
- Give everyone involved in a complaint the opportunity to give their views and respond to emerging information, where appropriate. This may include interviews with all parties involved in the complaint. Records of these interviews must be kept with all other paperwork relating to the complaint
- They take everyone's comments into account and act openly and transparently and with empathy when discussing this information
- Maintain contact with the complainant, informing them of progress being made and of any material changes to the way in which the complaint is being managed: for example, changes to the way the investigation is being carried out, or to the timescales previously given.
- Will consider when a complaint does not suit early resolution and needs more detailed consideration and investigation, this is done fairly
- If, during the investigation, additional areas of concern become apparent, seek advice from the Operations Manager/Director or Complex Nurse Manager, who may refer these concerns to the Human Resources Team.
- Wherever possible, ensure that staff who have not been involved in the issues complained about do not have access to complaint. If this is not possible, the person looking into the complaint should openly demonstrate they are acting fairly when they consider all the issues.

The complainant can expect the investigation to be completed no later than 28 working days after receiving correspondence regarding time frames and an action plan.

If this target date is not expected to be met, a Complaint Extension letter must be sent, clearly identifying why it has become necessary to extend the timeline.

The person who makes the complaint can expect:

- They will be kept up to date.
- Their complaint will be investigated and, where appropriate, they will receive an explanation based on facts.
- To receive assurance that the matter has been investigated and action has been taken to prevent a recurrence.
- Where mistakes have been made, that Acuity Care Group will say "sorry" and apologise for these mistakes.
- An explanation of what actions will be taken to make sure it doesn't happen again.
- To be informed of any learning for the organisation.
- An explanation of who they can contact if they remain unhappy with the outcome of your complaint.
- To receive an outcome/s from investigations into their concerns within 28 working days or be told why an extension is needed.

The response to the complaint must include:

- When things go wrong for people, the investigation manager/staff involved must give meaningful and sincere apologies and explanations that openly reflect the impact on the people concerned
- An explanation of how the complaint has been considered
- An explanation based on facts, detailing how the conclusion(s) were reached; Each account must compare what happened with what should have happened, clearly referencing any relevant legislation, standards, policies or guidance, based on objective criteria.
- The conclusions reached in relation to the complaint including any remedial action that the organisation considers to be appropriate or lessons learnt and therefore whether the complaint is upheld – in full or in part;
- How Acuity Care Group are going to put things right for people who raise a complaint and if they are able to commit to provide guidance and resources to make sure any proposed action/s to put things right are consistent; and/or confirmation that the organisation is satisfied any action has been or will be actioned.
- How people will be kept involved and updated on how the organisation is taking forward all learning or improvements relevant to their complaint. For complaints that involve multiple organisations, the lead organisation provides a single response to the complaint. This includes what the other organisations have done to look into the issues and the conclusions they reached.
- Where necessary, how Acuity Care Group will remedy any mistakes it made; and
- Include the person's right to:

- Escalate their complaint to Stage 2 if they remain dissatisfied with the outcome from the investigation into their complaint at Stage 1 and
- Escalate to Stage 3, external to the company, i.e. to the Ombudsman, if they are not satisfied with the written final response at the end of the complaint process.

The Operations Manager or Clinical Nurse Manager must:

- Monitor the progress of the complaint and ensure that timescales are met.
- Must have no direct input into resolving the complaint at stage 1 in case they need to undertake other investigation/s at Stage 2 to enable them to work objectively in the case of appeal. One member of the Human Resources Team *may* act as a process advisor for the investigation manager but will not take an active part in the investigation.

Managers must respond to complaints at the earliest opportunity and consistently meet expected timescales for acknowledging and managing a complaint.

7.4.3 Stage 2 Complaint

If the person remains dissatisfied with the outcomes of the investigations into their complaint at the end of Stage 1 they can request that their complaint is considered at Stage 2. At this stage the complaint will be managed by an identified senior manager. They will;

- Adhere to the good practice principles included in this policy and procedure, undertake required actions and requirements and work to the same target dates identified at stage 1 - see Complaints Process above.
- Review the CCM's/SM's/CNS's investigation.
- Write to the person with the concern or complaint within 48 hours to advise that they have received their complaint at Stage 2 and they will be investigating it.
- Keep a record of everything shared/discussed about the complaint at stage 1.
- Contact the person who has raised their complaint to this stage to identify what their remaining concerns are and/or what outcomes of the investigation they remain dissatisfied with.
- Within 28 days, the senior manager will explain their findings and outcomes of their investigation into what happened and why.
- As Stage 2 is the last stage where a complaint is considered by a manager from Acuity Care Group, if the person feels that their concerns still have not been resolved to their satisfaction, the senior manager will sign post the person the Stage 3.

7.4.4 Stage 3 – External

Acuity Care Group managers must try to resolve the concerns identified in the complaint within stages 1 and 2 of the complaints process.

However, if the person remains dissatisfied with the outcomes of the investigations into their complaint at stages 1 and 2 and wishes to share their complaint an external independent organisation, the manager must signpost them to and such as:

- The Local Government Ombudsman - Tel: 0300 061 0614 or www.lgo.org.uk/
- The Independent Housing Ombudsman – Tel: 0300 111 3000 or www.ombudsman.org.uk

7.5 Just and Learning Culture

Senior staff must make sure every employee knows how they can create and deliver a just and learning culture for handling complaints by ensuring that:

- Including the receipt and handling of compliments and complaints in the Employee Handbook and induction training.
- Within individual conversations, supervisions and team meetings ensuring that discussions are held so to determine that all staff can demonstrate how they contribute to this culture through practical examples. Ensuring appropriate structures are in place to deliver fair and robust complaint investigations.
- Senior staff regularly review information that arises from complaints within the monthly Governance Meetings and are held accountable for using the learning to improve services.
- Feedback from the complaints process is captured from those who make complaints and from the staff directly involved.
- Managers team members meeting the Complaint Standards requirements and what users expect to see, as set out in “My Expectations”.
- Acuity Care Group endeavours to share learning from complaints with other organisations (both locally and nationally) to build on insight and best practice.

7.6 Outcomes – Giving fair and Accountable Responses

Within 28 working days of being appointed, the person responsible for managing the complaint must inform the complainant of the outcome/s of their investigations into the complaint. This may be done in person/via Teams; however, in all cases, a formal written response must be provided to the complainant and/or their advocate and must give a clear, balanced account of what happened based on established facts.

In more complex cases, the investigating manager must make sure they share their initial views on a complaint with everybody involved and give people the opportunity to respond. Any relevant comments received should be taken into account in their final response to the complaint.

On completion of the complaints process, the person appointed to manage the complaint will inform the Operations Manager or Complex Nurse Manager and will ensure that all documentation relating to the complaint is passed to the Operation Manager/Complex Nurse Manager for filing.

Keeping clear and accurate records of complaints is important, and these must be retained for a period of ten years.

7.7 Staff Support

All documentation relating to the investigation must be stored securely in the case file, stored on SharePoint. Staff members named in the complaint (personally or by role) should be informed of the complaint, and fully supported by their relevant line manager.

Any investigation must be comprehensive, fair and timely, and should not apportion blame but seek only to improve. A number of supports are available for staff, including: Their line manager, Operations Manager, Operations Director, peer support, Occupational Health and Professional bodies.

8. Record Keeping and Reporting

Staff must:

- Log any compliments regarding support provided on the Excel Spreadsheet for the Business Unit.
- Complete a Complaint form, when they receive a complaint, (found in document section), to be completed on the electronic system/PASS, at client level.
- Be supported to raise any concerns/complaints via:
  - Their supervision meetings as this will enable concerns to be identified quickly, the discussions will be documented and actions identified.
  - The complaints email address complaints@acuitycaregroup.com or
  - The Complaint letter template, stored in SharePoint for each Business Unit.

Complaints are reported, reviewed and actions identified (where appropriate) at the monthly Governance meetings.

9. Monitoring and enforcement

Acuity Care Group Limited will monitor that all staff and clients are aware of the complaints policy and procedures through training, meetings and reviews, New Client Guide, email and the website.

A global notice will be sent to managers and staff to notify release of this document and any subsequent updates to this policy will be provided.

Notification of this document will be included in all of staff email bulletins and staff briefings.

Acuity Care Group seek to proactively prevent and mitigate instances of non-compliance with this policy and procedure.

Any breaches or concerns, including ethical concerns or potential breaches in our commitment to high ethical standards must be reported to the relevant line manager or via our whistleblowing channels.

10. Document review and revision

This policy and procedure are to be reviewed every two years by Quality.

Acuity Care Group will additionally review all documentation:

- Where investigations into complaints and incidents indicate a change is required;
- Where customer feedback informs of change;
- For improvements to the service as a result of employee suggestions;
- Changes arising from safeguarding or equality and diversity issues;
- As a result of changes in legislation or recommendations from the NHS or recognised clinical bodies.

All policy and procedure documents will display both release and review dates.

Responsibility for ensuring review rests with the Head of Quality.

11. Associated Documentation

Name	Type

Complaint- Acknowledgement letter (1)..docx	Form
Complaint Outcome letter.docx	Form
Complaint- extension of 28 days response.docx	Form
Safeguarding Children, Young People and Adult at Risk	Policy and Procedure
Mental Capacity	Policy and Procedure
Duty of Candour	Policy and Procedure
Summary A user-led vision for raising concerns and_complaints.pdf (ombudsman.org.uk)	Guidance
NHS_0932_Just and Learning Culture Guide_A3 (england.nhs.uk)	Guidance

12. Document control

Date	Version	Section	Revision details	Revised by
22/823	0.1	All	Draft	Quality Team
15/9/23	0.1		Shared for comments	Quality Team
20/9/23	1.0		Finalised and issued	Quality Team