



## **COMPLAINTS AND COMPLIMENTS (LISTENING AND LEARNING)**

### **Policy Statement**

Good complaint handling provides a direct and positive connection between those who provide services and the people who use them. Complaints offer a rich source of learning to help improve services for everyone. This policy provides guidance to staff in the management of negative feedback regarding the services and / or its staff across Divine Touch Care Limited.

This is in accordance with the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 16 and the Local Government and Social Care Ombudsman (2018). This policy applies to complaints arising from matters originating within Divine Touch Care Limited, including all locations across the organisation.

This policy covers complaints, feedback and suggestions. It does not, and is not intended to, address complex issues of legal liability, nor determine appropriate compensation levels in cases where negligence is implied. Its function is to address concerns and grievances raised by Service Users, professionals or members of the public in a non-confrontational manner; to provide all with a quick and simple procedure for drawing attention to their concerns; and where appropriate acceptance that the service provided has fallen below the required standard.

The aim of this policy is to ensure that all complaints, feedback and suggestions are promptly addressed, resolved where necessary within the agreed timescales, and to ensure lessons are learnt and this learning improves service quality and delivery.

This policy does not cover complaints about breach of data protection legislation, although it does cover concerns about administrative failures and customer service



issues relating to the alleged data breach, such complainants should be directed to the Information Commissioners Office (ICO).

## **The Policy**

This policy sets out Divine Touch Care Limited framework for identifying, investigating, responding to, reporting on and learning from all complaints, in a robust and consistent manner. It also ensures there is appropriate ownership, support, oversight and assurance that any failure to meet the expected standard is addressed. It is designed to ensure that any lessons learned are implemented and monitored.

It is important that:

- The complainant feels they are able to complain or raise concerns without fear of reprisal and will be treated with courtesy, respect and compassion. Divine Touch Care Limited will ensure the process of how to make a complaint or give feedback meets the Accessible Information standards and are in a format that the person we support can understand
- Divine Touch Care Limited promotes a learning culture, seeing complaints as an opportunity to develop and improve services and people. Acknowledging when things go wrong and being held accountable for them, learning from complaints, and acting on lessons learned.
- We actively seek and welcome feedback, acting on concerns and complaints, recognising them as a positive way to improve services. Ensuring staff have the skills and experience they need to be confident in handling complaints.
- We conduct a thorough, fair and objective investigation without bias or discrimination, ensuring complainants are kept up to date with progress, and receive open and honest answers to their complaints.
- We explain what has happened, acknowledging if any mistakes have occurred, identify any learning from complaints, and demonstrate actions that have been taken to



improve services.

## 1. DEFINITIONS

- **Complaint:** An expression of dissatisfaction - either spoken or written - that can be about an act, omission or decision made, or the standard of service provided. A formal complaint is a written or verbal complaint which requires investigation and a written response. An informal complaint may require a response, which may not be via the formal route, and can be addressed immediately.
- **Informal Feedback:** An opinion that can be positive, negative or neutral
- **Service User:** The person whose care/treatment is the subject of the complaint or feedback
- **Complainant:** The person raising the complaint or concern
- **Authorised representative:** An individual or advocate who complains on behalf of a Service User
- **Professionals:** For the purpose of this policy, the term Professional is used to describe individuals who work to support our Service Users from external agencies, such as Social Workers, Care Coordinator, ICB Assessor
- **Handler:** The senior staff member with overall responsibility for managing the complaint who can delegate the investigation to another individual or group of people. They are responsible for ensuring timelines are met and responses cover all aspects of the feedback
- **Investigator:** Staff members responsible for investigating a complaint.
- **LGSCO:** Local Government & Social Care Ombudsman
- **PHSO:** Parliamentary and Health Services Ombudsman (complaints process for NHS funded Service Users)



## 2. PROCEDURE

### 2.1 WHO CAN COMPLAIN

- Any person who receives or has received care, and is affected by the action, omission or decision of Divine Touch Care Limited. A member of the public who may have been affected by the action of a Service User or their carer

A complaint may be made by a representative acting on behalf of a Service User affected by the action, omission or decision of Divine Touch Care Limited, where that person:

- Has requested the representative to act on their behalf and given consent for this
- Is unable by reason of physical or mental incapacity (refer to Special Cases re Mental Capacity Act 2005) to make the complaint themselves
- Is a Member of Parliament acting at the request and on behalf of their constituents where the Service Users has given consent

In any event of a representative being used, a consent form must be completed by the Service User where/ if appropriate.

Once a request for Service User consent has been sent, a 'pause' will be placed on the complaint response timeframe, until such time as consent is received. This should be recorded on the complaint file/ record. Should the Service User or their representative refuse to provide consent or they consent to disclose information not be received within 3 months of the request, the complaint will be closed with an updated letter sent to the complainant informing them of this. If there has been no response to the request for consent, a letter should be sent to the complainant at the end of the second month explaining that if there is no further contact the complaint will be closed at the end of the third month. Divine Touch Care Limited requires that complaints should be logged within 12 months of the experience. However, at times discretion will be used where extenuating circumstances are evident.

This decision will be referred to the Company Director.



## **2.2 CONFIDENTIALITY & CONSENT**

Complaint information is confidential and will only be disclosed to those with a demonstrable need to know. Where a complainant has agreed for a representative to act on their behalf, evidence of consent from the Service User will be required if appropriate.

Complaints records and associated correspondence will be kept separate from health records. Any correspondence should be centrally stored. Any discussion taken over the telephone or in person should be minutes and recorded within the file.

## **2.3 COMPLAINTS MANAGEMENT**

Complaints are managed in the same way for every Service User of Divine Touch Care Limited follows both the Parliamentary & Health Service Ombudsman (PHSO) and Local Government & Social Care Ombudsman.

The Governance Team assists staff within the organisation, ensuring that each complainant is met with empathy and is listened to in order to understand the key aspects of the concerns. If the complaint has been received via email, or in writing, a member of the team may call the complainant to clarify their concerns and ensure we investigate and respond to the correct points.

The team work collaboratively with the investigating manager to ensure the investigation is focused upon what is most important to the complainant. The team ensure complainants are kept informed of the investigation progress, and if necessary, provide holding letters if delays are encountered.

If a concern or negative feedback is received, we encourage staff to resolve immediately if possible. If the person is satisfied with the resolution, this can then be logged as an informal complaint not requiring a formal response. This should still be added to the complaints files.



## 2.4 TIMELINES FOR COMPLAINTS RESPONSE

It is important that complaints are dealt with in a timely manner. They are in line with the expectations of The Local Authority Social Services & National Health Services Complaints (England) Regulations 2009 and the CQC regulation 16.

- All complainants receive a written acknowledgement within 3 working days of receipt of their complaint (excluding day of receipt). If a full response can be given within 5 working days, this can be in person, by telephone or email dependent upon the complainant's preferences.
- A full written response should be provided within 28 working days of receipt of the complaint. If there are delays and the investigation is still in progress, a holding letter will be sent to the complainant explaining the reason for the delay.
- A holding letter must be sent every 28 working days until the investigation is concluded.
- Complainants should receive a final response to their complaint within 3 months.

Any variation from the above timescale will be agreed with the complainant or authorised representative.

## 2.5 INFORMAL FEEDBACK

Not all feedback is treated as a formal complaint and this is driven by the complainant or their authorised representative. It is in the interests of Service Users and Divine Touch Care Limited that concerns and complaints are resolved as quickly, efficiently and professionally as possible. Informal complaints can often be resolved by front line staff at the time. The process of responding to a complaint can often be as important to the complainant as the outcome of the process.

If a member of staff is made aware of a complaint that can be dealt with locally, and the complainant is happy with the resolution, the staff member will need to inform the



governance team giving all relevant information. Should the complainant remain dissatisfied, it can then be escalated to a formal complaint.

## **2.6 SOCIAL MEDIA**

Complaints of negative reviews may be received through many forms of social media; these platforms are monitored for feedback received. In the first instance, contact should be made with the individual if contact details are available to acknowledge their feedback in simple terms and provide them with contact details to discuss their concern further.

## **2.7 STAGE 1**

### **Acknowledging a Complaint**

The Service User, authorised representative, professional or member of the public should be reassured that the complaint will be handled sensitively, sympathetically and with neutrality. Staff members should not make statements accepting responsibility until the complaint has been investigated and conclusions have been reached.

All complainants must be offered the option of a conversation or meeting early on in the complaints process. The letter of acknowledgement should invite the complainant to discuss with a senior member(s) of staff, in order to agree the points of the complaint along with the timescales involved. If accepted, the conversation should be arranged as soon as possible to discuss concerns and define the points of complaint. The meeting can be via telephone /online, depending on the complainants' preference. A written summary of the meeting or discussion should be made and kept on file, this can be shared with the complainant within 5 working days of any discussion.

If a conversation/ call is not accepted, the Governance team should send an acknowledgement letter defining their understanding of the concerns in order for the complainant to agree.



In line with complaints standards, all complainants should receive a written acknowledgement within 3 working days (excluding day of receipt), unless a full resolution can be provided within 5 working days.

If a resolution can be provided within 5 working days, the Governance team will contact the complainant to acknowledge receipt of the complaint, explain that an investigation will be initiated and a response completed.

### **Investigation**

The Governance team will identify the locations / services responsible for investigating the complaint and communicate with the Senior Manager / Manager to arrange for a full review to be undertaken within 10 working days of being informed. All communication should be kept as part of the investigation report. Written statements should be obtained from relevant staff; if required and statements should identify the name of the author, their job title and should be dated. Any meeting or contact with the complainant (or lack of) should also be documented. Divine Touch Care Limited monitors complaint resolution, ideally within twenty eight working days, as part of the quality dashboard. There is variation in the complexity of complaints, and some may require longer to conclude the investigation and provide a full response. If a longer response time is required, the complainant should be kept informed via a holding letter, outlining the reason for the delay, and must be sent at 28 day intervals. All complaints should be concluded within 3 months, unless there is an exceptional reason to warrant a longer timeframe.

When the investigation is completed the findings must be presented to Quality Manager and the Register Manager where decisions will be made regarding learnings and actions to prevent recurrence.

The response must aim to reassure the complainant that the complaint has been fully and fairly investigated. The Manager will be responsible for sharing the learning with all staff involved. Trends in complaints need to be identified and discussed at team meetings and shared through the appropriate committee structures.



### **Meeting with Complainants**

It is good practice at Stage 1 of a complaint that a senior representative will offer to meet with the complainant if they are not fully satisfied with the response

The meeting will include the appropriate individuals in regard to the complaint, and a member of the Governance team will attend to take notes. The notes taken during the meeting are not verbatim and a copy will be shared with the complainant. Any meetings with a complainant will normally be followed up in writing. The key principle will be to address the concerns of the complaint with completeness, acknowledging all the points raised by the complainant. Where a complaint is substantiated, this must be made clear in the response. Similarly, if the investigation does not uphold the complaint this also must be clearly stated with reference to the evidence considered. Where, in the organisation's view, a serious incident appears to have occurred, Divine Touch Care Limited should advise the Service User/representative to consider seeking legal advice. This may also require regulatory reporting by Divine Touch Care Limited

### **2.8 STAGE 2**

If the complainant remains dissatisfied with the response at Stage 1, then they may escalate the complaint to the local Government & Social care Ombudsman or the PHSO for those funded by the NHS, this is for an independent review of the complaint and it's handling.

### **Learning from Complaints**

Complaints are a Key Performance Indicator and are monitored within the Divine Touch Care Limited governance framework. Any feedback is valuable for helping to improve the care and service offered to Service Users at Divine Touch Care Limited. The learnings from complaints will be shared at the appropriate meetings including the Managers Meeting and the Quality Manager in the first instance. Any specific learning will be disseminated to staff accordingly. At times actions will need to be agreed, which will be noted with appropriate deadlines and assigned to the most appropriate individual. Oversight of the completion of actions will occur through the Quality Manager



## **Unacceptable Behaviour Policy (Vexatious Complainants)**

Divine Touch Care Limited must determine if a complainant is behaving in a way that is unacceptable, and how the organisation will respond in those circumstances. Examples of unacceptable behavior may include:

- Persistent refusal to accept a decision made in relation to a complaint
- Seeking to prolong contact by changing the substance of the complaint or persistently raising the same issue to multiple times
- Unwillingness to accept factual documented evidence e.g. Service User notes etc
- Denying receipt of an adequate response despite evidence of correspondence specifically answering their questions
- Refusing to accept that facts can often be difficult to verify when a long period of time has elapsed
- Demanding a complaint is investigated but that their identity is kept anonymous and without communicating with key persons involved in the complaint
- Refusing to clearly identify the precise issues which they wish to be investigated, despite reasonable efforts by staff to help
- Focusing on a trivial matter to an extent that is out of proportion to its significance and continuing to focus on this point. (This can be subjective and careful judgement must be used.)
- Excessively contacting the organisation, placing unreasonable demands on staff, which includes leaving an excessive number of voicemails or sending emails
- Recording telephone conversations without the prior knowledge and consent of the other parties involved
- Making unreasonable demands and failing to accept that these may be unreasonable e.g. insisting on responses being provided urgently and refusing to engage with and meet/speak directly with the organisation, thereby limiting the ability to resolve the issues raised



- Threatening or using physical violence towards staff or their families – any personal contact with the complainant or their representatives will be discontinued and pursued through written communication only
- Harassing or being abusive or verbally aggressive on more than one occasion towards staff dealing with their complaint. This includes the use of social media - complainants seeking to contact staff outside of work or obtaining personal information to intimidate staff. However, staff must recognise that complainants may sometimes act out of character at times of stress and make reasonable allowances for this.

If a complaint investigation is ongoing, the Quality Manager should write to the complainant setting out parameters for a code of behavior and the lines of communication. If these terms are contravened, consideration will then be given to implementing other actions. If an investigation is complete, the Quality Manager should write to the complainant informing them that Divine Touch Care Limited has fully responded and tried to resolve the complaint, has concluded that nothing more can be added and correspondence will now cease. Any future letters from the complainant will be acknowledged but not responded to.



### **Complainants seeking legal advice or claim**

If a complainant has stated they intend to seek legal advice, though no claim has been indicated by a legal representative, Divine Touch Care Limited will continue to resolve the complaint, unless the legal representative has requested us not to.

### **Legal Status of Complaints Procedure**

In accordance with statutory responsibilities under the Health and Social Care Act 2008, Care Quality Commission (Registration) Regulations 2014 (Part 3), Divine Touch Care Limited must record complaints received, investigations undertaken, conclusions and learnings/action taken. Records of complaints must be kept for the same time period as medical records. The existence of the NHS complaints process and this complaints policy does not prejudice the right of a Service User to take legal action.

## **3. PERSONS/ COMMITTEES RESPONSIBLE**

### **Executive Board - The executive Board will:**

- Hold the Director to account regarding the complaints policy, reporting, investigation and learning.

### **Executive Committee - The Executive Committee will:**

- Approve resource allocations in respect of complaint management
- Ensure complainants have access to guidance on how to make a complaint and access to the complaints policy as required
- Ensure that all complaints are identified and managed effectively. This includes the periodic review of learnings/actions from complaints and other associated data e.g. complaint trends, results of internal or external inspections and/or audits
- Ensure staff are provided with the necessary support to investigate and learn from complaints
- Ensure that there is effective internal communication to ensure staff are made aware of learning from complaints



## **Quality Manager - The Quality Manager will:**

- Analyse complaints data
- Ensure necessary changes are identified and implemented in response to complaints
- Will review governance reports, including complaint data and provide oversight, proportionate challenge and assurance that operationally, Divine Touch Care Limited provides care in line with national best practice.

## **Divine Touch Care Limited City Director (DIRECTOR)**

Divine Touch Care Limited (DIRECTORS) has overall responsibility for complaints management and to ensure compliance with all standards and legislation. The DIRECTOR has accountability for Service Users staff and public safety and for promoting an open and fair culture, which encourages and facilitates the reporting, investigation and learning from complaints and providing assurance to the Board.

## **Quality Manager (QGM)**

The Quality Manager (QGM) accepts overall accountability for the implementation of complaints management internally and with partners and key stakeholders and has the responsibility for complaint management. This includes ensuring that all concerns are brought to the Director and/ or Quality Manager.

The QGM is required to ensure that the following arrangements for complaint management are in place:

- Service Users, Professionals and the public have easy access to report a complaint
- Complaint reporting mechanism is in place
- Complaints are investigated within specified timescales
- Complaints are responded to appropriately and in a timely manner
- Action plans are put in place and learning shared as appropriate
- Actions are evaluated to confirm fitness for purpose.

As QGM, they will work in partnership with the Register Manager and Director to ensure complaints are managed in a fair and consistent way.



## **Register Manager**

The Register Manager is responsible for ensuring staff receive training and support to implement this policy. They are also required to ensure staff receive appropriate support during a complaint investigation and while changes to practice are being implemented. Also responsible for cascading shared learning through the appropriate committees.

## **Senior Service Managers**

Senior service managers will also be required to investigate specific complaints in a timely manner and in line with this policy.

They will:

- Ensure that actions taken as a result of a complaint are effectively communicated and implemented
- Ensure that there is regular feedback to all services regarding Service User experience

## **All Staff (including bank, and agency staff)**

All members of staff will be required to work with their managers to:

- Act in line with this policy if they receive a complaint
- Support the complaint investigation as appropriate
- Support their team to identify actions in order to reduce the risk of poor practice, outcomes or experience
- Support their manager in sharing any learning and implementing any changes to practice
- Support their manager in evaluating the effectiveness of changes to practice

Staff found to be discriminating against complainants will be subject to disciplinary procedures.



## Management of Complaints

**This procedure details how to manage complaints about the quality of support services at Divine Touch Care Limited.**

1. Complaints may originate from service users, their family / relatives, either directly or through the Registration Authority, and even from Divine Touch Care Own Staff. Complaints may be received both verbally and in writing.
2. Each instance of complaint must be reported / routed to the Register Manager. Upon receipt of the complaint the Register Manager will complete the appropriate sections of a Complaints Record Form for appropriate action.
3. Every effort will be made to resolve the complaint and to provide a full response to the complainant within 7 working days.
4. If the Register Manager is unable to satisfactorily resolve the complaint within 7 working days then the complainant has the right to refer the complaint to the local / regional offices of the Registration Authority, details of which are as follows:

<b>Care Quality Commission</b>	<b>Customer Care &amp; Complaints Officer</b>
Tel: 03000616161 Fax: 03000616171 Email: <a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a>	Local Authority Board

5. Once the complaint has been resolved the Register Manager will complete the relevant sections of the Complaints Record Form, which will then be signed off by the Register Manager.
6. The Register Manager is responsible for maintaining all records relating to a complaint, using an appropriate Complaints Record Form as the basis for monitoring the progress made in resolving the complaint. Records will include all written complaints received, and copies of all statements from relevant parties.



7. Completed Complaints Record Forms will be reviewed on a regular basis for apparent adverse trends in service quality as part of the Management Review of the Quality System.



## **Accessibility**

Policies and procedures are available in accessible formats, well publicised, readily available, and accessible to individuals using the service, their families, significant others, visitors, staff, and others working at the service.

## **The Local Government & Social Care Ombudsman (LGSCO)**

Investigate all complaints about adult care services, care provided by a council or care arranged directly with a care provider by:

- Someone paying with their own or family money
- Someone using money provided by a council, via direct payment for example

There is a step-by-step process for making an online complaint on the LGSCO website or a phone number to contact them.

A complaint should be made within 12 months of the problem. If left any longer the Ombudsman may not be able to help.

The CQC and the LGSCO work together to promote high-quality services for all individuals who use adult social care services. This is particularly the case where when investigating a complaint, LGSCO detect service failures by a care provider that may affect its registration status with CQC. An information-sharing agreement and memorandum of understanding set out how information is shared.

## **Local Authority-funded Service Users-**

Any Service User part or wholly funded by their Local Authority can complain directly to the complaints manager (Adults) who is employed directly via the Local Authority.

**:Local Authority Complaints Manager (Adults):**

**Social Services Local Office:**

**County Police HQ:**

Out-of-Hours Service (Social Services) This service is available when social services offices are closed.

**Social Services Call Centre**



**The Parliamentary and Health Service Ombudsman**

**Millbank Tower**

**Millbank**

**London, SW1P 4QP**

**Tel. 0345 015 4033**

**The Local Government & Social Care Ombudsman**

**10th Floor, Millbank Tower,**

**Millbank,**

**London, SW1P 4QP**

**Advice Line Tel: 0300 061 0614 [for complainants]**

**The CQC cannot get involved in individual complaints about providers but is happy to receive information about services at any time.**

To raise concerns, contact:

The Care Quality Commission

Citygate

Gallowgate

Newcastle upon Tyne

NE1 4PA

**Tel. 03000 616161**

**The CQC will take details of concerns and respond appropriately and proportionately to the information divulged.**

**Compliments and Comments**

We want to make sure that everyone can contact and communicate with us. Service Users and families are encouraged and supported to make their views known. Information can be provided in a format of choice, and a member of staff or advocate can be appointed to help you.



We always encourage open communication about the satisfaction or dissatisfaction with the service we provide. We want Service Users to know that they can always tell us about their experiences of the service they receive, and we welcome suggestions from them on how we can improve things. All comments are taken seriously so that we can resolve any niggles. Where Service Users believe this has not happened, we encourage them to utilise our separate complaints procedure.

It is always encouraging when individuals feel motivated enough to compliment either the organisation or a member of staff for something they have done well, "over and above the call of duty". We believe it to be important that staff are made aware of the compliment as everyone needs to know how well they do, as well as areas where improvements are required.

**Compliments can be sent to**

**Registered Manager: Eva Joseph**

**Contact Address: 21 High Banks Close, Welling, Kent, DA16 3ES.**

**Email [info@divinetouchcare.co.uk](mailto:info@divinetouchcare.co.uk) (FAO Eva Joseph)**

**A letter to the Regional Director of our Inspectorate is very welcome.**

The contact details are:

**The Care Quality Commission**

**Citygate, Gallowgate**

**Newcastle upon Tyne NE1 4PA**

**Telephone: 03000 616161**

**Fax: 03000 616171**



## Related Policies

Accessible Information and Communication	Duty of Candour
Adult Safeguarding	Good Governance
Consent	Grievance
Dignity and Respect	Whistleblowing

## Related Guidance

Disability Rights UK

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

Concerns about care services

<https://www.scie.org.uk/contact/concerns>

Regulation 16 Receiving and acting on complaints.

<https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-16-receiving-acting-complaints>

Caldicott Principles - ([www.gov.uk](http://www.gov.uk)) Regulation 16: Receiving and acting on complaints - Care Quality Commission ([cqc.org.uk](http://cqc.org.uk))

How to make a complaint to the Health and Care Professions Council (HCPC) ([hcpc-uk.org](http://hcpc-uk.org)) Mental Capacity Act - NHS ([www.nhs.uk](http://www.nhs.uk))

CQC Complaints Matter

[https://www.cqc.org.uk/sites/default/files/20141208\\_complaints\\_matter\\_report.pdf](https://www.cqc.org.uk/sites/default/files/20141208_complaints_matter_report.pdf)

Regulation 20 Duty of Candour

<https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-20-duty-candour>



Local Government and Social Care Ombudsman Annual Review of Complaints:

<https://www.lgo.org.uk/information-centre/reports/annual-review-reports>

Local Government and Social Care Ombudsman How to Complain

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

### **Training Statement**

The Registered Manager is responsible for organising and coordinating training on the Complaints and Compliments (Listening and Learning) procedure.

All staff receive training in dealing with and responding to verbal and written complaints. The complaints policy and procedures are included in new staff members' training. In order to learn from mistakes, staff group meetings and supervisions are used to discuss formal complaint issues, so that all staff can share and learn from their experiences.

All staff, during induction, are made aware of the organisation's policies and procedures, all of which are used for training updates. All policies and procedures are reviewed and amended where necessary and staff are made aware of any changes. Observations are undertaken to check skills and competencies. Various methods of training are used including one-to-one, online, workbook, group meetings, individual supervisions and external courses are sourced as required.

All care staff are trained to respond correctly to complaints of any kind. Complaints policy training is included in the induction training for all new staff and updated as indicated by any changes in the policy and procedures and in the light of experience of addressing complaints.

**Date Reviewed: 12 December 2025**

**Person Responsible for Updating this Policy: Eva Joseph**

**Next Review Date: December 2026, or earlier if required.**