

Praxis Care COMPLAINTS MANAGEMENT POLICY

Printed copies are for reference only. Please refer to electronic copy for most recent information.

Please read in conjunction with the following:-

[HOW TO MAKE A COMPLAINT](#)
[COMPLAINTS PROCESS FLOWCHART](#)

1. INTRODUCTION

Praxis Care is committed to providing high quality services. Praxis Care welcomes comments, compliments and complaints from service users, carers, visitors and the community about the services it provides. Any comment, compliment or complaint received will be viewed by Praxis Care as an opportunity to inform continuous improvement and the provision of the highest standards of everyday service delivery.

Praxis Care will operate its Complaints Policy on the basis of openness, transparency and candour:

- **Openness** – enabling concerns and complaints to be raised freely without fear.
- **Transparency** – allowing information about performance and outcomes to be shared with staff, service users, the public and regulators.
- **Candour** – any individual harmed by the provision of service is informed of the fact and an appropriate remedy offered, regardless of whether a complaint has been made or a question asked about it. Further information can be found here:
[ENG - DUTY OF CANDOUR POLICY](#) ;
[IOM-DUTY OF CANDOUR POLICY AND PROCEDURE](#) ;
[HSE OPEN DISCLOSURE POLICY](#)

This policy and procedure is underpinned by regional legislation as referenced in Section10

2. SCOPE

This policy can be used by any service user, their representative, commissioner or supplier to comment on the quality of Praxis Care's services in any jurisdiction.

This policy and procedure should be read and understood by all Praxis Care employees, volunteers and students on placement.

Whilst this policy applies to all geographical jurisdictions, staff in the Isle of Man should refer to the specific procedures for this region.

3. AIMS & OBJECTIVES

Every individual who expresses dissatisfaction with any aspect of a service provided by Praxis Care has the right for their complaint to be dealt with in an effective and professional manner.

Praxis Care adopts a user-led approach to complaints management and aims to empower service users, representatives and stakeholders to make a complaint or raise a concern. All staff should report all complaints received.

Praxis Care will:

- Welcome complaints in a positive way and take all complaints, comments and feedback seriously.
- Inform key stakeholders about the process and make information readily available in accessible formats.
- Make the process simple and enable people to make a complaint in a way that suits them, at a time convenient to them and with the immediate reassurance that the issue will be taken seriously.
- Train staff to be receptive and supportive of feedback and complaints, to have the skills to manage complaints and to be empowered to resolve issues promptly and effectively, whilst treating the complainant with respect and courtesy.
- Thoroughly and fairly investigate and respond to complaints within 28 calendar days, and if this is not possible, ensure the complainant is kept informed (every 28 calendar days) of the reasons for any delays, giving fair and accountable responses.
- Deal with complaints in a confidential manner throughout the process.
- Ensure the views of the complainant are taken into account when exploring remedial actions.
- Provide outcomes/resolutions that directly address the complaint, in a manner the complainant prefers and by an appropriate person.
- Adopt an open, learning culture where complaints and feedback are actively encouraged and recognized as opportunities to reflect and improve service provisions locally and organisationally.
- Inform the complainant of their options in the event that they are not satisfied with the outcome of their complaint.
- Take action, if necessary, in light of the outcome of the outcome and promote a just and learning culture.

This policy and the [COMPLAINTS PROCEDURE](#) aim to:

- provide a framework for those who wish to comment about Praxis Care's services to do so, and to have them effectively investigated;
- provide a framework for staff to assist them manage complaints efficiently and fairly by acting honestly, openly and with transparency throughout the process;
- ensure that anyone wishing to make a complaint is listened to and treated with courtesy and respect;
- guide staff to resolve any complaints efficiently and fairly whilst keeping people fully informed of the progress of their complaint;
- ensure that anyone wishing to make a complaint is not disadvantaged by doing so

- Improve learning for the service and the organisation.
- Comply with relevant legislation.

The overall objective of this policy is to promote best practice regarding the management of complaints and improve Praxis Care's services for everyone as a result of acting on any feedback it receives.

4. DEFINITION

For the purposes of this policy a complaint is an expression of dissatisfaction, whether oral or written, and whether justified or not, from or on behalf of an eligible complainant about the organisation's provision of, or failure to provide, a service.

Regardless of how the complaint is received, all will be taken seriously and will be managed in accordance with the [COMPLAINTS PROCEDURE](#) .

5. EXCLUSIONS

The following complaints are excluded from this policy.

1. a complaint arising as an alleged failure to comply with a data subject request under GDPR;
2. a complaint arising as an alleged failure to comply with a request for information under the Freedom of Information Action 2015;
3. a complaint raised with and being investigated by a statutory body.

5.1 Staff Concerns

At present, the complaints process is not for staff to log complaints as it is likely that staff concerns will fall under the processes below.

Staff members with a concern should first raise it with their line manager and attempt to resolve it informally. If, following discussion with the manager, either informally or in supervision, a staff member feels the issue has not been resolved, it should be brought to the attention of the relevant Operational or Departmental Head.

Staff should refer to:

- the [GRIEVANCE PROCEDURE](#) where they have an issue about their employment, treatment, or terms and conditions which has not been resolved informally with the line manager.
- the [CAPABILITY POLICY](#) where they have concerns about a colleague's conduct/performance, which have not been resolved informally.

- the [WHISTLEBLOWING POLICY](#) where the employee is concerned about dangers or wrong-doing that affect others and which has not been fully addressed locally at service level.

Staff should refer to the [RAISING A CONCERN FLOWCHART](#) for further clarification of the appropriate policy to follow in these instances. In any of these cases, the employee should raise the issue firstly with their line manager to enable a swift local resolution where possible.

6. ROLES AND RESPONSIBILITIES

6.1. Governance Committee

The Governance Committee will oversee and review the management of the organisation's complaints processes. At designated meetings it will review complaint trends and seek assurances that complaints have been managed in accordance with Praxis Care policy.

6.2 Chief Executive

The Chief Executive has overall responsibility for the process of complaints management and application of the complaints policy.

6.3 Complaints Officer.

Praxis Care has a nominated Complaints Officer (Governance Manager) who is responsible for implementing, delivering and monitoring of the Management of Complaints Policy and Procedure; the Complaints Officer reports directly to the Director of Quality and Governance.

The Complaints Officer will prepare a report for the Operational Governance Meeting which will analyse the data available in relation to complaints, identifying trends and key concerns arising. High level reports are also provided to the Governance Committee and the Director of Governance will present these reports to both committees.

6.2. Directors

The complaints process lies within the Quality and Governance Department. The Director of Quality and Governance has delegated the role of the Complaints Officer to the Governance Manager however, they will present complaints reports to the Operational Governance and Governance Committees. In the Isle of Man, the Director for Quality and Governance is the 'responsible person'.

Directors have delegated responsibility for ensuring the efficient and effective implementation of the Complaints Management Policy and Procedure within their area of responsibility including any jurisdictional specific requirements.

6.3. Operational/ Corporate Heads

Operational and Corporate Heads are responsible for ensuring that staff are aware of the Complaints Management Policy and Procedure and assisting in building a culture where feedback of any type is welcomed and encouraged.

6.4. Corporate/ Service Managers/ Person in Charge

The relevant Manager/ Person in Charge will ensure that all complaints received locally/ departmentally are actioned appropriately.

The Manager/ Person in Charge has a responsibility to ensure that staff are aware of this Complaints Management Policy and Procedure. They have a responsibility to encourage a culture where a positive approach to learning from the results of service user feedback, concerns and complaints is fostered.

6.5. All Staff

Any staff member may be the first recipient of a concern or complaint therefore the management of informal concerns and complaints is every staff member's responsibility. It is the responsibility of all staff to work to resolve any concerns expressed by service users or their representatives, and to escalate to their line manager any concern which cannot be resolved immediately.

7. COMPLAINTS

7.1 Who can make a complaint?

Any person may make a complaint to us if they have received or are receiving care or services from Praxis Care. A person may also complain to Praxis Care if they are affected or likely to be affected by any action, inaction or decision taken by the organisation.

If the person affected does not wish to deal with the complaint themselves, they can appoint a representative to raise the complaint on their behalf. There is no restriction on who may represent the person affected. However, they will need to provide Praxis Care with their consent for the representative to raise and discuss the complaint and to see their personal information.

A complaint will only be accepted if the issue has arisen in the last 12 months **or** within 12 months of the date of the complainant becoming aware of the issue.

7.2 Confidentiality & Consent

Information about complaints and those involved is strictly confidential. Any information should only be disclosed to those with a demonstrable need to know, in line with the relevant Data Protection legislation.

If someone makes a complaint on behalf of a service user, staff must confirm that the complainant has the appropriate authority to make the complaint i.e. that the service user has given their consent. Information about a service user should not be shared with anyone without the consent of the service user.

In addition, the manager/ person in charge should be assured that the complainant is acting in the best interests of the service user. Where concerns exist that the representative is not making

the complaint in the best interests of the person on whose behalf the complaint is being made, the Complaints Officer will liaise with the service manager to establish the background to the complaint, the service user's views etc. Where it is felt that the complainant is not acting in the best interests of the person on whose behalf they are making the complaint, then no further consideration will be given to the complaint and Praxis Care will notify the complainant in writing of this, stating the reason for the decision.

Staff should refer to the [VEXATIOUS AND PERSISTENT COMPLAINTS POLICY & PROCEDURE](#) for more information and guidance.

7.2.1 VEXATIOUS AND PERSISTENT COMPLAINT

A **vexatious complaint** is one which is entirely without merit and is made with the intention of causing inconvenience, harassment or expense to Praxis Care or its employees.

Persistent complaints, specifically those that are 'unreasonably persistent' are complaints which have merit, but, because of the frequency or nature of their contact with complaints handlers, hinder consideration of their own or other's complaints, or require a disproportionate level of resources or time to handle the complaints raised.

If the manager feels that complaints received fall into either category, they should refer to [VEXATIOUS AND PERSISTENT COMPLAINTS POLICY & PROCEDURE](#) for more information and guidance.

7.3 Advocacy

In some instances, advocates are an important support to a service user in assisting him / her to make a complaint and guiding the individual through the complaints process. Praxis Care should ensure that the service user is aware of the contact details of advocacy services in the local area. Please read: [ACCESSING OTHER SERVICES](#).

See Appendix 1 for contact details for regional advocacy services.

7.4 Training

All staff within operational services must complete the Complaints training as part of induction/ refresher. Management of Complaints is available as e-learning on DOCEBO and staff are required to refresh this training every 5 years. Additional training e.g. from the commissioner, should be availed of as appropriate, relevant to staff roles and responsibilities.

8 INFORMATION ABOUT MAKING A COMPLAINT

Regional information guides have been developed for service users to accompany this policy and procedure. They provide information about all aspects of Praxis Care's complaints procedures as well as directing service users and/or their representatives to advice and guidance services, regulatory bodies, advocacy services and ombudsman services. These resources must be made available to all service users and representatives on commencement of service and on request. Information on how to make a complaint must also be made available to all relevant parties on request.

To improve accessibility to all, information leaflets are available from Praxis Care website: www.praxiscare.org.uk which has 'Browse Aloud' and language translator facilities. It can also be made available, upon request, in other formats such as Braille, large print, and audio.

Each service will display the Praxis Care [COMPLAINTS POSTER - WRITTEN](#) in a communal space to provide service users and visitors with information on the complaints process. This poster is also available in accessible formats, if required, on the EDMS.

9 LEARNING FROM COMPLAINTS

In order to be able to improve the quality of the services provided by Praxis Care, it is vital that there is learning taken from sources such as complaints. Following completion and receipt of the final report, the manager/ person in charge will ensure that any remedial action is taken promptly and where appropriate and relevant, any weakness in local processes is corrected. The manager/ person in charge will inform the Quality and Governance Department if any of the actions may involve a change to corporate policy or procedure and this will be added to the CAPA (Corrective and Preventative Action) System to be taken forward by the relevant department.

All staff will have access to the complaints data and trends both for their respective setting and the organisation as a whole via the QGMIS dashboard, however where there may be complaints that have a direct and significant impact on the staff team or service Trend learning If appropriate, such complaints should be discussed at the monthly staff meeting and actions or learning arising from the investigation of the complaint shared with the team.

10 COMPLAINTS MONITORING

Praxis Care has several layers of monitoring the implementation of the complaints policy and the impact of complaints across the organisation.

- Live Complaints dashboard; accessible by all staff
- Monthly Monitoring Visits by the Head of Operations
- Internal Audit
- Senior Leadership Team and Operational Governance Committee
- Governance Committee
- Bi-Annual and annual reporting to the Praxis Care Board
- Management review
- Regional contractual monitoring

Reports for the various committees in relation to complaints management will be completed as required by the Complaints Officer.

11 LEGISLATION

All regulated services must operate a complaints procedure.

- Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 (England), Regulation 19 & Regulation 20
- The Residential Care Homes Regulations (NI) 2005, Regulation 24.
- The Children's Home Regulations (NI) 2005, Regulation 23.
- The Day Care Setting Regulations (NI) 2007, Regulation 24.
- The Domiciliary Care Agencies Regulations (NI) 2007, Regulation 22.
- The Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations, 2013. (Ireland)
- Regulation of Care Act, 2013, (IoM)
- Social Services Complaints Regulations, 2022. Tynwald.
- Social Services Act, 2011.
- Adult Care Homes Minimum Standards, 2017 (Isle of Man Department of Social Care)
- Domiciliary Care Agencies Minimum Standards, 2017 (Isle of Man Department of Social Care)
- Adult Day Care Minimum Standards, 2017 (Isle of Man Department of Social Care)

12 REFERENCES

- The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.
- Complaints in Health and Social Care – Standards and Guidelines for Resolution and Learning. DHSSPSNI (2009).
- 'Listening, Responding, Improving – a Guide to Better Customer Care' (DH 2009).
- 'Your Service, Your Say', Complaints Policy & Procedures Manual, HSE, 2009
- A Review of Concerns (Complaints) Handling in Wales, June 2014.
- Being Open, National Patient Safety Agency, 2009