



POLICY

1.30 Dealing with Compliments, Concerns and Complaints (Care) Policy

Policy Category	Category 1 – Managers & Deputies, ELT & Trustees Category 2 – All Ops staff, Central Services, Housing
Policy Cross Ref	<i>1.02 Code of Conduct</i> <i>1.23 Safeguarding Policy & Procedure</i> <i>1.28 Whistleblowing Policy</i> <i>4.36 Resident and Client Anti-Social Behaviour</i> <i>5.10 Building Repairs and Maintenance</i> <i>7.03 Confidentiality and Data Protection</i> <i>8.08 Grievance Procedure</i>
Summary of Policy Changes	V1.0 – June 2025 – Separated from policy 1.29 to focus on the regulatory requires for handling complaints and compliments for care.
Policy Owner	Head of Quality and Continuous Improvement
Published Date	July 2025
Expiry Date	July 2028

1.0 Policy Summary

St Anne's Community Services has a purpose to 'make a difference everyday' - providing high quality care and support, to enable people to lead independent and fulfilled lives. St Anne's response to compliments, concerns and complaints reflects our values of being Person-Centred, Respectful, Open, Understanding and Dedicated.

This policy outlines St Anne's approach to handling feedback, including compliments, concerns and complaints from clients, residents, employees, and stakeholders. St Anne's recognises that compliments, concerns and complaints provide valuable feedback and allows St Anne's to know when things go right so it can be celebrated and when they go wrong, so St Anne's can put things right and improve. All feedback is used to inform, shape, develop and improve services.

For the full details of this policy, please read the entire document, not just the summary.

2.0 Scope

St Anne's values all feedback from clients and residents, those close to them, their representatives, external stakeholders, members of the public, and anyone else who comes into contact with our services.

St Anne's therefore will positively encourage feedback through a range of methods, both written and verbal and using appropriate technology, interpreters, or other means wherever possible, enabling any person to provide feedback regardless of how, where or when they wish to do so.

From a regulatory perspective our focus is on Regulation 16 – receiving and acting on complaints:

[Regulation 16: Receiving and acting on complaints - Care Quality Commission](#)

With an operational focus on the Quality Statement, 'Listening to and involving people':

"We make it easy for people to share feedback and ideas or raise complaints about their care, treatment, and support. We involve them in decisions about their care and tell them what's changed as a result".

St Anne's will put the person providing the feedback at the centre of the process by actively listening to what people say and make them feel confident that their views will be taken seriously, and that their views will be acted on, including through:

- Reassuring those raising concerns or complaints that they will not be victimised or treated unfairly for doing so,
- Aiming to respond to concerns and complaints by working with the person to find a resolution and by being open about the action we have taken,
- Whenever appropriate, giving an apology,
- Ensuring that positive feedback is shared with the relevant staff,
- Learn from any feedback given and improve our Services and Departments to meet the needs of our clients, residents, and other stakeholders as a result.

3.0 Main Policy Content

3.1 All Feedback – Compliments, Concerns and Complaints can be made:

- Via St Anne's website under "Contact"
- By writing to the service
- By talking to, ringing or emailing the manager of the service, central service manager, their line manager or central services and asking for direction to whom may be the appropriate person to speak to.
- By talking to, ringing or emailing any of the staff of the service, which the issue relates to.
- Directing comments directly to the Quality team via email.

3.1.1 Information About How to Give a Compliment or raise a Complaint

Information about giving a compliment, and making a complaint can be obtained:

- On St Anne's website by downloading a copy of this policy, including accessible versions.
- By ringing St Anne's on 0113 243 5151: The Team will **only** take all initial details regarding the complaint and will pass the details of the complaint to the Quality & Continuous Improvement Team Quality@St-Annes.org.uk
- In St Anne's leaflet, 'Tell Us What You Think'

This leaflet summarises how people can give us their feedback. **See Appendix 1**

Every client and resident in St Anne's accommodation-based services will receive a copy of this, and have it explained to them on first receiving a service from St Anne's and at regular intervals thereafter.

In all other services this information will be made available through leaflets/posters and in regular correspondence with the client.

Information about how to provide feedback can be made available in appropriate formats and languages or on tape if preferred upon request. The leaflet can also be made available to relatives, friends, and advocates.

St Anne's will work with the individual to ensure they feel listened to and supported throughout the complaint process where a complaint refers to protected characteristics, we will take care to ensure our processes in handling the complaint are sensitive to this factor, this may include for example the choice of investigation office, settings/location of meetings.

Depending on the area in which St Anne's is operating, services may need to notify their Local Authority complaints department or contract compliance team of the nature of the complaint and the response and should act accordingly. As St Annes take a multi-agency approach, this may cause delays in the processes, but we will ensure that any complainant (a person making a complaint) is made aware of this, along with an updated expected timeline for response.

3.1.2 Staff Issues

St Anne's Grievance Procedure exists for current and former staff to raise a concern or complaint to do with their employment, including their treatment by other St Anne's staff. This Compliments, Complaints and Concerns Policy is therefore not applicable for that purpose.

3.2 Maintaining records

Every service, whether they are regulated by the CQC, or not, will keep accurate, factual records on Nourish of the following:

- Compliments
- Concerns
- Complaints
- Other Feedback (for example from the annual stakeholder survey)

Specialised profiles and interactions have been created on Nourish to facilitate the recording of these. Service should also ensure that they analyse these for trends and patterns, taking action to improve quality.

3.3 Compliments

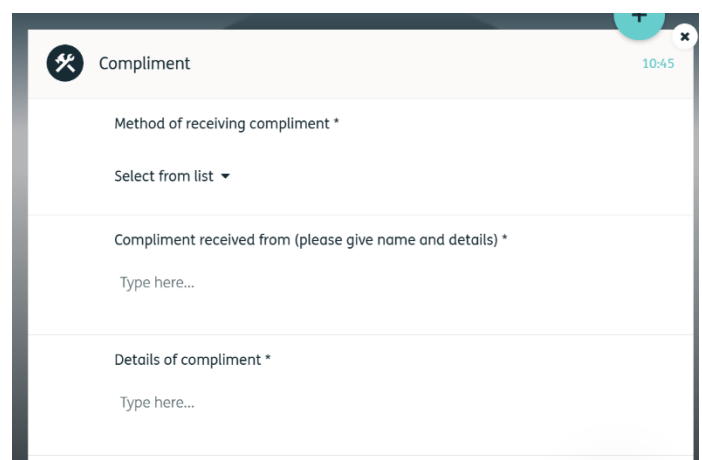
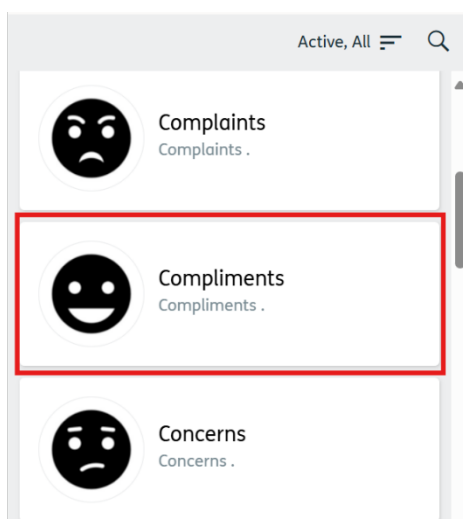
A compliment is any piece of positive information, or expression of satisfaction provided by any source, be they internal or external. These should be reported whether they are provided verbally, in writing, or by any other means.

Receiving a Compliment Verbally, in writing, or via the website or social media

- Forward the compliment to the relevant service manager/department. Written/social media feedback should be scanned/forwarded.
- If a verbal compliment is received, ask the person if they would write or email it to the manager of the service, so we can keep a clear and formal record of it. In addition, the person receiving the verbal compliment should make a contemporaneous note on a Compliments interaction on the Compliments profile on Nourish explaining that it was verbal and this is their best recollection and informing their manager.
- Website feedback will go directly to QCI Team and be forwarded within 3 working days to the relevant service manager /department manager.
- The service manager/department manager should respond to and share the feedback with relevant staff/team departments.

Guidance

1. Select the compliments profile from the list of profiles in your location on Nourish.
2. Once selected, use the blue plus to add a 'Compliments' interaction.
3. Complete this interaction with the details of the compliment and save it to the timeline.
4. You may wish to add any details to the handover, so your colleagues will be aware of the positive information.



3.4 Complaints

A complaint is any external reporting of information of concern relating to care that the person wishes to log as a formal complaint. This question should be asked by all staff receiving such concerns to ascertain if a complaint needs to be reported through this route.

Clients may also log formal complaints; all non-formal concerns should be logged as a concern (see concerns process below).

Complaints could include (but not limited to):

- Care delivery concerns,
- Staff conduct,
- Actions or lack of actions,
- Poor communication,
- Delays.

Complaints can be raised:

- In writing,
- Verbally/ preferred communication method,
- On social media or electronically.

For all complaints St Anne's will:

- Acknowledge the complaint – in writing or by email.
- Ask an appropriate person to carry out an investigation.
- Treat the complaint in confidence.
- Keep the complainant informed of progress.
- Resolve the complaint within a clear timescale appropriate to the level or complexity of the complaint received.

3.4.1 Raising a Complaint

Anyone (except staff) can make a complaint. All staff should take the following steps when receiving a complaint:

- Find out if the person feels able to talk to you, would prefer to talk to another member of staff, needs an advocate or an independent interpreter.
- Ask the person if they would like the information they have provided, to be considered a formal complaint. If they would, staff should follow the procedure here. If the person does not, staff should explain to the person the importance of recording the information as a concern so that action and learning can still be used to make improvements. They should then follow the 'Concerns' procedure below.
- Confirm the details of the complainant, the complaint itself and the persons' preferred outcome (resolution). Information being provided could be traumatic or triggering for the person, so staff should 'Check-in' with them to ensure they remain comfortable, offering reassurances and support where necessary. Following a trauma informed approach at all times.

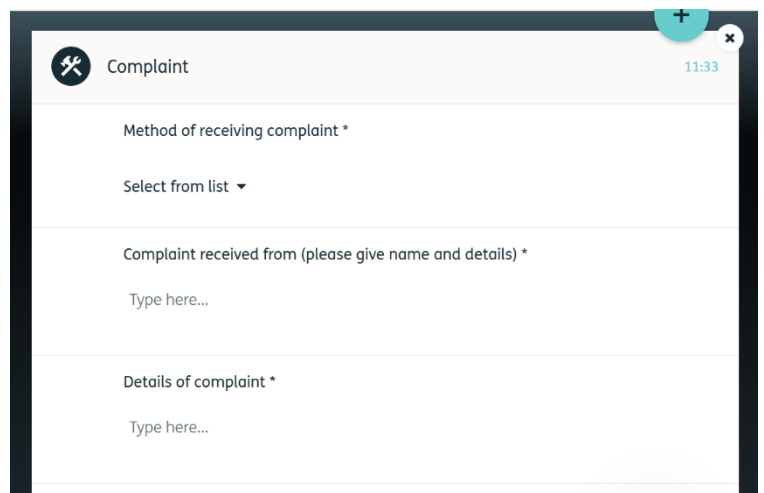
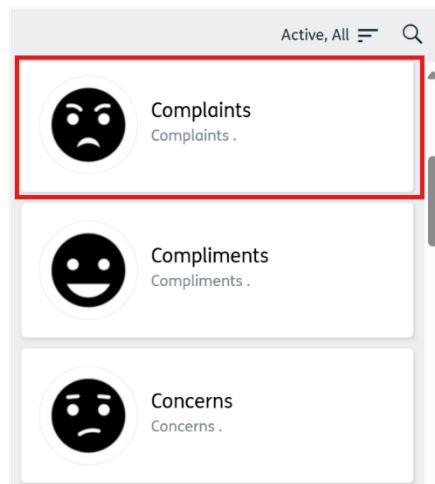
[Working definition of trauma-informed practice - GOV.UK](#)

- Note that the person making the complaint does not have to put anything in writing but should be supported to do so if they wish.
- Contact their line manager/out of hours on call emergency line if they consider anyone is at immediate risk.
- Complete the 'Complaint' interaction on the 'Complaints' profile under the relevant service location on Nourish.
- If the complaint does not relate to any specific service staff should complete an email to Quality@St-Annes.org.uk detailing all the relevant information so the quality team can liaise with the relevant department.

Complaints received via St Anne's Website are automatically directed to the Quality & Continuous Improvement Team.

Complaints received by letter (scanned) or email must immediately be sent – by email - to the Quality & Continuous Improvement Team.

Guidance



1. Select the complaints profile from the list of profiles in your location on Nourish.
2. Once selected, use the blue plus to add a 'Complaint' interaction.
3. Complete this interaction with the details of the complaint and any immediate actions taken by staff and save it to the timeline.

3.5 Concerns

A 'Concern' is information/feedback about sub-optimal care, or any other concerning information/feedback that is raised by any external source, or by clients, where the person does not wish their information/feedback to follow the formal complaints process.

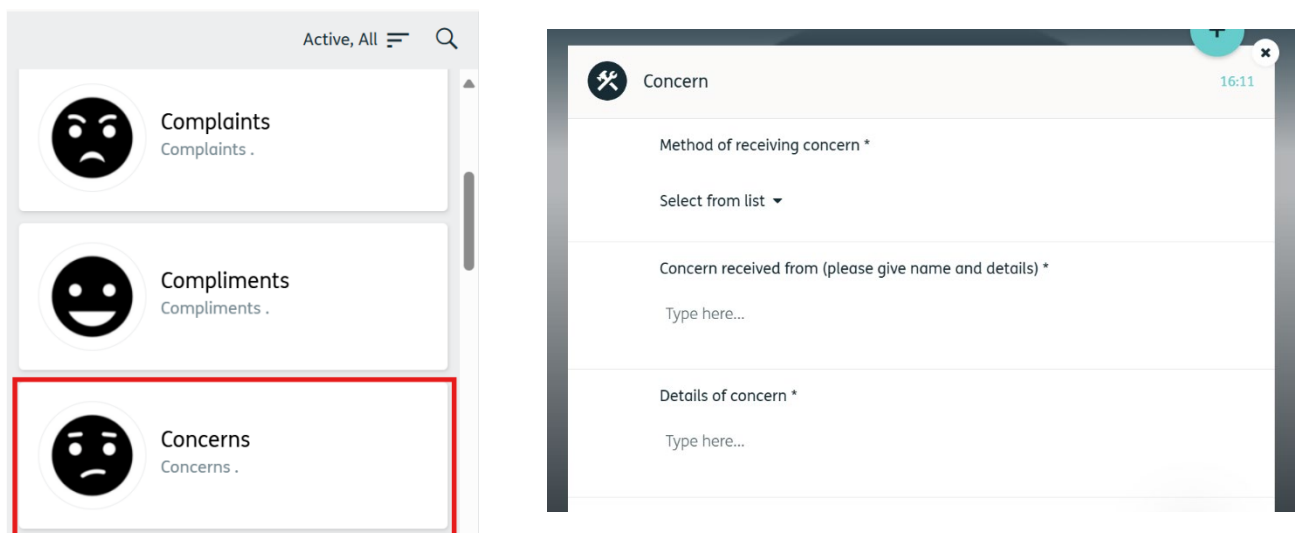
St Annes recognises the importance of learning from all information/feedback provided to us to ensure we have a learning and continuous improvement culture and the systems in place to enable us to do that.

Although concerning information from our stakeholders, or members of the public, might not always constitute a formal complaint, it is important to ensure that this information is recorded, reviewed and learned from; used to drive actions, changes and improvements. The use of this information/feedback maybe crucial in preventing more serious concerns, complaints, safety incidents or safeguarding concerns from arising in the future.

Staff that become aware of concerns from any external source, or from a client, who does not wish their information/feedback to follow the formal complaints route should:

- Find out if the person feels able to talk to you, would prefer to talk to another member of staff, needs an advocate or an independent interpreter.
- Advise the person of their intention to record the information/feedback as a concern, and the importance of using this information for learning and for prevention.
- Confirm the details of the person giving the information/feedback, and the concern itself. Information being provided could be traumatic or triggering for the person, so staff should 'Check-in' with them to ensure they remain comfortable, offering reassurances and support where necessary. Following a trauma informed approach at all times. (see above for guidance)
- The person may provide this information in any format they are comfortable with. If they wish to put this into writing, staff should support them to do so.
- Complete a 'Concerns' interaction on the 'Concern' profile under the location in Nourish. Staff should document any immediate actions they have taken within this interaction along with as much detail about the concern as possible and save it to the timeline.

Guidance



The image shows two screenshots from the Nourish system. The left screenshot displays a list of three profiles: 'Complaints' (with a sad face icon), 'Compliments' (with a happy face icon), and 'Concerns' (with a sad face icon). The 'Concerns' profile is highlighted with a red rectangular border. The right screenshot shows the 'Concern' form, which is titled 'Concern' and has a timestamp of 16:11. The form contains three sections: 'Method of receiving concern *' with a dropdown menu labeled 'Select from list'; 'Concern received from (please give name and details) *' with a text input field labeled 'Type here...'; and 'Details of concern *' with a text input field labeled 'Type here...'.

1. Select the 'Concerns' profile from the list of profiles in your location on Nourish.
2. Once selected, use the blue plus to add a 'Concern' interaction.
3. Complete this interaction with the details of the complaint and any immediate actions taken by staff and save it to the timeline.

3.6 Safeguarding

- Any information disclosed or raised with us by any means that relates to a safeguarding issue or suspected safeguarding issue, must be dealt with immediately following the guidance in the St Anne's Safeguarding Adults Policy.
- The person disclosing information must be reassured that we will do everything to ensure that the person involved is safe.

3.7 Acknowledgement of complaints

A member of the Quality & Continuous Improvement Team will contact the relevant person:

Complaints regarding Operational Services – the relevant Area Manager.

Complaints regarding Central Services – the relevant Department Head.

Complaints regarding Housing issues – the relevant Housing Manager.

An acknowledgement letter will be sent out by the Quality & Continuous Improvement Lead within 3 working days of receipt of the complaint. Each department should endeavour to facilitate this timeline by maintaining responsiveness.

3.7.1 The Investigation

When conducting any complaints investigation St Anne's will establish the facts in a systematic way:

- Collecting and assessing evidence
- Conducting interviews
- Referring to client records and documents and taking expert advice as required.

Once the evidence has been gathered, it will be assessed in order to decide what is fair and reasonable in the circumstances of each complaint.

If the complaint involves very serious allegations or it is felt that an external independent investigation is needed, this will be decided by the Head of Quality and Continuous Improvement. If the investigation, into a complaint, results in action under St Anne's disciplinary procedures, then:

- The complaints process will be continued to its conclusion, as set out in the process above.
- In the response letter, the complainant will be informed that their complaint has led to disciplinary action, if known at that time (but not the details due to the GDPR and Data Protection legislation).

3.8 Timeframes

3.8.1 Stage 1

An acknowledgement letter will be sent within 3 working days; this will include details of the person appointed to conduct the investigation. St Anne's will outline their understanding of the complaint and the complainant's preferred outcome. If details are unclear, St Anne's will ask for clarification and inform the complainant if their preferred outcome is unreasonable or unrealistic, setting out reasons for this.

The investigating officer will, wherever possible, contact the complainant to confirm the details of the complaint, investigate and respond to stage one complaints within 28 working days of the acknowledgment of the complaint. This process includes evaluating the issue, determining the necessary resolution, and identifying any urgent actions required. Stage 1 responses will be signed off by the Head of Operations.

Holding Response in More Complex Situations

If, because of the complexity of the complaint, the matter it concerns, due to our multi-agency approach, or unforeseen circumstances, it has been impossible to complete the investigation within the 28 working days since acknowledging the initial complaint, then the Quality team will inform the complainant in writing, outlining the reasons for this and up to another 28 working day extension. This will be known as a holding letter.

The investigating officer must inform the Quality team as soon as reasonably possible of any delays that might be foreseeable, and as soon as they become aware, of anything that occurs that may cause delays, throughout the process.

3.8.2 Stage 2 - Appeals Investigation by the Chief Executive or Director

Stage 2 is the final step in our complaints process. If a complaint isn't resolved at stage 1, a Director or the Chief Executive will review it upon request. St Anne's aims to understand why the complainant remains dissatisfied and what would bring resolution.

St Anne's will acknowledge stage 2 complaints within 3 working days and review the complaint and our stage 1 response. A response with St Anne's actions will be sent within 20 working days of acknowledgement of escalation to Stage 2. If more time is needed, an explanation of the delay and a new timeline will be provided, not exceeding an additional 20 working days. St Anne's will confirm the extension in writing, keeping the complainant updated.

The response will address all points raised and provide clear reasons for any decisions. The Stage 2 response is not a re-investigation of the complaint at Stage 1, but a review of the process and the decisions outlined in that stage. The Chief Executive can order a new investigation if they feel this is necessary or appropriate.

The Stage 2 response letter will also explain how to refer the complaint to the LGSCO if the complainant remains dissatisfied.

The complainant has the right to approach the LGSCO at any time.

3.9 Ombudsman or External Regulators

All formal responses will state that if the complainant is still not satisfied, they can appeal to an appropriate external body, which could include:

- Local Service Commissioners, where the complaint regards a Local Authority funded service.
- The Local Integrated Care Board (ICB), where the complaint regards a health funded service.
- The Care Quality Commission (CQC), where the complaint regards a registered service. Note: CQC will only consider complaints from those detained under the Mental Health Act 1983. Anyone who uses registered services may provide information/feedback to CQC at any time, which will be used to inform their regulatory programme.
- The Local Government and Social Care Ombudsman (LGSCO), for all support and care related complaints (including those made by someone who is self-funded).

St Annes will provide contact information for any of the above if requested.

As part of the organisational response to a complaint, if the findings of investigations warrant doing so, the written response must include a sincere expression of sorrow or regret for the incident or issue giving rise to the complaint.

This apology must be clear and unambiguous and may be given verbally in addition to the written apology within the resolution letter.

If a complaint has been upheld, it is good practice to offer both a verbal and written apology.

St Annes adhere to the general and formal Duty of Candour as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations under regulation 20.

3.10 Unreasonably Persistent Complaints

Having completed the formal complaints procedures above, a complainant may be identified as unreasonably persistent due to the behaviours they display. These may include:

- Behaviours/actions which are disproportionate, harassing or repetitious.
- Seeking unrealistic outcomes relative to the issue being raised and stating that their intention is to persist until that outcome is achieved.
- Repeatedly making the same complaint with minor differences but not accepting the outcome of any investigation into their complaints.

Complainants who are deemed to be 'persistent' should still be treated fairly and properly whilst ensuring other clients, other residents or staff are not adversely affected. Further guidance on dealing with persistent complaints is available from St Anne's Head of Corporate Governance in consultation with St Annes' Head of Quality and Continuous Improvement.

St Annes will take a view on these on a case-by-case basis.

3.11 Legal Action by a Person Who Has Made a Complaint

If, at any point during the complaints process the person who has made a complaint states that they have sought, or commenced legal action in regard to their complaint the details should be passed to the Head of Corporate Governance and where appropriate the insurance brokers, as decided by the CEO and or the Head of Corporate Governance.

If during the investigation the person who has made a complaint decides to take legal action, the complaints process may be halted to determine whether continuing with the complaint could prejudice the outcome of legal action.

The decision to discontinue the complaints process lies with the Director with responsibility for the area that the complaint is about, once all of the information has been made available and legal action has commenced.

3.12 Anonymous Complaints

All anonymous complaints received by St Anne's will be investigated if there is enough information to carry out such an investigation following procedures outlined within the St Anne's Whistleblowing Policy.

3.13 Confidentiality

All complainants will be dealt with in line with St Anne's Confidentiality Policy, the Data Protection Act and Caldicott Principles.

3.14 Administration of Complaints

A register will be kept by the Quality & Continuous Improvement Team of all complaints, setting out:

- Each complaint received
- The subject matter and outcome(s)
- Details of the reasons for delay where an investigation took longer than the agreed response period agreed, and
- The date the report of the outcome of the investigation (the response letter) was sent to the complainant.

Complaints will be collated by the Quality & Continuous Improvement Team for the monitoring and analysis of trends or patterns, identifying areas of improvement across the organisation and to ensure learning has been implemented at a local and organisational level.

3.15 Reporting Complaints

The Quality & Continuous Improvement Team will prepare a report regarding all complaints, together with their outcome and any recommendations for changes to practice resulting from learning derived from the process every 3 months for reporting to committee. Services retain the responsibility to learn from and implement learning and improvements to their practice as a result of complaints, concerns and compliments, aided by the Quality team.

Recommendations to changes in practice and lessons learnt will be presented to the Quality & People Committee within their standard board cycle.

4.0 Effects

The expected outcomes of this policy being in place include:

- **Enhanced Communication and Trust:** By actively encouraging feedback and ensuring that it is taken seriously, St Anne's fosters a culture of openness, learning and trust. Clients, residents, and stakeholders feel more confident that their views will be heard and acted upon, which can lead to stronger relationships and increased satisfaction.
- **Increased accountability and transparency:** Outlined through clear processes for handling complaints, concerns and compliments, this includes timely responses, keeping complainants informed, and providing clear reasons for decisions.
- **Compliance with Regulations:** By adhering to the policy, St Anne's ensures compliance with relevant legal and regulatory requirements, such as those set by the Care Quality Commission. This helps to avoid potential legal issues and enhances the organisation's reputation.

- **Staff development and positive morale:** Positive feedback is shared with relevant staff, which can boost morale and motivation. Additionally, handling complaints effectively and learning from them can lead to professional development opportunities for staff.

5.0 Appendix

- **Appendix 1 Compliments, Complaints and Concerns leaflet - 1.30**
[Appendix 1 - Compliments, Complaints & Concerns Easy Read.PDF](#)

Acknowledgement and response letter templates will be provided by the Quality team during the process for the investigating officer to use. Investigating officers should use these templates to structure their responses.