

# Customer Feedback Policy

This policy outlines our approach and procedures for any customer feedback, including compliments, concerns, suggestions, and complaints

## Policy Updates

September 2024	<ul style="list-style-type: none"> <li>Addition of <i>How we will manage your Housing complaint</i> leaflet, updated <i>Customer feedback procedures</i> to include reference to the leaflet</li> </ul>
August 2024	<ul style="list-style-type: none"> <li>Addition of <i>Easy Read How we will manage your complaint</i> document</li> </ul>
May 2024	<ul style="list-style-type: none"> <li>New format, replacement of Datix with Vantage</li> </ul>
September 2023	<ul style="list-style-type: none"> <li>Minor updates to <i>Customer Feedback procedures</i>, to the <i>Managing complaint appeals</i> section and addition of <i>Ombudsman stage</i></li> </ul>
June 2023	<ul style="list-style-type: none"> <li>Minor updates to <i>responsibilities</i> section and <i>Customer Feedback procedures</i>, to clarify responsibilities relating to Commissioning manager and Investigating officer roles</li> <li>Update to <i>referral to ombudsman</i> section to clarify that referral does not apply where the complaint is <b>not</b> in relation to care or quality service, for example a complaint by an external stakeholder about the conduct of a colleague. In such cases the complainant may wish to contact the commissioners of the service.</li> </ul>

## Policy Governance

Next review due	May 2025
Policy author	Peter Lennon, Risk, Health & Safety Manager
Policy Owner	Health & Safety Group
Business Category	Governance - Legal, Regulatory and Compliance
Training	Training is covered within the Duty of Care & Handling incidents module of our foundation training programme.

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## 1. POLICY FRAMEWORK

1.1. The following documents form part of this policy



## 2. WHY WE HAVE THIS POLICY

- 2.1. This policy sets out our position on the management of all customer feedback including compliments, suggestions, concerns, and complaints.
- 2.2. Feedback provided by people using our services and key stakeholders (for example family/carers, commissioners, regulators, and other professionals) is an essential aspect of how we evaluate our performance and continually improve our services. We have adopted a fair, just, and open approach to investigating and responding to complaints. When things do go wrong, we will ensure corrective action is taken to improve practice rather than to apportion blame or take punitive actions. We will ensure that all people providing feedback are supported and reassured they will not be treated adversely for providing their feedback.
- 2.3. We place great importance on the accuracy and providing timely responses to all customer feedback received. Where personal or sensitive information forms part of a complaint, we may not be able to respond to third party concerns in full without informed consent from the client. In these cases, we will request consent from the client but where this is not provided then we will explain this and explain why we are unable to respond fully.
- 2.4. The aims of the policy are to
  - make it simple and straightforward for people to provide feedback about our services.
  - ensure we learn and improve from complaints.

- keep people informed of the progress of their complaint and demonstrate that their complaint has been properly investigated, even if it is not upheld.
- ensure that all customer feedback is captured, shared, and utilised by us to improve the quality of services that we deliver.
- ensure all positive feedback is provided to teams and individuals where good working practices have taken place.
- review all suggestions and recommendations and implement them where we have the capability to do so, and they have a clear benefit to the people we support.
- ensure that all complaints are managed in a fair, just, and open manner.
- use evidence-led investigation methods to provide a consistent, transparent, and fair response to all feedback received.
- Where we have failed or made mistakes, to provide an explanation of how and why this happened, make corrective recommendations, and offer an apology.
- communicate effectively and remain in contact where delays have or are expected to occur; including those both internal and external and explain both why there is a delay and when we expect to be able to finalise the process.

### Out of scope

- 2.5. Whistleblowing is the term used when a colleague raises (discloses) a concern about malpractice, a risk, wrongdoing or possible illegality, which harms, or creates a risk of harm, to people who use the service, colleagues or the wider public. This is covered by our [Raising concerns at work \(Whistleblowing\)](#) policy.

- 2.6. Employees wishing to make a complaint about their employment or how they have been treated, should see the [Resolving Employee Grievances Policy](#).

### Housing Ombudsman

- 2.7. If a person wishes to complain about their housing, the [Housing Ombudsman Complaint Handling Code](#) should be followed
- 2.8. This applies to an individual who is, or has been, in a landlord/tenant relationship with Turning Point. This includes people who have a lease, tenancy, licence to occupy, service agreement or other arrangement to occupy premises owned or managed by us. If the complaint is made by an ex-tenant, they must have had a legal relationship with Turning Point at the time the matter arose.

## 3. DEFINITIONS

- 3.1. We use the following definitions within this policy

- **Appeal** – A complainant can appeal following the response of a complaint. The appeal process is managed by Risk and Assurance. The appeal panel will normally consist of an Independent Chair, a Regional Manager unconnected with the service which gave rise to the complaint, and specialist / subject matter expert if appropriate.
- **Complaint** - An expression of dissatisfaction, however made, with something we have done or have failed to do in carrying out our work (including the organisation, our premises, our own colleagues, or those acting on our behalf), which has not

been resolved as a concern, or the individual wishes to pursue as a complaint.

- **Compliment** - A formal expression of thanks or appreciation, verbal or written (for example thank you cards, entry in service register) from a person using our service or another stakeholder (for example a family member or carer; a professional, commissioner or member of the public) about any aspect of the service provided.
- **Concern** - An expression of dissatisfaction, however made, with something we have done or have failed to do in carrying out our work (including our premises, our own colleagues, or those acting on our behalf), which can be resolved locally at the time, or can be resolved without the need for an investigation, or the individual does not wish to pursue as a complaint.
- **Customer Feedback** – This encompasses all positive and negative feedback received about the organisation as a whole, services, or representatives of the organisation. It includes Compliments, Suggestions, Concerns and Complaints.
- **Feedback Handler** – a local representative who is familiar with this policy, who will be a point of contact. This individual is of suitable seniority to be able to resolve concerns and is therefore usually an Operations Manager or equivalent (see [Management & client Matrix](#)).
- **Feedback Manager** – a representative outside of the day-to-day management of the service, who has the responsibility to oversee customer feedback and to assign the Feedback Handler for concern resolution. This person will be a Regional Manager or equivalent (see [Management & client Matrix](#)).

- **Investigating Officer** – the representative appointed by the Feedback Manager to investigate complaints. This person will remain impartial and follow this policy.
- **Notifiable Safety Incident** - any unintended or unexpected incident that occurred in respect of a client during the provision of a regulated activity that, in the reasonable opinion of a health care professional, appears to have resulted in death or serious injury. Where it is determined that a concern or complaint relates to a notifiable safety incident, the *Duty of Candour* procedure will be followed in line with CQC guidance.
- **Suggestion** - Advice or an idea from a person using our service or another stakeholder that may improve care, treatment, or service delivery.
- **Vantage** – An online system used for recording and managing incidents and customer feedback.

## 4. ROLES AND RESPONSIBILITIES

- 4.1. Please see our *Roles and responsibilities* document, which shows the levels of management relating to policies, and policy responsibilities. Specific responsibilities for this policy are below. They may vary according to the management structure within each service.

### Local procedures

- 4.2. There are no local procedures within the scope of this policy. Services should adapt the *Customer feedback template* to include details of local independent advocacy services who may support clients to make complaints.

### The Operating Board

- 4.3. The board has overall responsibility for the management of complaints, and together with the Senior Management Team is responsible for ensuring that lessons are learnt, and the standard of care and treatment afforded to clients, carers and relatives is improved following the investigation of a complaint.

**Senior Managers** see *Management and Client Matrix*

- 4.4. Senior Managers have the following responsibilities.

- The effective management of all customer feedback within their business area.
- Undertaking responsibilities, including acting as Commissioning manager, in line with the *Customer Feedback procedures*
- Reviewing all complaint investigation reports and their responses, ensuring they comply with this policy.
- Chair the complaint review panel if an appeal is received following a complaint response.
- Establish and maintain a forum where all customer feedback, including lessons learned, can be discussed, and disseminated throughout the business in line with the governance framework.

**Regional Managers** – see *Management and Client Matrix*

- 4.5. Regional Managers have the following responsibilities.

- Undertaking responsibilities, including acting as Commissioning manager and / or Investigating manager, in line with the *Customer Feedback procedures*

- Participation in a forum where all customer feedback including lessons learnt can be discussed and disseminated in line with the governance framework.
- Determining, with guidance from Risk & Assurance, whether a complaint made in relation to a CQC registered service constitutes a *Notifiable Safety Incident*.

**Operations Managers / Location Leads** – see *Management and Client Matrix*

4.6. Operations Managers have the following responsibilities.

- Ensure that all clients and key stakeholders know how to provide feedback and how their feedback will be handled by:
- Promoting the procedure on noticeboards and in meetings.
- Ensuring this information is communicated in an accessible way that meets the needs of clients and stakeholders.
- Participation in a forum (where requested) in relation to all customer feedback, where lessons learnt can be discussed and disseminated in line with the governance framework.
- Undertake the responsibilities of the Investigating Officer in line with the *Customer Feedback procedures*.

### **Risk and Assurance**

4.7. Risk & Assurance has the following responsibilities.

- Review all investigation reports and response letters prior to final disclosure.
- Maintain regular reviews and update Vantage to enable a prompt, accurate and secure system for the management and reporting of all customer feedback.

- Provide regular feedback reports to support the identification, development and improvement of services, including lessons learnt.
- Support managers to determine whether a complaint made in relation to a CQC registered service constitutes a Notifiable Safety Incident.

## **5. DISCONTINUATION OF A COMPLAINT**

- 5.1. We may discontinue a complaint if we cannot progress it, unless we agree with the complainant that we will postpone. If the client does not engage in the process after making the initial complaint, and does not respond to any attempts at contact, we will write to the complainant to confirm that we have discontinued the complaint. This will be 30 days after the last contact from them.

## 6. UNREASONABLE COMPLAINANTS OR COMPLAINTS

6.1. **Unreasonable complainants** are those who, because of the *nature, frequency or type* of their contact, hinder our overall consideration of their or other people's complaints. Examples of **unreasonable behaviour**, include, but are not limited to.

- Refusing to specify the grounds of a complaint/appeal, despite offers of help.
- Refusing to cooperate with the investigation process.
- Refusing to accept that certain issues are not within the scope of a complaints procedure.
- Insisting on the complaint / appeal being dealt with in ways which are incompatible with our policy or with good practice.
- Making unjustified complaints about people who are trying to deal with the issues and seeking to have them replaced.
- Changing the basis of the complaint as the investigation proceeds
- Denying or changing statements he or she made at an earlier stage.
- Introducing trivial or irrelevant new information at a later stage
- Raising many detailed but unimportant questions, and insisting they are all answered.
- Submitting falsified documents from themselves or others.
- Adopting a 'scatter gun' approach: contacting multiple people or pursuing parallel complaints on the same issue with various organisations.
- Making excessive demands on the time and resources of employees with lengthy phone calls, emails to numerous employees, or detailed letters every few days, and expecting immediate responses.
- Submitting repeated complaints with minor additions/variations that the complainant insists make these 'new' complaints.
- Refusing to accept the decision; repeatedly arguing points with no additional supportive evidence.

6.2. We are committed to dealing with all complaints fairly and impartially. We will not tolerate deceitful, abusive, offensive, threatening, or other forms of unacceptable behaviour from complainants. When it occurs, we will take proportionate action to protect the wellbeing of our colleagues and the integrity of our processes.

6.3. Our employees cannot progress a complaint if someone tries to dominate our attention with frequent, lengthy contacts and repetitive information. This may hinder the consideration of theirs and other people's complaints. When necessary, we will take action to restrict access to our complaint process when unreasonable behaviour of this nature persists.

### Warnings

6.4. In most instances when we consider someone's behaviour is unreasonable, we will explain why and ask them to change it. We will also warn them that, if the behaviour continues, we may take action to restrict their contact with us. Where the behaviour is so extreme that it threatens the immediate safety and welfare of our colleagues, we may report the matter to the police or consider taking legal action. In such cases, we may not give the complainant prior warning.

### Restricting access to the complaint process

6.5. The decision to designate someone's behaviour as unreasonable and restrict their access or close their complaint / appeal, could have serious consequences for the individual, so it will be escalated to an independent panel (Senior Managers) to make the final decision. The panel must be satisfied that the circumstances justify any restriction of access. They will record the reason for their



decision and explain it to the person concerned. They will state how long any restriction will apply for before it is reconsidered. The sort of restrictions imposed could include:

- restricting telephone calls to specified days and limited times.
- limiting contacts to one form only (for example, a maximum of one letter or email a week)
- requiring contact to take place with one named employee.
- requiring the complainant to enter into an agreement about their future behaviour before their case proceeds, and/or
- Managing contact with the help of an independent advocate.

6.6. Other suitable options will be considered in the light of the complainant's circumstances. Our objective, wherever possible, is to complete consideration of the complaint on its merits in a managed way. If the complaint is still under consideration six months later, we will review whether the restrictions imposed are still necessary and should remain.

6.7. If a complainant continues to behave unreasonably, or overrides the restrictions placed on access to our service, we may decide to terminate contact with them and end any investigation into their complaint.

### **New complaints**

6.8. New complaints from people whose behaviour has previously been deemed unreasonable will be treated on their merits. Restrictions imposed in respect of an earlier complaint will not automatically apply to a new matter.

## **7. LEGISLATION, REGULATIONS, STANDARDS AND GUIDANCE**

7.1. The key legislation, regulations, standards, and guidance are as follows.

- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- The Care Act 2014
- Mental Capacity Act
- Principles of good complaints handling - Parliamentary and Health Service Ombudsman
- The Local Authority Social Services and National Health Service Complaints (England) Regulations
- NHS Complaints Policy

7.2. Records are retained and destroyed in line with our [Records Retention Schedule](#)

### **Statutory Requirements**

7.3. The Care Quality Commission (CQC) places great emphasis on resolving complaints as quickly as possible. In particular, by means of an immediate informal response by a front-line employee, or subsequent investigation and conciliation through employees who are empowered to deal with complaints as they arise, in an open and non-defensive way.

7.4. Complaints relating to safeguarding adults or young people must be reported to the appropriate local adult or young person's safeguarding team as soon as the complaint is made under local safeguarding arrangements.



## Regulatory Bodies & Commissioners

- 7.5. The following regulatory bodies may require copies of complaints and investigation reports as detailed in individual contracts. Feedback on the outcome of complaints, including an action plan (where appropriate) must be provided.

Department	Which to use?	Contact
<b>Care Quality Commission (CQC)</b>	The contact for all registered services	<a href="#">Online contact form</a> Telephone: 03000 616161 Email: <a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a>
<b>Housing Ombudsman Service</b>	For disputes involving tenants and leaseholders of Turning Point	<a href="#">Housing Ombudsman make a complaint</a> Housing Ombudsman Service PO Box 1484 Unit D Preston PR2 0ET 0300 111 3000
<b>Local Government &amp; Social Care Ombudsman (LGO)</b>	The single point of contact for complaints for all adult social care and some social housing complaints	<a href="http://www.lgo.org.uk">www.lgo.org.uk</a> – Online 0300 061 0614
<b>NHS - England</b>	Complaints in relation to GP Surgeries and NHS-provided or funded services	NHS England PO Box 16738, Redditch, B97 9PT <a href="mailto:england.contactus@nhs.net">england.contactus@nhs.net</a>
<b>Parliamentary and Health Service Ombudsman</b>	The contact for any Service provided or funded by the NHS (including GP	<a href="http://www.ombudsman.org.uk/make-a-complaint">www.ombudsman.org.uk/make-a-complaint</a> - Online sign up required. 0345 015 4033

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## Referral to Ombudsman

- 7.6. A complainant may write to the relevant ombudsman if their complaint relates to either their care or the quality of the service and they are not satisfied with the outcome of our complaint investigation process. This does not apply where the complaint is not in relation to care or quality service, for example a complaint by an external stakeholder about the conduct of a Turning Point colleague. In such cases the complainant may wish to contact the commissioners of the service.
- 7.7. Although the ombudsman may contact us for information, we will not reopen our investigation, or take further action in relation to the original complaint.

## 8. EQUALITY IMPACT ASSESSMENT (EIA)

- 8.1. We want to treat all clients, colleagues and members of the public fairly and with respect, regardless of
- The protected characteristics outlined in the Equality Act 2010 - age, sex, race, religion or belief, disability, sexual orientation, gender reassignment, pregnancy and maternity, and marriage and civil partnership
  - Socio-economic differences such as employment status, income, area deprivation.
  - Geography, such as urban and rural differences.
  - Vulnerable and Inclusion Health groups, for example people experiencing homelessness, prison leavers, or young people leaving care.

- 8.2. We must ensure that reasonable adjustments are made to ensure there are no barriers to complainants when using the procedure.
- 8.3. We may need to waive the time limit on a customer complaint if health has been a barrier for the complainant.
- 8.4. The procedure does encourage clients to put their complaints in writing. This could impact on customers with learning disabilities or whose first language is not English. We will endeavour to respond to feedback by other forms of communication where we can. It can be provided to any employee who is representing us either in the service or at any Turning Point location.
- 8.5. We have a complaint database where we are able to hold information on the age, disability and ethnicity of our complainants gained through the website form and the leaflet. Complainants are not however obliged to provide this information, so we have very little information available on our complainants.
- 8.6. We have received no complaints about the procedure.