

Care Home Complaints: Business Guidance

Consultation response requested

## About the Chartered Trading Standards Institute

The Chartered Trading Standards Institute (CTSI) is the professional membership association for trading standards in the UK. Founded in 1881, we represent the interests of trading standards officers and their colleagues working in the UK.

At CTSI and through the trading standards profession we aim to promote good trading practices and to protect consumers. We strive to foster a strong vibrant economy by safeguarding the health, safety and wellbeing of citizens through empowering consumers, encouraging honest business, and targeting rogue practices.

We provide information, guidance and evidence-based policy advice to support local and national stakeholders including central and devolved governments.

Following a Government reorganisation of the consumer landscape, CTSI are responsible for business advice and education in the area of trading standards and consumer protection legislation. To this end, we have developed the Business Companion website to deliver clear guidance to businesses on how to meet their legal and regulatory obligations.

CTSI are also responsible for the Consumer Codes Approval Scheme which facilitates high principles of assisted self-regulation through strict codes of trading practice. This ensures consumers can have confidence when they buy from members of an approved scheme and also raises the standards of trading of all businesses that operate under the relevant sector's approved code.

CTSI is also a key member of the Consumer Protection Partnership, set up by central government to bring about better coordination, intelligence sharing and identification of future consumer issues within the consumer protection arena.

We run training and development events for both the trading standards profession and a growing number of external organisations. We also provide accredited courses on regulations and enforcement.

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**A key concern for CTSI is diminishing resources. UK local authority trading standards services enforce over 250 pieces of legislation in a wide variety of areas vital to UK consumers, businesses and the economy. Since 2009 trading standards services have suffered an average reduction of 46% in their budgets and staff numbers have fallen by 53% in that same period.**

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## Care Home Complaints

Last year, we produced a series of three booklets for the business companion website to help care home owners and registered managers to follow the principals of consumer law that apply across the UK in the care home sector. We have now introduced the next guide in this area that is designed to be an introduction and complimentary guide to the complaints landscape across the UK.

While the last 3 guides focussed on the latest guidance published by the Competition and Markets Authority (CMA), this new guide provides a wide-ranging view, pulling out much of the good work done by the multiple bodies involved in adult social care. This guide brings together the best practice advice from the CMA and existing guidance published in England, Wales, Scotland and Northern Ireland, as well as best practice advice on the principles that make a good complaint handling procedure.

We would now like you view our guidance booklet and pass comment on the general design and flow of the booklet, paying close attention to the content in the nation specific box outs. We would also be grateful for information on the specific areas below:

- Annex A, to ensure that it lists the most relevant and up-to-date documents for care homes to refer to.
- If there are any documents that they feel are important for care home owners to read, but which we haven't included in our booklet, to please let us know the title and a link to it and we'll do our best to include it in the resources section in Annex A, or signpost to it within the main body of the booklet where possible and appropriate
- 'Key points of note' sections, ensuring that these are accurate and relevant
- Flowcharts, ensuring they are accurate

The fact that this is an introductory guide to the complaints landscape for care homes, rather than a comprehensive guide should be taken into consideration and while we've tried to pull out the key points from each sector, we aren't able to cover everything because of space limitations

At this stage we would only be able to consider adding new content that is vital to the complaints landscape that we may have missed, and the fact that we would have to be mindful that it fits within the scope of the project (we haven't got the scope or space within one booklet to cover all of the regulatory variations)

The consultation will end at close of business on **Friday 3<sup>rd</sup> January 2020**. Please provide all responses to [adamm@tsi.org.uk](mailto:adamm@tsi.org.uk).

We thank you for taking the time to read our care home complaints guidance booklet and providing your comments.

Best regards

 A handwritten signature in dark ink, appearing to read 'Sue Steward'.

**Sue Steward**  
**Head of Client and Commissioning**



**Business in Focus**



# Care home complaints

**A guide for registered managers and care home owners**

Making sure your business complies with consumer law





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**[www.tradingstandards.uk](http://www.tradingstandards.uk) | [www.businesscompanion.info](http://www.businesscompanion.info)**

# Foreword

## Leon Livermore, Chief Executive, Chartered Trading Standards Institute

Last year, we produced a series of three booklets for the Business Companion website to help care home owners and registered managers to follow the principles of consumer law that apply across the UK in the care homes sector. It was a body of work designed to complement guidance originally created by the Competition and Markets Authority (CMA), which published comprehensive, practical advice on many areas of concern in the sector in November 2018. We are now proud to introduce the fourth booklet in that series, *Care Home Complaints*, which is intended to be an introduction and complementary guide to the complaints landscape across the UK.

While the first three booklets – *Care homes: communications*, *Care homes: fair trading*, and *Care homes: web layout* – focused heavily on the latest guidance published by the CMA, each with its own supportive, practical guides for care home owners and their staff to use to monitor their progress in fulfilling the CMA's best practice advice, this booklet is much more wide ranging. Our authors have looked across the complaints sector, pulling out much good work done by the many different bodies involved in adult social care over the past few years. This includes the great work done by sector regulators, ombudsmen, government departments, charities and other professional partners working together to improve the lives of people living in care home accommodation. These collaborative partnerships all have laudable aims to put residents at the heart of the care they receive, and to help them live fulfilling lives with dignity and respect.

This booklet therefore brings together best practice advice from the CMA and existing guidance published in England, Wales, Scotland and Northern Ireland, as well as best practice advice about the principles that make a good complaints handling procedure.

We hope you find this booklet useful as a starting point to the complaints landscape in your own country, and in understanding how that framework fits into the consumer law principles that apply across the UK. Ultimately, we hope that it helps your staff to handle complaints appropriately, and with adequate knowledge and skill, while improving your complaints handling procedures as a result.


As the Care Quality Commission concluded when reporting on *Why Complaints Matter* in 2014, every concern is an opportunity to improve.

“These collaborative partnerships all have laudable aims to put residents at the heart of the care they receive”

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## Useful information

- This booklet is split into six main parts and is supported by two training guides:
  - A Q&A tool to test your own and your staff’s knowledge on complaints
  - General top tips guide/ checklist on how to write a good complaints handling procedure
-  When you see this sign it indicates where you can find more information
- You can find the sources used to compile this booklet, and material for further reading, in the ‘Resources and further information’ section in Annex A, on page 47 of this guide

# Dealing with complaints in the care homes sector

When a person chooses to move into care, it will inevitably be one of the biggest and most emotionally charged decisions they, their family, or other representatives acting on their behalf make. These decisions are often taken at a time of crisis, or when a person is in poor health. While every effort is made to ensure people are treated fairly, with dignity and with respect, sometimes things go wrong, or are perceived to go wrong. That is why it is important that there are accessible, effective and easy-to-use procedures in place to help residents and their representatives to make a complaint when problems arise.

## The regulatory landscape across the UK

In the UK, social services is a devolved matter, meaning that each nation has its own regulations and guidance in place to help ensure people aged over 65 who need, or choose, to live in a care home are able to do so while living their lives with dignity and respect. While it is important that these rules are followed, there are also general principles of consumer law that apply across the UK that fundamentally underpin the different regulatory systems in each country.

In November 2018, competition and consumer watchdog the Competition and Markets Authority (CMA), conducted a review of the sector

and, as a result, issued new, in-depth guidance on a range of areas to help the care homes sector to comply with consumer law. This Care Homes Complaints booklet aims to act as a complementary guide to handling complaints, highlighting key elements of each UK nation's regulatory framework, as well as the CMA's latest guidance.

## Who is this booklet for?

In general, this booklet is aimed at care home owners and registered managers, but it also contains useful resources for your staff to help them understand how the complaints landscape applies to all your residents, whether they pay for their own services, or if their services are funded by a local authority or the NHS. For example, the Q&A supportive guide that accompanies this booklet can be filled in by your staff and kept as a record of their knowledge and as an indicator of future training requirements. There are also a number of flowcharts that both senior management and frontline staff should find useful in understanding the different 'routes of complaint' that a resident should follow in each nation, which will be determined by the country your care home is based in, the nature of their complaint and how their service is funded.

## Consequences of breaking consumer law

While this guide is intended to support you, you should also consider what can happen should you be found to be breaching consumer law. The CMA, local authority trading standards services, or the Department for the Economy in Northern Ireland may take enforcement action against you in either the civil or criminal courts. Enforcers of consumer law can also seek redress for residents who have suffered a loss as a result of breaches of consumer law. Finally, if you treat your residents unfairly, your sector regulator may also take action in respect of any breaches of the relevant rules and regulations they are responsible for enforcing.

# Part 1: Good complaints handling

As social services is a devolved issue across the UK, each UK nation has its own rules or system in place to enable good quality services and best practice. In England, for example, care home owners and registered managers must make sure their services satisfy five key questions the Care Quality Commission asks during its inspections; in Wales, the sector follows the National Minimum Standards for Care Homes for Older People; in Scotland, the Health and Social Care Standards exist, along with much guidance and advice offered by the Scottish Public Services Ombudsman; and in Northern Ireland, Residential Care Homes Minimum Standards have been set by the Department of Health. As well as this, much guidance has been written by regulators, ombudsmen and government departments to help care providers, such as care homes, to follow best practice.

These standards and systems tend to set out what people should expect from their health and social care services in each country. Fundamentally, they aim to create better outcomes for everyone – they seek to ensure that residents in care homes are treated with respect and dignity, and that their basic human rights are upheld. In Scotland, for example, your care home is expected to follow these standards to help ‘drive improvement, promote flexibility and encourage innovation’ in how people are cared for and supported. Continuing the example, all care homes in Scotland are expected to use the standards as a guide to achieve high quality care.

As well as this, there are general key principles about how to handle complaints, which it is important that you, as a care home owner or registered manager, understand and put into practice in your policies and procedures. You need to ensure that you are acting in accordance with the law and carrying out your obligations to your residents, their families or other representatives. Creating an environment that views complaints in a positive way, empowers your staff to understand their duties and enables them to resolve complaints wherever possible can help to build confidence and trust between your staff and residents.

“Placing the expectations of your residents, their family or other representatives at the heart of your complaints handling procedure is very important”



## Key principles of complaint handling

Placing the expectations of your residents, their family or other representatives at the heart of your complaints handling procedure is very important. The report, *My expectations for raising concerns and complaints*, suggests that it is helpful to adopt a user-led vision for handling concerns and complaints, and this approach may help you to consider your residents' views. It can be broken down into five main stages and some example questions to consider for each stage are given below.

### 1. WHEN A RESIDENT, FAMILY MEMBER OR OTHER REPRESENTATIVE IS CONSIDERING MAKING A COMPLAINT

- Do they know they have a right to complain and how to make a complaint?
- Would your residents feel confident that their position in your care home or the quality of care that they receive will not be affected if they make a complaint?
- Would your residents feel confident that they would not be treated less favourably, by placing a ban on their visitors, for example, because they made a complaint?

### 2. MAKING A COMPLAINT

- Would your residents feel able to raise any concerns or complaints with any member of your staff?
- Have you trained all your staff on your complaints handling procedure (CHP) and how to deal with complaints?
- Are there a range of ways available to your residents to make a complaint, to ensure they are not disadvantaged? For example, can they complain in person, over the phone, via email or letter? Is this information clearly communicated?

### 3. STAYING INFORMED

- Will residents be kept up to date throughout the process?
- Will their complaint be specifically addressed?
- Can they keep their complaint confidential and anonymous if they wish?

### 4. RECEIVING OUTCOMES

- Will residents receive an outcome within a reasonable time, taking into account the nature of the complaint and its complexity?
- Will the outcome be communicated in an appropriate manner, by an appropriate person and at an appropriate time?
- Is a resident's views taken into account when deciding on a suitable outcome, or their family member's or other representative's if they made the complaint on a resident's behalf?

### 5. REFLECTING ON THE EXPERIENCE

- Would residents feel that their complaint had been handled fairly?
- Would residents feel confident to raise a complaint again if necessary and encourage other residents to do the same?
- Do residents understand the importance of complaints in helping to improve the services of your care home?

**i** To help you incorporate these principles into your complaints procedures and processes and to view a checklist to review your progress, read the general, supportive guide to this Business Companion booklet, *Writing your complaints policy*, which can be found at [\(insert link\)](#)

### Important definitions

To ensure your staff and residents know how to use your CHP correctly, it is important that they know what the following definitions mean.

#### WHAT IS A COMPLAINT?

As all four nations have their own systems in place for running social services – and so in turn their own interpretations of what constitutes a complaint – the CMA has suggested that a complaint is: ‘...any expression of dissatisfaction that a care home or member of staff has not met the standard people would expect or about the care home’s action or lack of action. It also covers a “concern” that people may have which never becomes a formal complaint.’

Providing residents with a non-exhaustive list of examples of complaints in your CHP will help them to understand what a complaint is. Examples of complaints include:

- Failure or refusal to provide a service
- Not providing a service within a reasonable time
- The attitude of, or treatment by, a member of staff

Complainants may not always use the term complaint, but comments, suggestions and other forms of communication can be complaints even if they are not identified as such by the complainant.

It is important to ensure that you also set out any complaints that cannot be dealt with under your CHP. For example, the following are unlikely to be considered complaints:

- An initial request for a service
- A complaint about a procedure that is set out in legislation or regulations
- A request to explain a document


#### SAFEGUARDING ISSUES

A safeguarding issue is where there is a risk that an adult or child is at immediate risk of abuse. Abuse can include a single or repeated act, or lack of appropriate action, which causes harm or distress to another individual or violates their human or civil rights. This can also include neglect, where appropriate and adequate care and support is deliberately withheld or is not provided. Examples of safeguarding issues can include:

- Financial abuse
- Physical abuse
- Psychological abuse including threats of harm or abandonment, humiliation, restricting visiting rights and coercion
- Sexual abuse
- Discriminatory abuse
- Neglect or acts of omission

Where a safeguarding issue is identified, the relevant safeguarding policy must be followed and your care home’s CHP would be placed on hold until the safeguarding procedure has concluded.





“Complainants may not always use the term complaint, but comments, suggestions and other forms of communication can be complaints even if they are not identified as such by the complainant”

### CRIMINAL OFFENCES

A crime is an unlawful act that is punishable by a state or other authority. In a care home scenario, criminal offences can include:

- Theft
- Fraud
- Physical abuse/assault
- Unlawful imprisonment
- Ill treatment or neglect of someone who lacks mental capacity

When dealing with complaints that fall outside your CHP's remit, it is important that the relevant policy is followed and that your CHP is put on hold until this has been dealt with formally. This may involve contacting the police and other relevant bodies, so staff should be trained on how to identify if a criminal offence is involved and what to do in such situations. Some issues may also be both a safeguarding issue and a criminal offence.

#### THE CMA SAYS...

It is important to ensure that everyone, including residents and their representatives and your own staff, know when a concern or complaint is a safeguarding or criminal issue and what must happen.

**i** To help you understand the spectrum of different concerns and which organisations would need to be contacted, see our flowchart overleaf, which can be printed off and placed on your staff room wall if desired.

### Advocacy and advice

Ensuring that residents are given support and advice on how to access advocacy services will help you to comply with your legal obligations. Advocates can be people that may be available to assist residents to bring a complaint, such as a friend, relative or independent advocacy service. They can be an important aid in helping residents to overcome barriers in making a complaint or offering feedback to your care home. Some advocacy services are required by law – for example, the Mental Health (Care and Treatment)(Scotland) Act 2003 and the Care Act 2014 require that certain residents have access to independent advocacy services. Advocates can help residents with things like writing letters, attending meetings and helping residents to make decisions. More details about advocacy services for your region can be found in 'Annex A: Resources and further reading', on [page 47](#) of this booklet.

**i** To help your staff understand the terms detailed in this chapter so they know how to apply your CHP – and to assist with assessing their knowledge and understanding of other, broader content contained in this booklet – you can download a copy of our Q&A training tool at [\[insert link\]](#).

“Ensuring that residents are given support and advice on how to access advocacy services will help you to comply with your legal obligations”



# Types of concerns and who to contact

## PROBLEM

Complaints and concerns covered by your care home's Complaints Handling Procedure

Abuse Physical, financial or material, psychological or sexual, as well as neglect, discriminatory abuse or self-harm, inhuman or degrading treatment

Criminal acts

Concerns raised by a member of the public

Serious professional misconduct

Lack of registration

Primary healthcare services

## EXAMPLE

Fees, quality of care, professional judgement and clinical decisions made by health and social care professionals

A service user is being physically abused by a care worker / someone living in a care home is not being given enough to drink

Theft or assault

Witnessed care they consider inappropriate

Sexual relationships with clients, breaking confidentiality, falsifying records

Someone suspects your care home of not being registered to operate as such

Opticians, GP or dentistry services

## ORGANISATION

Care home CHP/local authority CHP (if funding the service) / regulator / Ombudsman

Relevant social work safeguarding agencies and/or the police

Police / Police Scotland / Police Service of Northern Ireland

Relevant local authority, and sector regulator for information/monitoring purposes

Regulatory body of the healthcare professional – for example, Social Work England is responsible for regulating social workers in England

Sector regulator in your country, for example, the Care Quality Commission in England

The family practice service that supplied the service

### Important points to note

In many instances, the types of situations listed will be complex and fall into more than one category, meaning multiple agencies will need to be involved. For example: actual abuse – including physical, sexual or psychological – could be classified as a serious incident as well as a safeguarding issue.

While this chart is intended to act as a guide, each complaint will require an element of professional judgement to determine which organisations should be involved.

Any part of a complex complaint that can be investigated by your care home's complaints handling procedure will usually be put on hold until any safeguarding agencies or the police, for example, have finished their own investigations.



## Part 2: How consumer law relates to complaints

Before we get into the detail of how your complaints handling procedure (CHP) should work and what it should contain, it's important that you understand the rights and principles set out in consumer law that apply to complaints, and your obligation to ensure that residents, potential residents and their representatives are treated fairly. You are responsible for practices carried out by your staff, and anyone acting on your behalf or in your name, so it is important to have clear processes in place to reduce the chances of breaching consumer law when dealing with complaints.

An overview of the main consumer laws you need to be aware of and how they apply to complaints are outlined below.

### 1. CONSUMER CONTRACTS REGULATIONS

The Consumer Contracts (Information, Cancellation and Additional Charges) Regulations 2013 (CCRs) apply to contracts between traders and consumers, and set out the pre-contract information you should give and make available to consumers before they enter into a contract with you. This information should be clear and easy to understand. One of the information requirements is that you provide a CHP, if applicable. In this instance, having a CHP is applicable.

Other information requirements include details of any relevant codes of conduct that you are bound to follow and any relevant out-of-court complaint and redress mechanisms that apply and how a resident can access these services. This can include any **Alternative Dispute Resolution (ADR)** schemes that you belong to (for information on ADR, turn to Part 5, within 'Optional and compulsory routes to resolution', on [page xx](#) of this guide'). Ensuring you provide all pre-contract information to potential residents or their representatives before they sign a contract with you is likely to help you when dealing with complaints, and could even reduce the number of complaints your care home receives. More detail about these regulations can be found in the Business Companion booklet, *Fair trading for care homes*, at [businesscompanion.info/focus/care-homes-fair-trading](https://businesscompanion.info/focus/care-homes-fair-trading)

### 2. UNFAIR TRADING REGULATIONS

The Consumer Protection from Unfair Trading Regulations 2008 (CPRs) prohibits traders from using unfair practices in their dealings with consumers. The CPRs apply to all care homes and your dealings with potential and existing residents, their family and other representatives.

The CPRs apply to **any commercial practice** you engage in with a potential or existing resident, either **before, during or after** they enter into a contract with you. The information you provide on your website, advertising materials and any information that is given to a resident by phone, email or face to face – as well as your complaints handling procedure – are all considered commercial practices.

## Misleading actions and omissions

The CPRs prohibit unfair commercial practices, including **misleading actions** and **misleading omissions**.

A **misleading action** occurs when a commercial practice contains false information about a wide range of things listed in the CPRs, or if its presentation is deceptive – even if the information is factually correct – and causes, or is likely to cause, the average resident, family member or representative to make a decision they would not have made otherwise. This includes information relating to your prices and how they are calculated, the main characteristics of your services – such as your accommodation and facilities – their need for a particular service, or your experience or qualifications. It is therefore important to ensure the information you supply is accurate and clear, as this will help potential residents, family members or their representatives to make an informed decision about whether your care home is right for them, and can reduce the number of complaints your care home receives.

**Misleading omissions** occur when your practice omits or hides **‘material information’ that the average resident, family member or other representative needs** to make an **informed decision**, or where you supply the information in a way that is untimely, unclear, ambiguous or unintelligible. The practice must also cause, or be likely to cause, the average resident, family member or other representative to make a different **transactional decision** as a result. ‘Material information’ means information that the consumer needs to make an informed transactional decision and generally any information required to be given by law. This information must be provided to consumers when they need it – whether or not they have asked for it.

### TRANSACTIONAL DECISIONS

Under consumer law, the concept of **‘transactional decision’** should be interpreted broadly. It covers a wide range of decisions that are open to potential residents and their family or other representatives – including making a decision to raise or pursue a complaint.

## Aggressive commercial practices

Aggressive commercial practices are those that intimidate or exploit residents through **harassment, coercion or undue influence**, significantly impairing the average consumer’s ability to make free or informed choices, and which cause, or are likely to cause them to take a different transactional decision as a result. Aggressive practices include physical and non-physical pressure, such as psychological pressure, the use of threatening language, or taking advantage of a consumer’s position or vulnerability – for example, by threatening to evict the resident or impose a visitor’s ban unless they withdraw a complaint.

### Banned practices

The CPRs set out a list of 31 specific practices – sometimes referred to as ‘**banned practices**’ – that are considered unfair in all circumstances, whether or not they affect a person’s ability to make a decision. Examples of banned practices are likely to include:

- Falsely stating you are signed up to a trade body’s code of conduct
- Making persistent and unwanted calls, emails or faxes, or visiting a resident’s home, or the homes of their family or representatives, and refusing to leave – except in circumstances and to the extent justified to enforce a right under a contract

### You have a general duty to trade fairly

The CPRs also set out a general duty to trade fairly. You must not engage in practices that fall below the requirements of **professional diligence** and materially distort the economic behaviour of the average resident, family member or other representative. This means you have to act with the level of care and skill expected of a care home operator that is acting honestly and in good faith.

#### PROFESSIONAL DILIGENCE

The term ‘**professional diligence**’ means to act with **honest market practice** and **in good faith** towards your residents, their family or other representatives, using the **standard of special skill and care expected** of you in your sector. Sector-specific laws, regulations and the standards or guidance published or enforced by your sector regulators may inform the standard of professional diligence that you are expected to meet.

### 3. OTHER CONSUMER LAW

There are other consumer laws that apply to consumer complaints and the rights that care home residents have. For example, the Consumer Rights Act 2015 sets out the right for residents to receive a service that is carried out using reasonable care and skill and within a reasonable time. The Act also sets out remedies that residents may be entitled to if you breach your contract with them.



# More information on care homes

**i** More information about consumer law can be found on the Business Companion website, at **businesscompanion.info**, and in three accompanying guides created by Business Companion for the care homes sector. These are:



**Fair trading for care homes**  
[businesscompanion.info/focus/care-homes-fair-trading](https://businesscompanion.info/focus/care-homes-fair-trading)



**Care home communications**  
[businesscompanion.info/focus/care-homes-communications](https://businesscompanion.info/focus/care-homes-communications)



**Web layout for care homes**  
[businesscompanion.info/focus/care-homes-web-layout](https://businesscompanion.info/focus/care-homes-web-layout)





# Part 3: The ‘what, where and why’ of your CHP

Whether you operate a care home in England, Wales, Scotland or Northern Ireland, you need to have a complaints handling procedure (CHP) in place by law to enable a person to make a complaint about your care home, should a problem arise. In England, regulations state that this procedure should be an effective and accessible system for identifying, receiving, recording, handling and responding to complaints. It should be a written document that must set out how a resident, family member or other representative can make a complaint about your care home, and how that complaint may progress, both internally and beyond your organisation, if a person is dissatisfied with the outcome you reach. Continuing the example, guidance in England suggests that your CHP should empower people to make a complaint about your home, both verbally and in writing, while standards in Wales say that the ultimate outcome should be to help residents and their friends and relatives feel confident that their complaints will be listened to, taken seriously and acted upon.

It is your responsibility as a care home owner or registered manager to know and understand the regulations and associated guidance affecting the sector in your country. However, to help streamline the parts of these systems relating to consumer law across the UK for all care homes, and to offer some practical advice, the Competition and Markets Authority (CMA) published its own guidance in November 2018. Within that guidance it set out some key principles for care home owners and registered managers to consider when creating a CHP. Specifically, the CMA’s guidance says:

‘To help you to comply with your consumer law obligations, you should ensure that you have a written complaints handling procedure which is:

- (a) Easy to find
- (b) Easy to understand and use
- (c) Written and followed in such a way that complaints are dealt with fairly and effectively, with due regard to the upset and worry that they can cause to residents (as well as care staff)
- (d) Applied consistently across your care homes.’

**i** To find out exactly what the CMA means by these key principles, you are advised to read their guidance on complaints, which begins on page 111 of their latest guide. Visit [gov.uk/government/publications/care-homes-consumer-law-advice-for-providers](https://www.gov.uk/government/publications/care-homes-consumer-law-advice-for-providers) for more information.

“It is your responsibility as a care home owner or registered manager to know and understand the regulations and associated guidance affecting the sector in your country”





Scotland

### MODEL CHP FOR SOCIAL SERVICES

The Scottish Public Services Ombudsman's Complaints Standards Authority has created a model complaints handling procedure (CHP) for social work, which is freely available for anyone to view on its Valuing Complaints website. While it aims to promote best practice in the public sector, its model CHP also applies to any services that have been commissioned by a public body – which includes care home services. In the Ombudsman's related implementation guide, it says: 'It is for each organisation to ensure that commissioned services meet the requirements of the SW Model CHP. They must have mechanisms in place to identify and act on any complaints handling performance issues with their providers.'

To achieve best practice, care homes in Scotland that are not owned by a public body but which may be commissioned by them should follow the Ombudsman's model CHP, which aims to 'create a consistent process for organisations to follow, which makes it simpler to complain, ensures staff and customer confidence in complaints handling, and encourages organisations to identify and make best use of lessons from complaints'. Coupled with the CMA's advice, parts of this guidance will also act as an excellent best practice guide for care homes that are not commissioned by public services to follow.

### What your complaints procedure should contain

While you should read the full chapter on complaints in the CMA's guidance and follow your own sector-specific requirements that have been set in each UK nation, the list below, which is based on advice and guidance written by regulators, ombudsmen and legal guidance, should help give you a general idea of what your written CHP could contain:

- The types of complaint and concerns that your procedure deals with
- The types of issues that your procedure does not cover
- For added clarity, you should include some examples of the nature of complaints that your procedure covers
- How the 'route of complaint' for a resident will differ depending on the nature of their complaint (turn to page 11 in Part 1 of this guide for a flowchart showing the different organisations that may also need to be involved)
- How anonymous complaints will be handled
- How residents will be supported – for example, by supplying information in another format if required and any independent advocacy support available
- Who is in charge of handling complaints at your home

- A step-by-step guide to how your internal complaints procedure works – for example, an explanation of the frontline and investigation steps involved
- How long it should take for each part of the process to be completed, and when extensions to timescales may be required and how these will be handled
- How a resident can take their complaint further if they, or their representative, isn't satisfied with the outcome achieved using your internal CHP – for example, how to contact the ombudsman or an Alternative Dispute Resolution service to ask them to review the issue

**i** To help you incorporate these principles into your complaints procedures and processes and to view a checklist to review your progress, read the general, supportive guide to this Business Companion booklet, *Writing your complaints policy*, which can be found at [\(insert link\)](#)



### Northern Ireland

#### CHP EXPECTATIONS IN NI

In Northern Ireland, best practice guidance exists for public services explaining how they should handle complaints. Within this guidance it makes clear that independent service providers, such as care homes, that are contracted by Health and Social Care (HSC) Trusts to carry out services on their behalf should also follow 'the requirements of applicable Regulations, relevant Minimum Standards and the HSC Complaints Procedure'. In particular this includes:

- Effectively publicising the arrangements for dealing with complaints and ensuring service users, clients and families are aware of such arrangements
- Ensuring that any complaint made under the complaints procedure is investigated
- Ensuring that time limits for investigations are adhered to
- Advising complainants regarding the outcomes of the investigation
- Maintaining a record of learning from complaints that is available for inspection

Coupled with the CMA's advice, parts of this guidance will also act as an excellent best practice guide for care homes that are not commissioned by public services to follow.

## Where your complaints handling procedure should be available from

Generally speaking, the UK nations have issued advice about where your CHP should be available from, and in what formats. For example, guidance in Scotland for local authority social services suggests your CHP will be considered ‘accessible’ if it is clearly communicated in the appropriate places, easily understood and available to all residents and their representatives.

No matter where your care home is based, all residents should be made aware of their right to complain. Your CHP should be given to all residents, including potential residents and their representatives, and they should be able to complain in person, by phone, by letter or by email. It should be available in alternative formats – such as braille or large print – and other languages if requested. It should also be publicised in your home and available on your website. To help all care home owners and registered managers to follow best practice in publicising their complaints procedure, the CMA has issued the following guidance:

‘Your complaints handling procedure must be easily located and visible. For example, it should be:

- Clearly signposted (that is, easy to find and access) on your website
- Highlighted in your written/service user guide, welcome or information packs for residents
- Set out in your contracts with residents
- Prominently on display at your main reception or lobby area and in common sitting areas, such as through notice boards, posters, leaflets and brochures
- In residents’ bedrooms (for example, highlighted in a resident’s booklet kept in all bedrooms).’

“No matter where your care home is based, all residents should be made aware of their right to complain”



Wales

### COMPLAINTS STANDARDS AUTHORITY FOR WALES

At the time of writing, a Complaints Standards Authority for Wales was in the process of being introduced in 2019. The Welsh Ombudsman’s Complaints Standards Authority is expected to develop standards for complaints handling across the bodies within the Ombudsman’s jurisdiction and will gather data to identify trends and patterns in public service delivery. While its aim is to train and support complaints handlers in public bodies to provide a first-class complaints service and support learning from complaints, it will likely be a useful resource for other types of care home, such as private, independent, charitable, or voluntary and not-for-profit homes to follow, and will be particularly useful for those that are commissioned by public bodies. For more information on its creation and progress, visit

XXXX

# Part 4: Dealing with complaints internally

In its shared commitment to high-quality, person-centred social care, Quality Matters, a professional collaboration looking to improve care for adults, says that residents and their representatives should feel empowered to tell you, with candour, about their experiences of adult social care in your care home. They should understand what high-quality care looks like and what to expect, and how to complain if the quality of care they receive falls short.

Generally speaking, your residents have a right to complain about any aspect of a service they receive, but how they make that complaint will depend on the nature of their complaint and how their service is funded (see Parts 1 and 5 of this guide for flowcharts showing the different steps).

### What a good complaints procedure looks like

Across the UK, there is a drive to align social care complaints with other public services' CHPs to improve procedures for reporting and dealing with complaints. In Scotland, for example, the Scottish Ombudsman's Complaints Standards Authority has defined what a good CHP should look like. According to its Valuing Complaints website, your CHP should put your resident or their representative at the heart of your complaints process: they should feel listened to, respected and treated with dignity. Internal investigations should be proportionate and robust, and offer quality outcomes. Investigations should also be evidence-based, objective and driven by the facts of each case, rather than based on assumptions. They should be conducted efficiently, aiming to resolve complaints at the earliest opportunity, and your records of complaints received should help your organisation to improve its services.

Generally speaking, guidance, regulations and minimum standards across the UK nations suggests that all your staff must know how to respond when they receive a complaint about your care home, and all complaints should be acknowledged, whether they are written or verbal. It is also important that your staff, residents and their representatives know when a concern or complaint is a safeguarding or criminal issue, and how those particular issues must be dealt with.

Across the four nations there is also a requirement for appropriate investigations to be carried out, and for staff involved in assessing and investigating complaints to have the right level of knowledge and skill to do so. There is an expectation for complainants, and those being complained about, to be kept informed of a complaint's progress, with resolutions expected to be achieved within certain timescales. However, the suggested timescales for each aspect of a complaint to be achieved within publicly funded services, for example, differs from nation to nation (see the 'Key points of note' sections for each UK nation [at the end of this chapter](#) for differences that may apply in your country).

To streamline requirements across the UK about how to deal with complaints internally, the CMA suggests that a three-step internal process for complaints be introduced – if your regulatory framework allows it – which should be ‘quick, simple and streamlined’ to ‘resolve complaints early and with as few steps as necessary’.



## Scotland

### HIGH-RISK OR HIGH-PROFILE COMPLAINTS

In Scotland’s model CHP for social work, some examples of high-risk or high-profile complaints are defined as:

- Involving a death or terminal illness
- Generating significant and ongoing press interest
- Presenting issues of a highly sensitive nature, for example, concerning:
  - Immediate homelessness
  - A particularly vulnerable person
  - Adult protection

The CMA’s three stages are:

1. Frontline resolution stage
2. Investigation stage
3. Escalating a complaint within your organisation if the complainant is unhappy with the outcome

### 1. FRONTLINE RESOLUTION

In many ways, the CMA’s guidance complements the UK nations’ existing advice. For example, in Scotland, the frontline resolution stage outlined for social services is the first stage of the complaints process and should be used for issues that are straightforward and easily resolved, requiring little or no investigation. This might involve an ‘on-the-spot’ apology, explanation or other action that would result in a quick resolution. Scottish guidance advises that matters could also be resolved by telephone, and any resolution should be made to the satisfaction of the complainant. Similarly in Wales, guidance for local authority social services suggests that staff involved should be aiming to achieve a satisfactory outcome for residents and their representatives, rather than simply trying to avoid a formal investigation.

It is important that you are aware of, and follow, the sector-specific rules set out by your own nation. However, to help you understand the principles of the frontline resolution stage, the CMA says:

‘You should have a frontline resolution stage, which aims to resolve straightforward concerns quickly at the earliest opportunity. This is suitable for complaints that are easily resolved and require little or no investigation.

‘You should explain how concerns raised at the frontline resolution stage can be escalated to the investigation stage if the matter is not satisfactorily resolved, or if the resident does not want to take part in the frontline resolution process.’

It also points out that it would not be appropriate for ‘concerns that relate to complex, serious, or high-risk issues’ to be dealt with at this stage.



There will be times when issues cannot be resolved at the frontline resolution stage. These may occur when:

- A resident remains dissatisfied at the end of the frontline resolution stage
- A resident has asked that their complaint be progressed immediately to the investigation stage
- If the issue was so serious it could only be adequately resolved at the investigation stage

### 2. INVESTIGATION STAGE

For issues that fail to be resolved at the frontline resolution stage, or those that are considered too complex, serious or high risk, an investigation should be opened.

Generally speaking, all investigations should be fair and consistent. In Northern Ireland, for example, guidance for health and social care services suggests that investigations should aim to discover:

- What happened, or what those involved perceive to have happened
- The facts of the complaint
- What can be learned from the situation to help improve services and performance in the future
- Any misconduct or poor practice
- A satisfactory resolution

In Scotland, guidance for social services suggests that ‘day one’ of an investigation should be considered the day upon which the complaint was received, not the day it was recorded on your complaints system, meaning investigations should start immediately. The CMA recommends that ‘within a maximum of 28 calendar days... a response should be provided, either in writing or by arranging a meeting with the individuals concerned’. However, some complaints are so complex that they require more time to deal with. In these circumstances, the resident or representative who has made the complaint should be made aware of the delay, and given a revised timetable for completing the investigation.

“A resident should feel listened to, respected and treated with dignity”

In its latest guidance, the CMA gives the following advice on what time limits may be appropriate:

‘You should set out clear and reasonable timescales within which residents can expect to hear back about their complaint, at each stage of the procedure. For example:

- Investigations into complaints should be launched immediately upon receipt and within a maximum of 28 calendar days a response – giving a full explanation of the investigative process, outcome and action (if any) that is to be taken – should be provided, either in writing or by arranging a meeting with the individuals concerned.
- Where the complaint relates to a time-sensitive issue, such as a decision to ask a resident to leave the home, the investigation should be concluded as quickly as possible.
- If the issues are too complex to complete the investigation within 28 calendar days, the complainant should be informed of any delays and the timetable for completing the investigation.’

As well as being fair and consistent, guidance for health and social care in Northern Ireland, for example, suggests that investigations should be conducted without bias and in an impartial and objective manner, and in a way that makes all parties involved feel supported. It must not be an adversarial process. The process should ultimately be about listening, learning and improving, and those involved should be kept informed of developments as a complaint progresses through the different stages of your complaints procedure.

At the end of the investigation, your decision should be recorded in writing and it should give details of the outcome and any action taken.

On the importance of keeping complainants informed and recording your decision in writing, the CMA has published the following advice:

‘You should ensure that residents are kept regularly updated on the progress of the investigation and provided with any meeting dates well in advance (rather than having to request a meeting themselves).

‘You should clearly explain your decision in writing (so there is a record), giving details of the outcome of the complaint and any action taken. If a resident has special needs, or where the subject matter to be communicated is sensitive, the use of telephone or face-to-face contact may be appropriate.’



#### EXAMPLES OF SERIOUS INCIDENTS

It is important that you and your staff understand what can, and what cannot, be dealt with by your complaints handling procedure (CHP). Serious incidents, for example, should not be dealt with by your CHP. Some examples of what serious incidents may involve, taken from NHS Wales guidance, include:

- Self-harm incidents categorised as severe
- Ambulance delays that may contribute to the death/severe harm of a patient
- Grade 3 or 4 pressure ulcers

Other more specific factors to consider are:

**The independence of investigators:** this means that the person tasked with investigating a complaint at your care home should not be involved with the complaint in any way, or worse, be the subject of it. It is also important that those involved in the complaints process feel that they have been listened to and their points of view understood. In Wales, government guidance for local authority social services suggests that, while performing their role, independent investigators should be objective and open about their methods, and about how they have reached their conclusions.

To help streamline advice across the four nations – which is applicable to all care homes – the CMA has issued the following advice:

‘You should ensure that any investigation of a complaint is carried out by someone who is independent of (and not the direct subject of) the concerns raised, so as to avoid conflicts of interest where managers or staff investigate complaints about themselves. For example, people should be able to complain directly to your head office or area manager if their complaint is about the registered manager at the care home.’

**Dealing with serious or sensitive complaints:** these could relate to a resident being asked to leave your home, or where you impose a visitor ban. While these areas will always be difficult to deal with, the CMA has provided the following advice to help you follow best practice:

‘Where you identify complaints that are considered to be significant, serious or present issues of a sensitive nature (including, for example, in relation to a resident being asked to leave the home or the imposition of a visitor ban), you should ensure that there is a process for rapid and effective notification to senior management and that someone at a senior level has direct input and oversight of the investigation. Overall responsibility and accountability for the management of complaints lies with senior staff.’

**Protecting a complainant’s anonymity:** generally speaking, any information that could identify a resident shouldn’t be revealed. There are times when this won’t be possible – for example, in incidents involving safeguarding issues. The CMA has offered the following advice about anonymising a resident’s personal data:  
‘You should protect the complainant’s anonymity as far as

reasonably possible. Any personally identifiable information concerning the resident should only be used for the purposes of addressing their complaint and should be actively protected from disclosure unless they have expressly consented to it being disclosed or there are statutory obligations that make this necessary, such as safeguarding.’

**Complaints involving more than one body:** where a complaint involves more than one organisation, you should work together to resolve it where possible, appointing someone to lead the investigation. For example, guidance for public services in Wales and Northern Ireland recommends that, where possible, this effort should involve a coordinated response. In Northern Ireland, published guidance for health and social care says that ‘this general duty to cooperate includes answering questions, providing information and attending any meeting reasonably requested by those investigating the complaint’. There will also be times when your care home’s investigation of a complaint is put on hold while other authorities investigate – for example, if a situation involves a safeguarding issue.

The CMA has issued guidance on this particular issue, too. It advises:

‘You should fully investigate all complaints and (where relevant) work with other organisations where the complaint is of a joint nature to address the issues raised (telling the complainant who will take the lead in dealing with their complaint) or refer it to the appropriate authorities for investigation (this may include sector regulators or the local authority safeguarding teams).’

### 3. ESCALATING A COMPLAINT WITHIN YOUR ORGANISATION

If a complaint or concern still remains unresolved after an investigation, the CMA suggests the matter could be escalated to someone more senior within your organisation – if the regulatory framework in your country allows for that (see the ‘Key points of note’ sections for each nation to find out what sector guidance in your country advises). The CMA’s advice for this particular stage of their suggested process is:

- ‘If the complainant is not satisfied with how you have handled their complaint, you should tell them about the further forms of action that are available to them under your internal complaints handling procedure (as well as explaining how they can escalate the complaint to relevant independent external bodies).
- ‘You should ensure that residents and people acting on their behalf can, and know how to escalate their

## Key points of note

complaint to someone at a more senior level in your organisation to review if the matter has not been satisfactorily resolved [if the relevant regulatory framework for complaints handling allows it]. In such circumstances you should inform the complainant of the next steps in the process and the timescale within which it is likely to be completed.

- ‘Where appropriate, you should also consider the use of external ADR where complaints cannot be easily resolved, such as where the matter is particularly acrimonious and those involved have become entrenched in their positions...
- ‘You should make clear that engaging in ADR is voluntary and there is no need for residents to take part in ADR before they are able to seek independent redress through the relevant Ombudsman service...’

**i** To view the CMA’s full advice on how to handle complaints internally, read their chapter on complaints in their latest guide, *UK care home providers for older people – advice on consumer law: Helping care homes comply with their consumer law obligations*, which begins on page 111. Visit [gov.uk/government/publications/care-homes-consumer-law-advice-for-providers](https://gov.uk/government/publications/care-homes-consumer-law-advice-for-providers)

England



Unless otherwise marked, information in this section was taken from Citizens Advice.

### TIME LIMITS TO COMPLETE INVESTIGATIONS

In England, there is no official time limit for an investigation to be concluded. Guidance only suggests that an investigation should be concluded ‘within a reasonable time’, or a timeframe that’s agreed upon from the outset, and if it’s not finished within six months of the date upon which the complaint was received, you must write to the parties involved and explain the reason for the delay, and then send your final response as soon as you can.

### HOW MUCH TIME YOUR RESIDENTS HAVE TO MAKE A COMPLAINT

In England, a resident or their representatives usually have 12 months to make a complaint from when the action occurred using your care home’s, or their local authority’s, complaints handling procedure, although this can be extended in some cases. Each case will always be considered on an individual basis.

# Key points of note



Scotland

Unless otherwise marked, information in this section was taken from the Scottish Ombudsman's *Social Work Model Complaints Handling Procedure*. While this guidance was written for local authority social services, parts of it can act as an excellent best practice guide for private, independent, charitable, and voluntary and not-for-profit care homes to follow, in conjunction with the CMA's advice.

### **TIMESCALES AT THE INVESTIGATION STAGE**

In Scotland, guidance suggests the following timescales should be followed at the investigation stage:

- Complaints should be acknowledged **within three working days**
- A full response to the complaint should be provided as soon as possible, **but not later than 20 working days** from the time you received the complaint for investigation

### **SCOTLAND'S TWO-STAGE PROCESS FOR INTERNAL COMPLAINTS AND TIME LIMITS**

In Scotland, the Ombudsman's *Social Work Model Complaints Handling Procedure* sets out two opportunities for complaints to be resolved internally, during what it terms 'frontline resolution stage' and 'investigation stage'. It describes frontline resolution as an opportunity to resolve issues that are straightforward and easily resolved, requiring little or no investigation.

For example, this might involve an 'on-the-spot' apology, explanation or other action that would result in a quick resolution '**in five working days or less, unless there are exceptional circumstances**'. In exceptional circumstances, an **extension of up to 10 working days** may be agreed with a resident or their representative. This should only happen when this makes it more likely that the complaint will be resolved at the frontline resolution stage.

At this stage, it suggests that complaints could be resolved by any member of staff, or essentially referred to a designated person to be solved. It also advises that complaint details, the outcome and action taken be recorded and 'used for service improvement'. At the investigation stage, all outcomes must be signed off by senior management.

At the end of the investigation stage in Scotland, if the matter still isn't resolved it progresses to an independent external review by the ombudsman or other body.





## Wales

Unless otherwise marked, information in this section was taken from *A guide to handling complaints and representations by local authority social services*.

While this guidance was written for local authority social services, parts of it can act as an excellent best practice guide for private, independent, charitable, and voluntary and not-for-profit care homes to follow, in conjunction with the CMA's advice.

### A TWO-STAGE INTERNAL PROCESS

In Wales, guidance written to support legislation introduced in 2014 by the Welsh government advises that if a complaint is not resolved either at the local resolution stage (equivalent to the CMA's frontline resolution stage) or the formal investigation stage, then residents and their representatives can take their complaint straight to the Public Services Ombudsman for Wales.

### TIMESCALES AT FRONTLINE RESOLUTION STAGE

In Wales, when resolving complaints at the local resolution stage (equivalent to the CMA's frontline resolution stage), Welsh government guidance advises that discussions to resolve the issue should take place within **10 working days** of the date the complaint was acknowledged. This is known as the 'date of acknowledgment'.

Once the matter has been resolved, the decision should be put in writing and sent to the complainant and their advocate, if they have one, '**within five working days** of the date on which the complaint was resolved'.

### START DATE OF FORMAL INVESTIGATIONS

Welsh guidance advises that, before a formal investigation begins, a 'written record' containing the substance of the complaint should be agreed. This means that, in Wales, a formal investigation starts on the date upon which 'the written record of the subject matter of the complaint is agreed in writing'.

Welsh guidance goes on to advise that the investigation stage must be complete – and a full written response sent to the complainant – **within 25 working days** of the start date. If a complaint is complex and it is not possible to complete the process within this time period, the Welsh guidance states: 'This full response must be issued as soon as possible and **no later than six months** from the date on which the complaint was received.'

# Key points of note



Unless otherwise marked, information in this section was taken from *Guidance in Relation to the HSC Complaints Procedure*. While this guidance was written for health and social care services, parts of it can act as an excellent best practice guide for private, independent, charitable, and voluntary and not-for-profit care homes to follow, in conjunction with the CMA's advice.

### FORMALISING VERBAL COMPLAINTS IN WRITING

Complaints in Northern Ireland can be made in a number of ways, including verbally, electronically or in writing. However, if a verbal complaint is made, the complainant should be asked to formalise it in writing. If they are unable to do this, they should be given assistance or directed to the Patient and Client Council.

### WHAT INFORMATION YOU SHOULD INCLUDE ON YOUR COMPLAINTS SYSTEM

In Northern Ireland, guidance suggests that information recorded on your complaints system need not be long or detailed, but some examples of what information should be included are:

- Who or what is being complained about, including the names of staff if known
- Where and when the events of the complaint happened
- Where possible, what remedy is being sought – for example, an apology or an explanation, or changes to services

### ALLOWING OVERSIGHT OF YOUR CHP BY A HSC TRUST

If your care home is contracted to provide services to residents by a Health and Social Care Trust (HSC Trust), your care home's complaints handling procedure (CHP) should follow certain principles defined in guidance for the Health and Social Care Complaints Procedure, as well as sector-specific laws and guidance. You should also have an agreement with any HSC Trust you work with to regularly share information relating to all the complaints you receive and respond to. Your record of complaints should include information about any subsequent investigation, its outcome and any actions taken. This record must be submitted to the HSC Trust **no longer than 10 working days** after the end of each quarter for complaints closed in that period.

You must also review your complaints procedure on an annual basis, and as part of that include a review of any investigations carried out during the preceding year, to make sure that lessons have been learned, with any necessary changes made to practice and procedure. This annual review must be available for inspection by HSC Trust staff on request.

## Northern Ireland

### INFORMING COMPLAINANTS ABOUT YOUR COMPLAINTS PROCESS

When a complaint is made at your care home, you should have a nominated complaints manager who should give the complainant more information about your complaints process, which may include locally produced information leaflets or those provided by the ombudsman's office or Regulation and Quality Improvement Authority.

### TIME LIMITS WITHIN WHICH RESIDENTS SHOULD COMPLAIN

There are time limits within which your residents or their representatives can make a complaint about a service they receive at your care home. If they were not originally aware that they had cause for concern, they have **six months** from becoming aware of it to make their complaint, or **12 months** from the date of the event, whichever is earlier.

If your complaints manager decides not to pursue a complaint because it falls outside of the time limit set, the complainant can ask the ombudsman to consider it.

### TIMESCALES FOR ACKNOWLEDGING AND RESPONDING TO COMPLAINTS

When you first receive a complaint, you must acknowledge it in writing within **two working days of receipt**. A full response should be provided **within 20 working days**. If complaints relate to family practitioner services, such as opticians or GP services, these should be acknowledged **within three working days**, and a full response given **within 10 working days**. The guidance goes on to add: 'A copy of the complaint and its acknowledgement should be sent to any person involved in the complaint, unless there are reasonable grounds to believe that to do so would be detrimental to that person's health or wellbeing.'

If an extension to the time limit is required, the complainant must be **updated every 20 working days** on their complaint's progress.

When you are trying to conclude complaints at the local resolution stage – that is, at your home using your CHP – guidance suggests that you should give the complainant one month to come back to you if they remain dissatisfied or require further clarity.

# Part 5: Escalating complaints to outside bodies

Once you have attempted to resolve a complaint through your own complaints handling procedure (CHP), it's possible that your complainant may still be dissatisfied. You must make it clear in your CHP that, when circumstances like these arise, there are organisations outside of your care home that can conduct their own investigation into your resident's, or their representative's, complaint. Who these organisations are will depend on:

- What country you are based in
- The nature of your resident's, or their representative's, complaint
- How the service they receive is funded

For example, in Scotland, you should explain that someone can escalate their complaint to an external body – the regulator, Care Inspectorate Scotland – from the beginning, without having to first exhaust your own complaints handling procedure. However, this is not the same 'route' a complainant would take if your care home was based in England, Wales and Northern Ireland. Another difference between the nations is that, in England, the Care Quality Commission can only encourage care homes to signpost residents to the Local Government and Social Care Ombudsman when your own CHP has been exhausted and a resolution has still not been found. However, in Northern Ireland, Scotland and Wales it is written into law that care homes must do this. (See Annex A on page 47 for links to the relevant law.)

## What information should be communicated, when and to whom

In this chapter we shall outline these differences through flowcharts to help you navigate the requirements in your own country, and by how a resident's services are funded (for the flowchart on how the nature of a complaint affects which organisations are involved, turn to [page 47](#) of this guide). To help streamline requirements and ensure you operate within the principles of consumer law that apply across the UK, the CMA has issued practical advice for all care homes to follow. An extract from their guidance – about what should be communicated, when and to whom – is below:

'You should make clear in your written complaints handling procedure and decision letter that if a resident remains dissatisfied with how you have dealt with their complaint or your decision, they have the right to escalate the complaint externally, and make them aware of how and to whom they can escalate their complaint with the relevant contact details.'

## Key points of note



England

### WHEN RESIDENTS CAN BYPASS YOUR CHP

In England, if a resident doesn't want to complain directly to your establishment, and their local authority is involved in their placement, they can complain directly to their local authority, using their complaints handling procedure.

In England, residents are able to complain directly to their local authority if it:

- Assesses a resident's need for adult social care
- Arranges and directly provides the care
- Arranges and buys (commissions) the care to be carried out by someone else, such as a private company or charity

The law says the Local Government and Social Care Ombudsman (LGSCO) must be sure that the care provider knows about a complaint and has had a reasonable opportunity to investigate and reply to it, otherwise a complaint to the LGSCO will be considered premature. In exceptional circumstances only, the LGSCO can investigate a case before a care provider.

*Source: Local Government and Social Care Ombudsman and Citizens Advice*

### WHY YOUR RESIDENTS CAN'T COMPLAIN DIRECT TO CQC

England's regulator, the Care Quality Commission (CQC), cannot investigate individual complaints from residents or their representatives because it does not have the powers to investigate or resolve them. The only exception to this is for residents whose rights are restricted under the Mental Health Act. However, they do still want to be informed of complaints as your residents make them to help the CQC protect others from going through similar experiences.

*Source: Care Quality Commission*



# Key points of note



### RETROSPECTIVE CLAIMS TIME LIMITS FOR NHS-FUNDED CARE

Residents in your care home receiving a service for a physical or mental health need can make a claim to their local health board for a retrospective assessment of past care needs, however, there is now a one-year rolling cut off period for these claims. The Public Services Ombudsman for Wales will now not normally consider complaints about delay in relation to historic retrospective claims.

*Source: Public Services Ombudsman for Wales*

### NAME CHANGE FOR REGULATOR

In January 2018, the Welsh regulator changed its name from the Care and Social Services Inspectorate Wales to the Care Inspectorate Wales. According to the regulator's website: 'From now on, if you see the name "Care and Social Services Inspectorate Wales" or "CSSIW", this should be read as "Care Inspectorate Wales" or "CIW". Both are valid.'

*Source: Care Inspectorate Wales*

### ROUTES TO COMPLAINT

Welsh regulator the Care Inspectorate Wales cannot investigate individual complaints or resolve disagreements. So it suggests that residents or their representatives go to their service provider in the first instance, which could be you or a public body that has commissioned you to provide a resident's care.

In most circumstances, the Public Services Ombudsman for Wales will expect residents to have complained to their care provider first, too, before they are approached. However, the ombudsman will sometimes make exceptions – for example, if they consider that a resident's immediate safety is at risk. Residents or their representatives can also complain to the ombudsman before your care home has concluded its investigations if you are taking too long to deal with it. In general, the ombudsman considers **12 weeks** a reasonable time for you to respond to a complaint.

Since November 2014, the Public Services Ombudsman for Wales has been able to investigate complaints from people who fully fund their own care, whether that relates to personal or nursing care.

The Ombudsman usually deals with complaints **within 12 months** of a resident or their representative becoming aware of a problem.

*Source: Care Inspectorate Wales and Public Services Ombudsman for Wales*

## Wales

**WHEN A RESIDENT CAN USE A SOCIAL SERVICES CHP**

In Wales, a resident can pursue a complaint directly with their local authority, rather than through your care home's complaints handling procedure (CHP), if:

- The authority directly provides the service (or has declined to, but your resident believes they should be providing it)
- Where a resident is receiving their services from a separate, independent provider such as a care home, but it is the local authority that has arranged and commissioned the service

If one of your residents is a self funder and the local authority has been involved in assessing them and recommending the need for a care home placement, that self funder can use the social services complaints procedure in the following scenarios:

- If they decided to arrange their care in a home that is owned by the local authority
- Where the local authority had to arrange the placement for someone as they were not able to do so themselves (and there was no one else available to help)
- Where an authority has arranged a placement because they were requested to do so by the self funder, using their right under the Social Services and Well-being (Wales) Act

Under the last two scenarios, a resident can only use their local authority's CHP to complain about how the local authority chose and organised their care home placement. Any complaints about the care they have since received in your care home would then have to go through your care home's CHP.

Source: Age Cymru

“There are organisations outside of your care home that can conduct their own investigation into your resident's, or their representative's, complaint”

‘You should clearly explain how and when the complaint can be escalated to the local authority, NHS or other public funding body, the Care Inspectorate in Scotland, the relevant ombudsman, and any ADR scheme you may be signed up to (for example, through a trade body arbitration scheme you belong to). You should make clear any differences in how and to whom a complaint can be escalated depending on the nature of the concern. In relation to:

- The local authority or HSC Trust, or NHS funding body: you should make clear in what circumstances the resident can escalate their complaint to the local authority or HSC Trust or NHS body (such as the appropriate Clinical Commissioning Group in England), for example where it is paying for or has arranged the placement.

- The relevant national Ombudsman: you should explain the ombudsman’s role and remit. It is important that you also make clear whether the ombudsman can consider complaints from self-funded residents. The ombudsman is the ultimate and final stage in the complaints resolution process for both State and self-funded residents in England and Wales. In Northern Ireland, the Northern Ireland Public Services Ombudsman is also the final stage in the complaints resolution process unless the resident is entirely privately funded. However, in Scotland, the Scottish Public Services Ombudsman can only investigate alleged maladministration on the part of the Care Inspectorate in terms of how it dealt with a complaint about a care home.
- The relevant sector regulator for the care home: you should explain that the sector regulators

can investigate alleged breaches of their specific regulations on safety and quality which they are responsible for enforcing. The Care Inspectorate in Scotland, unlike the other national sector regulators, can also investigate individual complaints more generally.’

“Care homes can voluntarily choose to engage in Alternative Dispute Resolution, which is a way of resolving a dispute without going to court”

## Key points of note



Scotland

### WHEN RESIDENTS CAN BYPASS YOUR CHP

The Care Inspectorate Scotland has powers to not only inspect care homes, but also to investigate complaints and impose requirements and legal notices on you as a registered care provider. This means that, should an issue arise, a resident at your care home can bypass your own complaints handling procedure (CHP) and complain directly to the regulator. It usually only investigates complaints from residents where the issue arose no more than six months before a complaint was first made – except where there are exceptional circumstances.

However, the regulator will encourage residents to complain to you first, as their care provider, as research suggests that complaints are best resolved as close to the point of service delivery as possible.

Where a resident is persuaded to complain directly to you as their care provider, the Care Inspectorate will record the matter raised with them, even if they don't take any action to investigate themselves. However, in circumstances where a resident does not wish to complain directly to your care home, the regulator may well decide that the matter would be best investigated through your CHP and refer the resident back to you.

*Source: Care Inspectorate Scotland*

### WHO CAN COMPLAIN TO THE OMBUDSMAN

The Scottish Public Services Ombudsman is the final stage for investigating complaints about publicly funded services in Scotland, which would include services in care homes. The final stage for self-funding residents paying for services in a care home in Scotland is the Care Inspectorate Scotland.

### WHAT THE SCOTTISH OMBUDSMAN CAN INVESTIGATE AND TIME LIMITS

The Scottish Public Services Ombudsman cannot deal with complaints about the actual care and the standards of care delivered by a care home. This is done by the Care Inspectorate in Scotland. What it can investigate includes:

- Social work decisions
- Information provided about social work services
- Delays
- How a resident has been treated, including staff behaviour
- How people have communicated with a resident
- Financial assessments
- How a social work service responded to a resident's complaint

If a resident wants to pursue a complaint through the Ombudsman, they should do this **within 12 months** of them realising that a social work service has done something wrong.

*Source: Scottish Public Services Ombudsman*

# Key points of note



Unless otherwise marked, information in this section was taken from *Guidance in Relation to the HSC Complaints Procedure*. While this guidance was written for publicly funded health and social care services, parts of it can act as an excellent best practice guide for private, independent, charitable, and voluntary and not-for-profit care homes to follow, in conjunction with the CMA's advice.

### WHEN THE OMBUDSMAN CANNOT INVESTIGATE IN NI

The Northern Ireland Public Services Ombudsman (NIPSO) can only investigate complaints if a resident's service is publicly funded. This means that if a person pays for their service themselves using their own funds entirely and they remain dissatisfied after exhausting your own care home's complaints handling procedure, they would have to seek legal advice if they wanted to pursue it further. However, there are very few 'self-funding' placements within the sector, with most generally made through the five Health and Social Care Trusts.

Source: *Commissioner for Older People for Northern Ireland, and Competition and Markets Authority*

### WORKING WITH HSC TRUSTS TO RESOLVE COMPLAINTS

If one of your residents or their representatives wishes to make a complaint and you are contracted to supply their service on behalf of a Health and Social Care Trust (HSC Trust), they can either complain directly to you using your complaints handling procedure (CHP), or they can go through their HSC Trust's CHP. If the complainant uses your CHP, you will generally be expected to investigate and to respond directly to them. However, you are also required to notify the relevant HSC Trust of any complaints you receive without delay, and in any event within 72 hours. This gives the HSC Trust the option to determine if they should investigate themselves if they consider the issue to be serious enough, or if it would be appropriate to do so.



## Northern Ireland

### WHEN CARE HOMES INVESTIGATE COMPLAINTS WITHOUT HSC TRUST PARTICIPATION

When your care home has investigated a complaint, the response you write for the parties involved should also be shared with the relevant Health and Social Care Trust (HSC Trust). In your letter of response to the complainant you must advise them that, if they remain dissatisfied they can progress their complaint to the relevant HSC Trust, which will then determine whether the complaint warrants further investigation. You should also advise your complainant of their right to go to the ombudsman. However, it is possible that, where complaints have been dealt with by your care home without any HSC Trust participation and referred to the ombudsman, the ombudsman may decide that the HSC Trust is best placed to continue any investigation

### TIME LIMIT FOR NOTIFYING A COMPLAINANT OF ROUTE TO OMBUDSMAN

Once an investigation using your care home's complaints handling procedure (CHP) is complete – and if you are contracted to supply that service by a Health and Social Care Trust – you must inform your resident or their representative of their right to refer the matter to the Northern Ireland Public Services Ombudsman. You must do this in writing **within two weeks** of the day on which your CHP was exhausted.

*Source: Northern Ireland Public Services Ombudsman*

### OUT OF AREA COMPLAINTS

If you are contracted to look after a resident on behalf of a Health and Social Care Trust (HSC Trust), and that resident lives at your care home in Northern Ireland but has a complaint about events that took place elsewhere, the HSC Board or HSC Trust that commissioned the service or purchased the care for that person is responsible for coordinating the investigation and ensuring that all aspects of the complaint are investigated.

### Optional and compulsory routes to resolution

Once a complainant has exhausted the CHP at your care home, there are generally two options for taking it further: optional and compulsory resolution.

Care homes can voluntarily choose to engage in Alternative Dispute Resolution (ADR), which is a way of resolving a dispute without going to court. It involves an independent and impartial third party who considers the evidence in a dispute and makes a decision, offers a view or helps the parties to come to an agreement when their internal complaints system has failed to resolve the problem. There are a number of different types of ADR that fall into two categories. These different types of ADR are:

- **Adjudication and arbitration:** the adjudicator or arbitrator acts like a judge, making a firm decision on a case. The two sides of the dispute will normally agree in advance whether the adjudicator/arbitrator's decision will be legally binding (so they have to go along with the decision) or not (so they can still decide to go to a court or tribunal)

- **Conciliation and mediation:** the ADR provider will help enable an agreement, encouraging the parties involved to come to a mutually acceptable compromise. If both parties agree to obey the outcome, their signature to the agreement makes it legally binding and can be enforced in the same way as adjudicated/arbitrated decisions

The ADR regulations apply to all businesses in the UK that sell goods, services or digital content to consumers, which will include private, independent, charitable, or voluntary and not-for-profit care homes offering social care services. It also includes health professionals offering health services to consumers who pay a public sector provider for their own care – which may include you as a care home provider. Public sector providers of services, however, where the service is paid for by the state, are outside the scope of the regulations.

This means that, if a resident or their representative remains dissatisfied after exhausting the CHP at your home, as a trader you must signpost your customer to an appropriate certified ADR provider, and tell them whether or not you intend to use that provider. To find out more about ADR, see the *Alternative Dispute Resolution guidance for traders* booklet on the Business Companion website, at

[businesscompanion.info/en/news-and-updates/new-business-in-focus-guidance-on-alternative-dispute-resolution-adr](https://businesscompanion.info/en/news-and-updates/new-business-in-focus-guidance-on-alternative-dispute-resolution-adr)

In comparison, a compulsory dispute resolution body is a sector ombudsman, which is an independent official who has been appointed to investigate complaints that people make against the government or public organisations. Some can only investigate publicly funded service complaints in care homes, while others have powers to investigate all complaints, no matter how the complainant's service is funded.

The ombudsman's powers may differ slightly between countries in the UK, but generally speaking they are the final stage for your residents or their representatives to make a complaint against adult social care providers. Your care home's CHP must signpost to the relevant ombudsman for your country, so that a resident or their representative can pursue a complaint further if they remain dissatisfied after exhausting the CHP at your home or with their social services CHP.

“The ombudsman’s powers may differ slightly between countries, but generally speaking they are the final stage for your residents or their representatives to make a complaint”

The ombudsman offers a free and impartial service to consumers to investigate complaints in a fair and independent way. An ombudsman will usually investigate if it believes a care home may have acted unreasonably and if hardship or injustice has been caused. Examples of individual complaints that an ombudsman may investigate include:

- Poor service
- Service failure
- Delay
- Bad advice

The ombudsman will aim to put it right by recommending a suitable remedy. It is not an appeals body for other organisations’ decisions, and generally it can’t award compensation or penalise individuals, but it can check if a decision has been made properly. Some ombudsman offices have specific powers to publish complaints handling procedures, and to monitor and support best practice.

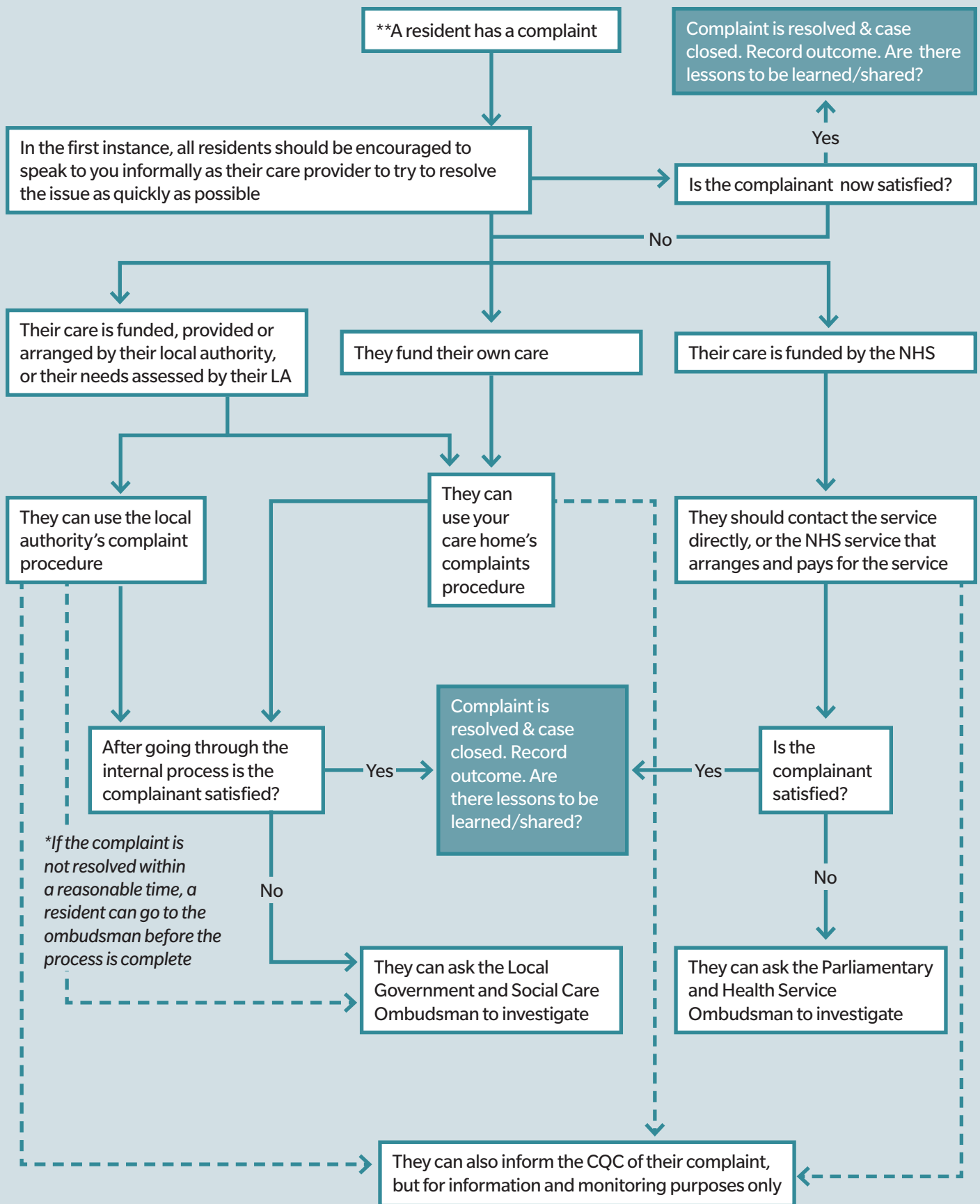
If an ombudsman finds that something has gone wrong, it can:

- Ask your care home to consider your decisions again
- Ask you to change your decisions
- Recommend that you improve your services in a particular way
- Recommend that you apologise to the parties involved

**i** You are advised to read the CMA’s advice on how to handle complaints in full in their latest guide, *UK care home providers for older people – advice on consumer law: Helping care homes comply with their consumer law obligations* (starting on page 111).

Visit **[gov.uk/government/publications/care-homes-consumer-law-advice-for-providers](https://gov.uk/government/publications/care-homes-consumer-law-advice-for-providers)** For more information about relevant legislation and regulatory guidance, and advocacy and support organisations for each UK nation, turn to our ‘Sources and further reading’ section in Annex A, on **page 47** of this guide.

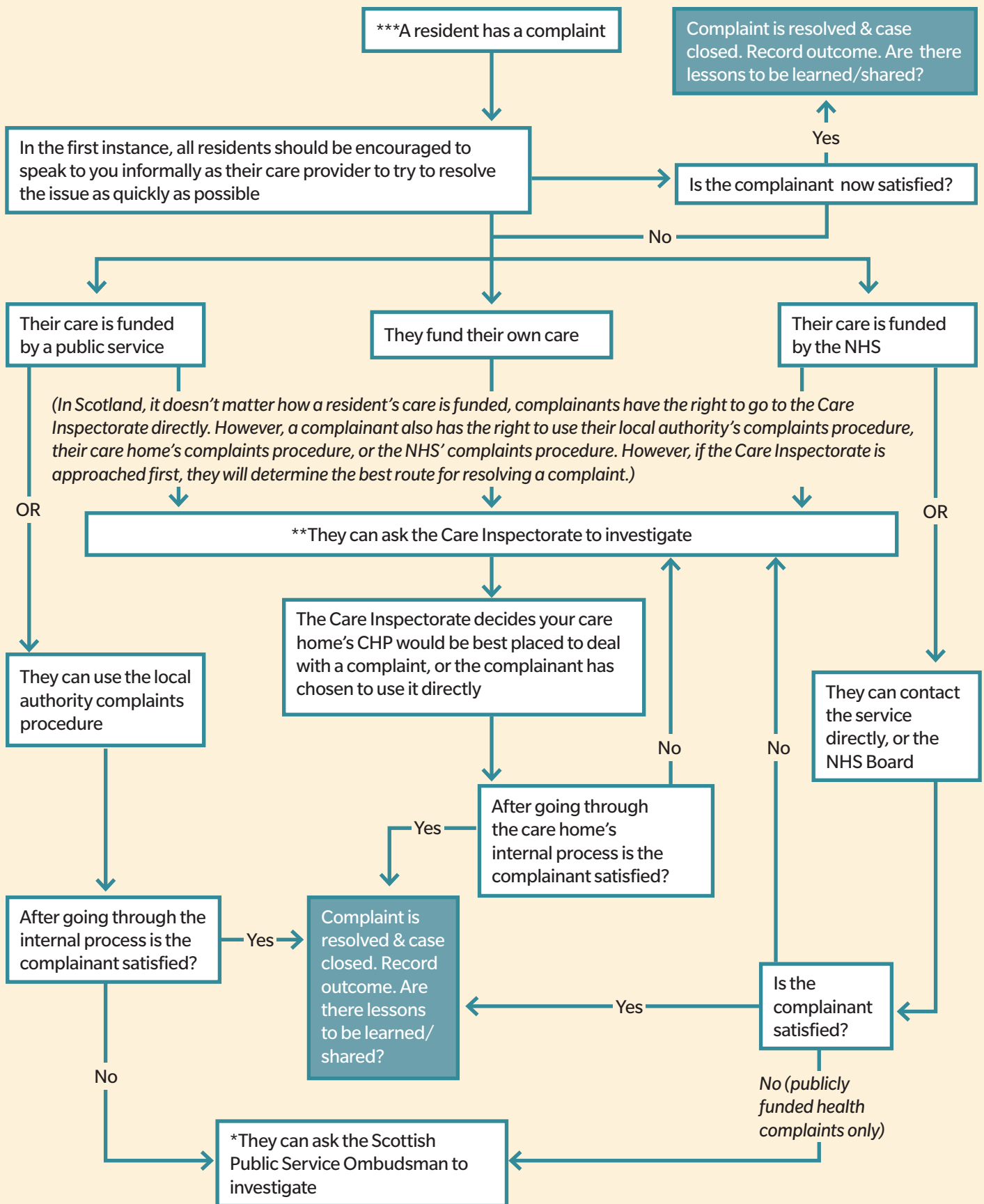
# How a resident in a care home can escalate a complaint in England



\*This can be up to six months for complaints involving social services.

\*\*As Alternative Dispute Resolution (ADR) is a voluntary resolution option, the consumer and care home could agree to engage in it at any time, but the requirements to provide the information apply when a deadlock has been reached and the internal complaints process has been exhausted. If ADR is unsuccessful, under consumer law a resident could seek legal advice for breach of contract, for example. Also, ISCAS may be able to help if a resident has a complaint about a health service they have paid for themselves.

# How a resident in a care home can escalate a complaint in Scotland



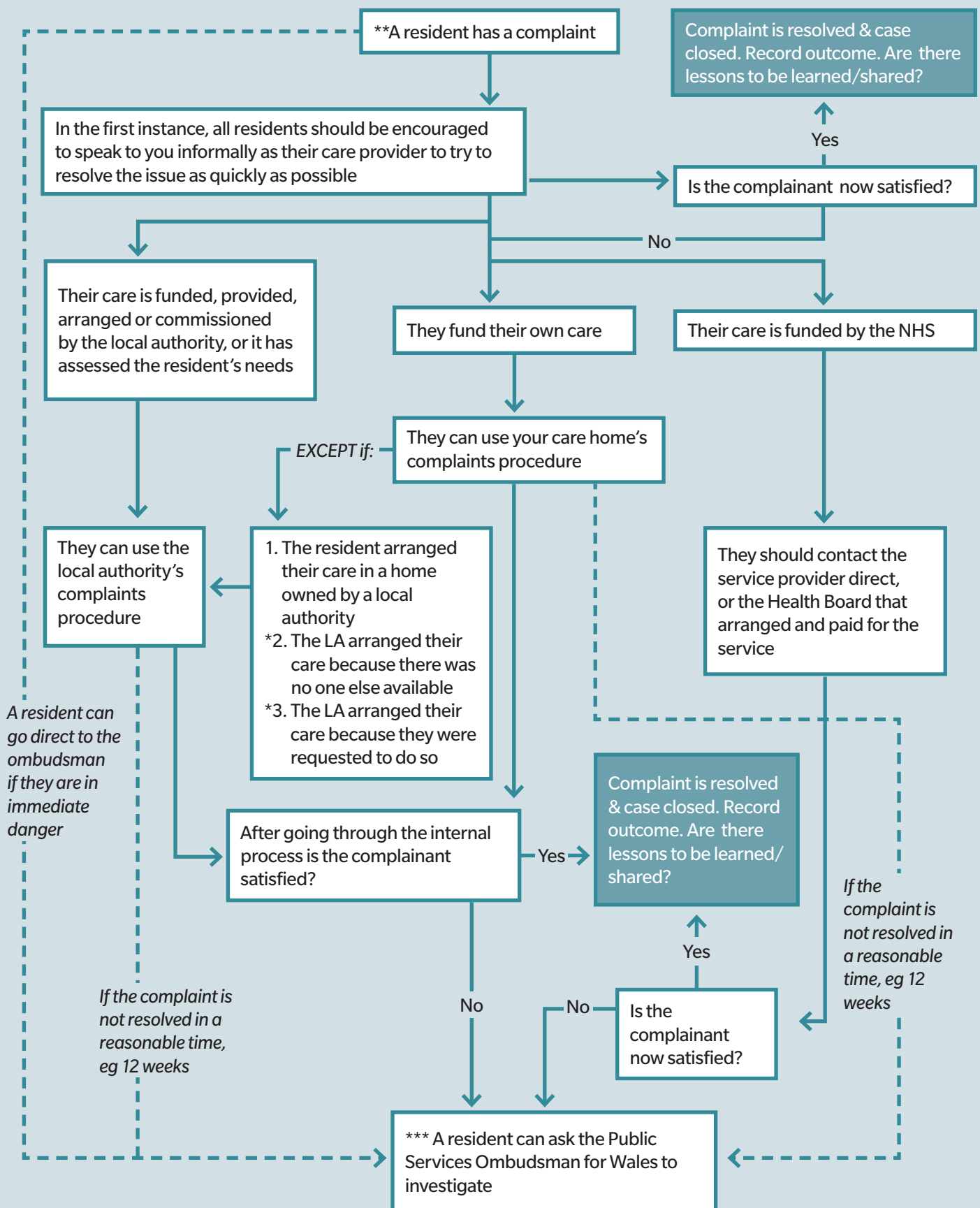
\*The ombudsman can only look at public services in Scotland.

\*\*The Care Inspectorate will encourage complainants to go to the care provider first, and will record any initial contact, even if they don't investigate initially. They can also assess that the care provider is best placed to investigate. The Care Inspectorate would be the first option for nearly everyone in making a complaint.

\*\*\*As Alternative Dispute Resolution (ADR) is a voluntary resolution option, the consumer and care home could agree to engage in it at any time, but the requirements to provide the information apply when a deadlock has been reached and the internal complaints process has been exhausted. If ADR is unsuccessful, under consumer law a resident could seek legal advice for breach of contract, for example.



# How a resident in a care home can escalate a complaint in Wales

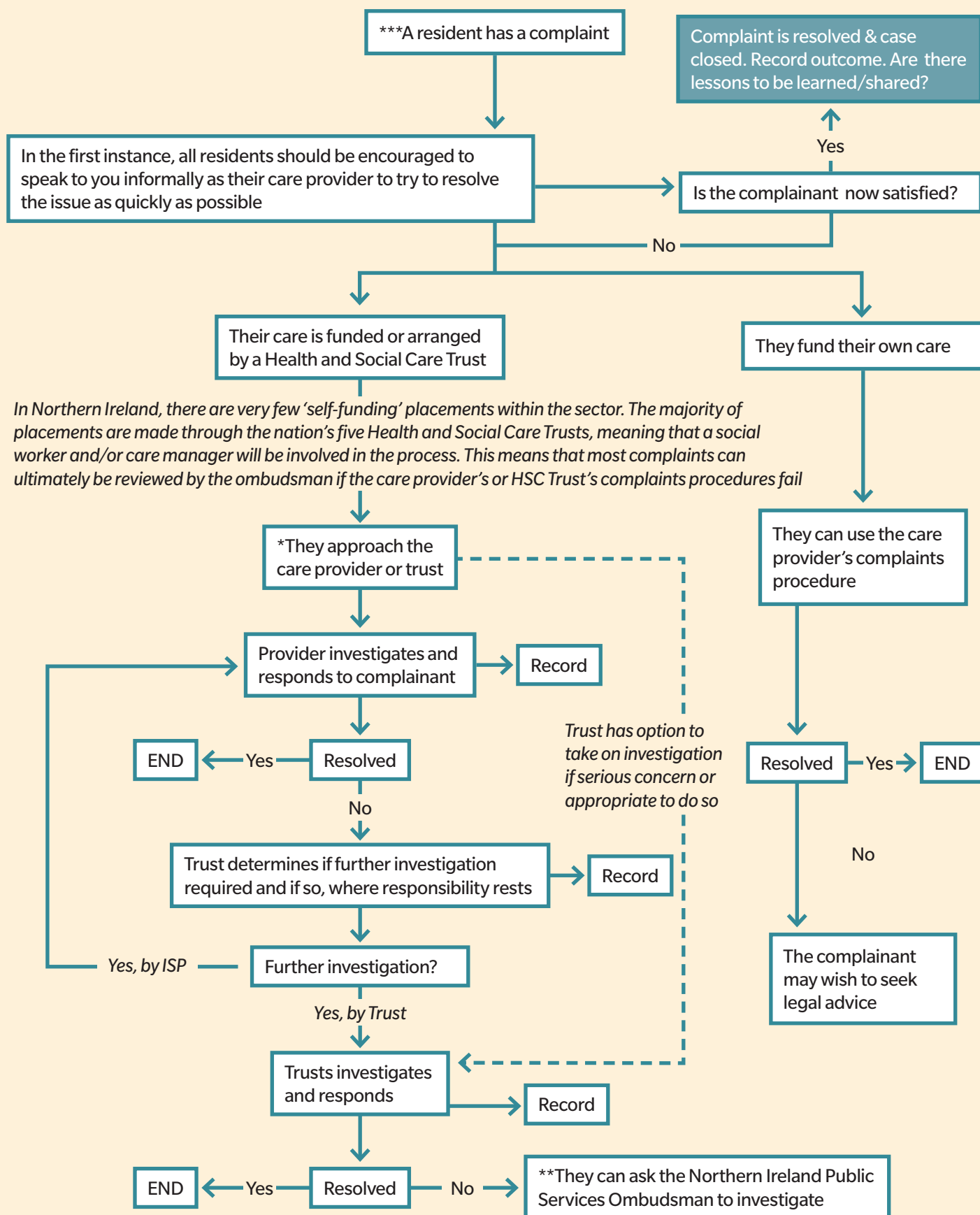


\* They can only complain about a LA's initial function.

\*\* As Alternative Dispute Resolution (ADR) is a voluntary resolution option, the consumer and care home could agree to engage in it at any time, but the requirements to provide the information apply when a deadlock has been reached and the internal complaints process has been exhausted. If ADR is unsuccessful, under consumer law a resident could seek legal advice for breach of contract, for example.

\*\*\* If a resident is still unhappy and they can supply further evidence, they can ask the ombudsman review manager to investigate.

# How a resident in a care home can escalate a complaint in Northern Ireland



\*A resident doesn't have to tell their care or nursing home that they have complained to the HSC Trust, but a full investigation may be difficult without them knowing.

\*\*The Ombudsman can only investigate complaints about the private sector if HSC is paying for the service.

\*\*\*As Alternative Dispute Resolution (ADR) is a voluntary resolution option, the consumer and care home could agree to engage in it at any time, but the requirements to provide the information apply when a deadlock has been reached and the internal complaints process has been exhausted. If ADR is unsuccessful, under consumer law a resident could seek legal advice for breach of contract, for example.

# Part 6. Ensuring your staff are properly trained

Once you have your complaints handling procedure (CHP) in place and are following the principles of good practice, you must ensure that your complaints procedure is being followed by your staff. It is important that your staff are properly trained and feel empowered to deal with any complaints that may arise because, in consumer law, you are responsible for the actions of anyone acting in your name or on your behalf. It is therefore important that you take all reasonable precautions and due diligence to prevent a breach of consumer law from taking place. So, all relevant staff should understand the three-stage internal process as detailed earlier in this guide – and how it fits into their sector-specific regulations – as well as how the nature of a complaint and how a resident's service is funded affects how a complaint can be made. A resident and your staff should also be aware of the external bodies that can be approached to investigate a complaint further if they remain dissatisfied at the end of your care home's complaints process.

## Roles and responsibilities

There are also expectations around the roles and responsibilities of particular staff members when implementing your CHP. For example, legal guidance in Wales states that care homes should appoint a 'responsible individual' at an appropriately senior level to be accountable for both service quality and compliance. They must supervise the management of the service, including the complaints process. This includes ensuring the service: listens to individuals; responds positively to any concerns or complaints; and has sufficient numbers of staff who are trained, competent and skilled to undertake their role.

To help streamline requirements for staff training across the UK, the CMA has issued the following advice:

'Under consumer law you are responsible for the actions of anyone acting in your name or on your behalf. It is not enough to have an accessible and fair complaints handling procedure; it must also be followed in practice. You should therefore ensure that your staff are trained in and have a good understanding of your complaints handling procedure, how it works, their role and responsibility in reporting and resolving complaints raised with them, and their role in supporting people if they want to make a complaint. You should also highlight to your staff any behaviours that are unacceptable, eg intimidating complainants or threatening them with reprisals.

'You should also maintain effective oversight of the actions of local managers and speak to residents, encouraging open reporting of complaints. It is important that any learning from complaints is cascaded throughout your care home(s) and leads to improvements.'



## CMA – a final word

While this booklet serves to act as an introductory guide to help you understand and follow the principles of consumer law in the UK when dealing with complaints, as a care home owner or registered manager you ultimately have responsibility for ensuring your care home follows the guidance detailed in these pages, any other relevant laws and rules stipulated by your sector regulator. As the CMA says:

‘Failing to follow your complaints handling procedure in practice (for example, by failing to respond to complaints or not properly investigating them) or relevant sector rules or other guidelines is likely to mean that you are not acting in accordance with the standards of ‘professional diligence’ required under consumer law [under the ‘general prohibition’ on unfairness in Regulation 3(3), CPRs].’







## Annex A: Resources and further reading

If you would like to learn more about best practice principles when dealing with complaints, and suggestions for further reading, a list of resources – some of which were used to create this guide – is below.



## Legal guidance

### NATIONAL:

- UK care home providers for older people – advice on consumer law Helping care homes comply with their consumer law obligations [gov.uk/government/publications/care-homes-consumer-law-advice-for-providers](http://gov.uk/government/publications/care-homes-consumer-law-advice-for-providers)
- Principles of Good Complaint Handling [ombudsman.org.uk/sites/default/files/page/0188-Principles-of-Good-Complaint-Handling-bookletweb.pdf](http://ombudsman.org.uk/sites/default/files/page/0188-Principles-of-Good-Complaint-Handling-bookletweb.pdf)
- My expectations for raising concerns and complaints [ombudsman.org.uk/sites/default/files/Report\\_My\\_expectations\\_for\\_raising\\_concerns\\_and\\_complaints.pdf](http://ombudsman.org.uk/sites/default/files/Report_My_expectations_for_raising_concerns_and_complaints.pdf)

### WALES:

- National Minimum Standards for Care Homes for Older People [careinspectorate.wales/sites/default/files/2018-01/131009nmsolderadultsen.pdf](http://careinspectorate.wales/sites/default/files/2018-01/131009nmsolderadultsen.pdf)
- A guide to handling complaints and representations by local authority social services [gov.wales/sites/default/files/publications/2019-05/a-guide-to-handling-complaints-and-representations-by-local-authority-social-services.pdf](http://gov.wales/sites/default/files/publications/2019-05/a-guide-to-handling-complaints-and-representations-by-local-authority-social-services.pdf)
- Statutory Guidance (for service providers and responsible individuals on meeting service standard regulations for: Care home services; Domiciliary

support services; Secure accommodation services; and Residential family centre services) [gov.wales/sites/default/files/publications/2019-04/guidance-for-providers-and-responsible-individuals.pdf](http://gov.wales/sites/default/files/publications/2019-04/guidance-for-providers-and-responsible-individuals.pdf)

### SCOTLAND:

- Health and Social Care Standards [gov.scot/publications/health-social-care-standards-support-life/pages/1/](http://gov.scot/publications/health-social-care-standards-support-life/pages/1/)
- The Social Work Model Complaints Handling Procedure (Model CHP) Guide to Implementation [valuingcomplaints.org.uk/sites/valuingcomplaints/files/SW-Model-CHP-Implementation-Guide.pdf](http://valuingcomplaints.org.uk/sites/valuingcomplaints/files/SW-Model-CHP-Implementation-Guide.pdf)
- The Social Work Model Complaints Handling Procedure [valuingcomplaints.org.uk/sites/valuingcomplaints/files/resources/SW-Model-CHP.pdf](http://valuingcomplaints.org.uk/sites/valuingcomplaints/files/resources/SW-Model-CHP.pdf)

### ENGLAND:

- Care Quality Commission, Regulation 16: Receiving and acting on complaints: [cqc.org.uk/guidance-providers/regulations-enforcement/regulation-16-receiving-acting-complaints#guidance](http://cqc.org.uk/guidance-providers/regulations-enforcement/regulation-16-receiving-acting-complaints#guidance)
- Key lines of enquiry, prompts and ratings characteristics for adult social care services [cqc.org.uk/sites/default/files/20171020-adult-social-care-kloes-prompts-and-characteristics-final.pdf](http://cqc.org.uk/sites/default/files/20171020-adult-social-care-kloes-prompts-and-characteristics-final.pdf)

### NORTHERN IRELAND:

- Residential Care Homes Minimum Standards 2011 [rqia.org.uk/RQIA/media/RQIA/Resources/Standards/care\\_standards\\_-\\_residential\\_care\\_homes\\_August\\_2011.pdf](http://rqia.org.uk/RQIA/media/RQIA/Resources/Standards/care_standards_-_residential_care_homes_August_2011.pdf)
- Care Standards for Nursing Homes - April 2015 [rqia.org.uk/RQIA/media/RQIA/Resources/Standards/nursing\\_homes\\_standards\\_-\\_april\\_2015.pdf](http://rqia.org.uk/RQIA/media/RQIA/Resources/Standards/nursing_homes_standards_-_april_2015.pdf)
- Guidance in relation to the health and social care complaints procedure [health-ni.gov.uk/sites/default/files/publications/health/Guidance%20in%20Relation%20to%20the%20HSC%20Complaints%20Procedure%20-%20April%202019.pdf](http://health-ni.gov.uk/sites/default/files/publications/health/Guidance%20in%20Relation%20to%20the%20HSC%20Complaints%20Procedure%20-%20April%202019.pdf)
- Complaints in health and social care: Standards & Guidelines for Resolution & Learning [rqia.org.uk/RQIA/media/RQIA/Guidance/HSC-complaints-standards-and-guidelines-Aug-10.pdf](http://rqia.org.uk/RQIA/media/RQIA/Guidance/HSC-complaints-standards-and-guidelines-Aug-10.pdf)

## UK regulators

### ENGLAND:

- Care Quality Commission [cqc.org.uk](http://cqc.org.uk)

### SCOTLAND:

- Care Inspectorate [careinspectorate.com](http://careinspectorate.com)

### WALES:

- Care Inspectorate Wales [careinspectorate.wales](http://careinspectorate.wales)

### NORTHERN IRELAND:

- Regulation and Quality Improvement Authority [rqia.org.uk](http://rqia.org.uk); Also: RQIA guidance on raising a concern: [rqia.org.uk/contact/complaints-feedback/raising-a-concern-about-a-service](http://rqia.org.uk/contact/complaints-feedback/raising-a-concern-about-a-service)

### Laws and regulations

#### NATIONAL:

- Consumer Contracts (Information, Cancellation and Additional Charges) Regulations 2013
- Consumer Protection from Unfair Trading Regulations 2008
- Consumer Rights Act 2015
- Alternative Dispute Resolution Regulations 2015

#### ENGLAND:

- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 16

### NORTHERN IRELAND:

- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Nursing Homes Regulations (Northern Ireland) 2005
- section 25 of the Public Services Ombudsman Act (Northern Ireland) 2016

#### WALES:

- The Social Services Complaints Procedure (Wales) Regulations 2014
- The Representations Procedure (Wales) Regulations 2014
- The Regulation and Inspection of

- Social Care (Wales) Act 2016
- section 33(1) of the Public Services Ombudsman (Wales) Act 2005
- The Adult Placement Schemes (Wales) Regulations 2004
- Parts 3 to 20 of The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017, as amended

#### SCOTLAND:

- section 22(2)(a) of the Scottish Public Services Ombudsman Act 2002
- Public Services Reform (Scotland) Act 2010

### Ombudsmen

#### SCOTLAND:

- Scottish Public Services Ombudsman [Spsso.org.uk](http://Spsso.org.uk)
- Scottish Public Services Ombudsman Complaints Standards Authority [Valuingcomplaints.org.uk](http://Valuingcomplaints.org.uk)

#### ENGLAND:

- Local Government and Social Care Ombudsman [Lgo.org.uk](http://Lgo.org.uk) and [lgo.org.uk/adult-social-care/resources-for-care-providers](http://lgo.org.uk/adult-social-care/resources-for-care-providers). Also: [lgo.org.uk/information-centre/reports/guidance-notes/my-expectations-for-raising-concerns-and-complaints](http://lgo.org.uk/information-centre/reports/guidance-notes/my-expectations-for-raising-concerns-and-complaints)
- The LGSCO also offer training for providers: [lgo.org.uk/training/providers/echproviders](http://lgo.org.uk/training/providers/echproviders)

#### WALES:

- Public Service Ombudsman for

Wales [WalesOmbudsman.wales](http://WalesOmbudsman.wales)

### NORTHERN IRELAND:

- Northern Ireland Public Services Ombudsman [nipso.org.uk/nipso](http://nipso.org.uk/nipso)

### Background reading

- Adult social care: Quality matters: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/795351/Adult\\_Social\\_Care\\_-\\_Quality\\_Matters.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/795351/Adult_Social_Care_-_Quality_Matters.pdf)
- Citizens Advice website [Citizensadvice.org.uk](http://Citizensadvice.org.uk)
- SPSO Statement of Complaints Handling Principles [valuingcomplaints.org.uk/sites/valuingcomplaints/files/resources/principles.pdf](http://valuingcomplaints.org.uk/sites/valuingcomplaints/files/resources/principles.pdf)
- Alternative dispute resolution regulations 2015 Department For Business, Innovation And Skills Guidance For Business [tradingstandards.uk/media/documents/commercial/adr/adr-business-guidance-inc-odr-jan-2016.pdf](http://tradingstandards.uk/media/documents/commercial/adr/adr-business-guidance-inc-odr-jan-2016.pdf)
- Information leaflet for all authorities within the Ombudsman's jurisdiction [nipso.org.uk/site/wp-content/uploads/2018/03/N9-Information-Leaflet-for-all-authorities-within-the-Ombudsmans-jurisdiction-February-2018.pdf](http://nipso.org.uk/site/wp-content/uploads/2018/03/N9-Information-Leaflet-for-all-authorities-within-the-Ombudsmans-jurisdiction-February-2018.pdf)
- Care Inspectorate Scotland: How we deal with concerns and complaints about care [careinspectorate.com/images/documents/4107/](http://careinspectorate.com/images/documents/4107/)

[How%20we%20deal%20with%20concerns%20and%20complaints.pdf](#)

- Want to complain about the care you pay for? - You and the Ombudsman [ombudsman.wales/wp-content/uploads/2019/09/23181-Update-Want-to-complain-about-the-care-you-pay-for\\_E\\_v5.pdf](#)
- How to complain about a social work service [spso.org.uk/sites/spso/files/communications\\_material/leaflets\\_public/2018%20Social%20work.pdf](#)
- The Experience Of Living In A Nursing Home [patientclientcouncil.hscni.net/the-experience-of-living-in-a-nursing-home](#)
- How to complain about a health or social care service [cqc.org.uk/sites/default/files/20171128\\_6642\\_cqc\\_how\\_to\\_complain\\_leaflet\\_final\\_web.pdf](#)
- Quality Matters: Acting on compliments, feedback and complaints about adult social care – a good practice guide for adult social care practitioners [qualitycarecounts.com/wp-content/uploads/2018/08/Quality-Matters-complaints-guidance-July-2018-1.pdf](#)
- Adult Safeguarding Operational Procedures Adults at Risk of Harm and Adults in Need of Protection [hscboard.hscni.net/download/PUBLICATIONS/safeguard-vulnerable-adults/](#)

[niasp-publications/Adult-Safeguarding-Operational-Procedures.pdf](#)

- RQIA Provider Guidance 2019-20 Nursing Homes [rqia.org.uk/RQIA/files/f5/f572c310-0a64-4c92-9f32-2967edf82cc9.pdf](#)
- Adult Safeguarding: Prevention and Protection in Partnership [health-ni.gov.uk/sites/default/files/publications/dhssps/adult-safeguarding-policy.pdf](#)
- Signposting to the Ombudsman – a guide for public authorities [https://nipso.org.uk/site/wp-content/uploads/2018/04/Signposting-to-NIPSO.pdf](#)
- CMA Care Homes Market Study Evidence from the Commissioner for Older People for Northern Ireland [assets.publishing.service.gov.uk/media/5981ebe8ed915d0228000048/the\\_commissioner\\_for\\_older\\_people\\_ni\\_response\\_to\\_update\\_paper.pdf](#)
- SPSO Complaints Improvement Framework [valuingcomplaints.org.uk/sites/valuingcomplaints/files/resources/ComplaintsImprovementFramework.pdf](#)
- Health and Social Care Standards: My support, my life [gov.scot/publications/health-social-care-standards-support-life](#)
- Putting Things Right [wales.nhs.uk/sitesplus/documents/1064/Putting%20Things%20Right%20April%202012.pdf](#)
- NI Direct website: [nidirect.gov.uk/information-and-services/care-](#)

[and-support/residential-care-and-nursing-homes](#)

- For the HSC Trusts' websites: [online.hscni.net/hospitals/health-and-social-care-trusts](#)

## Advocacy and support organisations by nation

### ENGLAND:

Patient Advice and Liaison Service [nhs.uk/common-health-questions/nhs-services-and-treatments/what-is-pals-patient-advice-and-liaison-service/](#)  
The NHS Complaints Advocacy Service [nhscomplaintsadvocacy.org](#)  
Patients Association [patients-association.org.uk](#)  
The Relatives & Residents Association [relres.org](#)  
Citizens Advice [citizensadvice.org.uk](#)

### WALES:

Citizens Advice Wales [citizensadvice.org.uk/wales](#)  
Advocacy Matters Wales [advocacymatterswales.co.uk](#)

### SCOTLAND:

Scottish Independent Advocacy Alliance [Siaa.org.uk](#)  
Citizens Advice Scotland [cas.org.uk](#)

### NORTHERN IRELAND:

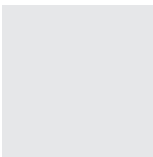
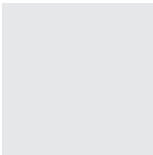
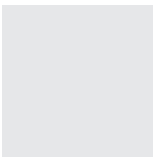
Patient and Client Council [patientclientcouncil.hscni.net](#)

# Acknowledgements

The CTSI would like to thank the below partner organisations for their assistance and support in creating this guidance.

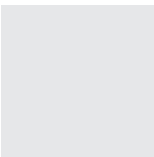
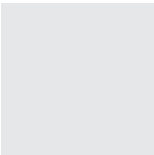
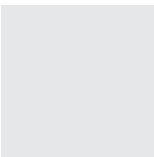
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**This guidance is endorsed by:**



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**CTSI would like to thank:**





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