

**COMPLAINTS**

**A POLICY FOR STAFF AND VOLUNTEERS**

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| ***Approved by:***  ***Date:*** | Chief Executive Officer  June 2024 |
| *For use by:* | Managers, staff, volunteers, clients, relatives, visitors, contractors, and other professionals. |
| *Linked legislation, guidance & policies:* | Quality assurance  Customer experience  Code of conduct  Values of care  Using and sharing confidential information  Equality and diversity  Safeguarding  Duty of Candour (Regulation 20, Health & Social Care Act 2008)  Health and Social Care Act 2008  Preventing & Managing Unacceptable Behaviour from Relatives and Others  ARCO Consumer Code  Housing and Local Social Care Ombudsman Complaint Handling Code |
| *Status:* | Final |
| *Policy author:* | Agnes Voros – Customer Experience Manager |
| *Policy owner:* | Amanda King – Director of Finance  Daniel Carmel-Brown, CEO |
| *Policy type:* | Organisation |
| *Date of last review/revision:* | June 2024 |
| *Date of next policy review/revision:* | June 2025 |

**JEWISH CARE POLICIES**

**COMPLAINTS**

1. **REASONS FOR POLICY**
   1. To ensure that people who use our services, and anyone who comes into contact with the organisation, know how to raise concerns or make a complaint and can be assured that feedback is dealt with in a fair, open, transparent, and timely way, and without causing avoidable distress.

**2. POLICY OBJECTIVES**

2.1 Ensure that employees:

* Know how to receive, record, and respond to a complaint.
* Understand how to deal with complaints.
* Can confidently investigate and, if possible, resolve a complaint.
* Can advise the person making the complaint how to take the matter further if the complaint has not been resolved to their satisfaction.
* Know how to complete the appropriate documentation, including identifying the outcome and actions taken.

**3. DEFINITIONS**

* 1. **complaint:** An expression of dissatisfaction, however made, about the standard of service, alleged actions or lack of action by Jewish Care, its own staff, or those acting on its behalf, affecting the complainant. A complaint can come from anyone, including residents, clients, family members or members of the public.
  2. The complainant does not have to use the word ‘complaint’ for it to be treated as such. Whenever a complainant expresses dissatisfaction Jewish Care gives them the choice to make complaint. A complaint that is submitted via a third party or representative must be handled in line with this complaints policy (please see 3.6 for more information on third party representatives).
  3. Jewish Care recognises the difference between a service request and a complaint. A service request is a request to Jewish Care requiring action to be taken to put something right (for example a repair request). Service requests are not complaints. A complaint must be raised when the client expresses dissatisfaction with the response to their service request, even if the handling of the service request remains ongoing. Jewish Care will not stop addressing the service request if the client complains.
  4. Posters and leaflets are displayed at each Jewish Care resource, to ensure all our visitors and clients know how to make a complaint. A complaint can be submitted via any channel, e.g. verbally, via phone, the website, in a form of an email, letter, or via the leaflet, etc.
  5. Jewish Care accepts all complaints unless there is a valid reason not to do so, for example the case became a legal proceeding or a police investigation. Jewish Care accepts complaints within 12 months of the issue occurring or the resident becoming aware of the issue unless they are excluded on other grounds. However, each complaint will be considered on its own merits. If Jewish Care decides not to accept a complaint, an explanation to be provided to the complainant, setting out the reasons why the matter is not suitable for the complaints process and the right to take that decision to the Ombudsman.
  6. Complainants have the right to have a representative (such as family or friend) raise a complaint on their behalf, given that the complainant has the mental capacity to give consent, or the representative holds the appropriate legal authorisation, such as Legal Power of Attorney.
  7. Jewish Care makes reasonable adjustments for complainants where appropriate under the Equality Act 2010. Jewish Care keeps a record of any reasonable adjustments agreed, as well as a record of any disabilities the complainant has disclosed. Any agreed reasonable adjustments it to be kept under active review.

**4 POLICY**

4.1 Jewish Care welcomes complaints.

4.2 Jewish Care views complaints as an opportunity to learn and to improve the quality and safety of the services it offers.

4.3 Our complaint handling is in line with Jewish Care values of Excellence, Integrity, Innovation, Inclusiveness, Compassion and Excellence.

4.4 This policy ensures that all staff:

1. have a collaborative and co-operative approach towards resolving complaints, working with colleagues across teams and departments.
2. take collective responsibility for any shortfalls identified through complaints, rather than blaming others; and
3. act within the professional standards for engaging with complaints as set by any relevant professional body.

4.5. The number of complaints is reviewed quarterly, and if there is a significant change to the number of complaints (and compliments) at a specific service, we would look into it. If the number of complaints is low, we would ensure all clients know how to give feedback and are enabled to do so.

4.6 In line with its values and the Duty of Candour (Regulation 20, Health and Social Care Act 2008), Jewish Care expects all staff to be open and honest when dealing with people raising concerns or making complaints.

**5 MANAGEMENT RESPONSIBILITIES**

5.1 Managers are responsible for ensuring that:

* People find it easy to give their feedback to the right person.
* The ‘Remember Your View Counts’ leaflets and posters are prominently displayed at every resource and sent to people who may need them.
* Employees understand what to do when receiving a complaint and how to respond.
* Complaints are dealt with openly, honestly, promptly, courteously, consistently, fairly, proportionately, and in accordance with this policy and the following procedure.
* Complaints are investigated and responded.
* Duty of Candour (Regulation 20, Health, and Social Care Act 2008) guidance is followed when concerns/complaints are raised in regulated services.
* Appropriate HR procedures are followed when complaints against a member of staff are substantiated. It is not appropriate for the person making the complaint to be given details of any disciplinary action involving a member of staff.
* The safeguarding policy and procedure are followed when there is concern that abuse may have taken place.
* Accurate records are kept of all complaints and how they have been resolved.
* Records are available for inspection by representatives of Jewish Care and regulators e.g. CQC [Care Quality Commission].
* A manager should know when a complaint should be escalated to the Customer Experience Team ([customerexperience@jcare.org](mailto:customerexperience@jcare.org)).
* A manager should ensure that learning is implemented and monitored.
* A managers should make sure no one discriminate against anyone for having made a complaint.
* If the complaint is serious, the Registered Manager to report the allegations to the CQC and to the local safeguarding authority.

**6 EMPLOYEE RESPONSIBILITIES**

6.1 Employees are responsible for ensuring that:

* People, including those with cognitive impairment (e.g. dementia), have the opportunity to feed back any concerns.
* They are open to feedback, even when it is perceived as negative.
* They know how to receive and respond to a complaint.
* They cooperate with investigations in an open and honest manner.
* They view complaints as an opportunity to learn and improve.
* They do not discriminate against anyone for having made a complaint.

1. **CUSTOMER EXPERIENCE TEAM (CET) RESPONSIBILITIES**
   1. The CET is responsible for ensuring that:

* Complaints are logged on the database and the complaints procedure are followed.
* Complaints are escalated.
* CET’s responsibility is to investigate complaints or manage the investigation of complaints. They must also have the authority and autonomy to act to resolve disputes promptly and fairly, for example they have access to all relevant documents (for example care plans) and can interview any staff member relevant to the complaint.
* They liaise with the Ombudsman and ensure complaints are reported to the governing body.
* Complaints are managed courteously and in line with agreed timeframes. The CET usually holds the relationship with the complainant during the investigation process and supports managers to communicate with the complainants as/when required.
* The CET documents learning and monitors the implementing of learning in a quarterly or six-monthly bases (see paragraph 11 on learning monitoring).
* CET report quarterly and annual statistics relating to complaints & compliments, and the themes and learning drawn from complaints (local and/or organisational) to directorate, trustees~~’~~ board, and relevant quarterly committees, as well as the Managers Forum.
* Manage the appeal process if the complainant is unhappy with the outcome (see paragraph 3 and 13)
* CET do not discriminate against anyone for having made a complaint.
* CET will notify the relevant people/managers when a complaint is raised against the department.
* All complaints are investigated by the CET, however, in cases when the investigation is carried out by the resource/department manager, the CET will provide advice and support to the manager and to the person carrying out the investigation.
* CET will agree with the relevant people (e.g., manager, investigator, Head & Director) whether the complaint is fully upheld, partially upheld, or not upheld. CET will ensure that everyone is in agreement with the outcome, conclusion and learning.
* CET will ensure that the investigation report of care & clinical complaints is approved by the Clinical Lead and the Head of the department, (and director if complaint is serious) and that all is in agreement with the outcome, conclusion and learning
* The CET will draft the final letter (or organise the final meeting with complainant) to outline/discuss the outcome of the investigation and how the complaint has been resolved.

**8. APPENDICES**

8.1 Appendix A: ‘Remember Your View Counts’ leaflet.

8.2 Appendix B: Complaint categories.

8.3 Appendix C: Contact details for CQC, Local Government Ombudsman, Housing Ombudsman, Property Ombudsman and the Fundraising Regulator.

8.4 Appendix D: investigation template

**PROCEDURE**

**COMPLAINTS**

**REASON FOR POLICY**

Ensure that people who use our services, and anyone who comes into contact with the organisation, know how to make a complaint and can be assured that feedback is dealt with in a fair, open, transparent and timely way, and without causing avoidable distress.

**POLICY**

* Jewish Care welcomes complaints.
* Jewish Care views complaints as an opportunity to learn and to improve the quality and safety of the services it offers.
* Jewish Care is learning focused, and the aim of the department is to ensure the objective and thorough investigation of each complaint, to draw learning from each complaint and monitor themes and learning, to prevent reoccurrence.
* In line with its values and the Duty of Candour (Regulation 20, Health and Social Care Act 2008), Jewish Care expects all staff to be open and honest when dealing with people raising concerns or making complaints.

**POLICY OBJECTIVES**

Ensure that employees:

* Know how to receive, record, and respond to a complaint.
* Understand how to deal with complaints.
* Can confidently investigate and, if possible, resolve a complaint.
* Can advise the person making the complaint how to take the matter further if the complaint has not been resolved to their satisfaction.
* Know how to complete the appropriate documentation, including identifying the outcome and actions taken.

1. **receiving complaints** 
   1. Our customers should find it easy to give feedback, even where this is perceived as negative.
   2. Concerns and complaints can be raised by email, letter or by completing the form entitled ‘Remember Your View Counts’ (Appendix A). People can also use the ‘contact us’ section of the website, [www.jewishcare.org](http://www.jewishcare.org)
   3. Complaints can also be made verbally. In this case, a note should be made of the content of the complaint, and a copy sent to the person making the complaint. This provides an agreed basis for investigation if required.
   4. Concerns and complaints should be received courteously and directed to the responsible person in a timely way.
   5. The complainant to be given the ‘Your View Counts’ leaflet (if they do not already have a copy). This leaflet outlines Jewish Care’s complaints process and includes all relevant contact details (e.g. the Ombudsman).
   6. Concerns and complaints should always be acknowledged, preferably in writing. Where it is relevant, the person acknowledging the complaint (on both stage 1 and 2) should be clear which aspects of the complaint they are, and are not, responsible for and clarify any areas where this is not clear.
   7. The person making the complaint should be informed of the procedure and told when they might receive a response and from whom.
   8. Complaint can be remedied at any stage of its complaints process. The investigating manager must ensure appropriate remedies can be provided at any stage of the complaints process without the need for escalation. Most complaints can be resolved promptly, with an apology, explanation, or a quick intervention.
   9. If the complainant’s behaviour comes under the ‘Managing Unacceptable Behaviour’ policy, and restrictions are needed to be put in place (e.g. due to excessive emails, and phone calls) the complainant’s concerns should still be investigated in line with this policy, and any restrictions put in place should be regularly reviewed throughout the investigation.

10. **MANAGING CONCERNS MADE DIRECTLY TO THE RESOURCE/DEPARTME**

* 1. A concern should first be addressed by the resource/department manager. The resource/department manager should try to resolve any disputes, concerns or dissatisfactions made to them directly, as soon as possible, within an agreed timeframe.
  2. If the person raising their concerns is not satisfied with the resource/department manager’s response, or their concern was not resolved in a satisfactory manner, the resource/department manager should escalate the matter to the Customer Experience Team (CET).
  3. The resource/department manager should also make a decision to escalate the complaint to the CET if they reasonably believe that:
* The reputation of the organisation is at risk.
* The complaint is significant (Please see APPENDIX B for complaint categories)
* Someone has suffered harm requiring notification under the Duty of Candour (Regulation 20, Health and Social Care Act 2008)
* The person making the complaint is dissatisfied with the outcome or wishes the complaint to be escalated.
* A person who is making a complaint is behaving in a way which is unacceptable. CET will assist with the management of the complaint under this policy. Unacceptable behaviour should be managed using the separate policy on Preventing and Managing Unacceptable Behaviour from relatives and others.
* The nature of the complaint requires an element of independence to fully resolve/address the issues.

1. **MANAGING FORMAL COMPLAINTS (stage 1)** 
   1. When a concern was not resolved locally in a satisfactory way and the complainant is still unhappy, the resource will escalate the complaint to the Customer Experience Team (CET).
   2. Complaint that was made directly to Directors, Board members, the Chief Executive Officer or the senior management team will also be forwarded to the CET.
   3. The CET will acknowledge the complaint within 3 working days and log it on the complaints database.
   4. The CET will advise the person making the complaint of who will be conducting the investigation.
   5. The complainant will be asked to clarify what the complaint is (if this is not clear) and to express what outcome they are looking for.
   6. The CET will also advise the person making the complaint that they will receive a full response at stage one of the process within 10 working days of initial receipt of their complaint. Complaints regarding ARCO accredited services (Retirement Living Scheme) should also be answered within 10 working days.
   7. If an extension is necessary, this will be agreed with the complainant. The extension will be no more than 10 working days.
   8. In most circumstances the CET investigate the complaint, but another manager can be assigned if it is seen fit by the Head/Director of the department.
   9. We let the complainant know who the investigation manager is and their contact details. The complainant should be able to contact the investigation manager at any time during the investigation.
   10. If the complaint is about care/clinical practice, the CET will ensure that the investigation report is reviewed by the Clinical Lead, or the Head of the service/department. The reviewing manager reviews the investigation findings and decides if the resource has followed good clinical practice.
   11. The CET ensures that all investigations are thorough, objective and learning focused.
   12. If the complaint is serious, the Registered Manager to report the allegations to the CQC and to the local safeguarding authority.
   13. Where the complainant raises additional complaints during the investigation, these are incorporated into the stage 1 response if they are related, and the stage 1 response has not been issued yet. Where the stage 1 response has been issued, the new issues are unrelated to the issues already being investigated or it would unreasonably delay the response, the new issues must be logged as a new complaint. Jewish Care will accept additional complaints raised during the complaint process, within reason. However, if Jewish Care decides not to accept any more complaints, an explanation will be provided, setting out the reasons, and the complainant is given the opportunity to take the matter to the Ombudsman.
2. **Setting up an investigation**

12.1 Depending on their seriousness, complaints can be investigated by:

* The manager of the resource/department.
* The service/senior manager.
* An off-line service/senior manager.
* The Customer Experience Team
* An individual appointed by the Chief Executive/ Director or Head of the service.

1. **investigating complaints in care settings**
   1. In cases of significant and serious complaints/allegations (for complaint categories please see APPENDIX B), CET will ensure that investigation is overviewed by the Clinical Lead well as the Head of Care.
   2. Every incident, client, family, resource, staff team and context are different. Professional judgement will need to be exercised in each individual case about the appropriate method of investigation of each complaint.
   3. Complaints may be raised after a specific incident or event or because of general dissatisfaction. However, the conduct of the investigation is important, as many complaints arise as a result of the way in which the initial complaint was handled.
   4. The investigation of complaints should not be seen as a means of defending the resource, service, department, or organisation, and of forcing the ‘burden of proof’ onto the person making the complaint. Understanding the reasons why complaints arise, even though the incident itself may not appear to be serious, can help us to improve our services. A narrow focus on the incident, which ignores the context, is unlikely to provide the investigator with a full enough picture.
   5. It is important to collect as much factual evidence as possible about the incident/event, by looking at records and speaking to as many individuals as possible who were involved and who can provide a witness statement. Records of this evidence should be logged.
   6. There is an investigation template prepared by the CET. This template can be found in APPENDIX D. This template was designed to help the investigating manager to gather all relevant information, background, method of investigation, evidence, statements, findings, conclusion, outcome, learning & recommendation, in one document.
2. **RECORDING COMPLAINTS**
   1. All complaints investigated must be recorded by the Customer Experience Team, on Dynamics.
   2. The complaint record should include:

* The name and the contact details of the person making the complaint.
* What the complaint is about.
* Type of the complaint (e.g., catering, housekeeping, care/clinical practice).
* Level of seriousness (see APPENDIX B).
* The date complaint was received and resolved.
* The name and job title of the person investigating the complaint.
* Outcome (upheld, not upheld, partially upheld, referred to safeguarding)
* How the complaint was resolved, e.g., meeting with the complainant & action plan
* A note should be made if the complaint is escalated to the appeal stage or to the Ombudsman.
* Learning drawn from the complaint and the method in which learning was implemented.
  1. All complaints will be recorded and categorised by the CET who will ensure that they are acknowledged promptly and investigated within the agreed timeframe.

1. **investigating SIGNIFICANT OR serious complaints** 
   1. Where there is any chance at all that Jewish Care may be sued or liable for compensation, the Director of Legal Affairs, Property & Procurement must be informed so that Jewish Care’s insurers can be notified. In case of a reputational risk (i.e. complainant states they are considering going to the press), the Director of Fundraising & Marketing should be informed.
   2. Where a serious complaint is being made in respect of a client funded by the local authority the service manager should inform the authority.
   3. Where the complaint relates to harm that may have/has been caused to a resident or a service user, Jewish Care’s Duty of Candour policy should also be followed.
   4. Any issues of safeguarding should also be considered and if appropriate an alert raised, (see safeguarding policy).
   5. If it is appropriate, Jewish Care might consider hiring an external consultant to investigate a serious complaint. The Customer Experience Team will manage the consultant and will ensure that the consultant abides to this policy.
   6. The person investigating the complaint should review all relevant documentation, for example, report of incident/accident, care plan folder, relevant policies, as soon as possible.
   7. Anyone who was involved in, or who witnessed, the incident/event should be interviewed.
2. **writing the report (applies to both stages)** 
   1. The report of the investigation should be written with the knowledge that it may need to be shared with the person who made the complaint and other relevant people.
   2. The report should begin with the details of the complaint and any relevant background information. The report should be presented on headed paper, with the relevant appendices, and copies of any documents referred to in the text.
   3. A template for this report can be found in APPENDIX D
   4. In cases of care & clinical practice related allegations, the CET will organise for the Clinical Lead and Head of Care to review the report to ensure the investigation was thorough and objective, and to review the learning and recommendations, before the outcome letter is sent or outcome meeting takes place with the complainant.

1. **action following investigation (applies to both stages)** 
   1. A complaint response must be provided to the complainant when the answer to the complaint is known, not when the outstanding actions required to address the issue are completed. Outstanding actions must still be tracked and actioned promptly with appropriate updates provided to the resident. If appropriate, once the complaint is closed, Jewish Care might have a follow up meeting with the complainant to update them of any outstanding action plan.
   2. It is good practice to offer to meet with the person (face to face or via virtually) who made the complaint and to go through the findings. A letter should be sent, reflecting the findings of the investigation, and explaining how to escalate the complaint. Any written communication needs to be approved by the Head of the department, or in case of a serious complaint, by the Director, the Director of Legal Affairs, Director of Marketing & Fundraising, and/or Chief Executive.
   3. The investigating manager must confirm the following in writing to the complainant at the completion of the stage in clear, plain language:

* the complaint stage;
* the complaint definition;
* the decision on the complaint;
* the reasons for any decisions made;
* the details of any remedy offered to put things right;
* details of any outstanding actions; and
* details of how to escalate the matter to stage 2 if the individual is not satisfied with the response.
* Or the details of how to escalate the matter to the relevant Ombudsman (Housing or Social Care), if the complainant is still not happy following the stage 2 response.
  1. The letter must address all points raised in the complaint definition and provide clear reasons for any decisions.
  2. At the end of stage 1, the complainant will be informed that if they are unhappy with the outcome, they have the right to appeal and a director will review their complaint. if they are still unhappy at the end of stage 2, they have the right to take their complaint to the Ombudsman, and contact details are provided.
  3. Outcome and learning will be discussed with the resource manager, Head of department, and the Director (please see learning monitoring at paragraph 21).

1. **PUTTING THINGS RIGHT** 
   1. Where something has gone wrong Jewish Care acknowledges this and set out the actions it has already taken, or intends to take, to put things right. The following will be confirmed in writing:

* Apologising;
* Acknowledging where things have gone wrong;
* Providing an explanation, assistance or reasons;
* Taking action;
* Reconsidering or changing a decision;
* Providing a financial remedy;
* Changing policies, procedures or practices.
  1. Any remedy offered must reflect the impact on the complainant as a result of any fault identified.
  2. The remedy offer must clearly set out what will happen and by when, in agreement with the complainant where appropriate. Any remedy proposed must be followed through to completion.
  3. Jewish Care will take account of the guidance issued by the Ombudsman, as well as Jewish Care’s legal team when deciding on appropriate remedies.

1. **FUNDRAISING COMPLAINTS**
   1. Fundraising complaints will be logged by the Customer Experience Team and will be escalated to the Fundraising Department.
   2. The Fundraising Department will give a full response to the person making the complaint within four weeks of the complaint being made.
   3. If the person making the complaint is not satisfied with the outcome of the investigation, they should be told that they can contact the Fundraising Regulator (see Appendix C) within two months of receiving Jewish Care’s response.
2. **VOLUNTEERS COMPLAINTS** 
   1. If the complaint is about a volunteer, the Volunteering Department reserves the right to ask the volunteer to temporarily stop volunteering, while the complaint is being investigated. This decision will be made on a case-to-case basis, depending on the allegation(s).
3. **MONITORING IMPLEMENTING OF LEARNING** 
   1. When a new complaint arises, it is important for the Customer Experience Team (CET) to establish whether similar incidents/events have happened before. The CET monitors complaints and learning, and if there is a theme reoccurring at a specific resource or service, the CET will escalate this to the Head/Director of the department.
   2. CET will analyse the complaints, themes, and learning monitoring log every 3 months and send a report to Head of departments, Directors and relevant members of the Senior Leadership Team, and Committees.
   3. The Board of Trustees also receive a quarterly and annual report on themes, trends, stats and learning monitoring.
   4. The CET documents learning and monitors the implementing of learning in a quarterly basis. The CET meets with the relevant Director and Head in a 3-monthly basis to review themes, agree on learning and to monitor the implementing of learning.
   5. Jewish Care will publicise details of the complaints policy, including information about the Ombudsman and their Complaint Handling Code, as well as the annual compliments to complaints stats and themes in feedback and learnings.
   6. Jewish Care will also publish the self-assessment form against both the Housing and Social Care Ombudsman’s Complaint Code, and their response to our self-assessment.
4. **THE APPEAL PROCESS (second and final stage of the internal complaint process)** 
   1. If the person making the complaint is dissatisfied with the outcome and wishes to progress it to stage two, which is the final stage of the internal process, their complaint will be referred to a Jewish Care Director for further consideration.
   2. A request for an appeal is acknowledged in 5 working days.
   3. The complainant does not have to explain why they wish for a Director’s review, however they will be asked to clarify which parts of the outcome they are dissatisfied with and what outcome they are looking for.
   4. The Director’s decision will be final and will be conveyed in writing to the person making the complaint within 20 working days of their requesting the complaint progress to stage two unless a later deadline is agreed. Any extension must not be more than 20 working days, unless absolutely necessary and within good reason, and agreed with the complainant.
   5. Complaints regarding ARCO accredited services should take no longer than a maximum of 56 days from initial receipt to pass through both stages of the complaints process and be responded to fully with a final decision. In accordance with the ARCO Code, the only exceptions to this should be where an alternative time frame has been agreed with the complainant, or where delays have been caused by the complainant. Any delays or agreed alterations to the timeframe should be documented.
   6. Jewish Care will cooperate fully with anyone acting on behalf of the person making the complaint, subject to their having written authority of the person making a complaint.
5. **IF THE COMPLAINANT IS NOT HAPPY WITH JEWISH CARE’S RESPONSES** 
   1. If the complainant has exhausted Jewish Care’s complaint handling process (complaint had been investigated at first stage by appointed investigating manager and then escalated to second stage and reviewed by a Director) then CET will advise complainant of the next stage.
   2. If a concern or complaint is being made about a regulated service (e.g. Care Home, extra care in Retirement Living), the person making the complaint should be advised that whilst CQC (see Appendix C) do not investigate individual complaints, they do like to hear people’s experiences.
   3. People making complaints about a service regulated by the Care Quality Commission should be advised that they can contact the Local Government Ombudsman (see Appendix C) at any time during the process, including if they are dissatisfied with the final decision.
   4. People making complaints about property matters in retirement living should be advised that they can contact the Housing Ombudsman, if they are dissatisfied with the outcome of Jewish Care’s complaints process.
   5. If their complaint is about the ARCO Complaint Code, they will be advised to contact the Property Ombudsman (please see APPENDIX C for contact details).
   6. Jewish Care will cooperate fully with the relevant Ombudsman during any investigation and will comply with the resulting decision.

**APPENDIX A**

**The Your View Counts leaflet is on Jewish Care’s website. Hard copies are available within resources and from Amelie House.**

**APPENDIX B**

**Complaint Categories**

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| **Complaint**  **Level** | **Complaint Category** | **Description and Response** |
| 1 | Not justified | Request for services that Jewish Care does not currently provide or for which complainant is not eligible.  *Refer back to resource manager and ensure that client receives information, orally and in writing, explaining why the service cannot be offered and, where possible, referring client to alternative source of assistance. Put copy of letter in complaint file.* |
| 2 | Concerning | Poor customer experience, e.g., being kept waiting, not receiving a response, being let down, receiving unclear information, lack of courtesy.  *Investigation by resource manager. Copy of investigation report and any further correspondence with complainant to be sent to Customer Experience Team.* |
| 3 | Significant | Poor care practice leading to emotional or physical discomfort.  *Service manager to investigate with resource manager. Copy of investigation report and any other correspondence with complainant to be sent to Customer Experience Team.* |
| 4 | Serious | Negligent or very poor care practice leading to serious physical harm and/or severe emotional distress to the client.  *Director and Chief Executive Officer informed. Activate safeguarding procedure and contact CQC. Director to designate a manager independent of the resource to undertake the investigation. Copy of report to be sent to Customer Experience Team. If there is a risk of Jewish Care being sued, or liable for compensation, inform the Director of Legal Affairs, Property and Procurement so that Jewish Care’s insurers may be notified.* |
| 5 | Very serious | Deliberate neglect, physical, sexual, or emotional abuse leading to physical harm and/or emotional distress.  *Activate safeguarding procedure and contact CQC. If appropriate undertake separate internal investigation. Investigation will be undertaken off-line or by someone appointed by the Chief Executive. Final decision/outcome to be notified to. Customer Experience Team.* |

**APPENDIX C**

**Contact Details**

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| --- | --- | --- | --- |
| **Name** | **Address** | **Telephone** | **Website/Email** |
| Care Quality Commission (CQC) | Citygate  Gallowgate  Newcastle-upon-Tyne  NE1 4PA | 0300 061 6161 | [www.cqc.org.uk](http://www.cqc.org.uk) |
| Housing Ombudsman Service | Service PO Box 1484, Unit D, Preston PR2 0ET | 0300 111 3000 | [www.housing-ombudsman.org.uk](http://www.housing-ombudsman.org.uk) |
| Property Ombudsman | Milford House, 43-55 Milford Street, Salisbury, Wiltshire SP1 2BP | 01722 333306 | Email: [admin@tpos.co.uk](mailto:admin@tpos.co.uk). Website: [www.tpos.co.uk](https://url.uk.m.mimecastprotect.com/s/is2wCM8BKFp6vPIkNjAk?domain=tpos.co.uk) |
| Local Government Ombudsman | PO Box 4771  Coventry  CV4 0EH | 0300 061 0614 | [www.lgo.org.uk](http://www.lgo.org.uk) |
| Fundraising Regulator | Eagle House, 167 City Road, London, EC1V 1AW | 0300 999 3407 [complaints@fundraisingregulator.org.uk](mailto:complaints@fundraisingregulator.org.uk) | <https://www.fundraisingregulator.org.uk/complaints/make-complaint> |

**APPENDIX D**

**Investigation report template**

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| **Complaint investigation [name of care home and name of investigating manager]**  **Allegations:**  [list of complainant’s allegations]  **Background information:**  [For example, care and support needs, agreements in place with family, etc]  **Investigation Procedure and Process:**  [refer to Appendices below re statements, timeline, etc, if applicable]   1. **Interviews**:   [list of the people interviewed and job titles]   1. **Records**:   [i.e. Nourish, care plan, disclaimers, etc]  **Investigation findings**  **Relevant Detailed Investigation Information**  **Conclusion**    **Recommendations**  ***Recommendations regarding Staff***  [i.e., HR, training, etc]  R1 -  R2 –  ***Recommendations regarding procedure*:**  R4 -  R5 –  **Appendices**  [i.e., statements, timelines, etc]  APPENDIX I  APPENDIX II |