



Complaints and Feedback Policy – CSP012

Care and Support



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Author Title & Issuing Department	Head of Quality and Compliance
Target Audience	All emh care & support staff, volunteers and service users Care and Support properties/tenancy

Approved By	EMT (housekeeping review)
Date Approved	17/09/2021
Review Date	24 months from review – 16/09/2023

Links to Regulatory Standards – Economic/ Consumer Standards	The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Data Protection Act 2018, GDPR 2018 and Caldicott Principles Mental Capacity Act 2005
Outcomes for Customers	We endeavour to seek the views of all, across all of our services, and have a commitment to listening to the views of our customers and empowering them to contribute to improving the quality and standards of emh care & support's services
How were tenants, residents and service users involved in the review/development of this document	No further consultation was carried out for this review – management consultation and approval completed
Training Provision	
Links to the Business Plan	
Links to Key Values	Integrity, Diversity, Openness, Accountability, Clarity & Excellence

Version Control

Version	Revision Date	Author: Job Title	Change Description
V2	11/05/2021	Head of Quality and Compliance	Housekeeping review



1. Introduction

- 1.1 Customers are at the centre of everything we do and by listening to the people we support, we will improve our services and continue to make them more responsive to the needs of individuals and groups. Sharing and learning from what our customers tell us will support our planning and the delivery of services across all areas of our business
- 1.2 emh care & support is committed to providing high quality services and will strive to ensure that all complaints, in addition to comments, compliments and concerns (Feedback) are addressed, shared and resolved as quickly as possible
- 1.3 We endeavour to seek the views of all, across all of our services, and have a commitment to listening to the views of our customers and empowering them to contribute to improving the quality and standards of emh care & support's services

2. Specifics of the Policy

- 2.1 The purpose of the policy is to:
 - 2.1.1 Provide ease of access for customers to the complaints and feedback process
 - 2.1.2 Instil customer confidence in the way in which complaints and feedback are managed
 - 2.1.3 Provide customers with information on how they can make a complaint or provide feedback
 - 2.1.4 Ensure an honest, open and transparent approach to all complaint investigations
 - 2.1.5 Address all legitimate complaints raised
 - 2.1.6 Effectively record, audit and cross-reference complaint data to other quality and risk management processes
 - 2.1.7 Extract lessons learned from complaints and feedback to continually improve the quality of services provided and to reduce the risk of reoccurrence

3. Scope

- 3.1 This policy applies to the management of comments, compliments, concerns or complaints in all services provided by emh care & support
- 3.2 There are some complaints that cannot be dealt with under the scope of this policy:
 - 3.2.1 A complaint, the subject of which has previously been investigated under this procedure
 - 3.2.2 A complaint which is being investigated by any of the Ombudsman services
 - 3.2.3 A complaint made by a staff member about any matter relating to their employment



4. Definitions

4.1

No	Terminology	Meaning
1	Comment	A comment is a statement (made either verbally or in writing) to any emh care & support staff member. For the purpose of this policy, a comment is regarded as 'an expression of a personal opinion or attitude, with no expectation from the person making the comment that any action is required' and will be classified as 'feedback'
2	Compliment	A compliment is an expression of satisfaction about a service the customer has received. Compliments are positive feedback received either verbally or in writing. For the purpose of this policy, they can include 'expressions of praise, admiration, or congratulation'. Compliments will be classified as 'feedback' emh care & support will log details of all compliments into its quality and compliance operational reporting systems.
3	Concern	A concern is an issue of interest, importance or unfavourable experience raised with any member of emh care & support staff, who can immediately respond, answer any questions and resolve issues by clarification with the person. For the purpose of this policy, a concern will be classified as feedback and will not be recorded as a complaint on the quality and compliance operational reporting systems
4	Complaint	A complaint is 'an expression of dissatisfaction, disappointment or discontent about an act, omission or decision' in respect to any service emh care & support provides, which requires formal action and response.
5	Customer	For the purposes of this policy, a customer is defined as someone who receives care, support or related services provided by emh care & support in any location. The term customer encompasses all the various descriptions used, for example 'service user', 'resident', 'tenant or 'supported person'
6	Working days	For the purpose of this policy working days mean only weekdays i.e. Monday to Friday



5. Responsibilities

5.1 emh care & support Board

5.1.1 The Board are accountable for ensuring that effective controls are in place to support the aims of complaints management and to ensure that emh care & support staff handle all complaints in a systematic and fair manner

5.2 Executive Director for Care

5.2.1 The Executive Director for emh care has overall delegated responsibility for ensuring there is an effective policy for complaints management and for ensuring compliance with the procedures contained

5.2.2 The Executive Director for care has responsibility for ensuring that the emh care & support Board are regularly informed of appropriate information regarding complaints

5.3 Heads of Service

5.3.1 The Heads of Service are nominated by the Executive Director to take responsibility for the effective management of all complaints arising within their areas of responsibility

5.3.2 The Heads of Service also have the responsibility for ensuring that procedures associated with complaints management meet both regulatory requirements and the requirements of this policy

5.4 Operational Managers

5.4.1 Operational managers have a responsibility for effectively managing complaints in each of their areas of responsibility, ensuring that complaints are investigated within the timescales and guidelines set out in this policy

5.4.2 Operational managers have a responsibility for ensuring compliance with the procedures outlined in this policy and for ensuring that improvement action is taken where necessary based on the outcome of any complaint investigation

5.4.3 Operational managers also have a responsibility for ensuring that details of complaints are accurately reflected in the Quality and Compliance Complaints Database

5.5 Scheme / Registered / Service Managers and Assistant Managers

5.5.1 Managers and Assistant Managers have a responsibility to read and understand this policy and its importance in regards to the service they manage

5.5.2 Managers and Assistant Managers have a responsibility to support the Operational Managers in effectively managing and investigating complaints for their area of responsibility, ensuring that complaints are investigated within the timescales and guidelines set out in this policy



5.6 All emh care & support Staff

5.6.1 All staff have a responsibility to read and understand this policy and its importance in regards to their area of work

6. Legal Framework

- 6.1 As a provider of health and social care, emh care & support are required, as part of our registration requirements with the CQC, to have a complaints policy and procedure
- 6.2 The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 sets out requirements in relation to receiving and acting on complaints (Regulation 16) as a provider of health and social care:
 - 6.2.1 Any complaint received must be investigated and necessary and proportionate action must be taken in response to any failure identified by the complaint or investigation
 - 6.2.2 The registered person must establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity
 - 6.2.3 The registered person must provide to the Commission, when requested to do so and by no later than 28 days beginning on the day after receipt of the request, a summary of –
 - 6.2.3.1 Complaints made under such complaints system,
 - 6.2.3.2 Responses made by the registered person to such complaints and any further correspondence with the complainants in relation to such complaints, and
 - 6.2.3.3 Any other relevant information in relation to such complaints as the Commission may request
- 6.3 Associated policies and procedures include:
 - 6.3.1 Data Protection Policy
 - 6.3.2 Accessible Information Policy
 - 6.3.3 Grievance Policy and Procedure
 - 6.3.4 Whistleblowing Policy

7. Implementation

7.1 emh care & support, by complaining with the regulation will:

7.1.1 Have systems in place to deal effectively with complaints and feedback, including providing services users with accessible information about that system

7.1.2 Support service users or others acting on their behalf to make complaints or provide feedback, where appropriate

7.1.3 Consider fully, respond appropriately and resolve where possible, any complaints or feedback received in a reasonable timescale

7.2 This policy and its implementation is based on five key principles for the management of complaints:

7.2.1 **Principle 1:** Ensure that the complaints process is accessible

7.2.2 **Principle 2:** Ensure that the complaints process is straightforward for service users and their representatives

7.2.3 **Principle 3:** Ensure that appropriate systems are in place to keep service users informed throughout the complaints process

7.2.4 **Principle 4:** Ensure that the complaints process is resolution focused

7.2.5 **Principle 5:** Ensure that quality assurance processes are in place to enable organisational learning and service improvement from

complaints and customer feedback

7.3 All staff should be aware that failure to comply with this Policy, including any processes, procedures or arrangements which are put in place under it, will be investigated and may lead to disciplinary action being taken

8. Review and Monitoring

8.1 This policy will be reviewed every two years unless there is a legislative change or organisational need prior to the scheduled review date

9. Performance Monitoring, Reporting & Shared Learning

9.1 Agreed complaints Key Performance Indicators (KPI) will be collected, collated, analysed and monitored. This data will provide management information about the incidence and nature of factors giving rise to complaints

9.2 This management information will form the basis on which improvement measures, policy, staff guidance, training materials and other resourcing requirements aimed at reducing the number of complaints will be developed



- 9.3 Complaints, concerns, comments and compliments are an invaluable source of feedback for emh care & support. They provide an audit trail and can be an early warning of failures in service delivery. Emh care & support is committed to continuously improving services and will ensure that learning is shared anonymously across all service areas
- 9.4 To show its commitment to transparency and quality, emh care & support will prepare and publish quarterly and annual reports covering the following complaints related issues:
 - 9.4.1 The number of complaints:
 - 9.4.1.1 Received
 - 9.4.1.2 Found to be substantiated, not substantiated and unable to be substantiated
 - 9.4.1.3 Referred to the Local Government Ombudsman
 - 9.4.2 A summary of the subject matter of the complaints received
 - 9.4.3 Any general matters arising from the complaints or how they were handled
 - 9.4.4 Matters where action has been taken or is being taken as a result of complaints received

10. Receiving Complaints and Feedback

- 10.1 Complaints and feedback can be received in several ways:
 - 10.1.1 Verbally (in person or by phone)
 - 10.1.2 In writing
 - 10.1.3 Electronically, for example, via email or text message
 - 10.1.4 Via online feedback channels (i.e. Facebook, Twitter etc.)
- 10.2 Complaints and feedback can be made by any person who has come, or comes into contact with; has been, is, or is likely to be affected by; has been, or is aware through direct experience or observation, of an action, omission or decision of emh care & support
- 10.3 Complaints and feedback can be made on behalf of service users but must be made with their full consent. This is to comply with the Data Protection Act 2018, GDPR 2018 and Caldicott Principles
- 10.4 If a complaint is raised by a relative or friend, the service user must provide written consent, unless the person who has made a complaint is the parent or guardian of a child under the age of legal capacity, to whom the complaint refers
- 10.5 If a service user is unable to consent, due to physical incapacity or lack of capacity within the meaning of the Mental Capacity Act 2005, consent is not required. Consent will, in these cases need to be agreed on an individual basis by the manager with responsibility for managing the specific complaint
- 10.6 Consent from the service user must be received before the response to the complaint can be provided. If consent is not confirmed within 10 working days of a complaint being



received, a reminder will be sent. If this is not received within a further 10 working days, it will be accepted that the service user does not give consent and the person who has made a complaint will be sent written confirmation that their complaint is being closed and the reason why

- 10.7 If a service user is receiving Local Authority Care (also referred to as Council-funded care), they can complain directly to the council if they wish. If they are unhappy about the outcome of their complaint, they can contact the Local Government Ombudsman
- 10.8 Although service users who are self-funded can complain directly to the Local Government Ombudsman, the Ombudsman will normally only consider a complaint after the service user has tried to resolve it with emh care & support via the complaints management procedure set out in this Policy

11. Complaint and Management Feedback procedure

- 11.1 We accept that sometimes we don't quite get things right and when this happens we'd like to hear about it so we can try to address the issue and make sure it doesn't happen again. There are a number of informal channels, such as speaking to a member of staff at the time, which we expect would usually lead to resolution of the problem. However, if a service user feels it is necessary to pursue a complaint formally, they can be assured that we will treat it seriously and impartially
- 11.2 Where possible if a suggestion or issue is raised early, this can be logged as feedback and we will endeavour to resolve any concerns before going down the necessary channels of a formal complaint
- 11.3 Complaints and feedback are classified using the colour-coding system below:

	Green	Compliment (Feedback) – recorded and service area to be recognised and congratulated
	Yellow	Comment or Concern (Feedback) – Immediate response and resolution
	Amber	Complaint – recorded and requires a management response
	Red	Serious Complaint – recorded and requires senior level response

- 11.4 All compliments received (Green) will be logged centrally in the Complaints and Feedback Database. If a compliment is received locally, please ensure this is forwarded to the Quality and Compliance team via centralhub@emhcareandsupport.org.uk to ensure accurate tracking and monitoring of compliments. Positive feedback received may be used in promotional literature, CONNECT and other future publications
- 11.5 All comments or concerns received (Yellow) will be logged centrally in the Complaints and Feedback Database. Feedback representing a minor concern for the complainant would include comments, suggestions or general criticisms about a service



- 11.6 Most feedback will fall into this category (Yellow) and will normally be made verbally to ‘front line staff’. Staff receiving any such feedback, should note the details on the Feedback Form and submit this to the Quality and Compliance team via centralhub@emhcareandsupport.org.uk
- 11.7 The first responsibility on receipt of feedback is to ensure that the service user’s immediate health and care needs are being met and in some circumstances it may be appropriate to involve the service user’s representative at this stage, but only with the consent of the service user. The staff member who has been provided the feedback will immediately address the problem and ensure, if at all possible, that the needs of the complainant are met.
- 11.8 If the staff member to whom the feedback is provided is unable to resolve the problem immediately or feels unable to give the assurances that the service user is looking for, then the service manager (or their Assistant) will take responsibility to resolve the feedback, by the next working day, in an informal and conciliatory manner (‘next working day’ excludes weekends and bank holidays)
- 11.9 If the service area manager (or their Assistant) is unable to resolve the matter within the required timeframe and to the service user’s satisfaction, they must advise them they are able to request that the matter be investigated in a more formal way
- 11.10 Should a service user request that their feedback be managed as a formal complaint (Amber), they will be assisted to put their concerns in writing, if previously verbal, and be informed of the complaint process. It should be noted, however, that failure to put a verbal complaint in writing, will not prevent the complaint from being treated as a complaint requiring a more detailed investigation
- 11.11 All complaints received (Amber and Red) should be notified to the Quality and Compliance Team via centralhub@emhcareandsupport.org.uk who will record the complaint on the central database
- 11.12 The Quality and Compliance team will acknowledge receipt of all formal complaints (Amber and Red) directly with the service user / complainant, within 3 working days of receipt of the complaint. This acknowledgement will include advising an agreed response time and the name of the manager assigned to investigate the complaint (the Investigating Officer)
- 11.13 Average response times for complaints are as follows:

Comments, Concerns, Criticism (Feedback)	Dealt with immediately and within a maximum of 24 hours of being raised
Acknowledgement of Complaint in Writing	Maximum of 3 Working Days from receipt of formal complaint
Investigation of Complaint Commences	Maximum of 5 Working Days from receipt of formal complaint
Outcome Response Letter to Complainant	15 working days from date of acknowledgement letter



Appeals Accepted	Within 10 days from date of outcome letter
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- 11.14 The Quality and Compliance team will confirm to the appointed investigating officer, by email, the agreed response date and will monitor the complaint, advising the complainant if necessary if an extension to the response deadline is required
- 11.15 The staff member responsible for investigating the complaint will write a draft response and submit this to the Quality and Compliance team. This draft response must clearly state the outcome and any agreed actions. Once approved, the outcome letter will be sent to the complainant by the Quality and Compliance team, with a copy provided to the relevant service area managers
- 11.16 Where a complaint is made directly to the Group Chief Executive or members of the Group Executive Management Team, procedures as above will be followed in all but exceptional circumstances
- 11.17 In the interest of Quality Improvement, the Quality and Compliance team may, where advised, contact the complainant via email or letter 10 working days after the outcome letter, to ask the complainant if they are satisfied with the outcome of the complaint and to rate our service

12. Conducting Complaint Investigations

- 12.1 The assigned investigation officer will be provided with a clear understanding of the complaint, issue/s and outcome/s sought by the Quality and Compliance team
- 12.2 The assigned investigation officer **must** complete an investigation plan before conducting any formal enquiries. The investigation plan **must** clarify the approach to be taken in the management of the complaint
- 12.3 A single complaint may contain a number of separate issues. These need to be dealt with individually. The investigation plan should only include issues that are to be managed
- 12.4 The investigation plan should deal with the following aspects of each issue:
 - 12.4.1 **Proof / facts at issue** - what are the facts that need to be established in order to determine the truth or falsity of the complaint?
 - 12.4.2 **Avenues of enquiry** - what are the potential sources of information that will help the investigating officer establish the facts at issue?
- 12.5 The investigating officer should be ready to revise their plan as new information emerges during the course of the complaint investigation
- 12.6 Depending on the investigation plan, the investigating officer may seek responses to the complaint issue/s through different methods, such as conducting interviews or discussions with persons of interest; conducting a site visit; reviewing relevant information and documentation e.g. rosters, individual service user files, policies and

procedures, etc.

- 12.7 If a formal written response or an investigatory meeting is required with a member of staff, it is always essential to first notify the staff member's line manager and HR, so that appropriate support, if requested, can be made available to the member of staff
- 12.8 Following consideration of each complaint / issue in accordance with the investigation plan, the investigating officer will have formed preliminary findings
- 12.9 A complaint issue is **Substantiated** when evidence / information gathered during the investigation process shows the issue to be true or gives substance to or supports or upholds the complaint issue/s in question
- 12.10 A complaint issue is **Not Substantiated** when evidence / information gathered shows the complaint issue not to be true or without substance or not supported or not upheld
- 12.11 A complaint issue is **Unable to be Substantiated** when evidence / information gathered is inconclusive and not able to confirm or disconfirm the complaint issue. Typically unable to be substantiated applies in scenarios of he said – she said i.e. where there is the absence of a third party or independent evidence / information that would help to give substance or no substance to the complaint issue/s in question
- 12.12 Upon completion of the investigation, the investigating officer should develop a draft response to the complaint which clearly identifies:
- 12.12.1 Each complaint / issue, and whether or not the issue was Substantiated or not Substantiated or Not Able to be Substantiated
 - 12.12.2 The legislation, policy, procedure or other document used to inform the finding made
 - 12.12.3 Relevant information gathered during the course of the complaint management process
 - 12.12.4 Analysis of information available
 - 12.12.5 Critical reasoning behind findings made
- 12.13 While transparency is highly encouraged, nonetheless, when providing findings and outcome responses to the complainant, the investigating officer **must** give consideration to any confidentiality and or privacy considerations. It is important for the investigating officer to be mindful that the release of certain information could **unfairly invade someone's privacy**. The investigating officer should always consult with their line manager or seek advice if and when in doubt about the release of potentially sensitive information to a complainant
- 12.14 While specific service user and personal sensitive information **will not** be able to be



released in outcome responses to a complainant, the investigating officer should nonetheless ensure to provide sufficient information (including details about the process undertaken, etc.) that will detail the substantiation or non-substantiation of the complaint; legislation and or policy referenced in making the finding; relevant information gathered during the complaint process; analysis and critical reasoning behind the findings made in their draft response

- 12.15 Full outcomes of the complaint investigation will be validated and provided to the complainant via written correspondence in the form of a final outcome letter. The outcome letter will also advise the complainant of the appeals process in the event the complainant remains dissatisfied with the complaints management process

13. Appeals Process

- 13.1 Should a complainant be unhappy with the outcome response to their complaint, they have the right to appeal

- 13.2 In order to appeal, contact should be received within **10 days** of receiving the outcome of the original complaint. The appeal should clarify, in writing, the dissatisfaction with the outcome

- 13.3 Appeals should be made in writing to:

Head of Quality and Compliance EMH Care and Support Unit 2 Holmewood Business Park Chesterfield Road Chesterfield S42 5US

Or alternatively, an appeal can be submitted via email to:

centralhub@emhcareandsupport.org.uk

- 13.4 Upon receipt of an appeal, the Head of Quality and Compliance will appoint a suitable manager to review the appeal. The manager reviewing the appeal may conduct a further investigation or where appropriate, appoint a suitable member of staff to do so following the formal investigation procedures. Wherever possible, we will seek to respond within **10 working days** of receiving a written appeal
- 13.5 Once concluded, the manager reviewing the appeal will notify the Head of Quality and Compliance, outlining the outcome of the appeal investigation and/or any remedial or corrective action that is recommended or required
- 13.6 emh care & support will always strive to ensure that we respond positively to promote customer satisfaction. There may however be a small number of

occasions where mutual resolve is not possible regardless of appeal.

Examples of this may include:

- 13.6.1 Unrealistic expectations of response
 - 13.6.2 Legalities such as data protection not allowing a full account of any corrective action to be provided
 - 13.6.3 Involvement of external third parties outside of emh care & support's control
- 13.7 The Head of Quality and Compliance will send an appeal outcome letter to the appellant detailing the decision of the appeal review. The outcome of the appeal process is final
- 13.8 If the appellant remains dissatisfied with the response to their appeal, then they are advised to refer their complaint to the Local Government Ombudsman and request that it be reviewed
- 13.9 emh care & support will afford the Ombudsman full and courteous co-operation with any actions undertaken

14. Habitual or Vexatious Complainants

- 14.1 The majority of people who raise a complaint about the care or service they have received from emh care & support act entirely reasonably. However, some people may act inappropriately towards the staff involved in the investigation of their complaint. This can lead to significant staff time and resources being used in the management of that particular complaint
- 14.2 It is important to identify those situations in which a complainant might be considered to be persistent and to suggest ways of responding to those situations which are fair to both staff and complainant
- 14.3 Handling persistent complainants places a great strain on time and resources and causes undue stress for the service user and staff who may need extra support. A persistent complainant should be provided with a response to all their genuine grievances and be given details of independent advocacy
- 14.4 Although staff are skilled to respond with patience and sympathy to the needs of all complainants, there can be times when there is nothing further which can reasonably be done to assist them or to rectify a real or perceived problem
- 14.5 In determining arrangements for handling such complainants, staff are presented with the following key considerations:
- 14.5.1 To ensure that the complaints process has been correctly implemented as far as possible and that no material element of a complaint is overlooked

or inadequately addressed

- 14.5.2 To appreciate that habitual complainants believe they have grievances which containsome genuine substance
- 14.5.3 To ensure a fair, reasonable, and unbiased approach
- 14.5.4 To be able to identify the stage at which a complainant has become habitual
- 14.6 Ensure that a complainant meets the minimum criteria to be classified as a habitual complainant. Complainants (or anyone acting on their behalf) may be deemed to be persistent or habitual where previous or current contact with them shows that they meet at least **TWO** of the following criteria:
 - 14.6.1 Persist in pursuing a complaint where the complaints process has been fully and properly implemented and exhausted.
 - 14.6.2 Seek to prolong contact by changing the substance of a complaint or continually raising new issues and questions whilst the complaint is being addressed. (Care must be taken not to discard new issues which are significantly different from the original complaint. These might need to be addressed as separate complaints)
 - 14.6.3 Are unwilling to accept documented evidence of treatment given as being factual e.g.drug records, medical records, nursing notes
 - 14.6.4 Deny receipt of an adequate response despite evidence of correspondence specifically answering their questions.
 - 14.6.5 Do not accept that facts can sometimes be difficult to verify when a long period of time has lapsed.
 - 14.6.6 Do not clearly identify the precise issues which they wish to be investigated, despite reasonable efforts by staff or independent advocacy, to help them specify their concerns, or where the concerns identified are not within the remit of the service to investigate
 - 14.6.7 Focuses on a trivial matters to an extent which is out of proportion to its significance and continue to focus on this point. (Determining what a 'trivial' matter is can be subjective and careful judgement must be used in applying these criteria).
 - 14.6.8 Have, in the course of addressing a registered complaint, had an excessive number of contacts with the service placing unreasonable demands on staff. (A contact maybe in person or by telephone, letter, email or social media. Discretion must be used in determining the precise number of "excessive contacts" applicable under this section using judgement based on the specific circumstances of each individual case).
 - 14.6.9 Are known to have recorded meetings or face to face/telephone conversations without the prior knowledge and consent of the

other parties involved

- 14.6.10 Display unreasonable demands or expectations and fail to accept that these may be unreasonable (e.g. insist on responses to complaints or enquiries being provided more urgently than is reasonable or normal recognised practice)
 - 14.6.11 Have threatened or used actual physical violence towards staff or their families or associates at any time - this will in itself cause personal contact with the complainant or their representatives to be discontinued and the complaint will, thereafter, only be pursued through written communication
 - 14.6.12 Have harassed or been personally abusive or verbally aggressive on more than one occasion towards staff dealing with their complaint or their families or associates. (Staff must recognise that complainants may sometimes act out of character at times of stress, anxiety or distress and should make reasonable allowances for this)
- 4.7 Where a complaint investigation is ongoing, the investigating officer should notify the Quality and Compliance team of their concerns and they will contact the complainant setting parameters for a code of behaviour and the lines of communication. If these terms are contravened, consideration will then be given to implementing other action
- 4.8 Where a complaint investigation is complete, at an appropriate stage, the Quality and Compliance team will write a letter informing the complainant that emh care & support:
- 4.8.1 Have responded fully to the points raised
 - 4.8.2 Have tried to resolve the complaint
 - 4.8.3 There is nothing more that can be added, therefore, the correspondence is now at an end
 - 4.8.4 State that future letters will be acknowledged but not answered (optional)
- 4.9 In extreme cases, the Executive Director reserves the right to instigate legal action against the complainant

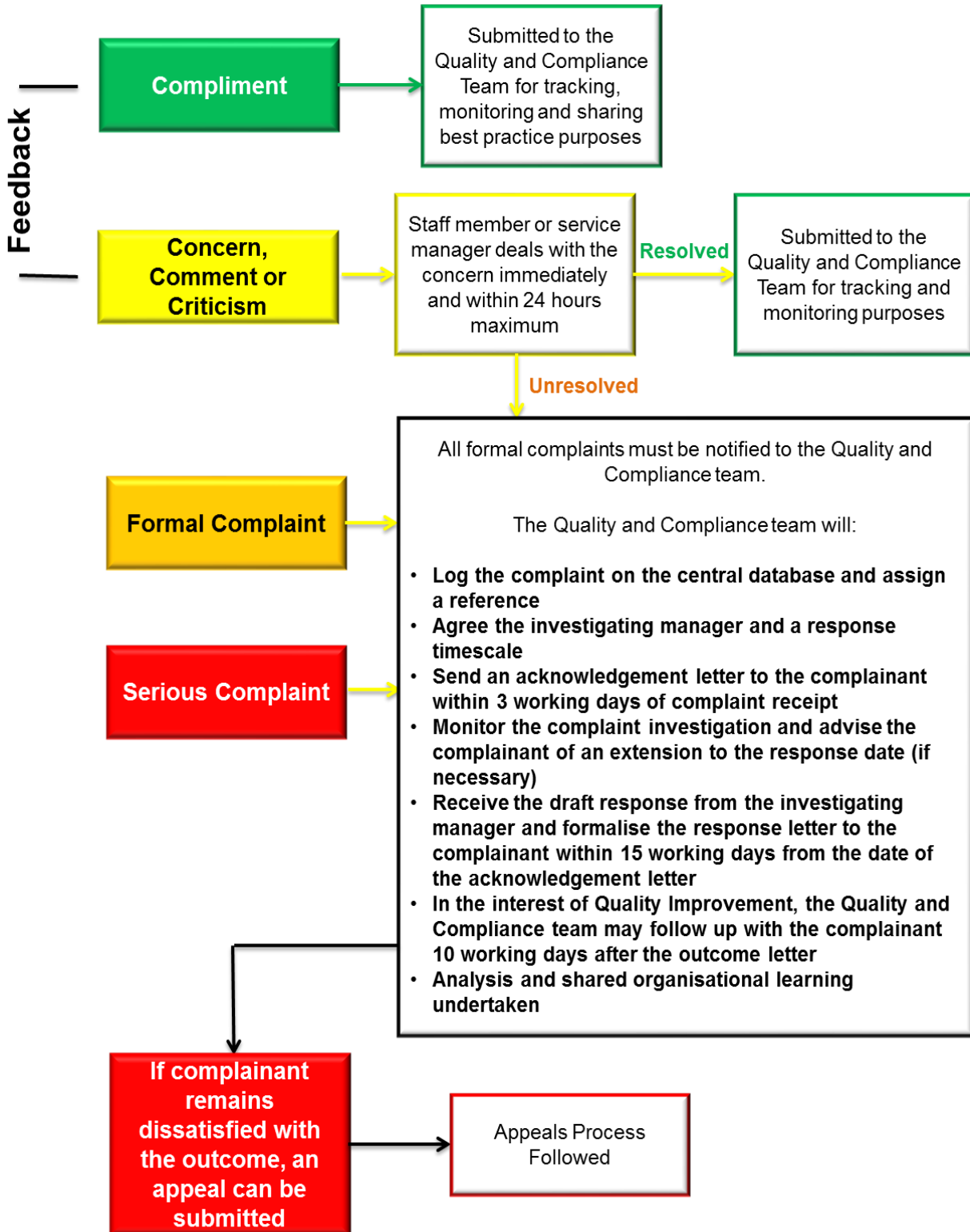
15. Associated Document

- ▶ Appendix 1 - Complaints and Feedback Process Flowchart
- ▶ Appendix 2 - Appeals Procedure Flowchart
- ▶ Appendix 3 – Feedback Postcard
- ▶ Record of Verbal Complaint and Feedback Received – CSF501
- ▶ Complaint Investigation TOR Template – CSF502



- ▶ Complaint Investigation Plan Template – CSF503
- ▶ Record of Investigation Interview Template – CSF504
- ▶ Investigating Officer Evidence Log Template – CSF505
- ▶ Complaint Investigation Report Template – CSF506
- ▶ Complaints, Raising Concerns and Compliments leaflet

Appendix 1 - Complaints and Feedback Process Flowchart for further guidance



Appendix 2 – Appeals procedure Flowchart

