

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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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 follow the principles of consumer law that apply across the UK in the care homes for older people sector. It was a body of work designed to complement guidance originally created by the Competition and Markets Authority (**CMA**), which published comprehensive, practical [compliance advice](#)¹ 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](#), [Fair trading for Care Homes](#), and [Website layout for care homes](#) – focused heavily on the latest guidance published by the **CMA**, each with its own supportive, practical guides for care home owners, registered managers and their staff to use to monitor their progress in fulfilling the **CMA**'s compliance 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 compliance advice from the **CMA** and existing guidance published in **England, Wales, Scotland** and **Northern Ireland**, as well as more general 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 handle complaints appropriately, and with adequate knowledge and skill, while improving your complaints handling procedures as a result.

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

¹ [UK care home providers for older people – advice on consumer law: Helping care homes comply with their consumer law obligations](#) ↗

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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
- **i** 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, from page 46 of this guide. For specific documents referred to when referencing laws, guidance and regulations, please see the footnotes on each page, or click through to the relevant document using the hyperlinks in the text.

Dealing with complaints in the care homes sector

When a person chooses to move into a care home, 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, and with dignity and 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 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 which fundamentally underpin the different regulatory systems in each country.

Following its review of the sector, in November 2018 competition and consumer watchdog the Competition and Markets Authority (**CMA**) issued new, in-depth guidance on a range of areas to help the care homes sector for older people comply with consumer law.

This *Care homes complaints* booklet is designed 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 owners and registered managers of care homes for older people, 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 statutory body.

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.

While not all complaints or concerns from your residents, their family or other representatives will be suitable for your care home's complaints handling procedure (CHP), you need to ensure that you and your staff are equipped to handle any complaints that do arise (see [page 8](#) for the definition of a complaint and examples of when your CHP should be used, and [page 11](#) for when other organisations may need to be involved).

There are also 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, which can help to build confidence and trust between your staff and residents.

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. Reports such as [My expectations for raising concerns and complaints](#), which was a collaborative piece of work published by the Parliamentary and Health Service Ombudsman, Healthwatch England and the Local Government Ombudsman in November 2014, suggests that it is helpful to adopt a user-led vision for handling concerns and complaints. While this wasn't specifically written for the UK as

ABBREVIATED TERMS

ADR – Alternative Dispute Resolution

CHP – Complaints handling procedure

CMA's compliance advice or guidance – This refers to the Competition and Market Authority's latest guidance for care homes, called [UK care home providers for older people – advice on consumer law: Helping care homes comply with their consumer law obligations](#)

Resident – When this appears it can also be taken to mean any family member or other representative who may be acting on a resident's behalf. (For example, if they don't have capacity to make a complaint themselves, a family member or other representative may do so)

Safeguarding – Please note, this refers to the definition on page 8, as well as the Scottish term, 'adult support and protection'. It is intended to refer to both terms even when this is not specifically stated

a whole, this approach may be useful for all care home owners and registered managers to consider. It can be broken down into five main stages, and some example questions 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 they 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 they 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 residents feel able to raise any concerns or complaints with any member of your staff?
- Have you trained all your staff on your CHP and how to deal with complaints?
- Is there a range of accessible ways

available to make a complaint, to ensure your residents 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?
- Are 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 they feel confident to raise a complaint again if necessary and encourage other residents to do the same?
- Do they 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 CHP checklist*, which can be found at [\(insert link\)](#)

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

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 issues that are not covered under your CHP. For example, the following are unlikely to be considered complaints:

- An initial request for a service
- A request to explain a document

SAFEGUARDING ISSUES

A safeguarding issue – or ‘adult support and protection’ issue in Scotland – is where there is a risk that an adult or child is at risk of abuse or neglect. 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. Neglect is where appropriate and adequate care and support is deliberately withheld or is not provided. Examples of safeguarding, or adult support and protection 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 these types of issues are identified, the relevant safeguarding/

adult support and protection policy must be followed. Your care home’s CHP would be placed on hold until the procedure has concluded.

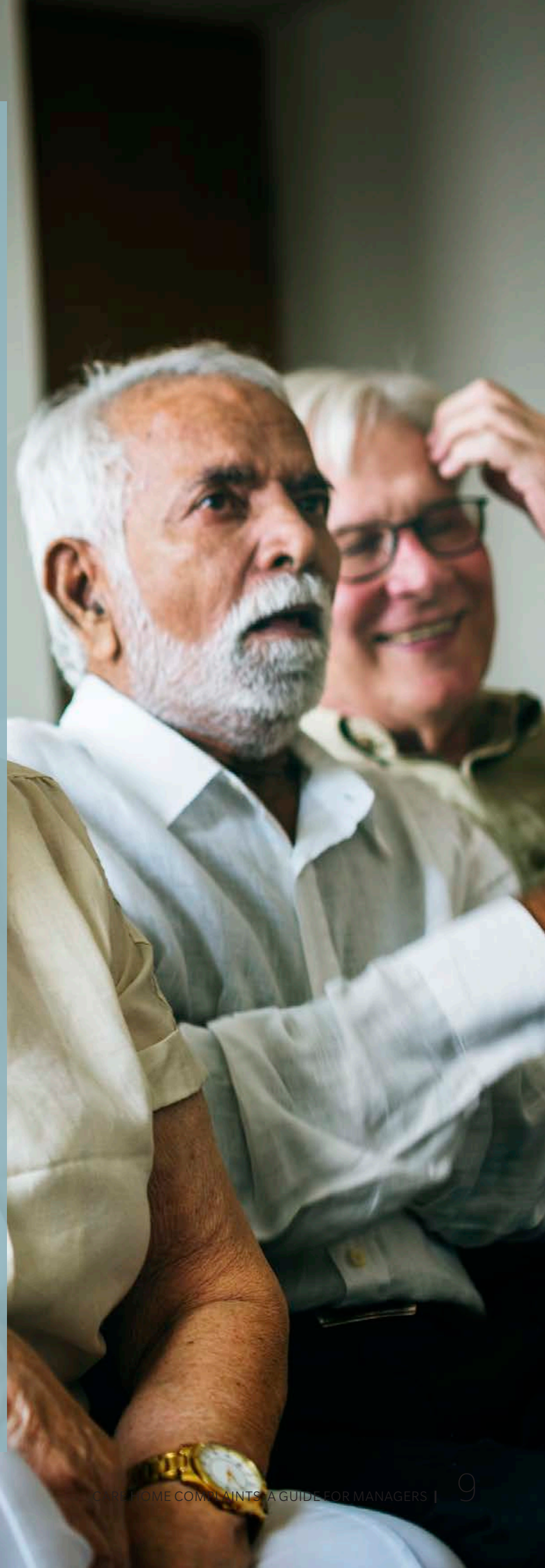
CRIMINAL OFFENCES

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 whether a criminal offence is involved and what to do in such situations. Some issues may also be both a safeguarding/adult support and protection issue, and a criminal offence.

“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”



i To help you understand the spectrum of different concerns and which organisations would need to be contacted, see our flowchart opposite, 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 who 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 overcome barriers in making a complaint or offering feedback to your care home.

Some advocacy services are required by law – for example, in **Scotland** the [Mental Health \(Care and Treatment\)](#)

[\(Scotland\) Act 2003](#) and the [Care Act 2014](#) require that certain residents have access to independent advocacy services.

In **Wales**, regulations developed under the [Regulation and Inspection of Social Care \(Wales\) Act 2016](#) require that certain information about the availability of advocacy services is included in the written information given to residents, and arrangements need to be put in place to ensure access to relevant advocacy services or self-advocacy groups.

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’, which starts on [page 46](#) 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 [Care homes complaints 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”

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.

Types of concerns and who to contact

PROBLEM

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

Abuse /neglect: physical, financial or material abuse, psychological or sexual, 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

EXAMPLES

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, dentistry services etc

ORGANISATION

Care home's CHP/statutory body's CHP (if funding the service)/ regulator/ Ombudsman

Relevant social work safeguarding agencies (or adult support and protection agencies in Scotland) and/ or the police

Police/Police Scotland/ Police Service of Northern Ireland

Relevant local authority or other statutory body, and sector regulator for information/ monitoring purposes

Safeguarding agencies/ regulatory body of the healthcare professional – for example, the Scottish Social Services Council regulates social workers in Scotland

Sector regulator in your country – for example, the Care Inspectorate Wales

Any primary healthcare body that has provided a service – for example, a family practice 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/adult support and protection 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/adult support and protection 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 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, as well as any relevant out-of-court complaint and redress mechanisms that apply, and how a resident can access these services. 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*](#).

2. UNFAIR TRADING REGULATIONS

The [*Consumer Protection from Unfair Trading Regulations 2008*](#) (CPRs) prohibit 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 CHP – 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, Part One of 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. Part 2 of the Consumer Rights Act ensures that care home contract terms, including those terms relating to complaints handling, are fair. If a term is found by a court not to be fair, it will not be legally binding on a resident.

More information about consumer law for 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



Care home communications ➔
businesscompanion.info/focus/care-homes-communications



Web layout for care homes ➔
businesscompanion.info/focus/care-homes-web-layout



CMA consumer law advice ➔
gov.uk/government/publications/care-homes-consumer-law-advice-for-providers



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](#)² 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](#)³ in **England** suggests that your CHP should empower people to make a complaint about your home, both verbally and in writing.

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 care homes understand their responsibilities under UK consumer law more generally, the Competition and Markets Authority (**CMA**) published its own compliance advice in November 2018. Within that 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”

2. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 16 [↗](#)

3. Care Quality Commission guidance: Regulation 16: Receiving and acting on complaints [↗](#)



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 compliance advice, parts of this guidance – where it complements existing legal requirements and relevant consumer law – could also act as an excellent best practice guide for care homes that are not commissioned by public services to follow.

Sources: valuingcomplaints.org.uk; [The Social Work Model Complaints Handling Procedure December 2016](#); [The Social Work Model Complaints Handling Procedure \(Model CHP\) Guide to Implementation](#)

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 guidance⁴, 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

4. a. [Care Quality Commission guidance – Regulation 16: Receiving and acting on complaints](#) ↗
 b. [Local Government and Social Care Ombudsman – Resources for care providers: Template complaint procedure – a ready written document; Complaint management checklist](#) ↗
 c. [The Social Work Model Complaints Handling Procedure December 2016](#) ↗
 d. [Complaints section of the Residential Care Homes Regulations \(Northern Ireland\) 2005](#) ↗
 e. [UK care home providers for older people – advice on consumer law: Helping care homes comply with their consumer law obligations](#) ↗

- 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 ADR 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 CHP checklist*, 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 compliance advice, parts of this guidance – where it complements existing legal requirements and relevant consumer law – could also act as an excellent best practice guide for care homes that are not commissioned by public services to follow.

Source: [Guidance in relation to the health and social care complaints procedure](#) (Revised April 2019)

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 state-funded 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 understand their responsibilities under consumer law more generally, the **CMA** has issued the following compliance advice about publicising your CHP:

‘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

EXPECTATIONS FOR COMPLAINT HANDLING

Regulations developed under the Regulation and Inspection of Social Care (Wales) Act 2016 set out expectations for the complaints process in Wales. This includes having an accessible complaints policy that is available ‘in an easy to read format’, which is ‘well publicised, readily available and accessible to individuals using the service, their families, significant others, visitors, staff and others working at the service’. It also states that: ‘Information about other avenues for complaint is included to support complainants if they are not satisfied with the service provider’s action. For example, information about the complaints procedure of the commissioning authority, the Public Services Ombudsman for Wales.’

At the time of writing, a Complaints Standards Authority for **Wales** was being introduced by the Ombudsman, which is expected to develop standards for complaints handling across the bodies within the Ombudsman’s jurisdiction.

Part 4: Dealing with complaints internally

In its shared commitment to high-quality, person-centred social care, [Quality Matters](#)⁵ – a professional collaboration in **England** jointly led by partners from across the adult social care sector to improve the quality of adult social care – says that residents and their representatives should feel empowered to tell you about their experiences of adult social care in your care home. They should be able to know what to expect from high-quality care, and what to do when the quality of care falls short.

Generally speaking, your residents and their representatives have a right to complain about any aspect of a service received, 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 [guidance on its Valuing Complaints website](#)⁶, 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.

Guidance, regulations and minimum standards **across the UK nations**⁷ 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/adult support and protection issue or a criminal offence, and how these 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**, which start on [page 25](#), for differences that may apply in your country).

5. ADULT SOCIAL CARE: Quality matters [↗](#)

6. SPSO Statement of Complaints Handling Principles [↗](#)

7. a. Care Quality Commission guidance: Regulation 16: Receiving and acting on complaints [↗](#)

b. Wales Adult Placement Schemes (Wales) Regulations 2004 [↗](#)

c. The Residential Care Homes Regulations (Northern Ireland) 2005 [↗](#)

d. Residential Care Homes Minimum Standards Updated August 2011 [↗](#)

To help care homes understand their responsibilities under consumer law more generally when dealing with complaints internally, the **CMA** advises that it aims to have a ‘quick, simple and streamlined’ process to ‘resolve complaints early and with as few steps as necessary’.

Detailed within the **CMA’s** compliance advice are three internal

stages before an unresolved complaint progresses to an external body, which you can follow – if your regulatory framework allows it. 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 in guidance for social services⁸ 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 guidance⁸ advises that matters could also be resolved by telephone, and any resolution should be made to the satisfaction of the complainant. Similarly in **Wales**, guidance⁹ for state-funded 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.



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

Source: [The Social Work Model Complaints Handling Procedure December 2016](#)

8. [The Social Work Model Complaints Handling Procedure](#) ↗

9. [A guide to handling complaints and representations by local authority social services](#) ↗

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.

All investigations should be fair and consistent. In **Northern Ireland**, for example, [guidance for health and social care services](#)¹⁰ 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](#)¹¹ 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** considers 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.

In its latest guidance, the **CMA** gives the following compliance advice on

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

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](#)¹² in **Northern Ireland**, for example, suggests that investigations should be conducted without bias and in

10. *Guidance in Relation to the Health and Social Care Complaints Procedure (Revised April 2019)* ↗

11. *The Social Work Model Complaints Handling Procedure December 2016* ↗

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 compliance 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
- Care home owners and registered managers should ensure they are aware of what constitutes a serious incident in their region and how these should be dealt with

Source: [Putting Things Right: Guidance on dealing with concerns about the NHS from 1 April 2011 Version 2 April 2012](#)

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](#)¹³ for state-funded 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 all care homes understand their responsibilities under consumer law more generally, the **CMA** has issued the following compliance 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.'

12. *Complaints in Health and Social Care Standards & Guidelines for Resolution & Learning April 2009* ↗

13. *A guide to handling complaints and representations by local authority social services* ↗

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 compliance advice:

‘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: Whenever possible, 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/adult support and protection issues. The **CMA** has offered the following compliance 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](#)¹⁴ and [Northern Ireland](#)¹⁵ recommends that, where possible, this effort should involve a coordinated response. In [Northern Ireland](#), [published guidance](#)¹⁶ 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/adult support and protection issue or a criminal offence.

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’s advice** states that the complainant should be able to escalate the matter 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 compliance 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).

14. [A guide to handling complaints and representations by local authority social services \(2014\)](#) ↗

15. [Protection of Vulnerable Adults Complaints in Health and Social Care Standards & Guidelines for Resolution & Learning April 2009](#) ↗

16. [Guidance in Relation to the Health and Social Care Complaints Procedure \(Revised April 2019\)](#) ↗

Key points of note

- ‘You should ensure that residents and people acting on their behalf can, and know how to escalate their 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 compliance 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://www.gov.uk/government/publications/care-homes-consumer-law-advice-for-providers)



England

Unless otherwise marked, information in this section was taken from [The Local Authority Social Services and National Health Service Complaints \(England\) Regulations 2009](#), and is intended for state-funded social services only.

TIME LIMITS TO COMPLETE INVESTIGATIONS

Investigations must be completed ‘speedily and efficiently’, and within six months of the day on which the complaint was received. However, if you know a complaint will not be resolved within this time frame, you must write to the parties involved and explain the reason for the delay. Furthermore, the CMA’s advice considers 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.’

HOW MUCH TIME YOUR RESIDENTS HAVE TO MAKE A COMPLAINT

A resident or their representatives usually have 12 months to make a complaint from when the action occurred or, if later, the date on which the matter came to the notice of the complainant. Each case should 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 state-funded social services, parts of it can act as an excellent best practice guide, where the guidance complements existing legal requirements and relevant consumer law, for private, independent, charitable, and voluntary and not-for-profit care homes to follow, in conjunction with the CMA's compliance advice.

TIMESCALES AT THE INVESTIGATION STAGE

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

The Ombudsman's *Social Work Model Complaints Handling Procedure* sets out two opportunities for complaints to be resolved internally (which differs from the CMA's advice for care homes) 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.



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, where the guidance complements existing legal requirements and relevant consumer law, for private, independent, charitable, and voluntary and not-for-profit care homes to follow, in conjunction with the CMA's compliance advice.

A TWO-STAGE INTERNAL PROCESS

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

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, where the guidance complements existing legal requirements and relevant consumer law, for private, independent, charitable, and voluntary and not-for-profit care homes to follow, in conjunction with the CMA's compliance advice.

FORMALISING VERBAL COMPLAINTS IN WRITING

Complaints 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

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 CHP. 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 (CQC) 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. The **CMA**'s view is that, under consumer law, care homes must clearly explain how and when a complaint can be escalated to the ombudsman, as well as to other relevant bodies. In **Northern Ireland, Scotland** and **Wales** it is written into law that care homes must do this. (See Annex A, which starts on [page 46](#), for links to the relevant laws.)

What information should be communicated, when and to whom

In this chapter we shall outline these differences through flowcharts (see [pages 40-43](#)) to help you navigate the requirements in your own country, and by how a resident's services are funded (for a flowchart on how the nature of a concern affects which organisations are involved, turn to [page 11](#) of this guide). To help care homes understand their responsibilities under consumer law more generally, the **CMA** has issued compliance advice. 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

(continued on [page 34](#))

Key points of note



England

WHEN RESIDENTS CAN BYPASS YOUR CHP

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 CHP.

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 or local authority 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 or local authority.

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. Also, the CQC requires providers to report on complaints, including numbers of complaints received and how they were resolved.

Source: Care Quality Commission

WHEN THE LGSCO CAN INVESTIGATE

The Local Government and Social Care Ombudsman can investigate all complaints about care homes, regardless of how a resident's service is funded. So, both services that are paid for by a council or self-funded by a resident or their family can be investigated by the Ombudsman if a complaint arises.

Source: Care Quality Commission

Key points of note



ROUTES TO COMPLAINT

Welsh regulator the Care Inspectorate Wales (CIW) cannot legally 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. However, the CIW does welcome concerns, comments and compliments, as this is an important source of information about services it regulates.

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

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

Wales

WHEN A RESIDENT CAN USE A SOCIAL SERVICES CHP

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), or
- 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 2014

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”

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.

‘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.’

“You should make clear any differences in how and to whom a complaint can be escalated depending on the nature of the concern”

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, where the guidance complements existing legal requirements and relevant consumer law, for private, independent, charitable, and voluntary and not-for-profit care homes to follow, in conjunction with the CMA's compliance 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 (CHP), 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 CMA*

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 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 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.

Alternative Dispute Resolution (ADR) is an optional way of resolving a dispute without going to court.

However, it is important that you make it clear to the resident and their representatives that engaging in ADR is voluntary and they can seek independent redress through the relevant ombudsman service without engaging in ADR.

ADR 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 involved come to an agreement when their internal complaints system has failed to resolve the problem.

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 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.

“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, short of taking court action”

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:

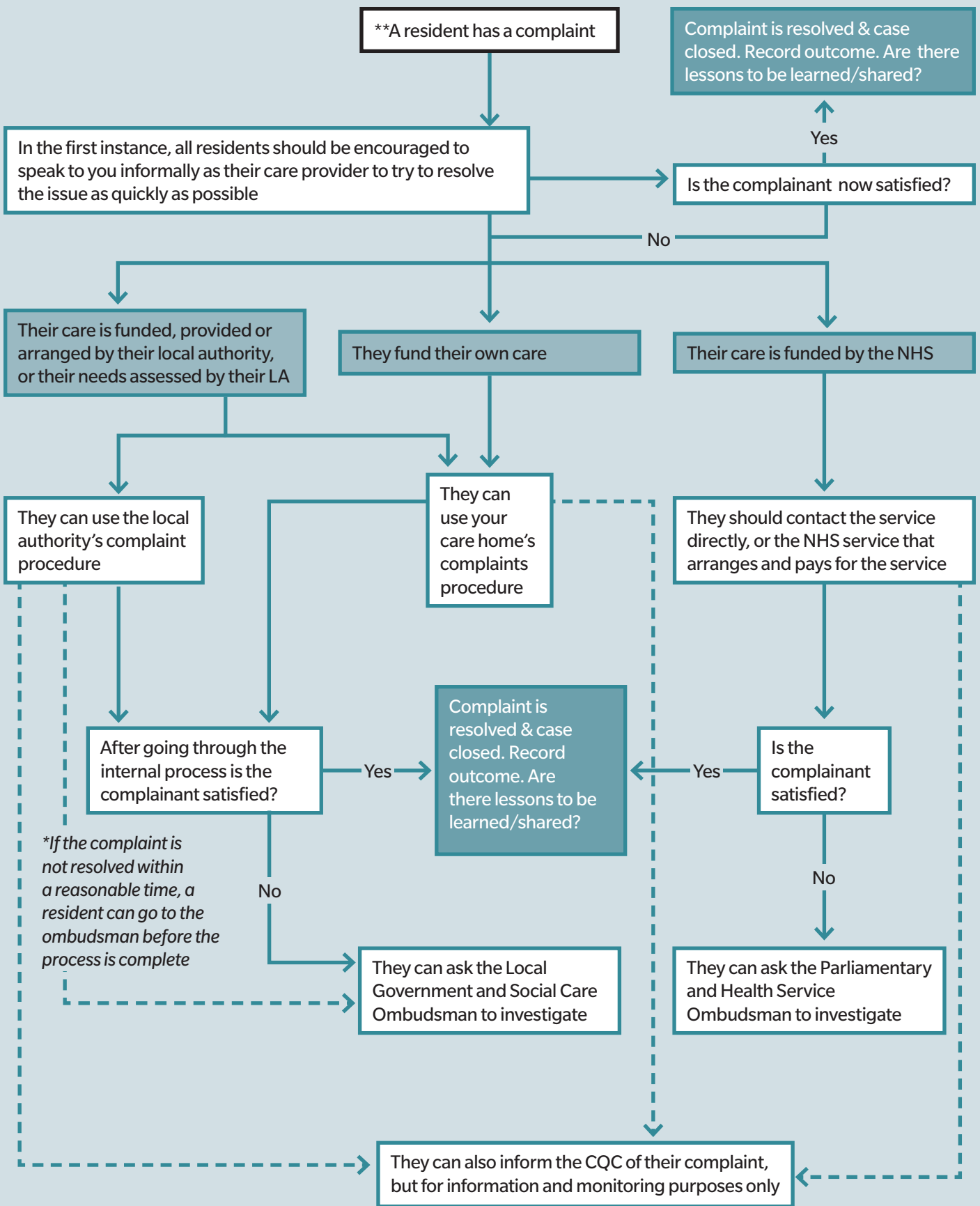
- Ask your care home to consider your decisions again
- Ask you to change your decisions
- Recommend that you improve your services in a particular way
- Recommend that you apologise to the parties involved

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, short of taking court action. 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.

i You are advised to read the **CMA’s compliance 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://www.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, starting on [page 46](#) of this guide.

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

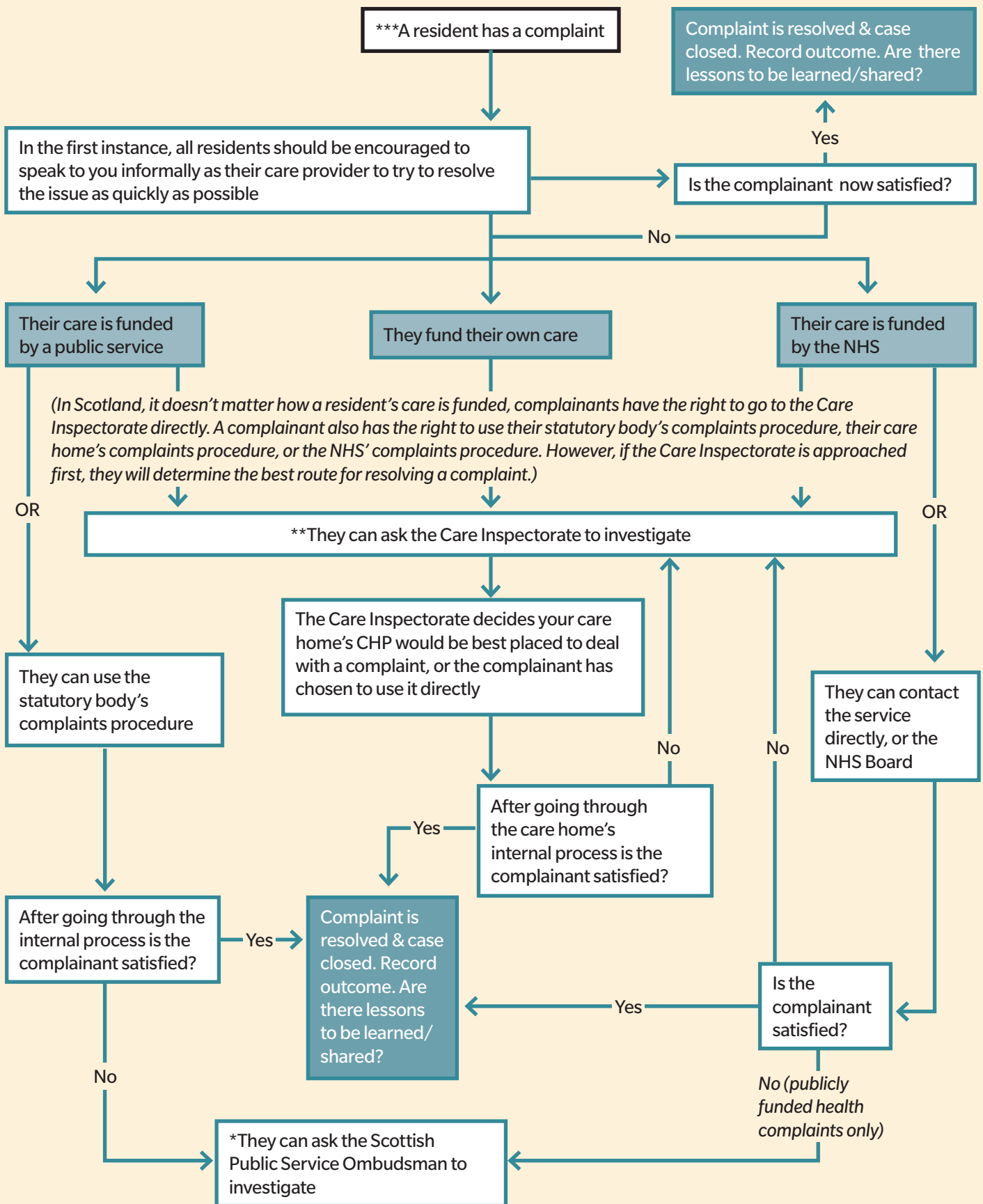


*This can be up to six months for complaints involving social services.

**As Alternative Dispute Resolution (ADR) is a voluntary resolution option, the consumer and care home could agree to engage in it at any time. Residents can also seek legal advice and/or take court action for breaches of law, such as a breach of contract for example.

***For residents who choose to top up their care through additional payments, please follow the 'They fund their own care' arrows in this diagram.

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

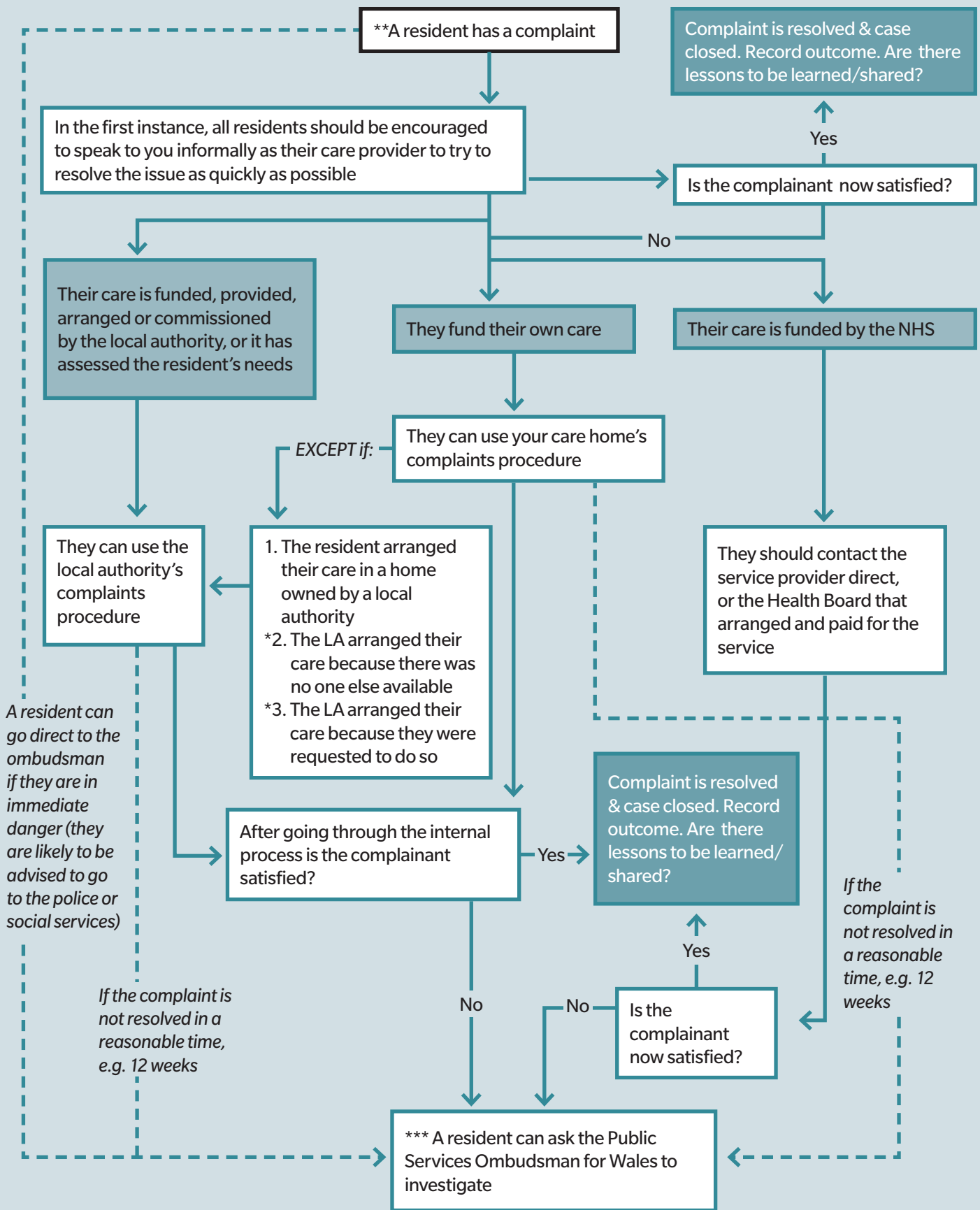


*The ombudsman can only look at public services in Scotland.

**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. Residents can also seek legal advice and/or take court action for breaches of law, such as a breach of contract, for example.

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

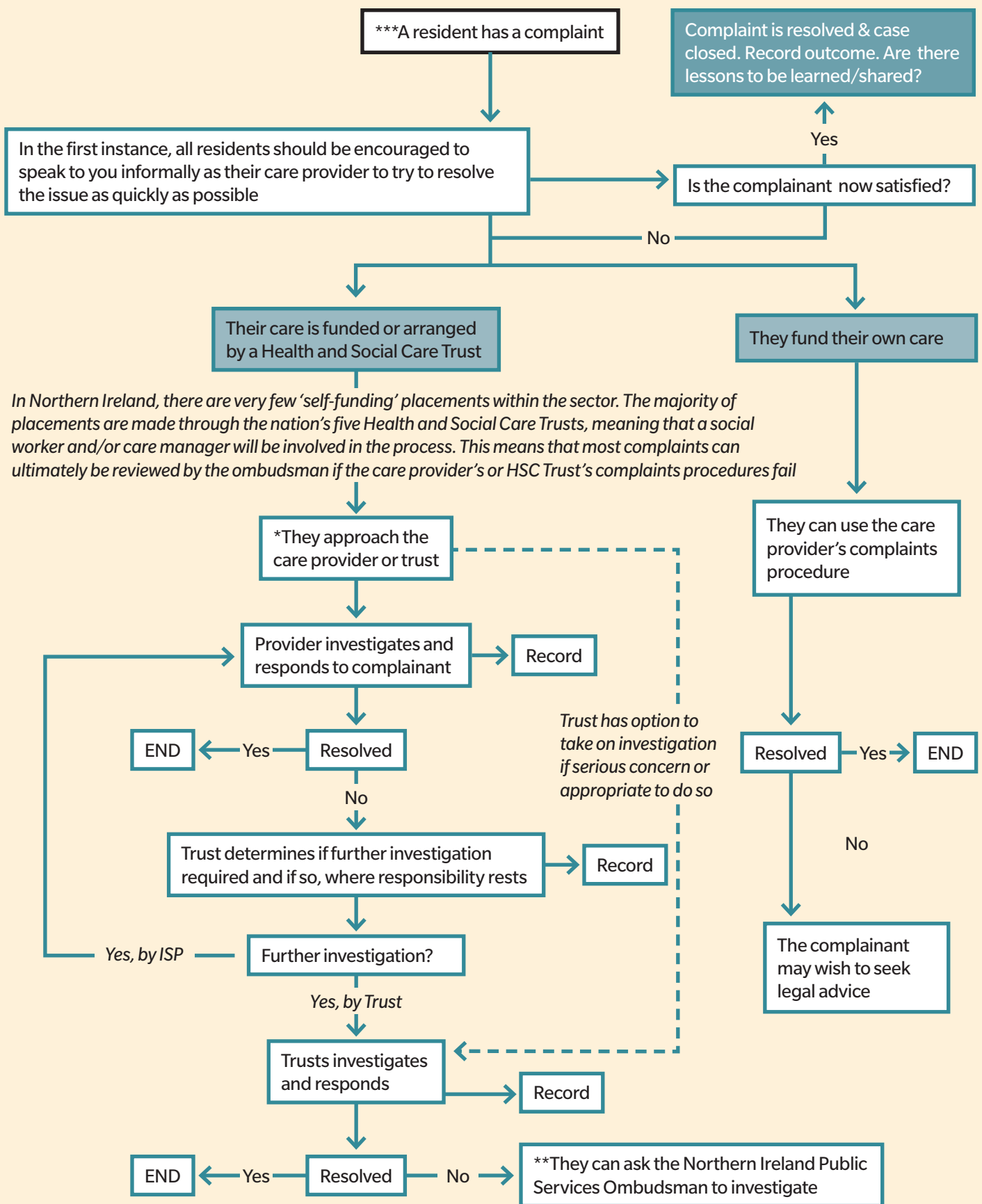


* They can only complain about a LA's initial function.

** As Alternative Dispute Resolution (ADR) is a voluntary resolution option, the consumer and care home could agree to engage in it at any time. Residents can also seek legal advice and/or take court action for breaches of law, such as a 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. Residents can also seek legal advice and/or take court action for breaches of law, such as a 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](#)¹⁷ in **Wales** requires care homes to designate a ‘responsible individual’ as part of their registration, and places specific requirements on them in terms of the oversight, quality and compliance of the service. 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 care homes understand their responsibilities under consumer law, the **CMA** has issued the following compliance advice for staff training:

‘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, e.g. 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.’

17. *Regulation and Inspection of Social Care (Wales) Act 2016* ➔

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, here is a list of resources, some of which were used to create this guide.

Legal guidance

GENERAL GUIDANCE

- *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
- *Care Homes and Consumer Law Short guide* assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/756656/short_guide_for_businesses_care_homes.pdf
- *Principles of Good Complaint Handling* 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

ENGLAND

- *Care Quality Commission, Regulation 16: Receiving and acting on complaints* 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

WALES

- *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
- *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

SCOTLAND

- *Health and Social Care Standards* 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
- *The Social Work Model Complaints Handling Procedure* valuingcomplaints.org.uk/sites/valuingcomplaints/files/SW-Model-CHP-Implementation-Guide.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
- *Care Standards for Nursing Homes - April 2015* 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
- *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

Laws and regulations

CONSUMER PROTECTION LAW

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

ENGLAND

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

WALES

- The Regulation and Inspection of Social Care (Wales) Act 2016
- Regulated Services (Services Providers and Responsible Individuals) (Wales) Regulations 2017 (as amended)
- The Social Services Complaints Procedure (Wales) Regulations 2014
- The Representations Procedure (Wales) Regulations 2014
- Section 33(1) of the Public Services Ombudsman (Wales) Act 2005
- The Adult Placement Schemes (Wales) Regulations 2004

SCOTLAND

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

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

UK regulators

ENGLAND

- Care Quality Commission
cqc.org.uk

WALES

- Care Inspectorate Wales
careinspectorate.wales

SCOTLAND

- Care Inspectorate
careinspectorate.com

NORTHERN IRELAND

- Regulation and Quality Improvement Authority
rqia.org.uk; also: RQIA guidance on raising a concern: rqia.org.uk/contact/complaints-feedback/raising-a-concern-about-a-service

UK ombudsmen

ENGLAND

- Local Government and Social Care Ombudsman lgo.org.uk
- General resources lgo.org.uk/adult-social-care/resources-for-care-providers; My Expectations for Raising Concerns and Complaints lgo.org.uk/information-centre/reports/guidance-notes/my-expectations-for-raising-concerns-and-complaints; Guidance on running a complaints system lgo.org.uk/information-centre/reports/guidance-notes/guidance-on-running-a-complaints-system; Training for providers: lgo.org.uk/training/providers

WALES

- Public Service Ombudsman for Wales ombudsman.wales

SCOTLAND

- Scottish Public Services Ombudsman spsso.org.uk
- Scottish Public Services Ombudsman Complaints Standards Authority valuingcomplaints.org.uk

NORTHERN IRELAND

- Northern Ireland Public Services Ombudsman nipso.org.uk/nipso

Background reading

ENGLAND

- *Adult social care: Quality matters* assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/795351/Adult_Social_Care_-_Quality_Matters.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
- *How to complain about a health or social care service* cqo.org.uk/sites/default/files/documents/how_to_complain_about_a_health_or_soc_care_service_large_print_20110906_0.pdf

WALES

- *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
- *Putting Things Right* wales.nhs.uk/sitesplus/documents/1064/Putting%20Things%20Right%20April%202012.pdf

SCOTLAND

- *SPSO Statement of Complaints Handling Principles* valuingcomplaints.org.uk/sites/valuingcomplaints/files/resources/principles.pdf
- *Care Inspectorate Scotland: How we deal with concerns and complaints about care* careinspectorate.com/images/documents/4107/How%20we%20deal%20with%20concerns%20and%20complaints.pdf
- *How to complain about a social work service* spsso.org.uk/sites/spsso/files/communications_material/leaflets_public/2018%20Social%20work.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

NORTHERN IRELAND

- *The Experience Of Living In A Nursing Home* patientclientcouncil.hscni.net/the-experience-of-living-in-a-nursing-home
- *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

- *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* 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
- NI Direct website nidirect.gov.uk/information-and-services/care-and-support/residential-care-and-nursing-homes
- 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



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