

## C08 FEEDBACK POLICY

Tell us what you think.....



### 1. Foreword

Bethphage will publicise the availability of this policy on leaflets freely available in our offices and on the public-facing pages of our website. This policy and procedure can be made available, on request, in other languages and in other formats such as large print, easy read and audio.

### 2. Statement of Policy

This policy relates to feedback – complaints, concerns, comments, suggestions and compliments – in respect of services provided by Bethphage. As a learning organisation, Bethphage wants to know what the people who use our services and their families and advocates think about our services. We have developed this feedback policy because we want to encourage people to tell us what they think whether what they want to say is:

- A **complaint** - An expression of dissatisfaction about the standard of service, actions or lack of action by Bethphage or its staff affecting an individual or group of people  
*Example – A family member raises a complaint that their relative is not being supported to keep their flat clean in line with their support plan*
- A **concern** — An expression of worry or doubt over an issue for which reassurances are sought. A concern would relate to less serious issues that are able to be resolved quickly and with less far reaching consequences. A matter relating to the actions or lack of actions by Bethphage or its, staff  
*Example – A staff member raises a concern that one of the people they support is wearing clothes that belong to another person they share the property with.*
- A **compliment** – A polite expression of praise or admiration for the work of an individual, group or Bethphage as a whole
- A **comment or suggestion** – an idea or plan put forward about how things could be done differently, which might achieve a better outcome.

Our aim is to make it as easy as possible for people to tell us what they think so that we can follow this up and act upon it. We will use any feedback received to:

- Find out what is working and what is not working
- Help to identify potential problems
- Help to identify risks and take preventative action
- Identify areas for staff development or training
- Review our services, policies, procedures and practices

This policy should be read in conjunction with other related policies and publications including our policies on safeguarding, duty of candour, discipline, grievance and our core values. Our core values shape the way that we work and feedback is an integral and important part of this.

Our values are:

- **Personal Growth:** We create a safe and healthy environment, where we provide positive feedback, support each other to reflect on actions and learn and grow from them.

- **Respect:** We respect and value the diversity, individuality and views of everyone we come into contact with, fully considering each perspective before arriving at an agreed outcome.
- **Honesty:** We work together in an open and honest way; taking responsibility and remaining accountable for our actions.
- **Active involvement:** We work together, actively engaging and involving the people we support in everyday actions.

### 3. Policy

Bethphage actively encourages the people we support to feedback on the service they receive and seek views from members of their staff and everybody else directly involved with or affected by the services we provide. This includes the right to make complaints and to register concerns about those services. It further accepts that they should find it easy to do so. It welcomes all feedback and looks upon it as an opportunity to learn, adapt, improve and provide better services and therefore better outcomes for the people using our services

Where the complaint is serious and is deemed to be of a safeguarding nature this will be dealt with as per the safeguarding policy and procedures and details of the complaint in that instance will be shared with the relevant regulator.

Bethphage adheres fully to regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - Receiving and Acting on Complaints.

Bethphage will treat feedback as a complaint if the person providing the feedback is an eligible person who asks for it to be treated as a complaint or if the nature of the feedback is such that Bethphage feels it should be treated as a complaint. The formal processes which follow apply specifically to complaints and the same principles will guide our response to all other feedback and in some instances, we will record other feedback as a complaint. A person is eligible to make a complaint if they are

- a person who uses our services
- a legitimate representative of a person who uses our services
- anyone who is affected by the services we provide e.g. neighbours, professionals who work with the person we support

This policy is intended to ensure that complaints and feedback are dealt with promptly and properly and that all complaints or comments by the people we support and their relatives, representatives and advocates are taken seriously.

The policy is not designed to apportion blame, to consider the possibility of negligence or to provide compensation. It is not part of Bethphage's disciplinary policy and it is not a vehicle for staff to make complaints which directly impact them – the grievance policy should be used for such matters.

Bethphage believes that failure to listen to or acknowledge feedback leads to an aggravation of problems, dissatisfaction in the service provided and possible litigation. It represents a missed opportunity for us to improve what we do in order to “Be an excellent provider of services for people with disabilities”. Conversely, an open, respectful and sincere consideration of the issues raised can drive positive improvements.

We act on the basis that, wherever possible, feedback is best dealt with at a local level between the person providing the feedback and the Service Manager and in some instances the support staff

Feedback can be given by telephone, in person, in writing or by email.

Bethphage contact details are available at the end of this policy, on all our promotional materials including our feedback leaflet and on our website at [www.bethphage.co.uk](http://www.bethphage.co.uk)

#### **4. Aims of the Feedback Policy**

Bethphage aims to ensure that its feedback policy is properly and effectively implemented, and that the people we support feel confident that their feedback is listened to and acted upon promptly and fairly. Specifically, it aims to ensure that:

1. The people we support, and their representatives are aware of how to feedback and that Bethphage provides easy to use opportunities for them to register their feedback
2. Where feedback is given in person or on the telephone, we will make a written record of it and provide a copy of the written record within three working days
3. All written feedback and all feedback received by email at [complaints@bethphage.co.uk](mailto:complaints@bethphage.co.uk) will be acknowledged within three working days
4. Investigations into feedback (specifically complaints) are held within 28 days. This timeframe can be extended up to a further 28 days **in agreement with the complainant**
5. All complaints are responded to in writing by the organisation
6. Feedback is dealt with promptly, fairly and sensitively, with due regard to the upset and worry that they can cause to both the people we support and staff
7. The complainant is kept fully informed about the progress of the investigation.
8. The Service Manager shall discuss the investigation with the Area Manager before responding in writing to conclude the outcome and inform the complainant of the action (if any) to be taken.

#### **5. Responsibilities**

The people who are receiving a service from Bethphage will be provided with a copy of the feedback form and also the Service Guide and Service Agreement when they commence receiving support. This information will be in a format that is accessible to them.

People receiving a service from Bethphage will be supported to develop a Person Centred Plan which includes information on how to support them to tell people what they think including how to complain. All staff will be familiar with this. Bethphage believes that, wherever possible, feedback is best dealt with at a local level between the person giving the feedback and the organisation.

The Service Manager, or a person with sufficient seniority to resolve the issues, will be responsible for following through complaints and acting on other feedback on behalf of Bethphage. No person implicated in a complaint will be responsible for investigating it.

Bethphage will, so far as is reasonably practical, provide assistance for people to understand the complaints procedure, and advice on where they may obtain assistance or support from a local advocacy service. The Service Manager will provide details about this service.

Bethphage will consider feedback relating to any period, but to be regarded as a formal complaint, it must be made not later than 12 months after:

- the date the event occurred or, if later,
- the date the event came to the notice of the person giving feedback

The time limit will not apply if Bethphage is satisfied that:

- the complainant can give a good reason for not making the complaint within that time limit, and
- despite the delay, it is still possible to investigate the complaint effectively and fairly.

Bethphage will also act in accordance with the duty of candour (CQC regulation 20) in respect of complaints about care and treatment that have resulted in a notifiable safety incident,

ensuring that an open, honest and full disclosure of the information is made to the person concerned as soon as is reasonably practicable.

Sometimes a person may make a comment, or say that they have 'concerns', or they may show through their behaviour that they are unhappy with their support and it is important that staff recognise the ways in which a person may be expressing their dissatisfaction and must always respond to these in line with this feedback procedure. It is important to remember that many of the people we support prefer verbal communication over written methods. For this reason, **no distinction should be made between verbal and written feedback** although it is often helpful to either ask the person to write down their concern or support them to do so in order to ensure there is clarity over the matter to be reviewed. Action to respond to the feedback should not be delayed by a request to write it down.

Sometimes a person will want to make an "informal complaint", as they may want to avoid "making a fuss" or a formal complaint. Staff must be aware of the many and varied ways in which a complaint may be made. Listening to, and acting on any concerns raised, will resolve concerns faster and support the continuous improvement of our services.

## **6. Responding to Feedback**

Bethphage encourage all staff to recognise feedback and ensure that this is properly recorded including complaints which can be resolved informally.

Probably the greatest influence in encouraging people to give feedback or make a complaint is the response of staff. It's not just the words used, it's the tone of voice and body language used when people say that they are not happy about something – especially if they are not happy with something that staff have done (or not done).

## **7. Formal complaints**

A complaint will be treated as a formal complaint when any of the following apply:

- The complainant indicates that it is a formal complaint.
- A previous informal complaint has not been resolved within a satisfactory timescale
- The complaint is of a sufficiently serious nature to indicate the potential for significant risks or other adverse consequences for people we support, staff, third parties or Bethphage
- A complaint is made directly to the service or indirectly by a third party.

**Where the complaint raises a potential safeguarding concern, the Bethphage Safeguarding policy must be implemented immediately.**

### **7.1 Anonymous Complaints**

Bethphage will investigate anonymous complaints thoroughly where it is possible and appropriate to do so.

### **7.2 Investigation of the complaint by Bethphage:**

Immediately on receipt of the complaint, the investigating officer will start an investigation and within 28 days should be in a position to provide a full explanation to the complainant, either in writing or by arranging a meeting with the individuals concerned. **This timeframe can be extended to up to 56 days in agreement with the complainant.**

If the issues are too complex to complete the investigation within 56 days, the complainant will be informed, in writing, of any delays

The Quality Manager will be notified as soon as possible of any complaints involving services commissioned by the Local Authority that have the potential to go to the Ombudsman stage so that the relevant department can be notified.

### 7.3 At the Conclusion of the Investigation

When the investigating officer has completed his/her investigations, a detailed explanation of the results of the investigation will be given to the complainant and also an apology if it is deemed appropriate (apologising for what has happened need not be an admission of liability). As Bethphage has a duty of candour we must ensure that we look at each situation individually. The explanation will include details of any remedial action which will be taken.

A written account of the investigation should be sent to the complainant. This should include details of how to approach the Local Authority, the Local Government Ombudsman and the Care Quality Commission if the complainant is not satisfied with the outcome

The outcomes of the investigation and the meeting are recorded on the Feedback Record Form and any shortcomings in Bethphage's procedures will be identified and acted upon. Bethphage will report details of complaints to local authorities in accordance with the contractual requirement and to the people affected or their families in accordance with the Policy O05 Duty of Candour.

Bethphage formally reviews all complaints and produces quarterly reports as part of its quality monitoring and improvement procedures looking for trends and areas of risk that should be addressed and to identify the lessons learned. The information is reported to Board Meetings.

### 7.4 Right to Review

Within 10 working days of receiving a written response, the complainant has the right to notify Bethphage that they are dissatisfied and to request that the outcome is reviewed. In this instance, the complainant will be provided with contact details for the Chief Executive, to whom they should write setting out the basis for their dissatisfaction.

Within 20 working days of receipt of an appeal, the Chief Executive will review all relevant information or appoint another senior manager to do so and to discuss and explore the issues with the complainant. A final decision on the matter will then be made and the complainant will be informed in writing, with a copy provided to any other parties notified of the complaint.

This review constitutes the end of the Bethphage local process.

If following review, the complainant remains dissatisfied, they will be advised that they can take their feedback to the Local Authority, if they receive funding support from it, or directly to the Local Government Ombudsman if they are self-funding. Local Authority funded people may also decide to take their complaint to the Local Government Ombudsman if they are dissatisfied with the way Bethphage or the Local Authority has handled their complaint.

**The Local Government Ombudsman** provides a free, independent service. You can contact the advice team for information and advice, or to register your complaint by telephone on 0300 061 0614, by email to [advice@lgo.org.uk](mailto:advice@lgo.org.uk), or by visiting their website at [www.lgo.org.uk](http://www.lgo.org.uk). The LGO will not usually investigate a complaint until we have had an opportunity to respond and resolve matters.

Bethphage is registered with and regulated by the **Care Quality Commission (CQC)**. Complaints should be directed to Bethphage, however in the event that Bethphage is not dealing with the complaint the matter can be addressed to the Deputy Chief Executive. If the complainant is dissatisfied with the management of the complaint, the CQC can be contacted by telephone on 0300 061 6161, by email to [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk), by post to the CQC, Citygate, Gallowgate, Newcastle-upon-Tyne, NE1 4PA, or by visiting their website at [www.cqc.org.uk/contactus.cfm](http://www.cqc.org.uk/contactus.cfm).

## **7.5 Compliments, comments, suggestions and concerns**

Feedback not treated as a complaint should be recorded and acted upon in a similar fashion to complaints without the same urgency over timescales and remedial action. However, this does not lessen the importance of acting on the feedback, sharing good practice, responding to concerns and suggestions and using the feedback to improve services and outcomes for the people we support and those affected by our work.

## **7.6 Unreasonably Persistent Complainants and Unreasonable Complainant Behaviour**

Bethphage aim to deal with all complaints in ways that are open, fair and proportionate in line with its core values. In a minority of cases, people pursue their complaint in a way that is unreasonable. They may behave unacceptably or be unreasonably persistent in their contacts and submission of information.

Some examples of unreasonable actions and behaviours include:

- Refusing to specify the grounds of a complaint, despite offers of assistance
- Refusing to co-operate with the complaints investigation
- Refusing to accept that certain issues are not within the scope of a complaints procedure
- Insisting on the complaint being dealt with in ways that are incompatible with the Organisation's complaints procedure or with legal or good practice
- Making unjustified complaints about staff who are trying to deal with the issues, seeking to have them replaced
- Changing/ adding to the basis of the complaint as the investigation proceeds
- Covertly recording meetings and conversations
- Making excessive demands on the time and resources of staff with lengthy phone calls, emails or detailed letters every few days expecting immediate responses
- Refusing to accept the decision; repeatedly arguing points with no evidence.

The preliminary action to be taken is that the CEO should advise the complainant in writing that their behaviour is unacceptable, detailing why their behaviours are unacceptable and advise if it does not change alternative action will be taken. The alternative action should be specified and a copy of this procedure enclosed. An appropriate timeframe for a change in behaviour will be specified.

If the behaviour continues the CEO may decide to impose restrictions.

All decisions about any restrictions must take the least restrictive process/action and must be legal, appropriate and proportionate.

Once a decision to introduce a restriction has been made the CEO will notify the decision in writing (or through other format if this is most appropriate for the person's access to information needs). The information will include the decision, the restrictions being made, how long they will last and the option to refer their complaint to the Ombudsman, CQC or the local authority.

**Approved by:**                    **Stef Kay, Chief Executive**

**First published:**                **November 2016**

**Last Reviewed:**                **September 2022**

**Next planned review:**        **September 2024**