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# FEEDBACK POLICY

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Managing both  
positive and  
negative feedback,  
learning lessons and  
meeting the  
expectations of  
complainants

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<b>Author</b>	Care Quality, Governance and Compliance Director
<b>Ratified</b>	Executive Leadership Team
<b>Outcome</b>	<p>Hallmark Care Homes will be a learning organisation which welcomes feedback from residents, their families, friends, visiting professionals and all other stakeholders.</p> <p>Positive feedback will be shared with team members ensuring that praise and complements are received by the relevant team member in a timely manner and that they receive recognition for a job well done.</p> <p>Hallmark team members will handle negative feedback or complaints in a positive, robust manner providing people with confidence that their concerns are being addressed and are being used to positively influence care delivery and service design.</p> <p>Hallmark team members will be transparent in their handling of negative feedback or complaints and will view such feedback as an opportunity to reflect on practice and to make services better for residents.</p>
<b>Cross reference</b>	<p><i>Investigation policy</i></p> <p><i>Mental capacity/DoLS policy</i></p> <p><i>Root Cause Analysis framework</i></p> <p><i>Safeguarding Adults policy</i></p> <p><i>Whistleblowing policy</i></p>
<b>References</b>	<p>Health and Social Care Act 2008</p> <p>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>Care Quality Commission (Registration) Regulations 2009</p> <p>Regulation and Inspection of Social Care (Wales) Act 2016</p> <p>Care Standards Act 2000</p> <p>Care Homes (Wales) Regulations 2002</p> <p>Francis Report 2013</p> <p>Complaints Matter (Care Quality Commission) 2014</p> <p>My expectations for raising concerns and complaints (Local Government Ombudsman, Health Watch, Parliamentary and Health Service Ombudsman) Nov 2014</p> <p>Principles of good complaints handling (Parliamentary and Health Service Ombudsman)</p>

Complaints resources for adult social care (Local  
Government Ombudsman)  
Complaints guides (Social Care Institute for Excellence)

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To ensure that this policy is relevant and up to date, comments and suggestions  
for additions or amendments are sought from users of this document. To  
contribute towards the process of review, email  
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## Equality and Diversity Statement

Hallmark Care Homes is committed to the fair treatment of all regardless of age, colour, disability, ethnicity, gender, nationality, race, religious or spiritual beliefs, and responsibility for dependents, sexual orientation, or any other personal characteristic. An equality impact assessment has been completed on this policy to ensure that it can be implemented consistently regardless of any such factors and all will be treated with dignity and respect.

## Hallmark's Vision

To be recognised as the leading provider of high quality, relationship-centred care for all residents

## 1. INTRODUCTION

At Hallmark Care Homes we strive to provide a service that meets the assessed personalised needs of the people who use our services and which meets the expectations of their families, friends and any other professionals involved in their care.

We appreciate receiving feedback from residents, their families and/or their friends and are committed to using this feedback to improve the quality of the service we provide. Positive feedback and compliments will always be shared with the relevant team member(s) and we will ensure that such recognised good practice is shared within the home and across all other Hallmark homes.

We will gather feedback from residents and their relatives in a more formal manner via annual surveys. These surveys will be conducted by an external agency and the outcomes will be used to influence our on-going improvement and quality plans.

However, we acknowledge that on some occasions, we do not get it right and on such occasions, and when negative feedback or a complaint is received, we are fully committed to complete transparency and the undertaking of a robust investigation into the circumstances resulting in this type of feedback.

Whilst receiving negative feedback/complaint can sometimes be uncomfortable, we will always look upon such feedback as an opportunity to improve the service we provide and to learn valuable lessons from the residents, their families and friends and all other stakeholders.

## 2. DEFINITIONS

Positive feedback can be received verbally or in writing (card, letter, e-mail or through an on-line review web-site). Positive feedback is an expression of thanks to an individual team member or to the team as a whole. The receipt of positive feedback is a boost to a team member(s) morale and should be shared with that team member/members as soon as possible following receipt. Written positive feedback will be retained within the home.

At Hallmark, we use the term “negative feedback” to mean feedback which identifies an area within our service provision that could be improved. Such feedback could also be described as a “complaint”.

Negative feedback/complaint can be defined as *“an expression of dissatisfaction about a service that requires a response”*. Any such feedback, whether it is of minor concern to the resident or team member(s) and can be dealt with immediately, or it is of more major concern to several parties, is an expression of dissatisfaction that requires a satisfactory and efficient resolution.

A resident, relative, visitor, team member, commissioner, clinician, Local Authority, NHS authority, regulatory body or any other interested party or stakeholder acting with the authority of the resident may provide us with negative feedback or a complaint.

Negative feedback/complaint may relate to any aspect of care, treatment, professional competencies or to any of the administrative or support services and may be made via telephone, in person, in writing or by e-mail to any member of the Hallmark team (either within the home or via Central Support).

Anonymous negative feedback/complaint will be handled in the same manner as “owned” feedback.

All negative feedback/complaints will be classified and recorded on the home’s CMT feedback log as either:

- Category 1 – Feedback concerning potential abuse/serious complaint
- Category 2 – Feedback that is not related to abuse/serious incident but is a catalogue of feedback that has not been dealt with.
- Category 3 – Feedback on one topic that is not abuse and is able to be resolved immediately.

All negative feedback/complaints will be forwarded to the Operations Coordinator via the dedicated e-mail address [feedbacklog@hallmarkcarehomes.co.uk](mailto:feedbacklog@hallmarkcarehomes.co.uk) This will ensure that the central feedback log is robustly maintained and response dates can be effectively monitored. Furthermore, all negative feedback will be recorded on both the feedback log on CMT and on the negative feedback log provided with the Feedback compliance file.

The homes General Manager will ensure that appropriate contact is made with the complainant following receipt of negative feedback/complaint. Such contact will be either face-to-face or via a telephone call and will be in addition to the formal acknowledgement letter. The purpose of this contact will be to fully understand the complainant’s concerns and, if appropriate, to secure a mutually agreeable resolution. Such contact must be recorded and the outcome shared with the Operations Coordinator via the dedicated feedback e-mail address.

It is likely that whilst the complainant may appreciate the General Manager (or appropriately skilled, designated other) reaching out in this manner, the formal resolution process will still need to be followed. Do not assume that a telephone conversation with the complainant will negate the requirement to fully investigate the raised concerns. Always confirm with the complainant the next steps in the process and obtain and record their thoughts and expectations.

## 2.1 Negative feedback/complaint resolution stages

- Stage 1 – this is the initial resolution stage and the investigation would typically be undertaken by the General Manager, or if the General Manager is implicated in the

feedback/complaint by another General Manager or a member of the operations regional team. When allocating responsibility for investigating the issues, care must be taken to ensure an appropriate senior member of the team will be available to undertake the Stage 2 investigation if required.

- Stage 2 – if the person providing the feedback is dissatisfied with the outcome of the stage 1 investigation (i.e. the way the investigation was undertaken or the conclusion(s) reached) they can request that the issues raised be re-considered by a more senior member of the Hallmark team. This could be a Regional Director/Regional Manager or the Care Quality, Governance and Compliance Director. Stage 2 resolution remains part of the internal process.
- Stage 3 – if, following a 2<sup>nd</sup> stage review, the person remains dissatisfied, they can forward their case onto the Local Authority Ombudsman or the Parliamentary Health Service Ombudsman (if the person is receiving continuing healthcare funding).

### 3. PURPOSE OF THE POLICY

The aim of this policy is to improve the service we provide to residents, their relatives and representatives, visitors, regulatory bodies and purchasing authorities (and anyone else coming into contact with the company).

The specific purpose of the policy is threefold:

1. To define how positive feedback will be received and shared amongst team members.
2. To define the process for submitting negative feedback/complaints and how such feedback will be managed (i.e. investigated) and how lessons will be learnt from such feedback.
3. To define how resident and relative surveys will be managed and how outcomes will be communicated and acted upon.

Hallmark Care Homes is committed to meeting the Company's obligations under statutory provisions; including the Health and Social Care Act 2008 (in England) and the Regulation and Inspection of Social Care (Wales) Act 2016 and under any purchaser agreements.

### 4. DUTIES

Hallmark Care Homes is committed to using feedback, including negative feedback/complaints, to affect and influence the quality of care delivery and the services we provide.

Hallmark Care Homes' senior managers will support and enable each home and team to develop an open and honest culture whereby residents and visitors feel freely able to raise concerns and provide comments on the service being provided, it being understood that any feedback is one of the most powerful tools in our business and is to be

encouraged. Lessons learnt in one service will be cascaded, as appropriate, to other Hallmark care homes to ensure improvements are consistently applied across the organisation.

General Managers will be responsible for:

- Ensuring that this policy is applied in full within their services.
- Ensuring that the homes Feedback compliance file and Feedback log are kept up to date and provide a robust audit trail to demonstrate the effective handling and management of negative feedback/complaints.
- Ensuring that all updates, communications etc. are shared in a timely manner with the Operations Coordinator via the dedicated feedback e-mail address [feedbacklog@hallmarkcarehomes.co.uk](mailto:feedbacklog@hallmarkcarehomes.co.uk)
- Ensuring that, on receipt of written negative feedback/complaint, an appropriately skilled team member makes contact with the complainant to fully understand their concerns and to ascertain whether early resolution can be achieved. Ideally this person should be the General Manager, however, the General Manager can delegate this task to another member of the senior management team but must be mindful that they retain accountability for the outcome of this conversation.
- Ensuring that investigations are undertaken when required and such investigations are comprehensive and robust in nature. Ensuring that lessons learnt are applied in a timely manner. Ensuring that people providing the feedback are provided with timely updates and outcomes.
- Ensuring appropriate and timely responses are made to feedback posted on an on-line review site.
- Ensuring that positive feedback is provide to the relevant team member(s) in a timely manner.
- Supporting and driving forward participation in team and stakeholder surveys.
- Supporting the participation in the relatives and resident surveys.
- Ensuring that outcomes of resident/relative surveys are communicated to residents/residents in an appropriate manner and that the outcome(s) influence the homes on-going improvement plans.
- Attending relevant complaints handling training as required by the Regional Director/Regional Manager.

The Care Quality, Governance and Compliance Director will be responsible for undertaking 2<sup>nd</sup> stage complaints investigations on request from the Regional Director/Regional Manager.

The Hallmark marketing team will be responsible for:

- Commissioning resident, relative and team surveys.
- Commissioning team and stakeholder surveys.
- Providing the General Manager and relevant Regional Director/Regional Manager with the outcomes of annual surveys.

- Ensuring the homes are provided with a poster (or similar) that will enable them to clearly display the outcomes of the annual surveys.

All team member(s) will be responsible for:

- Familiarising themselves with the content of this policy.
- Receiving feedback and escalating to the relevant team member.
- Dealing appropriately with received verbal feedback.
- Attending any relevant complaints handling training as required by the General Manager.

## 5. SCOPE OF THE POLICY

This policy is to be applied across all Hallmark Care Homes services without exception.

## 6. SPECIFIC DETAILS

### 6.1 Positive feedback

Positive feedback will be received and retained within the homes Feedback compliance file and will be logged on the homes Feedback log on CMT.

If the positive feedback has mentioned specific team members, this will be shared with the relevant team member(s) in a timely manner. Such positive feedback can, and should be used to support a nomination for a Hallmark Care Award.

Positive feedback should be used to influence service delivery and should be discussed at team meetings.

### 6.2 Negative feedback/complaints

Hallmark Care Homes is committed to providing the highest standard of care to the people who use our services. However, in the event that the service we provide falls short of expectations, we are fully committed to complete transparency which will include investigating and establishing what went wrong, providing a full response to the complainant and learning lessons that may involve developing and implementing new policies and processes to improve the service we provide.

We will view all instances of negative feedback/complaints, not only as a failure in our service provision but as an opportunity to learn lessons and improve the service we provide.

Both verbal and written negative feedback/complaints will be taken seriously and appropriate actions will be taken as defined in this policy document.

We will ensure our senior team members are fully trained and can manage and investigate negative feedback/complaints in an effective manner, identifying and implementing lessons and securing service improvements that will be for the benefit of the all residents.

Negative feedback/complaints can be received:

- Verbally – either face to face or via the telephone to the home or Central Support. In writing – by letter, email or fax to either the home or to Central Support.
- Via a post on an on-line review web-site.

Negative feedback/complaint must be made no later than 12 months after:

- The date the event occurred, or if later;
- The date the event came to the notice of the complainant.

However, this time frame will not apply if Hallmark Care Homes 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.

#### 6.2.1 Receipt of verbal negative feedback/complaints:

Verbal complaints or verbal negative feedback can be received by any team member at any time. Team members must bear the following in mind when receiving a verbal complaint or some verbal negative feedback:

- **Listen** – Let the person express their concern(s) fully.
- **Empathise** – How would you feel in a similar situation?
- **Stay calm** – Getting defensive or making excuses can cause the situation to escalate. Try to diffuse the situation by being calm and responsive to what the person is telling you.
- **Identify** - What the concern(s) is, what outcome the complainant is hoping for and who can help them.
- **Help** – Make sure the person has a copy of the complaints procedure, advise about advocacy services (if needed).
- **Record & report it** – make sure that any verbal complaint is recorded on a “negative feedback/complaints reporting form” (*Appendix 1*) which must be forwarded to the General Manager (or delegated other) for logging onto the home’s Feedback log on CMT.

#### Don’t:

- **Switch off or be dismissive** – acknowledge that the concern is important to the person raising it.
- **Get angry** – don’t be defensive and don’t take the complaint personally.

- **Blame others** – even if you feel the complaint has nothing to do with you or your colleagues do not blame others.
- **Pass the buck** -Take responsibility and assure the complainant that their concerns will be investigated and that they will receive a response (quoting the timeframes identified in this policy).
- **Confuse** – avoid using jargon and keep any explanation simple.

#### 6.2.2 The process to follow on receipt of a verbal negative feedback/complaint

Be polite and do not make comment as to the validity of the negative feedback/complaint (even if in your view it is unfounded or the complainant is wrong).

Note down the detail of the negative feedback/complaint; asking questions to ensure you have a full picture of the person's concerns. If necessary type the notes up so that the content and detail are clear. Complete a "negative feedback/complaints reporting form".

If possible, explore how immediate resolution can be achieved and take relevant action.

Consider whether the negative feedback/complaint details any issues that require immediate attention (e.g. a health and safety risk or safeguarding notification) and take steps to ensure this will be addressed as soon as possible. Any such need for action is of course separate from replying to the negative feedback/complaint under this policy.

If the negative feedback/complaint is received "out of hours", at the weekend or when the General Manager is on leave, the team member receiving the negative feedback/complaint must ensure that the General Manager is fully apprised of the negative feedback/complaint and response(s) given immediately following their return to work.

The General Manager will ensure that all relevant action(s) have been taken and will, if deemed necessary, make contact with the complainant to ascertain whether immediate resolution can be achieved.

A copy of both the notes and the reporting form will be retained for inclusion in the home's Feedback compliance file.

The homes Feedback log, on CMT, will be populated with details of the feedback. Send details of the verbal negative feedback/complaint to the Operations Coordinator via the dedicated feedback e-mail address [feedbacklog@hallmarkcarehomes.co.uk](mailto:feedbacklog@hallmarkcarehomes.co.uk) This information must be forwarded as soon as possible or in any event with 36 hours of receipt.

If relevant, and if immediate resolution cannot be achieved, the General Manager (or delegated other) will be responsible for undertaking an investigation into the identified concerns.

Full investigation notes will be retained including details of telephone conversations, meetings, emails and other correspondence. This information will be retained in the homes Feedback compliance file and will be shared with the Operations Coordinator via the dedicated e-mail address [feedbacklog@hallmarkcarehomes.co.uk](mailto:feedbacklog@hallmarkcarehomes.co.uk)

On completion of the investigation; the home's Feedback log, situated on CMT, will confirm whether the complaint has been:

- Substantiated
- Partially substantiated
- Not substantiated

The outcome of the investigation will also be forwarded to the Operations Coordinator via the dedicated e-mail address [feedbacklog@hallmarkcarehomes.co.uk](mailto:feedbacklog@hallmarkcarehomes.co.uk)

### 6.2.3 Receipt of written negative feedback/complaints

Written complaints will either be received directly into the home or into Central Support by the Operations Coordinator (if in letter or e-mail form) or by the Marketing Team if through an on-line site.

#### 6.2.3.1 Written negative feedback/complaints received by the home

Written pieces of negative feedback/complaints received by the home will be managed by the General Manager. If the General Manager is not available; i.e. is on leave, the complaint/negative feedback will be assessed by the relevant Regional Manager or Regional Clinical Care Manager who will allocate to an appropriate skilled and experienced person to investigate.

On receipt of a letter that details, or includes, negative feedback/complaint about Hallmark Care Homes or a specific home (even where the complaint is not the main point of the letter) a "negative feedback/complaints reporting form" must be completed. This form, along with the original letter and any future correspondence must be sent to the Operations Coordinator via the dedicated e-mail address [feedbacklog@hallmarkcarehomes.co.uk](mailto:feedbacklog@hallmarkcarehomes.co.uk). This information must be forwarded as soon as possible or in any event with 36 hours of receipt.

Retain a copy of the letter and the negative feedback/complaints reporting form for inclusion in the home's Feedback compliance file.

If possible, make contact via telephone with the complainant, advising them that you are in receipt of their negative feedback/complaint and notify them of the next steps. Advise the complainant that you wish to fully understand their concerns and, if appropriate, to secure a mutually agreeable resolution. Such contact must be recorded and the outcome shared with the Operations Coordinator via the dedicated feedback e-mail address [feedbacklog@hallmarkcarehomes.co.uk](mailto:feedbacklog@hallmarkcarehomes.co.uk)

Consider whether the negative feedback/complaint details any issues that require immediate attention (e.g. a health and safety risk or safeguarding notification) and take steps to ensure this will be addressed as soon as possible. Any such need for action is of course separate from replying to the complaint under this policy. An acknowledgement letter must be sent to the complainant with 48 hours of receipt of the written negative feedback/complaint.

The General Manager or designated investigating officer will commence an investigation into the negative feedback/complaint.

Full investigation notes will be retained including details of telephone conversations, meetings, emails and other correspondence. This information will be retained in the homes Feedback compliance file and will be shared with the Operations Coordinator via the dedicated feedback e-mail address [feedbacklog@hallmarkcarehomes.co.uk](mailto:feedbacklog@hallmarkcarehomes.co.uk) This will provide a robust audit trail of how the negative feedback/complaint was managed.

Investigation notes etc. will be shared with other members of the Hallmark senior management team as directed by the relevant Operations Director.

On completion of the investigation; the home's Feedback log, situated on CMT, will confirm whether the complaint has been:

- Substantiated
- Partially substantiated
- Not substantiated

The outcome of the investigation will also be forwarded to the Operations Coordinator via the dedicated e-mail address [feedbacklog@hallmarkcarehomes.co.uk](mailto:feedbacklog@hallmarkcarehomes.co.uk)

#### 6.2.3.2 Written negative feedback/complaints received by the Operations Administration Assistant at Central Support

Negative feedback/complaints received into Central Support by letter or e-mail will be forwarded to the Operations Coordinator who will notify the General Manager and Operations Director that such feedback has been received. The Operations Coordinator will send out an acknowledgement letter to the complainant (timescales as above).

The General Manager will be responsible for ensuring that contact is made with the complainant to fully understand their concerns and to ascertain whether resolution can be achieved.

The outcome of this conversation will be recorded and the notes shared with the Operations Coordinator via the dedicated e-mail address [feedbacklog@hallmarkcarehomes.co.uk](mailto:feedbacklog@hallmarkcarehomes.co.uk)

The Operations Coordinator will liaise with the Operations Director and a decision will be made as to whether members of the Executive Leadership Team should be made aware of the negative feedback/complaint.

The Operations Coordinator will complete a negative feedback/complaints reporting form summarising the content of the letter and action(s) taken (*Appendix 1*).

The General Manager will be provided with a copy of the letter and a copy of the negative feedback/complaints reporting form. This will enable the General Manager to see action(s) taken thus far.

The General Manager (or other designated investigating officer) will commence an investigation into the complaint.

Negative feedback received via "Hello Avnish" will be received by the Managing Directors Executive Assistant. Such feedback will be forwarded onto the Managing Director who will either respond directly or allocate to a relevant Board member for a response and action. Negative feedback received via this e-mail will be managed in the same manner as other written negative feedback/complaint.

#### 6.2.3.3 Written complaints received through an on-line review by the Marketing Team at Central Support

Negative feedback/complaints received into Central Support via an on-line review site will be received by the Marketing Team, who will notify the General Manager and Operations Director that such feedback has been received. If the General Manager is aware of whom the complainant is (or if this can be ascertained via CareSys) they are to make contact and discuss the complaint/negative feedback off-line.

The General Manager is to draft an initial response within seven (7) days if the feedback was received via carehome.co.uk (as time is given by carehome.co.uk to respond before feedback goes "live"). The proposed response will be agreed by the relevant Operations Director and the Marketing Team and will be posted by the Marketing Team. If the feedback has appeared on any other review site, the General Manager should draft a response within 48 hours, which again will be reviewed by the Operations Director and the Marketing Team and posted by the Marketing Team.

If the complainant is unknown, an attempt will be made to obtain contact details via the review site, and the conversation will be taken off-line and a feedback e-mail address will be provided ([feedback@hallmarkcarehomes.co.uk](mailto:feedback@hallmarkcarehomes.co.uk)). This e-mail address is monitored by the Senior Marketing Officer and the Business Executive Assistant. If the post is inaccurate or unfair, the Marketing Team will attempt to have the post removed.

Once contact details have been received, it is the responsibility of the General Manager to investigate as detailed in this policy and follow up with the complainant directly.

If contact details are not acquired, the issue should be investigated as detailed in this policy, but no further posts will be made after the initial response, unless deemed necessary.

All on-line negative feedback/complaints are recorded by the Senior Marketing Officer and stored on the P: drive.

#### 6.2.4 Timescales for responding to negative feedback/complaints

Negative feedback/complaints must be dealt with in a timely manner and whilst Regulator, statutory and commissioner's timescales differ, our service standard is:

On receipt of a negative feedback/complaint, an acknowledgement letter will be sent to the complainant. This acknowledgement letter will be sent within 48 hours of receipt of the negative feedback/complaint. This letter will include details of discussions thus far and expected resolution timescales.

A full response, including details of the investigation undertaken and the outcome, will be provided to the complainant within twenty-eight (28) days of receipt of the negative feedback/complaint.

The person investigating the negative feedback/complaint will draft the final response letter which will be reviewed by the Regional Manager/Regional Clinical Care Manager prior to posting.

A copy of the final resolution letter must be retained in the home's Feedback compliance file and shared with the Operations Coordinator via the dedicated e-mail address [feedbacklog@hallmarkcarehomes.co.uk](mailto:feedbacklog@hallmarkcarehomes.co.uk)

In complex cases, a full investigation and outcome may not be possible within 28 days. If this is the case, a holding letter will be sent to the complainant (prior to the 28-day time limit) advising them of the reason(s) for the delay and reassuring them that the investigation, whilst on-going, will be concluded in due course.

The holding letter must be written by the person investigating the negative feedback/complaint.

A copy of the holding letter will be retained in the homes Feedback compliance file.

If the investigation is particularly protracted holding letters can, and will, be sent every fourteen (14) days until the conclusion of the investigation.

In the event of a protracted investigation, where the standard 28-day response timescale could not be met, a full written response will be sent to the complainant within five (5) working days of the conclusion of the investigation.

#### 6.3 Format for complaint letter responses

Copies of all correspondence, whether drafted by the General Manager, Regional Manager/Regional Clinical Care Specialist or Operations Coordinator will be retained in the

homes Feedback compliance. This will provide a robust audit trail of both response timescales and the quality of responses.

### 6.3.1 Detailed response letter

To be used either where a response can be provided immediately or following investigation.

This letter must:

- State what we believe the concern(s) to be
- Respond to the concerns one by one
- Offer opportunity for the complainant to contact the writer to discuss/address any further questions.
- Include a statement that, if the complainant is dissatisfied with the response to the negative feedback/complaint, they may refer their complaint to a more senior team member (i.e. “stage 2”).
- State whether the negative feedback/complaint (or individual sections of the negative feedback/complaint), have been found to be:
  - Substantiated
  - Partially substantiated
  - Not substantiated

If the negative feedback/complaint (or section(s) of the negative feedback/complaint) are found to be “not substantiated” the response letter must make reference to the evidence considered to support this judgement. Such a conclusion should be presented sensitively and is potentially better fed back in person and then followed up in writing.

If the negative feedback/complaint, or section(s) of the complaint are found to be substantiated or partially substantiated, consideration should be given to sharing with the complainant any lessons that have been learnt as a result of their concerns being raised and what improvements are going to be implemented.

The final response letter must always acknowledge the opportunity that has been provided, by the person raising their concerns, for Hallmark Care Homes to examine and review processes and make relevant improvements.

All negative feedback/complaint responses must be copied to the relevant Regional Manager/Regional Clinical Care Specialist and the Operations Administration Assistant.

### 6.4 Follow-up meetings

It may be desirable, during the investigation phase, to hold a meeting or regular meetings with the complainant to discuss the issue(s) and keep them apprised of the investigation process. Detailed notes should be made immediately after such meetings (and copies retained in the Feedback compliance file) and any further concerns/complaints should be treated as any other negative feedback/complaint and dealt with in accordance with this policy.

## 6.5 Stage 2 resolution

If, following the conclusion of the initial investigation, the complainant remains dissatisfied with either the way in which the investigation was conducted or its conclusion, they can request a “stage 2 consideration”. This involves a more senior member of the team re-looking at the initial negative feedback/complaint, how the investigation was undertaken and re-examining the evidence on which the initial judgement was based. On its conclusion, the 2<sup>nd</sup> stage investigation will provide the complainant with a full and detailed response detailing whether the outcome of the initial investigation has been fully, partially or not upheld.

Hallmark Care Homes will aim to conclude a 2<sup>nd</sup> stage review within 28 days of acceptance, however, if this is not possible due to the complexity of the case or the availability of key witnesses, holding letter(s) will be provided to the complainant as described earlier in this policy.

Following conclusion of a stage 2 investigation and prior to the response being sent to the complainant; a conference call will be held with relevant members of the Hallmark Executive Leadership Team. This call will be to discuss the outcome of the 2<sup>nd</sup> stage investigation, what lessons could be learnt, the level of Hallmark team liability in what went wrong and to agree on whether financial retribution is indicated.

## 6.6 Stage 3 resolution – Ombudsman (LGO/PHSO)

If a complainant remains dissatisfied with the outcome following a stage 2 complaint investigation, they may refer their complaint to either the Local Government Ombudsman (LGO) or Parliamentary Health Service Ombudsman and request that their case be reviewed.

The LGO provides a free and independent service, available to those residents who self-fund their care, have arranged it themselves with a personalised budget, as well as those who have been funded by the Local Authority.

The PHSO provides a similarly free and independent service for those receiving NHS continuing healthcare – the name given to a package of care that is arranged and funded solely by the NHS for those individuals whom, whilst not in hospital, nonetheless have complex, ongoing healthcare needs.

Before investigating any complaint, the Ombudsman will ensure that the care provider knows about the complaint and has had a reasonable opportunity to investigate and respond to it. If the Ombudsman’s investigator believes this has not happened, they will refer the complaint back to Hallmark Care Homes to complete our own investigation.

If the complainant stills remains dissatisfied after all avenues of internal complaint resolution have been followed and exhausted, the Ombudsman may undertake their own independent review of the case and may request copies of all Hallmark Care Homes

investigation documentation. The Ombudsman may also visit the home to interview team members involved in the case before reaching a decision as to whether or not there are grounds for further action.

Team members will afford the Ombudsman full and courteous co-operation with any investigation. General Managers will immediately inform their Regional Director/Regional Manager on receipt of any correspondence from the Ombudsman.

#### 6.7 Handling of persistent or vexatious negative feedback/complaints

Services will, from time to time, come into contact with a small number of complainants who absorb a disproportionate amount of team resource in dealing with their complaints. It is important to identify those situations in which a complainant might be considered to be persistent and to suggest ways of responding to those situations which are fair both to team members and complainant.

Handling persistent complainants places a great strain on time and resources and causes undue stress for the resident and team who may need extra support. A persistent complainant should be provided with a response to their genuine grievances and be given details of independent advocacy services.

Although team members are trained to respond with patience and empathy to the needs of all complainants, there can be times when there is nothing further which can reasonably be done to assist the complainant or to rectify a real or perceived problem.

In determining arrangements for handling such complainants, team members are presented with the following key considerations:

Ensure that the negative feedback/complaints process has been correctly implemented as far as possible and that no material element of the feedback/complaint has been overlooked or inadequately addressed.

Appreciate that habitual complainants believe they have grievances which contain some genuine substance.

Ensure a fair, reasonable and unbiased approach.

Identify the stage at which the complainant has become habitual.

Give very early consideration to implementing a management plan for the handling of the complainants concerns thereby affording them the opportunity to discuss their concerns in an agreed forum and at predetermined times. This will allow team members to better manage and address/resolve the issues without the associated problems posed by, for example, numerous emails/letters and with the person being suitably and further assured that their concerns are being taken seriously.

Ensure that a complainant meets the minimum criteria to be classified as a habitual complainant. Complainants (or anyone acting on their behalf) may be deemed to be persistent or habitual where previous or current contact with them shows they meet at least **two** of the following criteria:

- Persistent in pursuing a complaint where the complaints process has been fully and properly implemented and exhausted.
- Seek to prolong contact by changing the substance of a complaint or continually raising new issues and questions when the complaint is being addressed. (Care must be taken not to discard new issues which are significantly different from the original complaint. These might need to be addressed as separate complaints).
- Are unwilling to accept documented evidence of treatment given as being factual e.g. medication administration records, medical records, nursing notes etc.
- Deny receipt of an adequate response despite evidence of correspondence specifically answering their questions.
- Do not accept that facts can sometimes be difficult to verify when a long period of time has elapsed.
- Do not clearly identify the precise issues which they wish to be investigated, despite reasonable efforts by team members or independent advocacy, to help them specify their concerns, or where the concerns identified are not within the remit of the service to investigate.
- Focus on a trivial matter to an extent which is out of proportion to its significance and continue to focus on this point. (Determining what a “trivial” matter is can be subjective and careful judgement must be used in applying this criteria).
- Have, in the course of addressing a registered complaint, had an excessive number of contacts with the service placing unreasonable demands on the team. (A contact may be in person or by telephone, letter, email or fax. Discretion must be used in determining the precise number of “excessive” contact applicable under this section using judgement based on the specific circumstances of each individual case).
- Are known to have recorded meetings or face to face/telephone conversations without the prior knowledge of and consent of the other parties involved.
- Display unreasonable demands or expectations and fail to accept that these may be unreasonable (e.g. insist on responses to complaints or enquiries being provided more urgently than is reasonable or normal recognised practice).
- Have threatened or used actual physical violence towards team members or their families or associates at any time – this in itself will cause personal contact with the complainant or their representatives to be discontinued and the complaint will, thereafter, only be contacted through written communication.
- Have harassed or been personally abusive or verbally aggressive on more than one occasion towards team members dealing with their complaint or their families or associates. (Team members must recognise that complainants may sometimes act out of character at times of stress, anxiety or distress and should make reasonable allowances for this).

## 6.8 Investigations

An investigation is a fair and unbiased method of collecting evidence regarding allegations made against a team member, team members or a specific service. An investigation is undertaken prior to any formal action being considered; it gives the investigating officer the opportunity to consider and explore the allegations and concerns raised and for people who may be implicated to provide their responses. Investigations are always confidential.

Hallmark team members, who are tasked with undertaking investigations, will receive relevant training to ensure they have the necessary skills to undertake fair, robust investigations and will be supported throughout the process by their line manager.

Typically, the initial investigation into negative feedback/complaint will be undertaken by the General Manager. However, in the event of the General Manager being implicated in the negative feedback/complaint, or if the General Manager is not available, or there is no General Manager in post, the relevant Regional Manager/Regional Clinical Care Manager will either undertake the investigation or delegate the task to a suitably experienced and trained other.

When allocating an investigating officer to undertake an initial negative feedback/complaints investigation, thought must be given to who would undertake the 2<sup>nd</sup> stage investigation if one was required.

2<sup>nd</sup> stage complaints investigations will always be undertaken by a senior team member. If the General Manager undertook the initial investigation, this would be either the Regional Manager/Regional Clinical Care Manager or the Care Quality, Governance and Compliance Director who would undertake the 2<sup>nd</sup> stage investigation.

### 6.8.1 Principles of investigation

When planning and conducting an investigation the following points must be followed:

- Obtain a clear picture of what the issue(s) are. If possible speak to the complainant and ensure you have fully understood their concerns.
- Develop an “investigation plan”. This will enable you to list each concern and identify how you are going to investigate; i.e.
  - Document review (care plan, MAR, daily records)
  - Team interview
  - Witness statements
- Always plan interview questions.
- Take notes of interviews – it may be helpful to use a note taker so no information is lost.
- Before concluding the investigation; go back to the investigation plan to ensure each concern has been fully addressed and that you have sufficient evidence on which to make a judgement.

- If there are on any points on which a judgement cannot be made (due to insufficient evidence); reconsider whether every evidence source has been explored.

**If you feel you are not the correct person to investigate a complaint you should raise this with your line manager immediately.**

*(Ref: Investigation policy).*

#### 6.9 Formal notifications/Duty of Candour

During the investigation into a negative feedback/complaint it may become apparent that a formal notification needs to be made to CQC or CIW, to the local authority safeguarding team or to the Nursing and Midwifery Council. Hallmark Care Homes will make such notifications in a timely manner and will uphold the Duty of Candour as defined by Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### 6.10 Feedback compliance file

Each home will have a Feedback compliance file which should contain all the information about any negative feedback/complaint received, copies of correspondence, details of the investigation and the outcome. The feedback compliance file should also contain a copy of the Feedback policy.

In accordance with statutory obligations, a record must be kept of all negative feedback/complaints received under investigation including conclusions reached and actions taken.

Records should be kept for ten (10) years.

#### 6.11 Feedback log situated on CMT

All feedback, whether positive or negative will be recorded on the homes Feedback log on CMT. The Feedback log alongside the Feedback compliance file will provide a robust overview of how feedback has been managed and the lessons that have been learnt and improvements that have been made as a result of people's feedback. The content of the Feedback log will be monitored via the weekly "compliance calls" which are chaired by either the Operations Director.

#### 6.12 Confidentiality

All details relating to the negative feedback/complaint and the investigation must remain confidential between the participants as must the contents of the Feedback compliance file. However, under legislation, the Care Quality Commission and CSSIW can access the Feedback compliance file and its contents.

### 6.13 Learning from negative feedback/complaints

All substantiated or partially substantiated complaints will lead to the identification of improvements and any lessons learned must be cascaded throughout the company. Regional Directors/Regional Manager and the Care Quality, Governance and Compliance Director will monitor and report on trends and actions required to continually improve the services we provide to the Executive Leadership Team.

### 6.14 Formal feedback (i.e. resident and relative surveys)

Formal feedback will be sought from residents and relatives on an annual basis. These surveys will be undertaken by an external agency and will be confidential in nature.

The time table for the surveys will be determined by the Hallmark marketing team who will commission the relevant agency to commence the survey.

Surveys will be circulated by the external agency who will receive the responses and collate a “dashboard” for each home. This dashboard will define the questions asked and the responses provided. A copy of the dashboard will be provided to each member of the Executive Leadership Team and will be discussed at the relevant Board meeting.

The General Manager will share the outcome(s) of the survey(s) with their team members and will make robust plans to address any identified issues. Action(s) to be taken will be captured on the homes action plan which is situated on CMT and application of the identified actions will be monitored by the relevant Regional Director/Regional Manager.

Any safeguarding or serious issues identified within the “verbatim” section of the survey(s) will be immediately raised by the external survey team with an appropriate Hallmark team member. Such comments will be addressed in an appropriate and timely manner by the relevant General Manager.

The Hallmark marketing team will support the home to present the outcome(s) of the survey in a format that is accessible to residents, relatives and visitors. This feedback will identify what was said and what the home is doing/has done to address the identified issue.

The General Manager will also share the outcome of the survey(s) with residents and relatives at appropriate meetings.

## 7. TRAINING AND OTHER RESOURCE IMPLICATIONS

On release, this policy will be identified as a “policy of the month” and as such will be discussed at team meetings.

Team members who are responsible for handling and investigating negative feedback/complaints will receive relevant training. This training will include the principles of investigations and root cause analysis.

Team members will be further made aware of their responsibilities for receiving and handling feedback via team meetings and individual or group supervisions/awareness sessions.

Lessons learnt from feedback will be discussed at team meetings.

## 8. APPENDIX 1 – NEGATIVE FEEDBACK/COMPLAINTS REPORTING FORM

*This form is to be completed on receipt of any negative feedback/complaint, whether it be verbal or written.*

*The form plus a copy of the feedback (if written) is to be forwarded to the Operations Administration Assistant within 36 hours of receipt of the feedback.*

*Ensure that all sections of the form are completed.*

*Retain a copy of this form and the original feedback letter/e-mail for inclusion in the homes Feedback compliance file.*

Home:	
Date and time feedback received:	
Team member receiving the feedback (name):	
Designation of the team member receiving the feedback:	
Feedback provided by (name):	
Feedback provided by resident/relative/other (if "other" state relationship with resident):	
Feedback type (written/verbal)	
Feedback category (Category1, 2 or 3):	
Immediate steps taken (please provide full details):	
If feedback not received by General Manager, please provide the date the General Manager was made aware of the feedback:	
Date details of the feedback was captured on the homes Feedback log:	