
Feedback procedure

How we will manage
both positive and
negative feedback,
learn lessons and
meet the
expectations of
complainants

Nick Banister-Dudley, Head
of Compliance

Policy number	HCH/NBD/OPS/65
Version number	2
Date of issue	02/10/2023
Date for review	01/10/2026
Author	Head of Compliance
Ratified	Care Quality, Governance and Compliance
Outcome	<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>Those that wish to give us feedback, will be fully aware of how to do so and will be supported and encouraged during the process.</p>
References	<ul style="list-style-type: none"> • <u>Health and Social Care Act 2008</u> • <u>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</u> • <u>Care Quality Commission (Registration) Regulations 2009</u> • <u>Principles of good complaints handling</u> (Parliamentary and Health Service Ombudsman) • <u>Complaints resources for adult social care providers</u> (Local Government and Social Care Ombudsman) • <u>Regulation and Inspection of Social Care (Wales) Act 2016</u> • <u>The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017</u> and statutory guidance • <u>Information for independent care providers</u> (Public Services Ombudsman for Wales) • <u>How to complain about a health or social care service</u> (Care Quality Commission) • <u>Help to make a complaint</u> (Healthwatch UK)

If you have any comments or suggestions about this procedure, please email:
nick.banister-dudley@hallmarkcarehomes.co.uk

Contents

• Equality & Diversity statement	4
• Hallmark’s vision	4
1. Introduction	5
2. Definitions	5
3. Purpose of the procedure	6
4. Scope of the procedure	6
5. Specific details	6
5.1 Positive feedback	6
5.2 Suggestions	7
5.3 Negative feedback/complaints	7
5.3.1 Receipt of verbal negative feedback/complaints	8
5.4 Stage 1	8
5.4.1 Acknowledgement and investigation	8
5.4.2 Extension to response timescale	8
5.4.3 Response	9
5.5 Follow up meetings	9
5.6 Stage 2 review	9
5.7 Review/resolution via the Ombudsman	10
5.7.1 England	10
5.7.2 Wales	11
5.8 Our regulators	
5.9 Unreasonable complaint behaviour	
5.10 Confidentiality	
5.11 Learning lessons	
 Appendix 1 – Information on advocacy and advice services	

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.

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.

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/complaints 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: Positive feedback is an expression of thanks to an individual team member or to the team as a whole. Positive feedback identifies areas of good practice. 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. Positive feedback can be received verbally or in writing (card, letter, e-mail or through an on-line review website).

Negative feedback: 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/complaints can be defined as 'an expression of dissatisfaction about a service that requires a response'. Any such feedback, whether it is of minor concern 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/complaints 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/complaints will be handled in the same manner as 'owned' feedback i.e., feedback received from an identifiable individual.

All negative feedback/complaints will be classified as either:

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

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.

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 complainants concerns and, if appropriate, to secure a mutually agreeable resolution.

3. PURPOSE OF THE PROCEDURE

The aim of this procedure is to ensure that people are aware of how to make suggestions, give positive feedback and make a complaint.

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

4. SCOPE OF THE PROCEDURE

This policy is to be applied across all Hallmark Care Homes services without exception, including the Central Support office. This policy applies to feedback received from residents, relatives or visiting professionals. The Company expectations with regards to feedback from team members, are detailed in our Grievance and Whistleblowing policies.

5. SPECIFIC DETAILS

5.1 Positive feedback

Positive feedback will be received, uploaded, and documented on the homes governance system. General Manager's will also acknowledge positive feedback, state how it will be shared and (where applicable) how the team member(s) will be recognised. If the positive

feedback has mentioned specific team members, this will be shared with the relevant team member(s) in a timely manner.

Positive feedback will be used to influence service delivery and discussed at team meetings. Positive feedback will also be shared across the organisation if it is regarding an initiative or process that could improve care delivery in other homes.

5.2 Suggestions

We understand that people may have suggestions on areas that we could improve, without wanting to make a complaint. We welcome all suggestions that could improve the service we offer. Suggestions can be raised with any member of the Hallmark team. Suggestions will be logged and actions in response to these, will be taken and documented.

5.3 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.

We make all people involved with our care homes aware of how to share concerns with us, via this policy which is on our website [here](#) and via Resident's guides. Each home will have a 'How to make a complaint' poster displayed in the reception area. This gives complainants the details of key contacts, both internal and external, who have a key role in the feedback process.

If a complaint alerts us to possible abuse or neglect, we will tell the Council's adult safeguarding team. The safeguarding team will decide how to investigate and monitor outcomes.

We understand that raising concerns or giving negative feedback can be difficult for some people. As such, it is the expectation that all those involved with the feedback process are aware of advocacy services that can assist complainants. More information on these services is available in [appendix 1](#).

Both verbal and written negative feedback/complaints will be taken seriously and appropriate actions will be taken as defined in this procedure. In the case of anonymous feedback, this will be handled in the same manner as 'owned' feedback i.e., it will be investigated and logged/recorded, even though it will not be possible to formally respond to the complainant.

If category 3 feedback is received it is hoped that this can be dealt with informally by the General Manager, or another senior team member in the home, by taking immediate action

to resolve the concern. If not, it will be handled in line with stage 1 of this policy.

If category 1 or 2 feedback is received, this will be dealt with in line with stage 1 of this policy ([see section 5.4](#)).

5.3.1 Receipt of verbal negative feedback/complaints

Verbal complaints or verbal negative feedback can be received by any team member, at any time.

If possible, our team members will explore how immediate resolution can be achieved and take the relevant action. They will also consider whether the negative feedback/complaint details any issues that require immediate attention 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 procedure.

If the negative feedback/complaint is received outside of business hours i.e., during the evening or at the weekend the team member receiving the negative feedback/complaint will ensure that the General Manager (or their nominee) is fully apprised of the negative feedback/complaint and response(s) given immediately, and no later than the next working day.

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.

5.4 Stage 1

If feedback has been unable to be resolved informally, or if it is rated as category 1 or 2, stage 1 of this procedure will be initiated.

If possible, the General Manager will make contact with the complainant via telephone, advising them that they are in receipt of the negative feedback/complaint and notify them of the next steps.

5.4.1 Acknowledgement and investigation

An acknowledgement letter will be sent to the complainant within 48 hours of receiving the negative feedback/complaint.

The General Manager, or designated investigating officer, will commence an investigation into the negative feedback/complaint. This should be completed, and a response sent, within 28 days from the date the complaint was received.

5.4.2 Extension to response timescale

In complex cases, a full investigation and outcome may not be possible within 28 days. If this is the case, the General Manager will write to the complainant, advising them of the

reason(s) for the delay and the new date for completion.

5.4.3 Response

On completion of the investigation, a detailed response letter will be written. This will include each area/concern investigated, the evidence reviewed, the findings and a conclusion. The possible conclusions are:

- Not substantiated: the investigation into this area either found that there was no evidence of wrongdoing, or no evidence of the concern raised by the complainant.
- Partially substantiated: the investigation into this area found that there was evidence of wrongdoing, but this either did not have a negative effect on anyone or did not happen as the complainant stated.
- Substantiated: the investigation into this area found that there was either evidence of wrongdoing, or of the concern raised.

Investigating officers will give complainants the opportunity to discuss the outcome of an investigation. This stage 1 response letter will then make the complainant aware of their right to request a 2nd stage review under [section 5.6](#) of this procedure.

5.5 Follow up meetings

It may be desirable, during the investigation to hold a meeting, or regular meetings, with complainants to discuss the issue(s) and keep them apprised of the investigation process. It may also be appropriate, and in some cases necessary, for the investigating officer to meet with the complainant upon the conclusion of their investigation. This meeting will give the complainant the opportunity to discuss the investigation process and findings.

5.6 Stage 2 review

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 review'. This involves a more senior, independent, 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 conclusion was based, as well as the conclusion itself.

A request for a stage 2 review must be initiated by the complainant within the timeframes referred to in [section 2](#) of this policy i.e., 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.

Requests for a 2nd stage review should be acknowledged within 48 hours of receiving the

request. The designated investigating officer will commence an investigation into the negative feedback/complaint. This should be completed, and a response sent, within 28 days from the date the request for a review was received. If more time is needed, complainants will be informed of this, see [section 5.4.2](#). The guidance given in [section 5.5](#) also applies throughout the 2nd stage review process.

On completion of the investigation, a detailed response letter will be written. This will include each area/concern investigated, the evidence reviewed, the findings and a conclusion. The possible conclusions at a 2nd stage review are:

- Not upheld: Based on the evidence reviewed, the findings of the 1st investigation are not accurate and are not upheld.
- Partially upheld: There was some evidence to suggest that the original findings or conclusions were incorrect or inaccurate.
- Upheld: The finding(s) of the 1st stage investigation are accurate and are upheld.

This letter will also make the complainant aware that the internal feedback process is concluded and of their right to request a review of their complaint, by the relevant Ombudsman, under [section 5.7](#) of this procedure.

5.7 Review/resolution via the Ombudsman

If a complainant (i.e., a resident or relative) is dissatisfied with the outcome following a complaint investigation, they may refer their complaint to the relevant Ombudsman and request that their case be reviewed. Before investigating any complaint, the Ombudsman will ensure that we know about the complaint and have 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. This would usually be following the conclusion of the stage 2 review process.

If the resident is funded by a Council or Local Authority, they should contact that body on the conclusion of our internal process.

5.7.1 England

The Local Government and Social Care Ombudsman (LGSCO)

The LGSCO provides a free and independent service, available to those residents (and their representatives) who self-fund their care, as well as those who are funded by a Local Authority.

In most cases, the LGSCO cannot investigate if the complainant has not:

- complained to them within 12 months of becoming aware of the matter
- been directly affected by the matter

The LGSCO can be contacted using the details below:

Local Government and Social Care Ombudsman
PO Box 4771
Coventry

CV4 0EH
Telephone: 0300 061 0614
Website: www.lgo.org.uk/adult-social-care/

Parliamentary and Health Service Ombudsman (PHSO)

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.

The PHSO can be contacted using the details below:

Parliamentary and Health Service Ombudsman
Citygate
Mosley Street
Manchester
M2 3HQ
Telephone: 0345 015 4033
Email: phso.enquiries@ombudsman.org.uk
Website: <https://www.ombudsman.org.uk/making-complaint>

5.7.2 Wales

The Public Services Ombudsman for Wales (PSO) has legal powers to investigate complaints about public services and independent care providers in Wales.

Complaints should be made to the PSO within 12 months of the complainant becoming aware of the matter they are complaining about.

The PSO can be contacted using the details below:

Public Services Ombudsman for Wales
1 Ffordd yr Hen Gae, Pencoed
CF35 5LJ
Telephone: 0300 790 0203
Email: ask@ombudsman.wales
Website: <https://www.ombudsman.wales/how-to-complain/>

5.8 Our regulators

Our homes are registered with and regulated by the Care Quality Commission (CQC) in England and Care Inspectorate Wales (CIW) in Wales. The regulators are not complaint handling bodies but are happy to receive information about our services at any time.

You can contact the CQC about any of our homes in England, using the details below:

CQC National Customer Service Centre
Citygate

Gallowgate
Newcastle upon Tyne
NE1 4PA
Telephone: 03000 616161
Email: enquiries@cqc.org.uk
Website: www.cqc.org.uk

You can contact CIW about any of our homes in Wales, using the details below:

Care Inspectorate Wales
Welsh Government office
Sarn Mynach
Llandudno Junction
LL31 9RZ

Telephone: 0300 7900 126
Email: CIW@gov.wales
Website: www.careinspectorate.wales

5.9 Unreasonable complaint behaviour

We understand that making a complaint can be an emotive and worrying experience. We will always foster a supportive and encouraging approach so that complainants are able to raise their concerns appropriately.

However, in a minority of cases people pursue their complaints in a way that is unreasonable. They may behave unacceptably or be unreasonably persistent in their contact and with the submission of information. This can impede investigating their complaint and can have significant resource issues.

Unreasonable and unreasonably persistent complainants are those complainants who, because of the nature or frequency of their contact with us, hinder our consideration of their, or other people's, complaints. Persistent complainants are distinguished from unreasonably persistent complainants. We understand that many complainants will be keen to understand how an investigation is progressing, especially when it concerns a loved one. As mentioned previously, we will foster a supportive approach and assure all complainants that the investigation into their concerns will be finalised as soon as is practicable (usually within 28 days).

Examples of unreasonable actions or behaviours may include:

- Refusing to specify the grounds of a complaint, despite offers of help.
- Refusing to cooperate with the investigation process.
- Refusing to accept that certain issues are not within the scope of the feedback procedure.
- Insisting on the complaint being dealt with in ways which are incompatible with the adopted feedback procedure or with good practice.

- Making unjustified complaints about team members who are trying to deal with the issues and seeking to have them replaced.
- Changing the basis of the complaint as the investigation proceeds.
- Denying or changing statements made at an earlier stage.
- Introducing trivial or irrelevant new information at a later stage.
- Raising many detailed but unimportant questions, and insisting they are all answered.
- Submitting falsified documents from themselves or others.
- Adopting a 'scatter gun' approach i.e., pursuing parallel complaints on the same issue with various organisations.
- Making excessive demands on the time and resources of team members with lengthy phone calls, emails, or detailed letters every few days, and expecting immediate responses.
- Submitting repeated complaints with minor additions/variations that the complainant insists make these 'new' complaints.
- Refusing to accept the decision; repeatedly arguing points with no new evidence.
- Harassment, bullying, aggression or being personally abusive 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 because of stress, anxiety or distress and should make reasonable allowances for this).
- Threatening and physical violence towards team members, their families, or associates. 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.

5.9.1 Actions which can be taken in response to unreasonable complaint behaviour

The following actions may be considered in response to unreasonable complaint behaviour and put into place:

- If our investigation (stage 1 and 2) into the complaint has ended and we have referred a complainant to the relevant Ombudsman, we may end all further communication with the complainant. In these circumstances, we will tell the complainant that future correspondence will be read and placed on file but not acknowledged, unless it contains new, material information.
- Offering a complainant, the opportunity to meet with a Senior team member and the investigating officer to explore the scope for a resolution of the complaint and explain why their current behaviour is seen as unreasonable.
- Sharing our policy with a complainant and warning them that restrictive actions may need to be applied if their behaviour continues.
- Helping the complainant to find a suitable independent advocate, especially if the complainant has different needs.
- If an investigation is still ongoing, and as a last resort, it may be necessary to restrict a complainant's access to the investigating officer or other team members. This could take the form of placing limits on the number/duration of contacts, limiting the complainant to one medium of contact, requiring the complainant to liaise with one specified team member or refusing to investigate further complaints about the same issue(s). Taking action such as this, would not be done so lightly.

Any actions taken in response to unreasonable complaint behaviour will be approved by a member of the Executive Leadership Team, prior to being introduced. The complainant will be informed, in writing, of any limits/restrictions, the reason for these, when they will be reviewed and who they can contact to appeal or have the restrictions reviewed. Should a review be requested, this will be undertaken by another senior team member, who has not previously been involved with the decision to impose limits or restrictions.

Any actions which restrict a person's access to the organisation will have a specified review date. Any limits or restrictions will be lifted, and relationships returned to normal, unless there are good grounds to extend them. Complainants subject to any limits or restrictions will be notified of the outcome of any review into these. If limits or restrictions are to continue, we will notify the complainant of this, our reasons for this and when the limits/restrictions will next be reviewed. They will also be informed of who they can contact to appeal or have the restrictions reviewed. This review will be undertaken by another senior team member, who has not previously been involved with the decision to impose limits or restrictions.

5.10 Confidentiality

All details relating to a negative feedback/complaint and the investigation will remain confidential between the participants and relevant Senior Managers. However, under legislation, the CQC and CIW can access the home's governance system and its contents.

5.11 Learning lessons

Any internal investigation into negative feedback, as well as those conducted by the Ombudsman, will lead to the identification of improvements and any lessons learned must be cascaded throughout the home and company. The General Manager is responsible for cascading, acting on and embedding lessons learnt in the home. Both the Regional Support and the Quality Development teams will monitor and report on trends and actions required to continually improve the services we provide, to the Executive Leadership Team.

APPENDIX 1

Advocacy and advice services

There are a range of country/region-wide advocacy services that can assist residents or relatives when:

- they wish to make a complaint,
- they, or their loved one, are the subject of a safeguarding investigation, or
- they have received a letter under the relevant Duty of Candour regulation.

These are, in addition, to any local advocacy services that may be available in your area.

National

Citizens Advice give advice and support to people on a range of different topics. They can be contacted using the details below:

- In England, Citizens Advice can be contacted by using the details on their website here: <https://www.citizensadvice.org.uk/about-us/contact-us/contact-us/contact-us/>.
- In Wales, Citizens Advice can be contacted by using the details on their website here: <https://www.citizensadvice.org.uk/wales/about-us/contact-us/contact-us/contact-us/>.

England

Healthwatch are the independent national champion for people who use health and social care services. They can be contacted by using the details on their website here: <https://www.healthwatch.co.uk/contact-us>.

Age UK are a charity dedicated to supporting people in later life. They can be contacted using the details on their website here: <https://www.ageuk.org.uk/contact-us/>.

Wales

Age Cymru are a charity dedicated to supporting those in later life, in Wales. They can be contacted using the details on their website here: <https://www.ageuk.org.uk/cymru/contact-us/>.

The Older People's Commissioner for Wales protects and promotes the rights of older people throughout Wales. The Commissioner also provides help and support directly to older people through a dedicated casework team. The Commissioner can be contacted using the details on the website here: <https://www.olderpeoplewales.com/en/about/contact.aspx>.

Further details on other advocacy services and advice bodies can be found on the Public Services Ombudsman website here: <https://www.ombudsman.wales/advocacy-template/>.