

**Policy**

Hand in Hands aim to support people with learning disabilities and complex needs to achieve their aspirations. To make this possible, Hand in Hands wishes to encourage individuals to make comments, suggestions and/or complaints about the support they receive. This will enable Hand in Hands to improve its support and to maintain quality and a positive culture of cooperation within the organisation.

Hand in Hands have a range of ways, which enable individuals being supported to direct their own life. These include Quality Audits, Meetings and Person-Centred Reviews. The aim of this procedure is to set out how people and others may complain about any aspect of Hand in Hands' support.

It is acknowledged that a wide range of people who are involved with individuals' day to day lives might wish to complain to Hand in Hands, maybe on behalf of the person or to raise areas with which they themselves are unhappy. This procedure applies to all people wishing to complain in any way.

Allegations of an Abusive nature must follow the Abuse Policy. Staff members who wish to make complaints should do so in accordance with the Grievance Procedure.

**Procedure**

The Manager must ensure that all individuals, family and friends and staff are aware of how to make a complaint and understand the processes involved.

All complaints can be made verbally or in a written format. The person receiving the complaint will complete a complaint form and acknowledge receipt of the complaint within 48 hours. This form will be passed on to the Manager and an investigation will commence within 3 working days.

If a complaint concerns the Manager, or they are unable to investigate due to their absence from work or no Manager is in post, a Complaint Form should be forwarded to the Proprietor for initial investigation.

If a complaint is made by telephone; details should be noted, repeated back to the person and transferred onto a Complaints Form. The caller must be advised that their complaint will be recorded in this way. If a complaint is made in person the complainant may be offered a Complaints Form to complete, or the person receiving the complaint may complete the form on his/her behalf.

If an individual being supported wishes to make a complaint and needs assistance to complete the form, a member of staff, relative, friend or advocate should complete the form on their behalf.

Each complaint must be recorded on a Complaints Form, even those where the person making the complaint does not wish to give their name.

The Complaints Form should be filed in the person's personal file and a copy sent to the office immediately.

The office will maintain details of each complaint made and the Care Quality Commission will check on such records during their inspection.

**Resolving the Complaint**

There are three stages involved in resolving a complaint. Each will be monitored to ensure that timescales are adhered to and that each complaint has a resolution.

**Stage 1**

It is the responsibility of the Manager to ensure that each complaint is investigated and resolved. In the majority of instances, it will also be the Manager who investigates the complaint. If the complaint leads to the need for disciplinary action, then Hand in Hands' Disciplinary Procedure will be used.

The investigating Manager has to acknowledge the receipt of each complaint in writing within 3 days. The Manager should complete a Complaint Acknowledgement Form.

Complaints should be resolved within 14 days of being raised. The Manager must notify the person making the complaint of the result in writing. Additionally, an opportunity should be given within the letter to meet to discuss the outcome of the complaint. This may be useful in cases when a person being supported has submitted a complaint. A copy of the outcome and actions taken to resolve the complaint must be sent to the office for filing with the copy of the Complaint Form.

If a complaint involves an investigation, which will last for more than 14 days, the person making the complaint should be notified to this effect by the Manager, and must be kept informed on a regular basis until a resolution is achieved. Any conversation relating to the complaint must be recorded.

The issues highlighted in the complaint may be discussed at a team meeting to raise awareness and ensure future learning development, whilst ensuring confidentiality is maintained.

**Stage 2**

If the person is not satisfied with the outcome of the complaint, the complaint will then be passed to the next person in the line management process. The Investigating Manager has to complete a Follow up Complaint Form and they will try to resolve the matter within two weeks of receiving the unsatisfactory resolved complaint.

**Stage 3**

If the complainant is still not satisfied with the outcome, they have the right to go to an external person for adjudication (see below).

**Others to Contact**

- Complaints Manager  
Hertfordshire County Council  
Customer Service Team – Complaints  
CHO 118, County Hall,  
Hertford  
Hertfordshire  
SG13 8DF

Email Address – [hcs.complaints@hertfordshire.gov.uk](mailto:hcs.complaints@hertfordshire.gov.uk)

Telephone Number – 01992 556685

Whilst complaints should not be directed to the Care Quality Commission, (CQC) in the first instance, they can be contacted for advice.

- Care Quality Commission (Eastern Region)  
Citygate, Gallowgate  
Newcastle upon Tyne  
NE1 4PA

Telephone Number - 03000 616161

- Local Government Ombudsman  
PO Box 4771  
Coventry  
CV4 0EH

Telephone Number - 024 7682 0001

**COMPLAINTS FORM**

Please fill in this form if you have a complaint or are unhappy with Hand in Hands'.

If you would like help to fill in the form, please ask a member of staff, a friend, a relative or someone else to help you.

You do not have to give your name when making a complaint.

Your complaint should be resolved within 2 weeks.

**Date of Complaint:** ..... **Time:**.....

**Your Full Name** (if desired): .....

**Your Address:** .....  
.....  
.....

**If you are completing this form on behalf of another person, please confirm their name:**

.....

**(About the person making the complaint)**  
**Please tick the relevant boxes:**

**Are You:**            **Male**                        **Female**           

**Are You:**            **A Person being supported by Hand in Hands**           

**A Member of Staff**           

**A Relative**           

**A Visitor**           

**An Advocate**           

**Other (Please give details)** .....

**Is Your Complaint About:**

<b>A Hand in Hands Staff Member</b>	<input type="checkbox"/>	<b>Another Person</b>	<input type="checkbox"/>
<b>Accommodation</b>	<input type="checkbox"/>	<b>Food</b>	<input type="checkbox"/>
<b>Clothing</b>	<input type="checkbox"/>	<b>Theft</b>	<input type="checkbox"/>
<b>Violence</b>	<input type="checkbox"/>	<b>Other</b>	<input type="checkbox"/>
<b>Activities</b>	<input type="checkbox"/>		

**Who did you make the complaint to?** .....

**What is your complaint?**

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**What would be a satisfactory outcome for you?**

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**Signature:** .....

**What to do with this Form:**

You can leave your completed form with the Manager or another member of staff, or you can post it Hand in Hands at the following address:

Hand in Hands  
Unit 5, Devonshire Business Centre,  
Works Road,  
Letchworth,  
Herts,  
SG6 1GJ

We appreciate your feedback and want to assure you that your complaint will be used constructively to enable Hand in Hands to improve the way it works.

**Complaint Acknowledgement Form**

Investigating Manager to Complete This Section

**Complaint Acknowledged (Date)** ..... **(Attach copy to form)****Has the person's Next Of Kin been informed of this complaint? (if applicable)****Yes**       **No** 

This would only be appropriate if it is the person's wish or if it has been agreed with them.

**Action taken**

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**Complaint Resolved**                      **Yes**                       **No** **Complaint Substantiated**                      **Yes**                       **No** 

Manager's Signature: .....

Date: .....

**Follow Up Complaint Form**

Investigating Person to Complete This Section - \*Stage 2 / Stage 3\* (Please delete)

**Complaint Acknowledged (Date)** \_\_\_\_\_**Has the person's Next of Kin been informed of this complaint? (if applicable)**

Yes

No

This would only be appropriate if it is the person's wish or if it has been agreed with them.

**Action taken**

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**Complaint resolved**

Yes

No

**Complaint substantiated**

Yes

No

**Was the complaint resolved within 14 days?**

Yes

No

**If not, Why?****Signature (of person who resolved the complaint):** \_\_\_\_\_**Job Title (of person who resolved the complaint):** \_\_\_\_\_**Date of completing this form:** \_\_\_\_\_

Copy filed in Office