



**CLOVER
CARE
GROUP**

THE BEST PEOPLE CARE

Complaints, Suggestions and Compliments Policy and Procedure



Complaints, Suggestions & Compliments

Applies to: All staff, Service Users, families/representatives, advocates, commissioners, external professionals, Local Authority and ICBs/NHS partners.

1) Purpose

This policy sets out how Clover Care Group Ltd receives, handles and learns from complaints, suggestions and compliments so that concerns are resolved fairly and promptly, learning is embedded, and the quality and safety of care continually improve. It ensures compliance with relevant legislation and guidance, including the Care Act 2014, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, UK GDPR/Data Protection Act 2018, Equality Act 2010, the Local Authority Social Services and NHS Complaints (England) Regulations 2009, the Duty of Candour (Regulation 20) and the Human Rights Act 1998.

2) Scope

Roles affected: All staff.

People affected: Service Users.

Stakeholders: Families/representatives/advocates, commissioners, external health professionals, Local Authorities, ICB/NHS bodies.

3) Objectives

- Improve Service Users' experience by responding to feedback quickly and effectively.
- Address and resolve complaints within agreed timescales; share learning; and use themes to drive service improvement.

4) Policy Principles

Definition: A complaint is any expression of dissatisfaction that requires a response, made verbally, electronically or in writing by a Service User or someone acting legitimately on their behalf. Clover Care also welcomes compliments and suggestions as valuable feedback.

Commitment: Complaints are taken seriously. We aim to put things right, apologise where appropriate, and learn lessons to prevent recurrence. We follow a systematic approach consistent with legislation, guidance, and best practice, including the Duty of Candour.

Fairness & Non-discrimination: Processes are fair, transparent and free from discrimination on protected grounds (age, disability, gender reassignment, marriage/civil partnership, pregnancy/maternity, race, religion/belief, sex, sexual orientation). Feedback will not lead to reprisal.

Accessibility: Information on how to complain and our responses will meet the Accessible Information Standard and be provided in formats people can understand, with alternative communication methods available where needed and with support for those for whom English is not a first language.

Training & Culture: Staff receive induction and refresher training on handling feedback and are encouraged to resolve issues early. Feedback is used for reflection, learning and quality improvement.

Records & Confidentiality: Full records are kept for all complaints, regardless of severity or channel, and relevant entries are made in the Service User's care file. Confidentiality and data protection are maintained at all times.

Safeguarding: If a complaint suggests harm or risk of harm, safeguarding procedures will be followed, including contacting the Local Authority Safeguarding Adults Team and notifying CQC as required.

5) Roles & Responsibilities

All staff may receive complaints at any time and must:

- Respond sensitively, seek immediate resolution where possible, and update care plans accordingly.
- Escalate swiftly to a senior on duty; withholding or concealing concerns may lead to disciplinary action.
- Use the complaints procedure and contribute to learning.

Management Team ensures compliance, oversight, reporting and improvement planning. Mary Dunn is the main point of contact for receipt, investigation and management of complaints (delegation to a suitably competent senior may occur). Procedures must be publicly visible (on premises, website, and Service User information); alternative languages/formats are available on request.

6) Seeking Views, Compliments & Suggestions

Clover Care proactively seeks feedback from Service Users and stakeholders, handling all input with courtesy, respect and sensitivity. Compliments are celebrated and shared; suggestions are encouraged and documented with outcomes. We engage widely to support service development and improvement.

7) Complaints Procedure

Who can complain

- Service Users.
- Representatives with the Service User's consent (advocates, relatives, MPs).
- Representatives acting in the Service User's best interests when they cannot represent themselves, provided this does not conflict with confidentiality or known wishes.

Time limits

Complaints should usually be made within 12 months of the incident or awareness. Managers may waive this if investigation remains practical (records exist and people are available) and there is reasonable cause for delay.

Process — step by step

Step 1: Immediate response. Staff aim to resolve concerns on the spot where possible.

Step 2: Apology & explanation. Staff apologise for the need to complain and explain the process.

Step 3: Escalation & logging. The most senior on duty is informed, and the complaint is logged (if the complaint concerns that individual, escalate to the next senior).

Step 4: Acknowledgement (within 3 working days). A letter/email invites a meeting; confirms who will investigate; outlines the investigation focus; sets a target timeframe (28 days; longer only with explanation); and provides details for further recourse if dissatisfied. Systems must cover out-of-hours/weekend complaints.

Step 5: Investigation & response letter. The response summarises the complainant's issues; lists evidence/sources; presents findings for each issue; and reaches clear conclusions ('upheld', 'partially upheld' or 'not upheld'), or explains ineligibility (e.g., out of time/jurisdiction). It sets out outcomes, remedial actions and learning.

Step 6: Apology, rights & closure. Where shortcomings are found, apologise and explain actions taken. Provide routes for escalation (e.g., the Local Government and Social Care Ombudsman for relevant cases). The complaint is closed when the complainant confirms satisfaction; if not, support is provided to pursue further steps.

Complaints log

The log records each complaint, subject and outcome, reasons for any delay, and the date the outcome was sent. Phone complaints include date/time and are followed up in writing. Safeguarding-related complaints trigger regulatory notifications. Shared learning uses anonymised data in line with data protection law.

Investigations

Investigations are impartial and proportionate and may include: fact-finding, evidence review, record review and interviews. They are conducted by appropriately senior/competent staff; confidentiality applies throughout. Corrective actions are taken without delay when failures are identified. If disciplinary processes arise, the complaint investigation continues to conclusion; the complainant is told that disciplinary action

has commenced, but details remain confidential. Support remains unbiased throughout.

“One Complaint, One Response”

If multiple organisations are involved in a Service User’s care, the person may complain to any one of them. Providers coordinate a joint investigation and issue a single response. If Clover Care is not responsible for the issue, we will seek consent to share concerns with the correct organisation(s) or, if consent is declined, signpost to them with contact details. Guidance from the Local Government and Social Care Ombudsman is followed.

Responsibility for resolution

All efforts will be made by Mary Dunn to resolve complaints locally. Service Users can raise concerns about anyone in the organisation, including the Registered Manager/Clinical Director. If a complaint concerns the Registered Manager/Clinical Director (and where that person is also the nominated individual), an external, suitably qualified professional (e.g., registered provider/consultant) may conduct an impartial investigation on our behalf.

Anonymous complaints

These are investigated and logged in the same way as named complaints, with corrective action recorded where required.

Right to appeal (internal review)

If dissatisfied with the outcome or process, the complainant may request an internal review by a suitably senior person who was not the original responder (e.g., Mary Dunn). Grounds for appeal include: disagreement with the decision, suspected process failure (e.g., insufficient investigation, misunderstanding), new evidence, or belief that the decision was unfair/unreasonable. Internal review supports transparency and continuous improvement prior to signposting externally.

8) Escalation & External Bodies

If, after Clover Care’s process and appeal, the complaint remains unresolved, the following can support the individual:

- Care Quality Commission (CQC): Receives information/concerns to inform regulation but does not investigate individual complaints. Contact details are provided for raising concerns.
- Local Government & Social Care Ombudsman (LGSCO): For local-authority-funded social care and many self-funded complaints about independent providers. Free, independent service. Normally expects the provider to have had an opportunity to resolve the matter first.
- Parliamentary & Health Service Ombudsman (PHSO): For NHS-funded services. Free, independent service.
- Integrated Care Systems (ICS): Individuals can complain to commissioners regarding NHS services.
- Local Authority Complaints Teams: For concerns about adult social care, irrespective of funding source.
- Professional bodies: Where a complaint involves serious professional misconduct, the relevant regulator may be informed following discussion with the Registered Manager/Clinical Director.
- Healthwatch/ICAS/Citizens Advice: Signposting and advocacy support are available. Clover Care will cooperate with external investigations and provide requested information within agreed timescales. Decisions to complain externally are respected; support to do so is provided.

9) Vexatious Complaints

Clover Care recognises that some complaints may be vexatious—i.e., causing disproportionate disruption/cost or impacting staff wellbeing because of the manner or repetitive nature—yet we must make reasonable adjustments for disabled complainants and consider communication needs before reaching such a determination. We consider full history/context and both the content of, and manner of making, the complaint. Indicators include: primary purpose/effect is to disturb/disrupt/pressurise the service or individuals, or the complaint is clearly unreasonable.

If a staff member believes a complaint meets vexatious criteria, they must refer it to the Registered Manager/Clinical Director with a summary. Mary Dunn will review (and seek external advice if appropriate) and decide whether it is vexatious. If not, the case returns to standard handling. If deemed vexatious, the complainant receives a direct explanation and notice of closure with no further action; communication restrictions for unreasonable behaviour may also be considered. The decision is recorded in the complaints register. This determination refers to the specific complaint, not the person; future complaints will still be considered on their merits. Individuals can still challenge decisions via external routes if local resolution is unsuccessful.

10) Compliments

Compliments are opportunities to recognise and share good practice. Clover Care Group:

- Shares compliments with staff and (with consent or anonymisation) displays them publicly.
- Logs compliments as part of quality assurance and discusses themes at staff/Service User/relative meetings.
- Treats verbal positive feedback as a compliment and records it.

11) Suggestions

Suggestions (verbal or written) are generally proposals for improvement rather than complaints, but if ignored may lead to complaints. Suggestions raised in meetings or conversations are documented with outcomes. Staff are encouraged to share suggestions from Service Users and families with Mary Dunn; a formal suggestions system may be implemented to encourage participation from Service Users, staff and visitors.

12) Audit, Evaluation & Learning

The service monitors, reviews and analyses all feedback to drive continuous improvement. Actions include: sharing themes and trends with care workers; ensuring staff training and procedural understanding; and auditing the process to check timeliness, outcomes and feedback quality. Evidence of outstanding practice includes trend tracking, annual public reporting on complaints/compliments/suggestions and actions taken, proactive sharing via the QCS App, and Service User involvement in handling and designing procedures.

13) Key Definitions

- Complaint: Expression of dissatisfaction, disappointment or discontent about an act/omission/decision, made verbally, electronically or in writing. Requires a response.
- Compliment: Expression of satisfaction or praise about services received, verbal or written.
- Self-funded care: Care paid for entirely by the person receiving it.
- Vexatious complaint: Pursued chiefly to harass/annoy/subdue, or otherwise unreasonable, frivolous, repetitive, burdensome or unfounded.

14) Key Facts — Professionals

- Everyone shares responsibility for receiving and responding to feedback; staff should know what to say and how to respond to promote an open, honest and transparent culture.
 - All feedback from Service Users/representatives must be shared with the manager and can drive positive change.
 - Staff participate in improvement planning from both compliments and complaints and are supported during investigations.
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15) Key Facts — People Using the Service

- It should be easy to raise concerns, suggest improvements, or give compliments, and you should feel listened to and understood.
- Your feedback will help improve future care.
- You can feel confident to speak up without fear of reprisal; services will not be reduced or withdrawn because you complain in good faith.

16) Practical Information for Service Users

Making a suggestion: Speak to Chief Executive Officer Zack Feather; use suggestions boxes; or write to the Registered Manager/Clinical Director at Clover Care Group Ltd, Office 126, 2 Coval Lane, Chelmsford, Essex CM1 1TD, Tel: 0330 818 0500.

Making a complaint:

- **You can complain in person, by phone, in writing, via staff, or through an advocate/representative. Verbal complaints are recorded in writing and a copy provided within 3 working days. Anonymous complaints are accepted but cannot receive outcome updates without contact details.**
- **We acknowledge within 3 working days, keep you informed, and aim to conclude within 28 working days (or as otherwise agreed). We will meet with you, share findings, explain actions, and propose resolution.**
- **Please raise concerns as soon as possible (normally within 12 months), though we may investigate older matters if there is good reason and a fair investigation is still possible.**

Support & responsibility: The Registered Manager/Clinical Director Mary Dunn, oversees complaints. We provide practical help to understand and use the procedure and can help you find advocacy support if you prefer not to complain yourself. If a complaint concerns Mary Dunn, you may direct your complaint to Mary Dunn or to Clover Care Group Ltd; an external, registered professional may be appointed to ensure impartiality.

Further steps if not satisfied:

- Contact Mary Dunn at Clover Care Group Ltd (address above).
- Contact your Local Authority Complaints Team (based on your usual place of residence).
- After our process is complete, you can contact the Local Government and Social Care Ombudsman (LGSCO). For NHS-funded services, contact the Parliamentary and Health Service Ombudsman (PHSO). CQC welcomes information about services but does not investigate individual complaints. Full contact and web details are provided in the policy.

17) Implementation & Monitoring Checklist (summary)

- Display and publish the complaints process; offer accessible formats and alternative languages.
- Train all staff on receiving, recording, escalating and resolving feedback.
- Log every complaint; safeguard where indicated; notify regulators as required.
- Acknowledge in 3 working days; aim to conclude within 28 working days; communicate clearly throughout.
- Investigate impartially; apologise where failings are upheld; implement remedial actions; share lessons learned.
- Provide internal review on request; support escalation to external bodies when appropriate.
- Track themes across complaints, suggestions and compliments; discuss in meetings; audit regularly; publish annual learning.

Contact (Lead for Complaints)

Mary Dunn or Zack Feather— Main point of contact for receipt, investigation and management of complaints (delegable to a suitably competent senior). Address and telephone as above.