

Evergreen Healthcare 2004 LTD Complaints Policy

Evergreen Healthcare views complaints as an opportunity to learn and improve for the future, as well as a chance to put things right for the person that has made the complaint.

Our policy is:

- To provide a fair complaints procedure which is clear and easy to use for anyone wishing to make a complaint
- To publicise the existence of our complaints procedure so that people know how to contact us to make a complaint
- To make sure everyone at Evergreen Healthcare knows what to do if a complaint is received
- To make sure all complaints are investigated fairly and in a timely way
- To make sure that complaints are, wherever possible, resolved and that relationships are repaired
- To gather information which helps us to improve what we do

This policy is in line with Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 16

Definition of a Complaint

A complaint is any expression of dissatisfaction, whether justified or not, about any aspect of Evergreen Healthcare 2004 LTD

Where Complaints Come From

A complaint can be received verbally, by phone, by email or in writing.

Confidentiality

All complaint information will be handled sensitively, telling only those who need to know and following any relevant data protection requirements.

Responsibility

Overall responsibility for this policy and its implementation lies with Evergreen Healthcare LTD

Complaints Procedure of Evergreen Healthcare 2004 LTD

Publicised Contact Details for Complaints:

Written complaints may be sent to Evergreen Healthcare 2004 LTD at 86-90 Darnley Road, Gravesend, Kent, DA11 0SE or by e-mail at info@evergreenhc.co.uk. Verbal complaints may be made by phone to 01474 568998 or in person to any of Evergreen HealthCare's senior members of staff.

Complaints can also be made to an outside agency by calling Kent County Council (KCC) on 03000 41 61 61 or:

Care Quality Commission- <https://www.cqc.org.uk/give-feedback-on-care>

Receiving Complaints

Complaints may arrive through channels publicised for that purpose or through any other contact details or opportunities the complainant may have.

Complaints received by telephone or in person need to be recorded.

The person who receives a phone or in person complaint should:

- Write down the facts of the complaint
- Take the complainant's name, address and telephone number – if the complainant wishes to remain anonymous the complaint must be treated in the same way
- Note down the relationship of the complainant to Evergreen Healthcare
- Tell the complainant that we have a complaints procedure
- Tell the complainant what will happen next and how long it will take using the resolving complaints guidance below
- Where appropriate, ask the complainant to send a written account by post or by email so that the complaint is recorded in the complainant's own words.

Resolving Complaints

Stage One

In many cases, a complaint is best resolved by the person responsible for the issue being complained about. If the complaint has been received by that person, they may be able to resolve it swiftly and should do so if possible and appropriate.

If the complaint relates to a specific person, they should be informed and given a fair opportunity to respond.

Complaints should be acknowledged by the person handling the complaint. The acknowledgement should say who is dealing with the complaint and when the person complaining can expect a reply. A copy of this complaints procedure should be attached.

Ideally complainants should receive a definitive reply within four weeks. If this is not possible because for example, an investigation has not been fully completed, a progress report should be sent with an indication of when a full reply will be given.

Whether the complaint is justified or not, the reply to the complainant should describe the action taken to investigate the complaint, the conclusions from the investigation, and any action taken as a result of the complaint.

Stage Two

If the complainant feels that the problem has not been satisfactorily resolved at Stage One, they can request that the complaint is reviewed at Board level. At this stage, the complaint will be passed to the home directors.

The directors may investigate the facts of the case themselves or delegate a suitably senior person to do so. This may involve reviewing the paperwork of the case and speaking with the person who dealt with the complaint at Stage One. If the complaint relates to a specific person, they should be informed and given a further opportunity to respond. The person who dealt with the original complaint at Stage One should be kept informed of what is happening. Ideally complainants should receive a definitive reply within four weeks. If this is not possible because for example, an investigation has not been fully completed, a progress report should be sent with an indication of when a full reply will be given.

Whether the complaint is upheld or not, the reply to the complainant should describe the action taken to investigate the complaint, the conclusions from the investigation, and any action taken as a result of the complaint.

The decision taken at this stage is final, unless the Board decides it is appropriate to seek external assistance with resolution.

Monitoring and Learning from Complaints

Complaints are reviewed annually to identify any trends which may indicate a need to take further action.

The Hollies