Our Values	
Policy Detail	Policy Title: Complaints and Concerns (England and Wales) Department: Quality Reviewed date: Oct 2025 Next review date: Oct 2026 Version: 9
Associated Documents and Legislation	CQC Regulations 2009, Regulation 18(e) CIW Regulation and Inspection of Social Care (Wales) Act 2016 - Regulation 64 Heath and Social Care Act 2008 Regulations 2014, Regulation 16. Social Services and Wellbeing (Wales) Act 2014) Part 10 Code of Practice Mental Capacity Act 2005
Quality Statement	We have a proactive and positive culture of safety based on openness and honesty, in which concerns about safety are listened to, safety events are investigated and reported thoroughly, and lessons are learned to continually identify and embed good practices.
Definitions	**Concern** - something you are worried or anxious about, which can be resolved at the time the concern is raised. **Complaint** - a statement that something is unsatisfactory or unacceptable which requires a formal response. You could be concerned about something and raise it, and if it's not dealt with satisfactorily you may then make a **complaint** about that **concern**. **Vexatious complaint** - A vexatious complaint is one that is pursued, regardless of its merits, solely to harass, annoy or subdue somebody; something that is unreasonable, without foundation, frivolous, repetitive, burdensome or unwarranted.

Complaints and Concerns	
Scope	This policy applies to all external agencies, professionals, and members of the public, working with and encountering Achieve together who wish to make a complaint. It also applies to everyone we support and their families. It does not apply to Achieve together employees.

	The policy sets out Achieve together values principles and procedures in handling complaints.
Our Commitment	Achieve together aim to provide a high-quality service to the people we support by working in close partnership with relatives, friends, advocates, and external professionals. To ensure we maintain high standards, we value, rely on and welcome feedback from people we support, team member(s) and other stakeholders who come into contact with our homes. We aim to develop open and trusting relationships with all stakeholders. Anyone with concerns about the service delivery should feel empowered and able to address the matter initially, swiftly, and informally through discussions with the Service Manager. Achieve together are fully to committed to the following: 1. All complaints received will be investigated as necessary and proportionate action will be taken in response to any failure identified by the complaint or the investigation. 2. Achieve together use the online Radar system to provide governance of receiving, handling, and recording of complaints from individuals we support, families and other persons in relation to any of the services we provide. 3. The Chief Care and Quality Officer at Achieve together is notified of all complaints via Radar made to the organisation and all the Executive team have visibility and can monitor the progress of the complaint process through Radar. Complaints are discussed and reviewed at the Senior leadership team Meeting to ensure these are addressed appropriately and in line with Achieve together policy. A workflow assigned to each complaint asks whether any learning can be identified for the organisation following the resolution of the complaint. 4. An appropriate person will be allocated to investigate each complaint. The investigator will be of suitable seniority to resolve the issues addressed in the complaint and will ensure that arrangements are in place to maintain effective communication with the person raising this. The complainant will receive written confirmation of the actions taken to address the matters detailed. This confirmation is recorded on Radar. 5 Any non-compliance will be escalated to the Line Manager of the person managing the complaint via Radar. Each home within Achieve together will ensure that the Complaints Procedure is available in appropriately accessible and published formats for the people supported within the home. 6. Service Managers within Achieve together are provided with a Management Training Programme, which includes training around managing and encouraging concerns and complaints. This enables Achieve together to maintain transparency and seek to continually enhance the quality of care/support offered.
Complaints Procedure	**Principles of Complaints Handling** 1. Individuals we support and their representatives and carers are always made aware of how to complain, by having copies of the complaint's procedure included in the information given to individuals we provide a service to. Alternative formats in line with individuals' communication needs are available. 2. Adults and, where appropriate, their family and significant others, will be provided with information about how to make a complaint,

	including how they can secure access to an independent Advocate. For Wales this will be in line with the rights of people to have access to Independent Professional Advocacy under the Social Services and Wellbeing (Wales) Act 2014). 3. Our aim will be to resolve any problems quickly and address resolutions. We will advise you of any actions taken as a result of your concern/complaint 4. We request that you raise your concern as soon as possible. Your concern/complaint will be: • Acknowledged within five working days • Investigated thoroughly • Treated confidentially • Responded to fully in writing within 28 days. 5. A named person is always responsible for the administration of the procedure. All complaints will be acknowledged within five working days as detailed above. In the acknowledgement response we will indicate the name of the person responsible for the investigation. We will also offer to discuss the complaint with the complainant at a mutually agreed time to I. Go over the manner in which the complaint will be handled and II. The period within which the investigation into the complaint is likely to be completed. 6. Complaints are dealt with promptly, fairly, and sensitively with due regard to the upset and worry that they can cause to individuals and those against whom the complaint has been made. 7. Achieve together recognises national guidance on complaints' handling, which uses a three-stage (two stages for some self-funding individuals) model of: a. local resolution b. complaints review c. independent external adjudication by Local Government and Social Care Ombudsman (LGSCO), Health Service Ombudsman or through the Independent Healthcare Advisory Services (IHAS). If you are not satisfied with the service Achieve together provide or the way in which you have been treated, immediately tell the person you are dealing with that you are not satisfied. If you cannot agree or find it hard to approach the person, ask to speak to their immediate line manager. The line management system is as follows: • Service Manager • Area Support Manager • Head of Area Operations • Director of Operations

- Chief Operations Officer
- Chief Executive Officer

Complaints can be made in writing (address below), by email complaints@achievetogether.co.uk , in person or over the telephone (tel: 0330 1755 332)

Where a complaint is made in person or over the telephone, we will make a written record of the complaint and provide you with a copy of the written record within five working days.

The Complaints Procedure

Stage One: Local Resolution

The organisation works on the basis that wherever possible, complaints are best dealt with directly with the individuals by its team member(s) and management, who will arrange for the appropriate enquiries to be made in line with the nature of the complaint. This can involve using an independent investigator as appropriate or if the complaint raises a safeguarding matter a referral to the local safeguarding boards for England and Wales.

Stage Two: Complaints Review

In line with national guidance, the service then recognises that if the complaint is still not resolved, the complainant has a right to take their complaint to the body responsible for the commissioning of the service, e.g. local authority and/or health service (again depending on the nature of the complaint and type of service involved). A self-funding person we support whose care and support has no local authority involvement is entitled to go directly to the LGSCO for resolution.

Stage Three: Independent External Adjudication

If complainants are still dissatisfied with the management and outcome of their complaint, the care service is aware that they can refer the matter to the LGSCO/Health Service Ombudsman in respect of some private healthcare providers through the IHAS for external independent adjudication.

Role of the Regulator

The home makes its users aware that the Care Quality Commission (CQC) and the Care Inspectorate Wales (CIW) do not investigate any complaint directly, but it welcomes hearing about any concerns. It accordingly provides users with information about how to contact the CQC by referring them to the CQC's leaflet *How to Complain About a Health or Social Care Service* (July 2013) (available on the CQC website).

For Wales

Refer to "How to raise a concern" available on the CIW website

If you have a specific concern about the safety and quality of a home or service in Wales, you can:

- submit your concern via their web form
- telephone them: 0300 7900 126 option 2

CIW will review your concern and consider what appropriate action to take with the home or service.

The home or service also sends to the CQC and CIW any information about complaints requested or required as part of CQC's and CIW's compliance reviewing policy.

Safeguarding issues

In the event of the complaint involving alleged abuse or a suspicion that abuse has occurred, the home refers the matter immediately to the local safeguarding adults' authority, which will usually call a strategy meeting to decide on the actions to be taken next. This could entail an assessment of the allegation by a member of the Local Safeguarding Board (England) Local Safeguarding Adults Board (Wales)

The home will also notify the CQC under the (revised) Care Quality Commission (Registration) Regulations 2009, Regulation 18(e) Notification of Other Incidents of "any abuse or allegation of abuse in relation to a person we support". For Wales, the service will notify CIW under the Regulation and Inspection of Social Care (Wales) Act 2016 - Regulation 64

Verbal Complaints

The organisation adopts the following procedures for responding to complaints and concerns made verbally to team member(s) or to managers.

- All verbal complaints, no matter how seemingly unimportant, are taken seriously and are immediately acknowledged as concerns.
- Front-line team member(s) who receive a verbal complaint are instructed to address the problem straight away.
- If team member(s) cannot solve the problem immediately, they should offer to get the manager to deal with the problem.
- All contact with the complainant should be polite, courteous, and sympathetic. There is nothing to be gained by team member(s) adopting a defensive or aggressive attitude.
- At all times team member(s) should remain calm and respectful.
- Team member(s) should not make excuses or blame other team member(s).
- If the complaint is being made on behalf of the person we support by an advocate it must first be verified that the person has permission to speak for the person we support, especially if confidential information is involved. It is quite easy to assume that the advocate has the right or power to act for the person we support when they may not. If in doubt it should be assumed that the person we support's explicit permission is needed prior to discussing the complaint with the advocate.
- After talking the problem through, the manager or the team member(s) dealing with the complaint will suggest a course of action to resolve the complaint. If this course of action is acceptable then the team member(s) will clarify the agreement with the complainant and agree a way in which the results of the complaint will be communicated to the complainant (i.e. through another meeting or by letter).
- If the suggested plan of action is not acceptable to the complainant then the team member(s) or manager will ask the complainant to put

their complaint in writing and give them a copy of the complaints procedure.

- Details of verbal complaints are recorded on Radar by the team member(s) or managers who receive the complaint and on the individual's support records with information on how a specific matter was addressed.

Written Complaints

The organisation adopts the following procedures for responding to written complaints.

Preliminary steps

- When a complaint is received, it is passed on to the relevant person to manage the complaint e.g. a member of the Operations Team or Community hub team who record it on Radar and send an acknowledgement letter within five working days, which describes the procedure to be followed. This acknowledgement is one of the workflows on Radar - so this is recorded on to this Governance system.

- At each completion stage of the process, i.e. when the complaint is acknowledged in writing after 5 days and when the complaint is concluded, the adherence to the policy is tracked by the Radar reporting system and the compliance is reported each month to the Senior Leadership Team meeting.

- The identified complaint manager/named person is responsible for dealing with the complaint throughout the process, including for any investigations carried out by an independent person, who will report to the named person/complaints manager

- If necessary, further details are obtained from the complainant by the identified person/complaint manager carrying out the investigation. If the complaint is not made by the person we support but on their behalf, then consent of the person we support, wherever practical in writing, is obtained from the complainant to provide that information.

- If the complaint raises potentially serious matters, advice will be sought from a legal advisor. If legal action is taken at this stage any investigation under the complaint's procedure should cease immediately pending the outcome of the legal intervention.

- A complainant, who is not prepared to have the investigation conducted by the organisation or is dissatisfied with the response to the complaint, is advised to contact the organisation or organisations responsible for commissioning their services (local authority and/or health service) for a review of their complaint.

- The complainant then has the option of taking the matter to independent external adjudication and will be referred to the information provided by the CQC in its leaflet *How to Complain About a Health or Care Service* (February 2014).

- In Wales, the complainant has the option of taking the matter to Public Services Ombudsman for Wales and can also refer to 'How to raise a concern about a care service in Wales' (found on the CIW website).

- If the complaint involves safeguarding issues requiring an alert to the local safeguarding authority, the care service will follow the safeguarding procedures, carrying out any internal investigation in line with any plan agreed with the safeguarding team member(s) (with information shared with the CQC).

Investigation of a complaint (other than safeguarding)

- Immediately on receipt of a written complaint, the identified person/complaint manager will launch an investigation and aim within 28 days to provide a full explanation to the complainant, either in writing or by arranging a meeting with the individuals concerned.
- If the issues are too complex to complete the investigation within 28 days, the complainant will be informed of any delay and the reason for the delay.
- At each stage in the process, the evidence, correspondence and adherence to the policy is monitored by the Radar reporting system

Meeting

- If a meeting is arranged the complainant is advised that they may, if they wish, bring a friend or relative or a representative such as an advocate.
- At the meeting, a detailed explanation of the results of the investigation is given and an apology if it is deemed appropriate (apologising for what has happened need not be an admission of liability).
- Such a meeting gives the organisation the opportunity to show the complainant that the matter has been taken seriously and has been thoroughly investigated.

Follow-up action

- After the meeting, or if the complainant does not want a meeting, a written account of the investigation is sent to the complainant.
- This includes details of how to take the complaint to the next stage if the complainant is not satisfied with the outcome.
- The outcomes of the investigation and the meeting are uploaded to Radar and any shortcomings in procedures are identified and acted upon.
- Complaints are reviewed to determine what can be learned from them. The Executive Team regularly review the complaints procedure to make sure it is working properly and is legally compliant.

Training

All team member(s) are trained to respond correctly to complaints of any kind. Complaints policy training is included in the induction training for all new team member(s) and updated as indicated by any changes in the policy and procedures and in the light of experience of addressing complaints.

Assistance

If you need assistance to write a complaint or if you would like it recorded in another format, please let a member of the management team know.

Please contact the most appropriate person in the line management structure.

Achieve Together Leatherhead Office
Suite 1 & 2,
Ground Floor,
Fairmount House,
Bull Hill,
Leatherhead,
Surrey,
KT22 7AH.
0330 175 5332
complaints@achievetogether.co.uk

Should you be unhappy with the responses to your complaint you should also feel free to make your concerns known to the relevant Regulator. Our services in England are registered with and regulated by CQC. You can contact CQC at:

Care Quality Commission
Citygate
Callowgate
Newcastle upon Tyne
NE1 4PA
Tel: 0300 061 6161
W: www.cqc.org.uk
Email: enquiries@cqc.org.uk

Services in Wales are regulated by CIW at:
Care Inspectorate Wales
Welsh Government
Rhydycar Business Park
CF48 1UZ
Tel: 0300 7900 126
W: www.careinspectorate.wales
Email: CIW@gov.wales

Children's Services are regulated by Ofsted at:
Ofsted National Business Unit
Piccadilly Gate
Store Street
Manchester
M1 2WD
Tel: 0300 123 1231
Email: enquiries@ofsted.gov.uk

Local Government and Social Care Ombudsman
Helpline on **0300 061 0614**
Online complaint form complaint form
https://www.lgo.org.uk/contact-us

Public Services Ombudsman for Wales
Helpline on **0300 790 0203**
Email at: *ask@ombudsman.wales*

Should your complaint concern someone supported by Achieve together you can additionally make your concerns known to the person's Care Manager. Details of who to contact will be made available by the Service Manager.

	Should someone we support, or their representative require support to raise and follow through with a complaint, Achieve together will actively support in seeking independent advocacy to assist with this.
What happens when you raise a Concern/Complaint to Achieve together	If there is likely to be any delay, we will let you know the reason for this and when you may expect to receive a detailed reply. A meeting can be arranged at any stage to discuss your complaint. Finally, raising a concern or a complaint can be difficult and stressful. Achieve together wish to work closely with others and to be totally open and transparent. We really do want you to make your concerns known at an early stage in order that we work in the best interests of people we support. Should you wish to appeal against the outcome of your complaint, please forward your appeal to speakup@achievetogether.co.uk or zoe.armstrong@achievetogether.co.uk. Alternatively feel free to contact the CQC/CIW/Ofsted as relevant. The complaints procedure can be made available in other formats or languages upon request.
Vexatious complaints	Achieve together are committed to dealing with all complaints equitably, fully investigating in a timely manner. However Achieve together do not expect team members to tolerate unacceptable behaviour by complainants and will take action to protect them from such behaviour. **Identifying abusive, persistent or vexatious complaints** This could include behaviour or communication that is abusive, offensive or threatening and may include • Using foul or abusive language via email, phone or face to face • Sending multiple complaints/ communications • Making a large number of complaints without merit or they may pursue a complaint where the Achieve together procedure has been fully completed and exhausted There are times when there is nothing further which can reasonably be done to assist the complainant or rectify a real or perceived problem. In identifying vexatious complaints we must be careful to distinguish between complainants who are raising genuine concerns and people who are being difficult. Raising legitimate queries or criticisms of a complaints procedure as it progresses, for example if agreed timescales are not met, should not in itself lead to someone being regarded as a vexatious or an unreasonably persistent complainant. Similarly, the fact that a complainant is unhappy with the outcome of a complaint and seeks to challenge it should not necessarily cause them to be labelled vexatious or unreasonably persistent. People making a complaint may be aggrieved, frustrated or have other reasons for their behaviour and therefore the focus should be on the merits of the individual case rather than the attitude of the complainant. Each complaint should be treated on its own merits and even if the person has made a vexatious complaint in the past we should not assume that any other complaint they made is vexatious. **How to manage abusive, persistent or vexatious complaints** Before taking action, ensure the complaint has been investigated fully in line with the Achieve together policy.

	Managing these types of complaints can be time consuming but must be a matter of professional judgement by the Head of Area Operations and the Chief Care and Quality Officer. Achieve together is not obliged to meet unreasonable demands, for example by answering every single point in a letter. However it is best practice to try to resolve the matter at an early stage, rather than closing the complaint and having to spend more time enforcing that decision. Where a complainant makes multiple complaints where the complaint is slightly different than the original complaint but about the same area of activity, a careful decision should be made by the Head of Area Operations and the Chief Care and Quality Officer as to whether or not the matters are sufficiently different to justify being considered a new complaint, which would be dealt with in line with the regular complaints process. If a complainant makes multiple complaints about different matters, each complaint should be considered in the usual manner unless they are about entirely trivial matters. In cases where it is decided that a complaint is vexatious, the matter may be closed with the consent of the Chief Care and Quality Officer. This is a last resort and should be treated with caution. In the event that it is closed, the complainant must be informed in writing of the decision by the Director of Quality or delegated senior manager, that is considered to be of an abusive, persistent or vexatious nature and advised that Achieve together will not enter into any further correspondence about the matter. If correspondence is abusive or threatening, it is acceptable not to reply to it, and record on Radar with a note explaining why a reply has not been sent. All such correspondence should be brought to the attention of the Chief Care and Quality Officer. The Chief Care and Quality Officer should review the case and decide how to respond to the complainant explaining that the content and tone of their correspondence is unacceptable and that no further correspondence will be entered into unless the complainant amends their tone. In extreme cases, for example, if a threat is made towards a team member, the Chief Care and Quality Officer may advise for the correspondence to be shared with the police. Violence or threats of violence are unacceptable and will not be tolerated by Achieve together.
Responsibility for Implementation	It is the responsibility of the employee to familiarise themselves with the contexts of this policy and abide by it.