

Complaints Policy and Procedure

Governance Approval Coversheet

Name of document:	Complaints Policy and Procedure
Version of this document:	Version 6
Date of ratification:	6 March 2019
Date of review for previous document:	June 2018
Date of next review:	5 March 2022
Ratification history:	Issued 2008 July 2012 June 2013 15 th June 2015
Review history:	December 2011 July 2012 June 2015 Feb 2018
Involved in consultation for most recent review:	Shelley Woodley Executive PA, Melanie Hayne (Senior Administrator), David Bateman (Interim Assistant Operations Director). Chris Harvey (Interim Consultant)
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Chief Executive ratification of document: (or Operations Director/ Finance Director as delegated authority)	Signature:  Date: 06/03/2019 Designation: Chief Executive Officer
If the document has been presented to the Board confirm date presented:	

Alterations to the Policy may be required following ratification and dissemination. Change made within three months of the date of ratification is acceptable without requiring resubmission for approval. Changes after the three month period will required re-ratification. Where the responsibility for the discharge of actions under this policy lies with an individual and they are not available at the time the action is required, or where the post is not occupied, the Executive Team will discharge that responsibility or will make alternative arrangements to do so.

Complaints Policy and Procedure

Heading Number	Section title	Page number
1	Introduction	2
2	Purpose	2
3	Scope	2
4	Definitions	3
5	Responsibilities	3
6	Who Can Make a Complaint	4
7	Ways to Make a Complaint	5
8	Stages of Complaints Process	5
9	Complaints Process	6
10	Complaint Investigation	7
11	Verbal Complaints	8
12	Written Complaints	8
13	What is not Considered a Complaint?	9
14	Habitual and Repetitive Complaints	10
15	Duty to Co-operate	11
16	Status of the Policy	12
17	Education and Training	12
18	Monitoring and Compliance	12
19	Links to Other Policies	13
	Appendix 1 Complaints Log	14
	Appendix 2 Support Organisations	15
	Appendix 3 Complaints Flow Chart	16

Version	Version 6	Date	22 November 2018
Owned by	Emma Gwilliam	Ratification Date	6 March 2019
Director responsible	Anne Thomas (Chief Executive Officer)	Review Date	5 March 2022

Complaints Policy and Procedure

1 Introduction:

1.1 Cornwall Care provides cares for vulnerable adults who require protection from abuse and who require their legal and human rights to be upheld. Cornwall Care is committed to providing a high quality service, but even in the best run organisations there may be times when things go wrong and people may not be happy with the service they receive. Complaints, concerns and comments about the service we provide are essential, as we consider it to be a valuable form of feedback. Where a person wishes to make a complaint or raise a concern we aim to receive it openly, with understanding and courtesy. Cornwall Care will seek to resolve any complaints or concerns as quickly as possible and to learn from any issues raised. Cornwall Care recognises that when something goes wrong, the person affected wants to know how and why it happened, be assured that we recognise this and that we will take steps to prevent it from happening again.

2. Purpose

2.1 This policy seeks to ensure that:

- Clients, carers and their representatives are aware of how to complain and that the company provides easy to use opportunities for them to register their complaints.
- Individuals who complain are listened to and treated with courtesy and empathy.
- Individuals who complain are not disadvantaged as a result of making a complaint.
- Complaints are investigated promptly, thoroughly, honestly and openly.
- Complainants are kept informed of the progress and outcome of the investigation.
- Apologies are given as appropriate.
- Action to rectify the cause of the complaint is identified, implemented and evaluated.
- Learning from complaints informs service development and improvement.
- Complaints handling complies with confidentiality and data protection policies and is transparent.
- Staff involved in complaints are given support.

3. Scope

3.1 This policy and procedure applies to all Cornwall Care staff. Any member of staff may be in a position to listen and respond to a comment, concern or complaint, regardless of their role.

Version	Version 6	Date	22 November 2018
Owned by	Emma Gwilliam	Ratification Date	6 March 2019
Director responsible	Anne Thomas (Chief Executive Officer)	Review Date	5 March 2022

4. Definitions

- 5.1 **Complaint.** Any expression of dissatisfaction about a service provided by Cornwall Care, a member of staff or someone acting on behalf of Cornwall Care.
- 5.2 **Concern.** A concern is often expressed as an ‘informal’ complaint. A person may be deterred from making a formal complaint but wishes to express their concerns informally. In order to encourage all feedback, Cornwall Care can manage the process less formally at the complainant’s request.
- 5.3 Of note: the term ‘complaint’ and ‘concern’ are used interchangeably in this policy as both are taken seriously regardless of the formality or informality of the acknowledgement and/or response provided to the person who has expressed dissatisfaction with the service.

5. Responsibilities

- 5.1 **The Chief Executive Officer** has overall accountability for complaints management and will devolve decision-making in relation to formal complaints as appropriate.
- 5.2 **The Associate Director of Quality and Governance** has a responsibility to coordinate all complaints actions, to manage complaints information and to provide monitoring reports on complaints. They also have responsibility to identify themes, trends and areas of particular concern to highlight opportunities for learning.
- 5.3 **The Senior Administrators** based at the support office will receive all complaints from services and, where relevant, departments. They will liaise with and support the chief executive officer and associate director of quality and governance to ensure effective response to complaints.
- 5.4 **The Director of Care** has devolved responsibility for the overall operational management of complaints including investigations and acknowledging the receipt of formal complaints at stage two. They are responsible for ensuring that opportunities for learning and improvement are implemented through training, quality improvement and/or policy change, within their area of line management.
- 5.5 **All Departmental Heads and Managers** including the learning and development, human resources, property, marketing and finance will be responsible for:
- Providing specialist advice and support to managers/staff as appropriate in the event of a complaint.

Version	Version 6	Date	22 November 2018
Owned by	Emma Gwilliam	Ratification Date	6 March 2019
Director responsible	Anne Thomas (Chief Executive Officer)	Review Date	5 March 2022

- Reviewing complaints for themes and trends as appropriate to their specialist area to ensure specific risks are identified and opportunities for learning are maximised.
- Supporting investigations into complaints where their expertise is required, within the scope of their knowledge and ability.
- Informing the senior administrators of a complaint in their area and completing the complaints log (Appendix 1).

5.6 **Service Managers** should act on all complaints or concerns raised in their service, in order to make improvements where necessary. They should ensure that their staff deal with complaints or concerns promptly, openly and effectively. Service managers must:

- Keep a record of all complaints raised in their service including those that have been resolved within one working day of receiving the complaint.
- Ensure that the senior administrators and relevant regional manager are aware of all complaints at stage one of the complaints process.
- Discuss and monitor learning and actions regularly with staff.

5.7 **All staff** are expected to adhere to this policy and follow the guidance given when someone says they are unhappy with the service they have received.

6. Who Can Make a Complaint?

6.1 A concern or complaint can be made by a client, carer, family member or person affected or likely to be affected by the actions, omissions or decisions of Cornwall Care.

6.2 A complaint can be made by someone acting on behalf of the client with their consent. Where the client is unable to give consent as they do not have the mental capacity to do so, the complaint will be addressed according to the best interests of the client and may involve other agencies and services.

6.3 If Cornwall Care is concerned that the representative may not be acting with the clients consent or in their best interests, Cornwall Care will notify the representative in writing stating the reason for its decision.

6.4 People who are unhappy with a service have a right to complain. These rights are enshrined in law. These rights incorporate the expectation that everyone can be expected to be treated fairly and equally regardless of age, disability, race, culture, nationality, gender and sexual orientation. People who are unhappy with the service can expect to:

- Have their complaint dealt with fairly, efficiently and have it properly investigated.
- Know the outcome of any investigation into the complaint.

Version	Version 6	Date	22 November 2018
Owned by	Emma Gwilliam	Ratification Date	6 March 2019
Director responsible	Anne Thomas (Chief Executive Officer)	Review Date	5 March 2022

- Take their complaint to the Local Government Ombudsman or Parliamentary and Health Service Ombudsman (for those with healthcare funding).

6.5 People who are unhappy with the service can also make the Care Quality Commission (CQC) aware of their complaint. The CQC cannot investigate any individual complaint but welcomes feedback from service users and their representatives at any time. The CQC can act on this information in their role to regulate, develop and improve services.

7. Ways to Make a Complaint

7.1 Cornwall Care has set up a straightforward procedure to help people make a complaint or raise a concern in the most effective way, and to the right person. A complaint can be made verbally such as a face-to-face conversation or by telephone, but can also be made by letter or email correspondence.

7.2 Some people may wish to express a concern but not formalise it in a complaint. Cornwall Care wishes to respect this by ensuring an appropriate response that does not discourage people from raising concerns in this manner. This may involve a verbal response if this is requested by the person raising the issue. However, Cornwall Care considers concerns and complaints to be of equal importance in relation to learning from experience.

8 Stages of Complaints Process

8.1 In the first instance, any concerns or complaints should be directed to the manager of the care service in which the issue has arisen or to staff working within the service. If a concern is raised and resolved within one working day, the concern will be recorded, acted on and shared within the service. It will not enter into a formal process of stage one or two of the complaints process.

Stage one (local resolution):

8.2 Local resolution aims to resolve the complaint quickly and as close to the source of the complaint as possible.

8.3 All complaints will have an individual reference number and be recorded in a central complaints log where the complaints process and timescales for action and response will be logged. All records will be held securely and treated confidentially. Complainants can apply for access to their complainant's files in accordance with the Data Protection Act 1988.

Version	Version 6	Date	22 November 2018
Owned by	Emma Gwilliam	Ratification Date	6 March 2019
Director responsible	Anne Thomas (Chief Executive Officer)	Review Date	5 March 2022

Complaints will be formally acknowledged within three days of the complaint being raised. Once further investigation has been undertaken a response will be provided in 20 working days.

- 8.4 If a complaint is received at Cornwall Care’s central office, the service manager of the service where the complaint has been raised will usually be asked to discuss and investigate the complaint with the person who is unhappy with the service. The service manager is often best placed to resolve the complaint when it relates to their service and resolution can often provide a more effective outcome.

Stage two (senior management team):

- 8.5 Stage two of the complaints process occurs if the person who has made the complaint is unsatisfied with the local resolution process. The person may not consider their complaint to have been dealt with effectively, appropriately or with the desired outcome. However, there may also be occasions where it might be appropriate for the senior management team to act on the complaint without it being investigated locally (stage one). The delegation of the investigating officer at stage two of the complaints process is described in section eight below.
- 8.6 As with the first stage, complaints will be acknowledged within three days of the complaint being raised or escalated. Once further investigation has been undertaken a response will be provided in 20 working days. All stage two responses will be monitored by the director of care.
- 8.7 If the complaint has been through both stages of the process and the person is still not satisfied with the outcome, he or she can refer the matter to the Health Service Ombudsman or the Local Government Ombudsman (LGO). The LGO provides a free, independent service. The LGO will not usually investigate a complaint until the provider has had an opportunity to respond and resolve matters, and the local process is thought to have been exhausted. Appendix 2 gives contact details for both services and also for the Local Authority and Care Quality Commission (CQC), with explanations as to when these agencies can be contacted and the support they offer.
- 8.8 The flow chart in Appendix 3 explains the stages of complaints and the time frames for actions and responses.

9. Complaints Process

- 9.1 The staff member receiving the initial complaint should:

Version	Version 6	Date	22 November 2018
Owned by	Emma Gwilliam	Ratification Date	6 March 2019
Director responsible	Anne Thomas (Chief Executive Officer)	Review Date	5 March 2022

- Establish how the complainant would like to be addressed such as Miss, Mrs or by their first name.
- (If the person has telephoned), offer to call them back and give them a chance to meet face-to-face to discuss the issue.
- Make the complainant aware that they can request an advocate to support them.
- Establish how the person would like to be kept informed about how their concern or complaint is being dealt with such as by telephone, letter, email or through a third party such as an advocacy service.
- Sensitively check if the person has any disabilities or circumstances that need to be taken into account.
- Systematically go through the reasons for the complaint to gather as much information as possible.
- Ask the person what they would like to happen as a result of the complaint, and tell them at the outset if their expectation is not feasible or realistic.
- Agree a plan of action, including when and how they will hear back from the organisation.

10. Complaint Investigation

- 10.1 When a complaint has been made and something has gone wrong, it is important to establish the facts about what happened. In most cases the service manager will investigate the complaint at stage one. They will provide assurance that the complaint has been managed appropriately and that opportunities to learn have been identified.
- 10.2 Where the complainant has requested access to any documents as part of the complaint, the manager should refer to the Subject Access Request Policy and complete a Records Access Request Form. This should be emailed to the governance team immediately. No documents are to be released until the governance team have assessed the request and determined the legal authority of the person making the request to receive the information.
- 10.3 Should the complaint enter stage two of the complaints process, an appropriate person will be designated to investigate. This decision will be made at the discretion of the director of care. The investigator will be of suitable seniority to resolve the issues raised in the complaint and will usually involve Cornwall Care's senior management team or an experienced service manager from a different service. Where appropriate and relevant, the executive team may commission an investigator external to the organisation to undertake the enquiry.
- 10.4 Once all of the evidence has been gathered it will be assessed in order to decide what is fair and reasonable in the circumstances of each case. The response to the complaint will include how the concerns have been resolved, what action has been taken and the complainant's right to take the matter further.

Version	Version 6	Date	22 November 2018
Owned by	Emma Gwilliam	Ratification Date	6 March 2019
Director responsible	Anne Thomas (Chief Executive Officer)	Review Date	5 March 2022

11. Verbal Complaints

- 11.1 The organisation accepts that all verbal complaints, no matter how seemingly unimportant, must be taken seriously.
- 11.2 Front-line care staff who receive a verbal complaint are expected to seek to solve the problem immediately. If they cannot solve the problem immediately, they should offer to get their line manager to deal with the problem.
- 11.3 If the complaint is being made on behalf of the client by an advocate, it must first be verified that the person has permission to speak for the client, especially if confidential information is involved. (It is very easy to assume that the advocate has the right or power to act for the client when they may not). If in doubt it should be assumed that the client's explicit permission is needed prior to discussing the complaint with the advocate.
- 11.4 After discussing the problem, the manager or member of staff dealing with the complaint will suggest a means of resolving it. If this course of action is acceptable then the member of staff should 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).
- 11.5 If the suggested plan of action is not acceptable to the complainant, then the member of staff or manager will ask the complainant to put their complaint in writing to the service manager. The complainant should be given a copy of the company's Complaints Policy and Procedure if they do not already have one.
- 11.6 Staff are expected to remain polite, courteous, sympathetic and professional to the complainant. They are taught that there is nothing to be gained by adopting a defensive or aggressive attitude. Staff should not make excuses or blame other staff.
- 11.7 Details of all verbal and written complaints must be recorded in the complaints log. The senior administrator must be informed (by email and copies of all documentation attached in digital format) of the complaint and any actions taken.

12. Written Complaints

- 12.1 Where a written complaint is sent direct to the service, it will be passed to the service manager (or their deputy where the service manager is not available) on the day it is received. It will be recorded in the complaints log (Appendix 1). An acknowledgment letter, complete with a copy of the Complaints Policy and Procedure) will be sent to the complainant within three working days.

Version	Version 6	Date	22 November 2018
Owned by	Emma Gwilliam	Ratification Date	6 March 2019
Director responsible	Anne Thomas (Chief Executive Officer)	Review Date	5 March 2022

- 12.2 If necessary, further details will be obtained from the complainant. Where a complaint is made by a third party on a client's behalf, then the consent of the client (preferably in writing), to raise the complaint must be obtained from the complainant where required.
- 12.3 Immediately on receipt of the complaint, the service manager will start an investigation and within twenty days should be in a position to provide a full explanation to the complainant, either in writing or by arranging a meeting with the individuals concerned.
- 12.4 A complaint may be suspended due to other actions that may need to take place as a result of the complaint being raised including a safeguard process, police investigation, disciplinary procedures, and serious incident requiring investigation or other circumstance.
- 12.5 Where an inquiry is proceeding and the complaint is suspended, the person who has raised the complaint will be informed of this. The results of any investigation will be shared, as appropriate, once this has been completed.
- 12.6 If a meeting is arranged, the complainant will be advised that they may, if so desired, bring a friend, relative or a representative such as an advocate.
- 12.7 At the meeting a detailed explanation of the results of the investigation will be given, in addition to any apology required (an apology is not necessarily an admission of liability).
- 12.8 After the meeting, or if the complainant does not want a meeting, a written account of the investigation will be sent to the complainant. This includes details of how to approach the relevant Ombudsman Service if the complainant is not satisfied with the outcome.
- 12.9 The outcomes of the investigation and the meeting are recorded in the complaints log, and any shortcomings in company procedures will be identified and acted upon.
- 12.10 The company management formally reviews all complaints as part of its quality monitoring and improvement procedures to identify the lessons learned.

13. What is not Considered a Complaint?

- 13.1 Cornwall Care is not required to investigate the following complaints:
 - A complaint that was made and resolved to the complainant's satisfaction no later than the next working day after the complaint was made. The registered/service manager will still record the complaint and ensure actions are taken and any learning shared.

Version	Version 6	Date	22 November 2018
Owned by	Emma Gwilliam	Ratification Date	6 March 2019
Director responsible	Anne Thomas (Chief Executive Officer)	Review Date	5 March 2022

- A complaint by an employee relating to their employment will be managed in a different way, for example through a grievance procedure.
- ‘Whistleblowing’ complaints and concerns as they will be managed in accordance with the Whistleblowing Policy.
- A complaint that has already been resolved.
- A complaint that is being managed by either the Local Government or Parliamentary and Health Service Ombudsman.

13.2 In these circumstances, Cornwall Care must, as soon as reasonably practicable, notify the complainant in writing of its decision not to investigate the complaint and the reasons why. The person responsible for informing the complainant in this instance will depend on the circumstances.

13.3 The complaints process will cease if a complainant indicates in writing an intention to take legal action or to make a request for financial compensation in respect of the complaint.

14. Habitual and Repetitive Complaints

14.1 Cornwall Care is committed to dealing with concerns and complaints fairly and impartially, and to providing a high quality service to those who use the complaints process.

14.2 In a small number of cases however, complainants may hinder the consideration of their, or others complaints due to the frequency and nature of their contact. A persistent complainant can absorb large amounts of resources that are disproportionate to the complaint being raised. Resolving such complaints satisfactorily can put a considerable strain on many staff, particularly when there is nothing further that can reasonably or practically be done.

14.3 Examples of unreasonable behaviour and actions can include:

- Insisting on the complaint being dealt with in ways which are not compatible with the complaints policy or with good practice.
- Making unjustified complaints about staff who are trying to deal with the issues and seeking to have the staff replaced.
- Persistently changing the substance of the complaint/s or seeking to prolong contact by repeatedly raising further concerns or questions on receipt of a response.
- Not clearly identifying the issues to be investigated, despite reasonable efforts to help them address concerns.

Version	Version 6	Date	22 November 2018
Owned by	Emma Gwilliam	Ratification Date	6 March 2019
Director responsible	Anne Thomas (Chief Executive Officer)	Review Date	5 March 2022

- Refusing to accept that certain issues are not within the scope of the complaints process.
- Raising numerous detailed but possibly irrelevant questions and insisting that they are all answered satisfactorily.
- Covertly recording meetings and conversations.
- Pursuing parallel complaints on the same issue with a variety of other organisations.
- Making excessive demands on time and resources of staff and expecting immediate responses.
- Persisting in pursuing a complaint where Cornwall Care's complaints process has been fully and properly implemented and exhausted.
- Displaying consistent threatening, abusive and/or offensive behaviour.

14.4 In extreme or serious cases, Cornwall Care may refer such matters to its solicitors and/or the police.

14.5 Where necessary, for the protection of clients and staff, the decision to categorise a complainant as habitual or repetitive complainant will be made by the director of care. A management action plan will be agreed once a decision has been made. Any actions will be proportionate to the nature and frequency of the complainant's current contact and behaviour. A letter will be forwarded to the complainant advising them of the:

- Position their complaint has reached.
- An explanation why behaviour has been seen as unacceptable.
- Proposed expectations regarding limiting unacceptable behaviour.
- Lines of communication to be followed and future arrangements.

14.6 Detailed records will be kept of the on-going relationship as agreed in the action plan. If the procedure is still in place six months later, this will be reviewed.

15. Duty to Co-operate

15.1 If a complaint involves more than one service provider and/or commissioner of services there is a duty on local authorities and the NHS to co-operate and provide a single response. To enable this, Cornwall Care as an independent provider, will work with healthcare commissioners or the local authority to provide a single response to complaints.

Version	Version 6	Date	22 November 2018
Owned by	Emma Gwilliam	Ratification Date	6 March 2019
Director responsible	Anne Thomas (Chief Executive Officer)	Review Date	5 March 2022

16. Status of the Policy.

16.1 This policy does not form part of the contract of employment and Cornwall Care reserves the right to change the policy at any time without consultation.

17. Education and Training

17.1 The registered/service manager is responsible for organising and co-ordinating training on the Complaints Policy and Procedure.

17.2 All staff receive training in dealing with and responding to verbal and written complaints. The complaints policy and procedures are included in new staff members' induction training. In order to learn from mistakes, staff group meetings and supervisions are used to discuss formal complaint issues, in order that all staff can share and learn from the experiences.

18. Monitoring and Compliance

18.1 The registered/service manager will record all complaints coming into the service in the complaints log.

18.2 The senior administrators and quality team will record on a central database:

- Each complaint received.
- The stage and service of each complaint.
- The Investigating Officer considering the complaint.
- The outcome of the complaint.

18.3 All complaints will be monitored by the associate director of quality and governance to ascertain the:

- Total number of complaints.
- Number closed within and outside required timescales.
- Lessons learned.
- Quality of the complaints responses.

18.4 The Board will receive assurance reports regarding complaints that include:

- Trend analysis of complaints at all stages.
- Reporting of all serious complaints.

18.5 The frequency of monitoring and assurance reporting will be as follows:

Version	Version 6	Date	22 November 2018
Owned by	Emma Gwilliam	Ratification Date	6 March 2019
Director responsible	Anne Thomas (Chief Executive Officer)	Review Date	5 March 2022

- Weekly – Complaints to operations meeting.
- Monthly – Integrated performance report to the Board.
- Annual – Report on all complaints received the previous year including the following:
 - Number of complaints received.
 - Number of complaints that have been referred to other bodies.
 - Subject matter of the complaints received.
 - Summary of any matters of importance in the complaints themselves or in the way that they were handled, and
 - Summary where action has been or is to be taken to improve services as a consequence of those complaints.

19. Links to Other Policies

Adult Safeguarding Policy

Quality Assurance Policy

Whistleblowing Policy

Incident Reporting Policy

Version	Version 6	Date	22 November 2018
Owned by	Emma Gwilliam	Ratification Date	6 March 2019
Director responsible	Anne Thomas (Chief Executive Officer)	Review Date	5 March 2022

Appendix 1

Complaints Log

Date complaint received		Service or department	
Date head of service informed (if applicable)		Date senior administrator Informed	
Complaint log number (if stage 1 or 2)			
Name of person raising complaint			
If complaint is being raised on behalf of client provide name of client			
Address of person raising complaint			
Contact number/email of person raising complaint			
Date complaint acknowledged			
Name of investigating officer (if applicable)			
Date response letter to be received by complainant (if applicable)			

Summary of complaint

What actions have been taken to address complaint

What is the learning from this complaint and how will it be shared

Date learning shared and any notes:	
Service Manager signature: (sign off of complaint)	

Version	Version 6	Date	22 November 2018
Owned by	Emma Gwilliam	Ratification Date	6 March 2019
Director responsible	Anne Thomas (Chief Executive Officer)	Review Date	5 March 2022

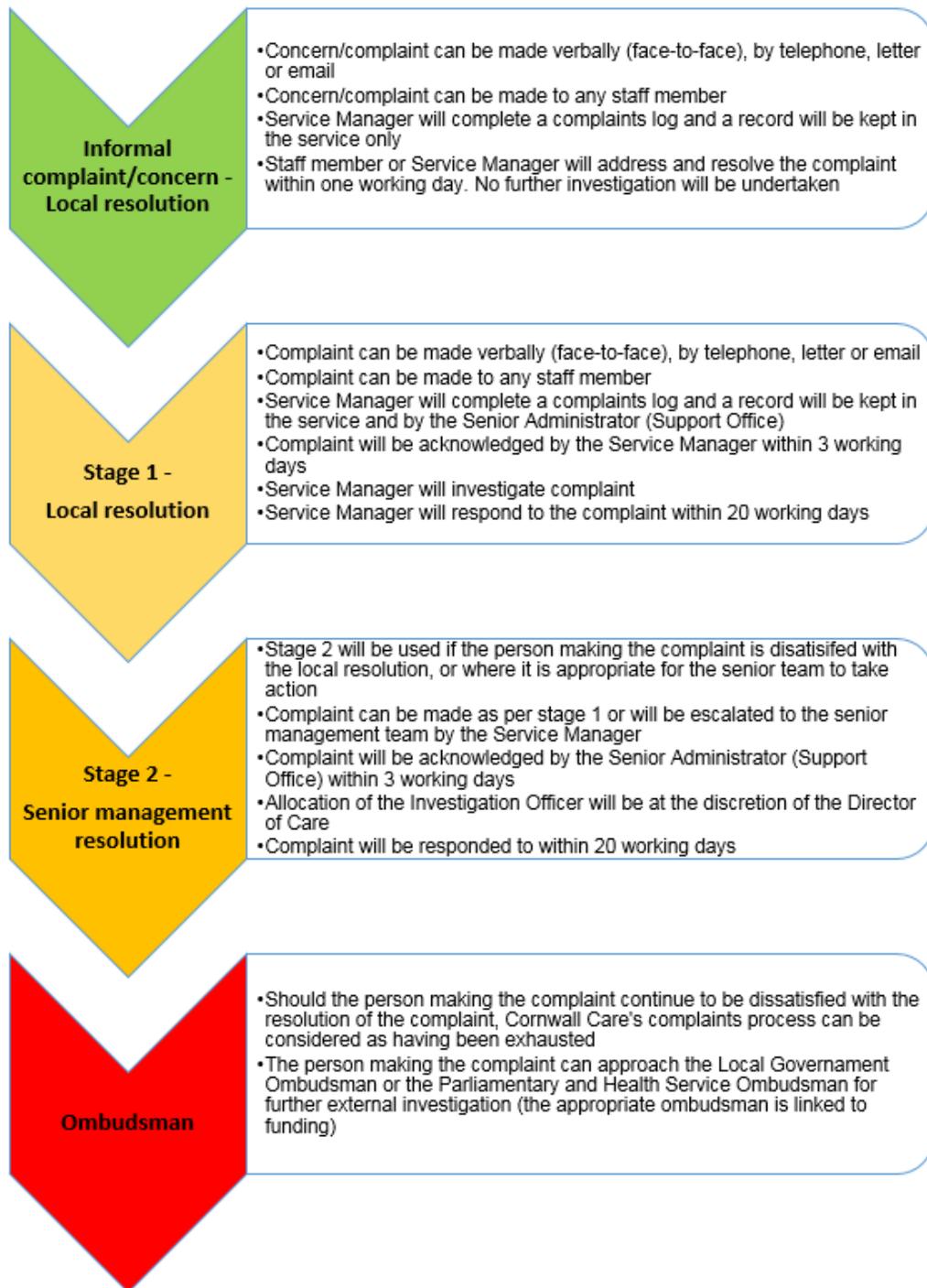
Support Organisations

<p>Care Quality Commission (CQC) 151 Buckingham Palace Road London SW1W 9SZ</p> <p>Tel: 03000 616161</p>	<p>If you have a complaint about Cornwall Care you must make a complaint direct to them. The Care Quality Commission (CQC) <i>can't</i> make these complaints for you or take them up on your behalf because they don't have powers to investigate or resolve them. The only exception to this is for people whose rights are restricted under the Mental Health Act. If you do give feedback or make a complaint to Cornwall Care you can inform CQC that you have done so.</p>
<p>FREEPOST RRZJ-EUSJ-EGKL Complaints Manager Education, Health and Social Care Cornwall Council County Hall Truro TR1 3AY</p> <p>Telephone: 01872 323164 Email: ehsc.feedback@cornwall.gov.uk</p>	<p>If your or your relative's care is funded or arranged by Cornwall Council, you can make a complaint to them.</p>
<p>Local Government Ombudsman PO Box 4771 Coventry CV4 0EH</p> <p>Phone: 0300 061 0614 Fax: 024 7682 0001</p> <p>Website: https://www.lgo.org.uk/</p>	<p>If you are unhappy with the outcome of your complaint to Cornwall Care or to the Council, you can contact the Local Government Ombudsman. (This includes clients who self-fund their care).</p>
<p>Parliamentary and Health Service Ombudsman</p> <p>Helpline 0345 015 4033 8.30am - 5.30pm Monday to Friday</p> <p>Website https://www.ombudsman.org.uk/</p>	<p>If your care is funded by the NHS and are unhappy with the outcome of your complaint to Cornwall Care, you can make a complaint to the Parliamentary and Health Service Ombudsman.</p>

Version	Version 6	Date	22 November 2018
Owned by	Emma Gwilliam	Ratification Date	6 March 2019
Director responsible	Anne Thomas (Chief Executive Officer)	Review Date	5 March 2022

Appendix 3

Complaint Stages Process



Version	Version 6	Date	22 November 2018
Owned by	Emma Gwilliam	Ratification Date	6 March 2019
Director responsible	Anne Thomas (Chief Executive Officer)	Review Date	5 March 2022