

## Complaints policy and procedure

### Governance Approval Coversheet

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<b>Executive Director responsible for document development or review:</b>	Chief Executive
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**Document Title Page**

<p><b>Name of document:</b></p>	<p>Complaints policy and procedure</p>
<p><b>CQC regulations related to document</b></p>	<p><b>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3) – Regulation 16: Receiving and acting on complaints</b>  Specifically -  16(1) Any complaint received must be investigated and necessary and proportionate action must be taken in response to any failure identified by the complaint or investigation.  (2) The registered person must establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity.  (3) The registered person must provide to the Commission, when requested to do so and by no later than 28 days beginning on the day after receipt of the request, a summary of -  (a) Complaints made under such complaints system  (b) Responses made by the registered person to such complaints and any further correspondence with the complainants in relation to such complaints, and  (c) Any other relevant information in relation to such complaints as the Commission may request.</p> <p><b>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3) – Regulation 17: Good governance</b>  Specifically -  17(1) Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.  (2) Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to –  (a) Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services)  (b) Assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity</p>

	<p>(c) Maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided</p> <p>(d) Maintain securely such other records as are necessary to be kept in relation to—</p> <p>(i) persons employed in the carrying on of the regulated activity, and</p> <p>(ii) the management of the regulated activity</p> <p>(e) Seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services</p> <p>(f) Evaluate and improve their practice in respect of the processing of the information referred to in subparagraphs (a) to (e).</p> <p>(3) The registered person must send to the Commission, when requested to do so and by no later than 28 days beginning on the day after receipt of the request –</p> <p>(a) a written report setting out how, and the extent to which, in the opinion of the registered person, the requirements of paragraph (2)(a) and (b) are being complied with, and</p> <p>(b) any plans that the registered person has for improving the standard of the services provided to service users with a view to ensuring their health and welfare.</p>
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<b>Related documents:</b>	Incident reporting policy and procedure Information and records management policy and procedure

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## 1. Introduction and purpose

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.

In order to address and resolve complaints fairly and efficiently Cornwall Care aim to:

- Provide information on how to complain.
- Promote its complaints procedures.
- Help the person who is complaining to understand the complaints process
- Acknowledge all complaints when they are received.
- Investigate complaints thoroughly and appropriately.
- Communicate with the person who has raised the concern/complaint, share the findings from the investigation and describe what action has been taken
- Remind people of their right to take the matter to the Local Government Ombudsman and the Health Service Ombudsman (for those in receipt of healthcare funding) if they feel that the complaint has not been resolved satisfactorily (appendix 1).
- Have someone senior in the organisation that is responsible for the coordination of complaints and sharing the learning from complaints with relevant people.

## 2. Scope

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.

## 3. Definitions

### Complaint

Any expression of dissatisfaction about a service provided by Cornwall Care, a member of staff or someone acting on behalf of Cornwall Care.

### Concern

A concern is often expressed as an 'informal' complaint. A person may be deterred from making a formal complaint but wish to express their concerns informally. In order to encourage all feedback Cornwall Care can manage the process less formally at the complainant's request.

*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.*

## **4. Responsibilities**

Cornwall Care will seek to resolve any concerns as soon as possible ensuring compassion, integrity and transparency. In doing so it has expectations of staff and a duty to co-operate with other agencies (when necessary).

### **Chief Executive**

The Chief Executive has overall accountability for complaints management and will devolve decision-making in relation to formal complaints as appropriate.

### **Head of Governance and Quality Assurance**

The Head of Governance and Quality Assurance Lead has a responsibility to coordinate all complaints, to manage complaints information and to report on complaints. All complaints will have an individual reference number and be recorded. 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. The Head of Governance and Quality Assurance has responsibility to monitor compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and this policy. They also have responsibility to identify themes, trends and areas of particular concern to highlight opportunities for learning.

### **Chief Executive's Personal Assistant (PA)**

The Chief Executive's PA will receive all complaints from services and, where relevant, departments. They will liaise with and support the Chief Executive and Head of Governance to ensure effective coordination of complaints.

### **Finance Director / Operations Director**

The Finance and Operations Directors 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. They will also have responsibility to communicate areas of concern/or learning arising through complaints to all relevant staff within their area of line management. The Finance Director and Operations Directors have a responsibility to agree letters of response at stage two of the complaints process.

### **Heads of Service**

Heads of Service have a role to review complaints and take further action to resolve the complaint at stage two. They have devolved responsibility for the overall operational management of complaints including investigations, acknowledging the receipt of formal complaints at stage two, and implementing any remedial actions and learning points.

The Heads of Service will work with investigators to ensure all aspects of the complaint have been responded to.

## **Registered Manager**

The Registered Manager should act on all complaints or concerns raised in their service, in order that they can take action to improve the service where necessary. They should ensure that their staff deal with complaints or concerns promptly, openly and effectively. They should discuss and monitor learning/actions regularly with staff. The Registered Manager has a responsibility to keep a record of all complaints raised in their service including those that have been resolved within one working day of receiving the complaint or at stage one of the complaints process (appendix 3). The Registered Manager has responsibility to acknowledge receipt of complaints at stage one (local resolution) of the complaints process. The Registered Manager has a responsibility to ensure that their Heads of Service and Chief Executive's PA are aware of all complaints at stage one of the complaints process.

All complaints/concerns are to be recorded by the Registered Manager, or person in charge, in the service's complaints book or folder.

## **Department Heads/Managers**

All departmental Heads/Managers including Education and Practice Development, Human Resources, Property and Finance will be responsible for:

- Providing specialist advice and support to managers/staff as appropriate in the event of a complaint
- Reviewing complaints for themes and trends as appropriate to their service of 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 Chief Executive's PA of a complaint in their area.

If a complaint is received by a department they are required to complete a complaints log (appendix 2) and inform their line manager/Chief Executive's PA.

## **All staff**

The initial contact when a person wishes to raise a concern or complaint is crucial and offers the opportunity to have a dialogue with them. Often the reason people give for being unhappy about how their complaint has been handled is poor communication. All staff members are expected to adhere to the following procedure when someone says they are unhappy with the service they have received:

- Establish how the person 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 person 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 as it is important to understand why they are dissatisfied.
- 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.
- If the concern or complaint can be resolved without further investigation then this should take place as long as the person complaining is satisfied and there is no risk to other customers.

Complaints may be raised by clients receiving care, their relatives/friends or other professionals and therefore the procedure will need to be adapted according to the circumstances and situation. The underpinning principles are to be empathetic, understanding and thorough in order to effectively address the concern.

### **Duty to co-operate**

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.

## **5. Who can complain**

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. 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. 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. 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.

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

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.

## 6. Ways to complain

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. Some people may wish to express a concern but not formalise it in a complaint. Cornwall Care wish 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.

## 7. Stages of complaints

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):**

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

If a complaint is received at Cornwall Care's central office, the Registered 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 Registered 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):**

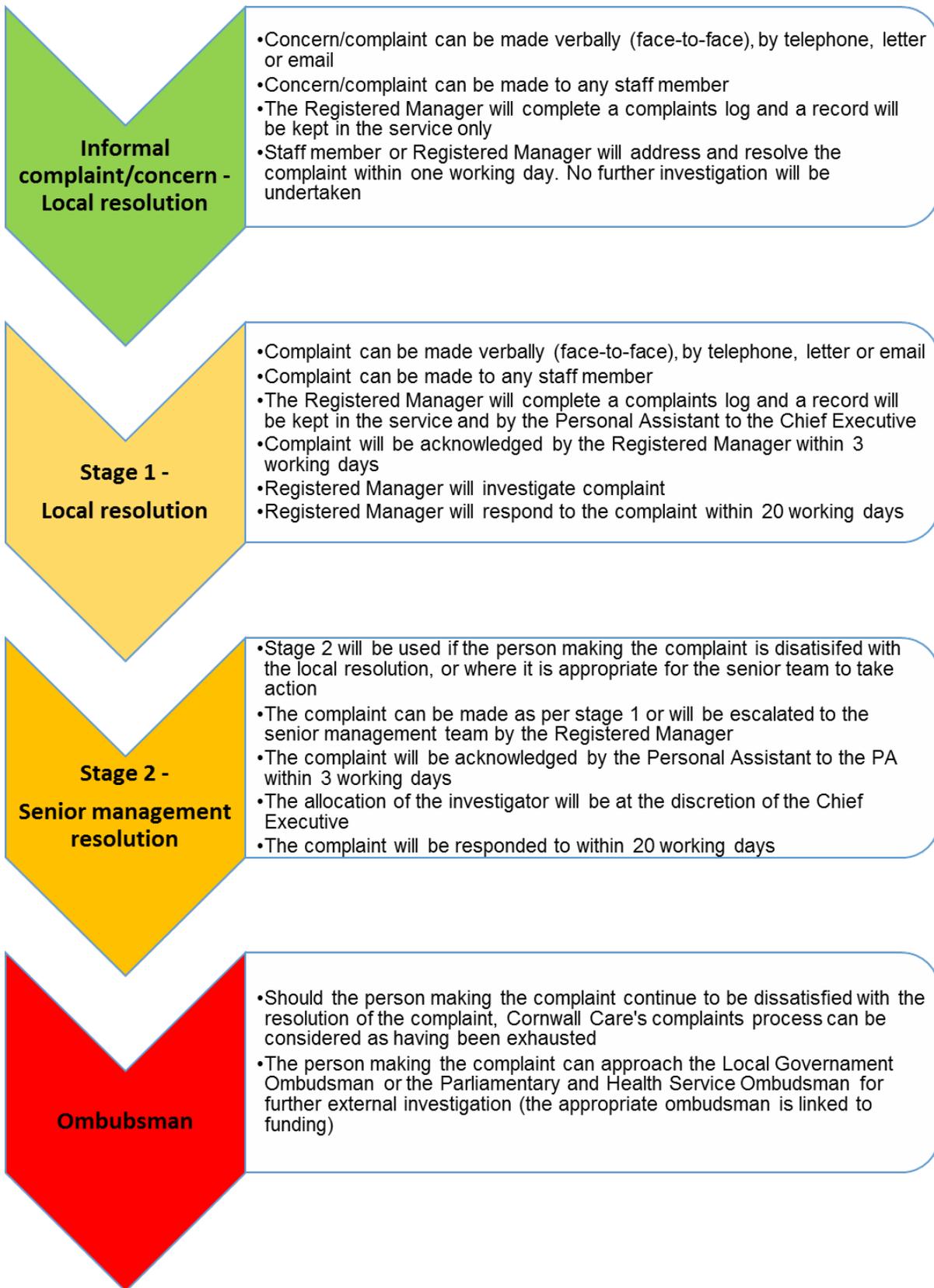
Stage two of the complaints process occurs if the person who has made the complaint is unsatisfied with the local resolution process. The person may not consider their complaint to have been dealt with effectively, appropriately or with the desired outcome. However, there may also be occasions where 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.

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 Finance or Operations Director, and the Chief Executive where applicable.

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.

The following flow chart explains the stages of complaints:



## **8. Complaint investigation**

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 Registered 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.

However 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 Chief Executive, however the Operations and Finance Directors' will have delegated duty to make this decision in the Chief Executive's absence. 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 Registered Manager from a different service. Where appropriate and relevant, the Executive Team may commission an investigator external to the organisation to undertake the enquiry.

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.

## **9. What is not considered a complaint**

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 Manager will still record the complaint and ensure actions are taken and any learning shared.
- A complaint by an employee relating to their employment will be managed in a different way, for example through a grievance procedure.
- 'Whistle blowing' complaints and concerns as they will be managed in accordance with the whistle blowing procedure.
- A complaint that has already been resolved.
- A complaint that is being managed by either the Local Governmental or Parliamentary and Health Service Ombudsman.
- 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.

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.

A complaint can be made no later than nine months after the date the event occurred. The time limit will not apply if Cornwall Care is satisfied that the complainant has a good reason for not making the complaint within that time limit and, despite the delay, it is still possible to investigate the complaint effectively and fairly.

## **10. Suspension of a complaint**

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. 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.

## **11. Habitual and repetitive complaints**

Cornwall Care is committed to dealing with concerns and complaints fairly and impartially, and to providing a high quality service to those who use it. In a small number of cases 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.

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.
- 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

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

Where necessary, for the protection of clients and staff, the decision to categorise a complainant as habitual or repetitive will be made by the Chief Executive. 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.

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.

## 12. Monitoring compliance and effectiveness

Logging of complaints and concerns	<p>Cornwall Care's Governance team and the Chief Executive's PA will record:</p> <ul style="list-style-type: none"> <li>• Each complaint received.</li> <li>• The stage and service of each complaint.</li> <li>• The Investigating Officer considering the complaint.</li> <li>• The outcome of the complaint.</li> <li>• Details of the reasons for delay where an investigation took longer than the agreed response time.</li> <li>• The date the findings of the outcome of the investigation were sent to the complainant.</li> </ul>
Minimum requirements to be monitored	<ul style="list-style-type: none"> <li>• Total number of complaints</li> <li>• Number closed within and outside required timescales</li> <li>• Lessons learned.</li> <li>• Quality of the complaints responses</li> </ul>
Process for monitoring	<p>The Board will receive assurance reports regarding complaints that include:</p> <ul style="list-style-type: none"> <li>• Trend analysis of complaints at all stages</li> <li>• Reporting of all serious complaints (stage two)</li> </ul>
Frequency of monitoring and assurance reporting	<ul style="list-style-type: none"> <li>• Weekly – Complaints to Operations meeting.</li> <li>• Monthly – Integrated performance report to the Board.</li> <li>• Annual – Report on all complaints received the previous year including the following: <ul style="list-style-type: none"> <li>- Number of complaints received;</li> <li>- Number of complaints that have been referred to other</li> </ul> </li> </ul>

	<p>bodies;</p> <ul style="list-style-type: none"> <li>- Subject matter of the complaints received;</li> <li>- Summary of any matters of importance in the complaints themselves or in the way that they were handled; and</li> <li>- Summary where action has been or is to be taken to improve services as a consequence of those complaints</li> </ul>
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### 13. References

Care Quality Commission (2014) *How to complain about a health or social care service*. Available at: [http://www.cqc.org.uk/sites/default/files/documents/20140210\\_6642\\_cqc\\_how\\_to\\_complain\\_leaflet\\_final\\_web.pdf](http://www.cqc.org.uk/sites/default/files/documents/20140210_6642_cqc_how_to_complain_leaflet_final_web.pdf) . (Accessed 25.05.15).

Department of Health (2013) *The NHS Constitution – The NHS belongs to us all*. Available at: <http://www.nhs.uk/choiceintheNHS/Rightsandpledges/NHSConstitution/Documents/2013/the-nhs-constitution-for-england-2013.pdf>. (Accessed 25/05/15)

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Local Government Ombudsman (2012) *Adult Social Care - Complaint management checklist*. Available at: <http://www.lgo.org.uk/downloads/ASC%20section/1512-Complaint-Management-Checklist-for-providers-web.pdf>. (Accessed 25.05.15)

Local Government Ombudsman (2015) *How to complain about a care home or care in your home – self-funded or council funded*. Available at: <http://www.lgo.org.uk/downloads/Other%20publications/1528-Adult-Social-Care-Complaints-Lflt.pdf>. (Accessed 25.05.15)

## Appendix 1 – Contact information

### **Cornwall Care**

Cornwall Care House, Glenthorne Court, Truro Business Park, Truro, TR4 9NY

Tel: 01872-261787

Email: [mail@cornwallcare.org](mailto:mail@cornwallcare.org)

Website: [www.cornwallcare.org](http://www.cornwallcare.org)

### **Local Council**

Cornwall Council, County Hall, Treyew Road, Truro, TR1 3AY

Tel: 0300 1234 100

Email: [enquiries@cornwall.gov.uk](mailto:enquiries@cornwall.gov.uk)

Website: <http://www.cornwall.gov.uk>

### **The Local Government Ombudsman**

Relevant if the issue concerns adult social care services including assessment, placement and funding.

PO Box 4771, Coventry CV4 0EH

Tel: 0300 061 0614

Fax: 02476820001

Email: [advice@lgo.org.uk](mailto:advice@lgo.org.uk)

Website: [www.lgo.org.uk](http://www.lgo.org.uk)

### **Parliamentary and Health Service Ombudsman**

Relevant if the issue is about an NHS service including assessment and funding.

Millbank Tower, Millbank, London, SW1P 4QP

Tel: 0345 015 4033

Fax: 03000614000

Email: [phso.enquiries@ombudsman.org.uk](mailto:phso.enquiries@ombudsman.org.uk)

Website: [www.ombudsman.org.uk](http://www.ombudsman.org.uk)

### **Care Quality Commission**

Even though the CQC does not investigate complaints, their role is to develop and improve services. The complaint can be sent to them for information purposes.

Care Quality Commission National Correspondence, Citygate, Gallowgate, Newcastle upon Tyne NE1 4PA

Tel: 0300 061 6161

Fax: 0300 061 6171

Website: [www.cqc.org.uk](http://www.cqc.org.uk)

### **Independent advocates who can support the complainant**

There are a number of people and services who can act as an independent advocate. The following list includes suggestions of people and services, with contact information where applicable:

- **Solicitor**
- **Cornwall Council advocacy service**

Cornwall Council, County Hall, Treyew Road, Truro TR1 3AY  
Website: <http://www.cornwall.gov.uk/default.aspx?page=5915>  
Tel: 0300 1234100

- **Care Aware**  
Website: <http://www.careaware.co.uk/>  
Tel: 0161 7071107  
Email: [enquiries@careaware.co.uk](mailto:enquiries@careaware.co.uk)
- **Citizens Advice Bureau**  
Website: <http://www.citizensadvice.org.uk/>  
Tel: 08444 994188
- **Older People's Advocacy Alliance (OPAAL)**  
Website: <http://www.acting-up.org.uk/opaal.htm>
- **Disability Cornwall** (*helping people with disabilities of any age*)  
Units 1G & 1H, Guildford Road Industrial Estate, Guildford Road, Hayle TR27 4QZ  
Website: <http://www.disabilitycornwall.org.uk/>  
Tel: 01736 759500  
Email: [info@disabilitycornwall.org.uk](mailto:info@disabilitycornwall.org.uk)
- **Independent Complaints Advocacy Service**  
First Floor, 17 Dean Street, Liskeard, PL14 4AB  
Tel: 01579 345 193  
Email: [liskeard.icas@seap.org.uk](mailto:liskeard.icas@seap.org.uk)
- **SEAP Cornwall** (*Providing independent mental health advocacy services including: IMHA, IMCA, IMCA DoLS, Community Mental Health Advocacy*)  
SEAP Cornwall, 17 Dean Street, Liskeard, Cornwall PL31 1RD  
Website: <http://www.seap.org.uk/>  
Tel: 0330 4409000  
Fax: 01579 345193  
Email: [liskeard.office@seap.org.uk](mailto:liskeard.office@seap.org.uk)
- **Cornwall Advocacy Service** (*supporting people with learning disabilities*)  
Woodbine Farm Business Centre, Truro Business Park, Truro, TR3 6BW  
Website: [www.cornwalladvocacy.ork.uk](http://www.cornwalladvocacy.ork.uk)  
Tel: 01872-242478  
Email: [enquiries@cornwalladvocacy.org.uk](mailto:enquiries@cornwalladvocacy.org.uk)
- **Mencap** (*supporting people with learning disabilities*)  
Website: <http://www.mencap.org.uk/>  
Tel: 01752 561915 / 0808 8081111  
Email: [help@mencap.org.uk](mailto:help@mencap.org.uk)

## Appendix 2 - Complaints log (informal, stage 1 and stage 2)

Date complaint received		Service or department	
Date Head of Service informed (if applic)		Date Chief Executive PA informed (if applic)	
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			
Investigating Officer (if applic)			
Date response letter to be received by complainant (if applic)			

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:	

Registered Manager signature: (sign off of complaint)	