

Aim

- To create a transparent and effective procedure for handling feedback of all kinds about our nursing service or any aspects of the operation of the Charity or the conduct of employees, bank staff or trustees.
- To ensure that all members of the CHN team are aware of their roles and responsibilities in handling any potential or actual complaints against themselves or other members of the team so that patients and their families can have any complaints investigated thoroughly and fairly.
- To seek to ensure that CHN staff are protected from false or unfounded allegations and are given a full chance to comment before CHN issues any response to negative comments or complaints.
- To provide clear guidance about the handling of any comments or complaints we receive about the care provided by NHS providers or our sister charities.

Procedure

This procedure is based on **The Code – Professional Standards of Practice and Behaviour for Nurses & Midwives (Nurse Manager C 2015)**. It should be read in conjunction with our Confidentiality (5), Disciplinary (21), Safeguarding (22) and Issues of Concern (30) policies.

As feedback involves comments from patients, their families or carers, our Policy is deliberately written as a public document designed for public use. **It is essential that all members of the CHN team are fully familiar with this document.**

The overall commitment we make is to follow up all comments about how we can improve our service so that we maintain the highest standards. Whilst the overwhelming majority of the feedback we receive is highly positive, there will always be things we can do even better.

Our overall aim is for all CHN staff to provide a consistent and sympathetic approach to all aspects of handling feedback of all kinds, and particularly complaints. Effective handling which inspires confidence can often reduce the negative impact of a complaint, just as any lapses in its handling can have the effect of increasing concerns about any aspect of our service.

Initial Handling of Feedback

It is the responsibility of the Nurse Co-ordinator on call to ask routinely for feedback from patients, family and carers when visiting patients and to take any necessary follow up action with the person concerned and the Nurse Manager. If the feedback raises any issues about our service (or if it contains positive comments which we might ask for permission to put it on our website or record it in our comments file).

If it becomes apparent to a CHN Nurse during a nursing visit that the patient, their family or carer are not entirely happy with our service, the CHN Nurse must refer this at the earliest practicable opportunity to the Nurse Co-ordinator on call. This may often in practice mean the next morning if the person making the comments or complaint during a night nursing visit agrees to this timescale.

But if the feedback relates to any potentially serious shortcoming in our service or anything whatsoever in the area of allegations of potential abuse, the Nurse Co-ordinator on call must be informed immediately, irrespective of the time of day or night.

When the Nurse Co-ordinator on call receives such a call, they should at once attend in person to manage the situation. If they are unable to attend themselves, they should ask the Nurse Manager or another Nurse Co-ordinator to attend in their place.

If, exceptionally, the issues raised mean that the patient, their family or carers are not happy for the CHN Nurse undertaking the nursing visit to continue to nurse the patient even until the end of the nursing visit, the Nurse Co-ordinator on call should take over the nursing visit and ask the CHN Nurse to return home, while making clear that this response to the initial comments is without prejudice to the outcome of the investigation of the full facts. The Nurse Co-ordinator on call must then inform the Nurse Manager of this action at the first practicable opportunity. It also follows that the Nurse Co-ordinator should, again without prejudice to the investigation, use other CHN Nurses (ideally another Nurse Co-ordinator) for future nursing visits and ensure that any Nurse undertaking future nursing visits is fully aware of the complaint and is briefed about how to handle it.

Initiation of Full Complaints Procedures

In handling any potentially serious negative comments, the Nurse Co-ordinator on call must ensure the complainant is given immediate access to a copy of the full Comments and Complaints Policy and the Comments and Complaints Recording Form it contains. If no-one in the household is able to complete the Recording Form themselves, the Nurse Co-ordinator on call shall offer help with this, but must be careful to allow the person commenting to choose their own words. If the Co-ordinator assists in completing the Record Form a note shall be added to the Record Form to record that fact.

It is very important at this stage to ensure that the person complaining is left in no doubt that CHN takes all complaints very seriously and will investigate them thoroughly. The Nurse Co-ordinator should express genuine regret that the person complaining is unhappy with our service but, in order to protect our Nurses from unfounded allegations, must avoid using any language which prejudices the outcome of the investigation into the facts.

At the same time, the Nurse Co-ordinator should also use the internal logging form (as set out immediately below this Procedure) to create a record of the complaint and how it has been handled. This document will be then handed over to the Nurse Manager who will then record all subsequent actions on it so that it becomes a complete record of how the complaint has been handled. This document also serves as a reminder of the deadlines for handling formal complaints and the need for interim replies if the investigation for any reason takes longer than the deadlines stated in the Comments and Complaints Policy.

The various stages of the full Complaints Policy are set out in that document and it will be the responsibility of the Head of Nursing (or in her absence, a fellow Nurse Co-ordinator other than the one who took the initial complaint) to follow through its stages, involving the Management Trustees as set out in that document, and agreeing the written response which is to be sent after each stage of the process.

It is the responsibility of the Head of Nursing or the Nurse Co-ordinator acting in her absence to ensure that the Nurse and Nurse Co-ordinator concerned are given a full and open chance to comment on the reply before it is sent. That does not mean that either of them will have a right to veto any wordings, but it does mean that any concerns of theirs about disputed facts or other reasons for not taking the complaint entirely at face value are given due weight. The Head of Nursing will also be responsible for all follow-up action including disciplinary or abuse issues in the light of those policies and for any notifications to professional bodies, where this is necessary after full investigation of the facts.

Complaints Against NHS Staff or Sister Charities

If a negative comment or complaint is made about a District Nurse or staff of a sister charity involved in a patient's care this must be reported to the Nurse Co-ordinator at the first opportunity. The duty Nurse Co-ordinator shall report it to the Head of Nursing who will inform the CEO and Management Group of Trustees.

Our role is to ensure that all information received by a Nurse or Nurse Co-ordinator concerning the performance of NHS staff or sister charities is channeled as soon as possible to that organisation either by our Head of Nursing, CEO or the Management Group of Trustees, after consultation with the Head of Nursing. It follows that the Nurse or Nurse Co-ordinator receiving such a complaint should make a full record of it in addition to the normal clinical records (such as the time Out of Hours were called and the time they actually attended the patient). The CHN Nurse must do everything possible to mitigate the effects of any delays or lapses in the care provided by NHS staff or others and should, if necessary, escalate the issue immediately if the patient's care has been compromised. But, just as with complaints against CHN staff, it is important not to prejudice the outcome of subsequent investigations into the care provided.

Seeking Guidance

It is the Nurse Manager's responsibility to ensure that all newly-appointed Nurses and Nurse Co-ordinators are given training in handling feedback and complaints and to ensure that there is regular discussion of our procedures (e.g. at our training days or staff meetings). As with all policy areas, all new Nurses must thoroughly familiarise themselves with our procedures and policies.

If any Nurse or Nurse Co-ordinator is not clear about any aspect of this policy area, it is vital to seek guidance without delay. It is far better to wake a Nurse Co-ordinator (or if necessary the Nurse Manager) to seek this guidance at once, than for a problem during a nursing visit to be left unaddressed until morning.

Non Nursing Complaints

Any comments or complaints which do not relate to the service delivered by the Charity must be drawn to the attention of the Management Group of Trustees as soon as possible. There is a non-nursing complaints procedure a copy of which will be made available on request.

CQC KLOES

CHN strives to exceed the expectation of the stated CQC Key Lines of Enquiry at all times. We try to ensure that all our services or actions mean that we are giving the highest quality of care and our patients or carers have the best quality of life possible. We aim to meet as many of the following criteria as possible:

Safe, Effective, Well Led, Caring and Responsive

This policy in particular relates to the following KLOE's

- Well Led
- Caring
- Effective

Implementation

All CHN nurses will be given access to this and all other policies once they have been formally accepted onto the nursing bank.

They will also be given their personal copy of a complete set of policies, correct at the time of their appointment. Thereafter it is their responsibility to ensure that they are fully familiar with the contents of current policies as revisions or additions are made from time to time.

To make this easier, CHN Nurses will be notified by e-mail when individual policies are revised and an electronic copy of the new version will be attached to that message.

CHN Nurses must take their complete set of current policies with them whenever undertaking any nursing visit to a patient or nursing session, so that its contents can be readily accessed, without even needing to go online to view the email versions.

References

The NMC Code - Standards of Conduct, Performance and Ethics for Nurses and Midwives (NMC 2008) and the guidelines laid out by the NMC on Safeguarding.

For internal use within Campdenn Home Nursing (not forming part of the Comments and Complaints Policy)

Action Plan and Log for Handling Complaints

All formal complaints must be reported immediately to the Nurse Manager.

1 Oral Complaint to a Nurse or Nurse Co-ordinator

(If an apparently minor oral complaint cannot be resolved straightforwardly and without delay it must be recorded in writing, dated, signed by the person making the record and forwarded to the Head of Nursing who will work to investigate it and produce the response (as set out in section 2 of this document). All written complaints will be handled in this way.)

- (a) Has the complainant agreed that the complaint can be investigated by the Nurse Co-ordinator concerned working with them? YES / NO If the answer is NO please forward immediately to the Head of Nursing.
- (b) Is the complaint potentially so serious that it should be dealt with by the Nurse Manager? YES / NO
- (c) Initial steps taken to establish the full details of the complaint
- (d) Details of the investigation including policies or regulations referred to.
- (e) Recommended action
- (f) Recommended action discussed with and reported to the Head of Nursing? Date:
- (g) Recommended action discussed with and reported to the Trustees? Date:
- (h) Finding discussed with the Nurse Co-ordinator concerned (if required)? Date:
- (i) Findings discussed with the CHN Nurse? Date:
- (j) Record and date of the conversation with the CHN Nurse Date:
- (k) Record of the conversation and feedback given to the complainant. Date:
- (l) Letter sent to complainant summarising the above discussion Date:
- (m) Follow-up action plan and training needs identified.

2 Serious oral complaints and all written complaints

- (a) Complaint made Date:
- (b) Acknowledgement sent (within 5 days) Date:
- (c) Deadline for substantive response after investigation (within 28 days of the complaint being made) Date:

