

**Standard Operating Procedures**

**Feedback and Complaints Handling**

June 2025

**Document Profile**

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| **Type**  | Standard Operating Procedures |
| **Title** | Feedback and Complaints Handling Standard Operating Procedures |
| **Author(s)** | Claire White |
| **Category**  | Organisational |
| **Version** | 1 |
| **Approval Route**  | Organisational Governance Approval Group (OGAG)  |
| **Date approved** | 4/06/2025 |
| **Review date** | *5 years (or as required)*  |
| **Document Status** | This is a controlled document. Whilst it may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, it should not be saved onto local or network drives but should always be accessed from the intranet. |

**Version Control**

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| **Date** | **Version**  | **Summary of changes made** |
| March 2025 | 1 | Complaints Handling Policy updated in accordance with the NHS Complaints Standards. SOP developed in addition to set out specific procedures. To include reference to feedback (including compliments) their handling and reporting. |
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# Introduction

Feedback from people who use, or who are affected by the activities carried out by Family Nursing & Home Care (FNHC) is crucial for improving care, developing services and building trust. Feedback offers valuable insights into experiences, ensuring islanders voices shape the delivery of community healthcare. In addition, unsolicited feedback provides a rich view of people’s experiences of which FNHC capture and use for quality assurance purposes.

Complaints offer a valuable source of learning to help improve services for everyone. Good complaint handling builds a direct and positive connection between those who provide services and the people who use them.

[The NHS Complaint Standards](https://www.ombudsman.org.uk/organisations-we-investigate/complaint-standards/nhs-complaint-standards) were developed in partnership by the Parliamentary and Health Service Ombudsman and published in December 2022. The Standards are based upon [My Expectations](https://www.ombudsman.org.uk/publications/my-expectations-raising-concerns-and-complaints), which sets out what patients want to happen when they make a complaint about health or social care services.

The NHS Complaint Standards have been used as best practice to direct Family Nursing & Home Care’s (FNHC) approach to complaint handling which are outlined within the Complaints Handling Policy and these procedures. The NHS Complaint Standards:



These Standard Operating Procedures set out clear procedures for the day-to-day handling of feedback and complaints.

# SOP 1 Feedback and complaints

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| ***Purpose*** |

To help identify when feedback and/or a complaint has been made or raised and the next steps.

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| ***Scope*** |

Applicable to all staff (clinical and non-clinical)

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| ***Core Requirements/Procedure*** |

**Everyday conversations with people who use our services**

Staff speak to people who use FNHC services every day. This can often raise issues, requests for a service, questions or worries that our staff can help with immediately. People are encouraged to discuss any issues they have with our staff, as we may be able to sort the issue out to their satisfaction quickly and without the need for them to make a complaint. Alternatively, people may wish to express their thanks or compliment staff or services they have received.

**Feedback**

Feedback can be an expression of satisfaction or dissatisfaction but is normally given without wanting to receive a response. Verbal feedback(including compliments) should be recorded on the **Verbal Feedback Form** (Appendix 1)this should be sent to the Line Manager/Registered Manager and Director of Governance & Care. Written feedback(including cards/notes of thanks) should be shared (scanned copy) with Line Manager/Registered Manager and Director of Governance & Care and can also be submitted via FNHC website or emailed to feedback@fnhc.org.je.

**Complaint**

Where it has not been possible to resolve an issue immediately, FNHC will take steps to try and resolve an issue as quickly as possible. People do not have to use the term ‘complaint’. Staff should use the language chosen by the patient, service user, or their representative, when they describe the issues they raise (for example, ‘issue’, ‘concern’, ‘complaint’, ‘tell you about’).

If it is considered that a complaint (or any part of it) does not fall under the complaint’s procedure explain the reasons for this (for example where their concern relates to a safeguarding issue). and provide any relevant explanation and signposting information.

Where it has not been possible to resolve an issue immediately, then the matter should be escalated to the Line Manager/Registered Manager and Director of Governance & Care.

# SOP 2 Outline of complaints handling process

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| ***Purpose*** |

To provide an overview of how complaints are handled at FNHC

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| ***Scope*** |

Applicable to all staff (clinical and non-clinical)

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| ***Core Requirements/Procedure*** |

The flow chart below provides an outline of the complaints handling process which is detailed below.



# SOP 3 Who can make a complaint

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| ***Purpose*** |

To identify who can make a complaint to FNHC and when a complaint can be raised.

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| ***Scope*** |

Applicable to all staff (clinical and non-clinical)

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| ***Core Requirements/Procedure*** |

Any person may make a complaint to FNHC if they have received or are receiving care and services from our organisation. A person may also complain if they are not in direct receipt of our care or services but are affected, or likely to be affected by any action, inaction or decision made by FNHC.

Complaints should be made to Family Nursing & Home Care within 12 months of the date the incident being complained about happened or the date the person raising the complaint found out about it, whichever is the later date (further considerations are set out within the Complaints Handling Policy).

Should there be any concerns regarding the source of a complaint then staff should seek advice from their Line Manager/Registered Manager or the Governance Team who will consider the following:

If the person affected does not wish to deal with the complaint themselves, they can appoint a representative to raise the complaint on their behalf. There is no restriction on who may represent the person affected. However, they will need to give their consent for their representative to raise and discuss their complaint and to see their personal information (including any relevant health care records).

If the person affected has died, is a child or is otherwise unable to complain because of physical or mental incapacity, a representative may make the complaint on their behalf. There is no restriction on who may act as representative but there may be restrictions on the type of information FNHC may be able to share with them. This will be explained to the person when first looking at the complaint.

If a complaint is brought on behalf of a child be satisfied that there are reasonable grounds for a representative bringing the complaint rather than the child. If not satisfied, share the reasons with the representative in writing.

If at any time it is identified that a representative is not acting in the best interests of the person affected, assess whether it is necessary to stop the consideration of the complaint. If this course of action is taken, share our reasons with the representative in writing. In such circumstances advise the representative that they may complain to the Jersey Care Commission if they are unhappy with this decision.

# SOP 4 Consent

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| ***Purpose*** |

To ensure that appropriate consent is gained to manage a complaint (Forms will be available on FNHC General Team)

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| ***Scope*** |

Applicable to all staff (clinical and non-clinical)

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| ***Core Requirements/Procedure*** |

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| Patient/client/child consent form | Where the complaint comes directly from the patient/client/child and the process has been explained there is no need to complete a form unless information needs to be shared or gathered from external agencies/organisations. |
| Consent for a representative to act  | Where a patient / client / child is able to provide consent for someone to act on their behalf. |
| Consent where the patient/client/child lacks capacity or has died  | Where the patient does not have capacity or has died this clarifies under what authority the person has. |
| Consent to share/gather information from other organisations  | Where other organisations may hold information / FNHC will share information in order for a complaint to be investigated |
| Easy read consent form  | This can be adapted depending on the consent required. |

# SOP 5 Receiving Complaints

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| ***Purpose*** |

To inform staff how to respond and what to do when someone raises a complaint.

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| ***Scope*** |

Applicable to all staff (clinical and non-clinical)

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| ***Core Requirements/Procedure*** |

All people, patients, their family members and carers should have a positive experience while they use FNHC services. If somebody feels that the service received has not met expected standards, encourage people to talk to staff who are dealing with them and/or to contact FNHC to see if the issue can be resolved promptly.

**Complaints raised in person (face to face or by telephone)**

All staff who have contact with patients, service users (or those that support them) will handle complaints in a sensitive and empathetic way. Staff will make sure people are listened to, get an answer to the issues quickly wherever possible, and any learning is captured and acted on. If unable to resolve the issue immediately or support is needed to so, then the person should be informed of the next steps.

**Complaints received in writing**

Complaints may be received in writing via email or by post and may come direct to individuals/teams or departments. Upon receipt of a written complaint, it should be shared with the Line Manager/Registered Manager and Director of Governance & Care who will agree which action to take which may include:

* Immediate resolution (resolved by the end of the next working day)
* Early resolution (resolved within 5 working days)
* Verbal or written acknowledgement (within three working days)
* Further investigation and response within 20 working days

In all cases staff will:

* apologise that the person has had cause to raise an issue
* listen to the person to make sure they understand the issue(s)
* ask how they have been affected
* ask what they would like to happen to put things right
* carry out these actions themselves if they can (or with the support of others)
* explain why, if they cannot do this, and explain what is possible, (this may include the need for further investigation).

This will often be done in person, over the telephone, or in writing (by email or letter) in line with the individual circumstances and preferences of the person raising the complaint.

# SOP 6 Complaint Resolution

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| ***Purpose*** |

To identify how complaints will be resolved, investigated and recorded

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| ***Scope*** |

Applicable to all staff (clinical and non-clinical)

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| ***Core Requirements/Procedure*** |

Complaints which can be resolved at the point of receipt or within 5 working days do not require a structured investigation. The same form is used to record ‘immediate resolution’ and ‘early resolution’. They will be categorised (immediate/early) by the Governance Team for quality assurance purposes.

**Immediate resolution**

Where complaints or issues raised can be resolved quickly at the time they are raised/received or by the end of the next working day, they should be recorded on the complaint resolution form ([Appendix 1](#_APPENDIX_1)).

**Early resolution**

Where complaints or issues cannot be resolved immediately, however, can be resolved within a few days with support if required, they should be recorded on the complaint resolution form ([Appendix 1](#_APPENDIX_1))

**Unresolved complaints or those requiring further investigation**

Not every complaint can be resolved quickly and sometimes a longer period of time to carry out a closer look into the issues and carry out an investigation will be required. In these cases, the Line Manager/Registered Manager and Director of Governance & Care will agree an appropriate person who will take a closer look into the issues raised. This will involve taking a detailed and fair review of the issues to determine what happened and what should have happened using the complaint investigation template ([Appendix 2](#_APPENDIX_2)) (further information regarding investigation process is detailed within the Complaints Handling Policy).

Upon completion of the investigation, the Director of Governance and Care (or their delegate) will provide a written response for the complainant which will be shared in person or in writing based upon the person’s preference.

**Where a person is not happy with the complaint response**

If the person is unhappy with the outcome of a complaint they may ask that the complaint investigation and outcome is reviewed by the CEO/Chairperson. The CEO/Chairperson may choose to convene an Advisory Panel. When deciding whether to convene an advisory panel, the following areas should be considered:

Can FNHC take further action before convening the panel to satisfy the person raising the complaint?

Has FNHC already taken all reasonable and practical action where the panel would have nothing further to add?

The CEO will explain their decision in writing to the person raising the complaint.

Should an Advisory Panel be convened it will:

* consist of at least two Committee members who sit on the Governance & Clinical Sub-Committee and include the CEO/Chairperson
* review all documentation and records
* provide an opportunity for the person raising the complaint and any other involved party to express their views
* provide an outcome of their review in writing to all parties involved in the complaint

If the person remains unsatisfied with the outcome then they may share their concerns with the relevant body/organisation which may include: Jersey Care Commission, Jersey Charities Commission, Jersey Financial Services Commission, Jersey Office of the Information Commissioner or Health & Community Services Commissioning.

# SOP 7 Quality Assurance

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| ***Purpose*** |

To describe how feedback and complaints are recorded centrally and used for Quality Assurance purposes.

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| ***Scope*** |

Applicable to all staff (clinical and non-clinical)

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| ***Core Requirements/Procedure*** |

All feedback (where a response is not required) should be shared with the Director of Governance and Care.

Compliments (including expressions of thanks) will be logged onto FNHC’s Safety Management System by the Governance Team.

The number of compliments will be reported for each team/service in monthly performance data that is shared at Operational Management Meetings.

The number of compliments for each team/service will be reported on a quarterly basis along with anonymised examples or themes and presented to Government of Jersey Commissioners in Performance Review Meetings and to the FNHC Committee within the Governance & Clinical Sub-Committee Report.

All complaints will be logged onto FNHC’s Safety Management System by the Governance Team. Complaints will be categorised into ‘Immediate Resolution’, ‘Early Resolution’ and ‘Complaint Investigated’

Numbers of each category of complaint will be reported for each team/service in monthly performance data that is shared at Operational Management Meetings.

The numbers of each category of complaint will be reported for each team/service on a quarterly basis and presented to Government of Jersey Commissioners in Performance Review Meetings and to the FNHC Committee within the Governance & Clinical Sub-Committee Report. Themes from immediate and early resolution will be shared along with anonymised themes, outcomes and learning from Complaint Investigations.

# REFERENCES

NHS, (2022), ‘NHS Complaint Standards’ Available from: [NHS Complaint Standards | Parliamentary and Health Service Ombudsman (PHSO)](https://www.ombudsman.org.uk/organisations-we-investigate/complaint-standards/nhs-complaint-standards) [Accessed electronically 24/05/24].

# APPENDIX 1

**Verbal Feedback Form** (including compliments)

Feedback can be an expression of satisfaction and dissatisfaction but is normally given without wanting to receive a response.

Please record the following and share with Line/Registered Manager and Director of Governance & Care.

|  |  |
| --- | --- |
| **Date of feedback:** |  |
| **Provided to: (name of staff receiving feedback)** |  |
| **About: (team / department / person)** |   |
| **Contents of feedback:** (no identifiable details to be recorded unless the person providing feedback wishes acknowledgement, in which case provide contact information) |    |

# APPENDIX 2

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Complaint resolution form** Use this form to record any concern or complaint received.Person raising the complaint: Click or tap here to enter text. Contact details:Click or tap here to enter text.Service/Team/Department involved: Click or tap here to enter text.Person dealing with the complaint: Click or tap here to enter text.Contact details: Click or tap here to enter text.Date complaint received: Click or tap here to enter text.Date complaint resolved: Click or tap here to enter text.Date complaint escalated (if not resolved): Click or tap here to enter text.Complaint escalated to: Click or tap here to enter text.

|  |
| --- |
| **Issue and action requested** |
| *Set out the main complaint issues, how they have affected the service user and what the service user is looking for as a good outcome or resolution.* |
| **Action taken and resolution** |
| *Set out what you have done to look into the matter, what you found and what action you took to resolve the complaint. (If you are unable to resolve the complaint, escalate this to the Registered Manager/Line Manager)* |
| **Improving services** |
| *Set out any learning you have identified and how you have shared it with colleagues, other teams, your complaints team and others, to make sure this does not happen again.* |

I have discussed the above with [name of the person raising the complaint]. They have confirmed that they are happy with [insert details of how matter has been resolved (explanation, apology, action, escalation etc)].

|  |  |
| --- | --- |
| Date  | Click or tap to enter a date. |
| Signature/Type Name | Click or tap here to enter text. |

Please share this with your Line/Department Manager/Operational Lead and the Director of Governance & Care for recording. |

# APPENDIX 3

**Complaint investigation template**

|  |  |  |
| --- | --- | --- |
|  |  | **Working days** |
| Date complaint received: |  |  |
| Date complaint acknowledged / clarified: |  |  |
| Date consent provided: |  |  |
| Latest closure date (20 working days from receipt of consent or acknowledgement: |  |  |

|  |  |
| --- | --- |
| Name of person raising complaint |  |
| Contact details and communication preferences of person raising complaint |  |
| Record of discussions with person raising complaint |  |

1. **Background** *Provide a brief summary of the issue:*
2. **Clarification of the complaint:**

*The staff member (or Complaint Handler) dealing with the complaint will:*

* *engage with the person raising the complaint to make sure they fully understand and agree:*
* *the key issues to be looked at*
* *how the person has been affected*
* *the outcomes they seek*
* *signpost the person to support and advice services, including independent advocacy services, at an early stage*
* *make sure that any staff members specifically complained about are made aware at the earliest opportunity*
* *share a realistic timescale for how long the investigation is likely to take with the person raising the complaint, depending on:*
* *the content and complexity of the complaint*
* *the work that is likely to be involved*
* *agree how they will keep the person (and any staff specifically complained about) regularly informed and engaged throughout*
* *explain how they will carry out the closer look into the complaint, including:*
* *what evidence they will seek out and consider*
* *who they will speak to*
* *how they will decide if something has gone wrong or not*
* *who will be responsible for final response*
* *how the response will be communicated.*
1. **Areas for investigation** *What needs to be looked at following clarification of the complaint?*
2. **Process for investigation** *Which records need to be accessed, which staff need to be spoken with…?*
3. **The findings** *What happened compared to what should have happened with reference to SOPs, guidance, etc.*
4. **The impact** *What impact has what happened had?*
5. **Possible remedies** *Is there anything we can do to put things right? Are there changes to help prevent a similar occurrence?*
6. **Recommendations** *is there a need for further actions/learning or different procedures?*