

Appendix 1: Adult Social Care Provider 'Formal' Complaint Process

A quality complaint is received via email to a Council Officer (OFFICIAL COMPLAINT)		
TEAM / ORGANISATION	STEP	PROCESS
Complainant / Representative (Individual)	1	Complainant has a concern or issue and emails, calls, or states in a meeting to the Adult Operational Services Team and Support Services, Officer. This must be an Individual or member of the public and not a professional concern. A professional concern must be directed to the relevant Adult Quality Team to follow up as a quality concern and not a 'formal complaint'.
Adult Operational & Support Services Team	2	Officer receives concern where the 2-day acknowledgement window starts. The Officer forwards the concern via email to the Corporate Complaints Team at corporatecomplaintsteam@gloucestershire.gov.uk . If this is a concern regarding care charges, the Officer also forwards the complaint details to the Care Services Finance / Debt Recovery Team at careservicesfinance@gloucestershire.gov.uk and the Adult Disability Quality Team at disabilityquality@gloucestershire.gov.uk and/or the Adult Older People Quality Team at CBOP@gloucestershire.gov.uk
Corporate Complaints Team	3	Complaints Officer receives notification and contacts the Complainant directly if clarifications are required regarding the concern.
	3.1	Complaints Officer contacts Complainant immediately to discuss the process. If clarification is required, the Complaints Officer asks the Complainant for information required and then discusses the process regarding Provider complaints (this includes if the complaint needs to be formal or informal). If this is a 'Self-funder' complaint, the Complaints Officer advises the Complainant to send the complaint to the Provider directly. The complaints team will inform the commissioning team about the self-funder's complaint." If the Complainant is 'Social Care' funded, the Officer states that the Corporate Complaints Team will send the complaint directly to the Provider and include the Complainant and the relevant Quality Team and Operational Officer.

	3.2	If the Complainant states that an informal complaint has already been discussed with the Provider but felt that the complaint has not been addressed appropriately by the Provider, a formal complaint is required.
	3.3	If Complainant confirms that this has not yet been addressed with the Provider, the Complaints Officer can request this is discussed with the Provider in the first instance and asks for the Corporate Complaints Team and the relevant Quality Team are included in discussions, with the Quality Officer leading on concerns and issues between Parties. See <i>informal complaints process</i> .
Adult Integrated Commissioning Team	4	The relevant Quality Officer starts the 20-day Provider 'Stage 1' monitoring of the complaint to ensure compliance of the Providers complaints policy timeline and process for a formal complaint. The Officer updates their monitoring platform or documentation.
Provider	5	Provider confirms receipt of complaint within 2 working days with investigation start date on receipt of complaint, then outlines the service complaint process with projected timelines within 20-days of receipt of complaint to the Complainant, the Corporate Complaints Team and the Adult Integrated Commissioning Team. Depending on complexity, the Provider may request more time to fully investigate comprehensively.
Corporate Complaints Team	6	The Complaints Officer contacts the relevant Quality Officer within 10-days after initial response from the Provider to ensure that there are no changes to the complaint.
Adult Integrated Commissioning Team	7	The Quality Officer responds to the Complaints Officer regarding any updates, if required.
Provider	8	Once the Stage 1 investigation is completed, Provider outlines in an 'official letter' if any aspect of the complaint has been upheld or not and ways to rectify as well as lessons learned with projected timelines, if required. This correspondence is sent to the Complainant, the Corporate Complaints Team, and the Adult Integrated Commissioning Team.

Adult Integrated Commissioning Team + Provider	9	The Quality Officer reviews timelines, investigation process and outcome to ensure Providers complaints policy has been followed and forwards complaint outcome to the Corporate Complaints Team.
	9.1	If the Quality Officer determines that there has been an issue identified with the investigation and the process, the Quality Officer will request reasons from Provider on why this was not followed according to policy within 7-days.
	9.2	Provider responds with reasons and the Quality Officer decides whether to allow a lessons learned process with Provider or whether an escalation is required to the Quality & Contract Board for discussion and decision.
Provider	10	Provider responds with reason/s and if the Quality Officer is satisfied, updates recording documentation or platform. If the Quality Officer is not satisfied, then a formal meeting is requested with the Provider to discuss a potential quality monitoring investigation carried out by the Adult Integrated Commissioning Team. See <i>Quality Escalation Process</i> .
Complainant / Representative + Provider + Adult Integrated Commissioning Team	11	If Complainant is satisfied with Stage 1's outcome. Process ends and Provider updates the Complainant and the Corporate Complaints Officer and Quality Officer on rectifications if any aspects of the complaint is upheld.
	11.1	If Complainant is dissatisfied with the complaint outcome/s, the Complainant states why they are dissatisfied and any new information that may be required since the initial Stage 1 complaint commenced. Complainant informs the Provider and the Corporate Complaints Team that they would like to escalate to a Stage 2 complaint (appeal) and reasons for request.
	11.2	Provider responds to Stage 2 request within 2-days of request, acknowledging receipt.
Provider + Adult Integrated Commissioning Team	12	Provider reviews Stage 2 request with reasons from Complainant and assesses whether a Stage 2 request is required.



	<p>12.1 If the Provider believes that a Stage 2 complaint investigate is not warranted, the Provider discusses the reasons why they do not believe this is the case with the Quality Officer immediately upon receiving request and notifies the Complainant that they are in receipt of request within 2-days of receipt and will notify as soon as possible whether request will be fulfilled. This is case dependent on the Providers current complaints policy.</p>
	<p>12.1.1 The Provider and the Quality Officer meets within 5-days to discuss the reasons as to not carry out a Stage 2 investigation. If the Quality Officer is in agreement that a further Stage 2 investigation is not required (investigation was carried out according to the Providers policy, the Complainant is not reasonable in their further request, the outcomes are in-line with the expectations of the Council's quality standards), the Officer develops a brief and discusses with the Quality Manager reasons for decision for sign-off.</p>
	<p>12.1.2 If the Quality Officer, after meeting the Provider within 5-days, does not agree with the Providers recommendation to not follow through with a Stage 2 complaint investigation, the Quality Officer states reasons that a further Stage 2 investigation is required in an official letter and carries out an investigation as the Lead for a Stage 2 complaint, within 20-days of official letter sent to Provider. Then notifies the Complainant of the new process, as well as the Care Manager and Corporate Complaints Team. The Quality Officer follows the Adult Social Care Complaints Policy from 2021 version 3.</p>
	<p>12.1.3 The Quality Officer carries out the investigation with the support of the Provider and their team/s within 20-days, however, an extension of this timeline may be requested due to complexity of case or staff being unavailable. If an extension if required, the Quality Officer informs the Complainant, Provider, Corporate Complaints Team and Care Manager.</p>
	<p>12.1.4 The Quality Officer submits a report with recommendation of outcome/s to the Quality Manager and Corporate Complaints Team for sign-off. Once signed-off, an official response letter is sent to the Complainant, Provider, Corporate Complaints Team and Ops Officer with an outline of any rectification expectations and lessons learned plan.</p>



	12.2	If the Provider agrees that a Stage 2 complaint investigation is warranted based on the Complainants reasons or new information, the Provider contacts the Complainant, Corporate Complaints Team and Quality Officer that a Stage 2 investigation is to be carried out in 20-days of receipt. Depending on complexity, the Provider may request more time to fully investigate comprehensively.
Corporate Complaints Team	13	The Complaints Officer receives Stage 2 investigation confirmation and updates their recording documentation and/or platform and informs the allocated Quality and Ops Officer that the complaint has been escalated.
Provider + Adult Integrated Commissioning Team	14	Provider carries out Stage 2 investigation within 20-days of receipt of request for a Stage 2 escalation and a decision is made to either not uphold fully, uphold partially, or fully uphold. Confirmation is sent to the Complainant, Quality Officer and Corporate Complaints Team regarding outcome/s. Go to Step 16.
	14.1	If the Quality Officer has concerns regarding how the appeal process has been managed and followed, the Officer relays concern to the Provider requesting reasons to be submitted in 7-days.
	14.2	Provider responds with reason/s to the Quality and Complaints Officer.
	14.3	If Quality Officer is satisfied, no challenge to process is required and recording documentation and/or platform is updated and the Care Manager and Corporate Complaints Team is informed.
	14.4	If the Quality Officer is dissatisfied, they relay concerns to the Provider requesting reasons within 7-days requesting a response within 5-days as to next steps to ensure lessons are learned or reasons.

Provider	15	Provider responds with reasons and the Complaint Officer, and the Quality Officer decides whether to allow a lessons learned process with Provider or whether an escalation is required to the Quality & Contract Board for discussion and decision.
Complainant / Representative + Provider + Adult Integrated Commissioning Team	16	If Complainant is satisfied with appeal outcome. <i>End of Process.</i>
	16.1	Provider ensures any updates on rectification and/or lessons learned are provided to the Complainant and the Quality Officer.
	16.2	Quality Officer continues to review rectifications process to ensure they are within the agreed timelines and meets or discusses with the Provider regularly and sends update to the Care Manager for LAS case notes and the Corporate Complaints Team. See <i>Quality Escalation Process.</i> <i>End.</i>
	16.3	If Complainant is dissatisfied with the Stage 2 outcome/s, the Complainant informs the Provider and the Corporate Complaints Officer and may state a further complaint will be sent to the Local Authority & Social Care Ombudsman.
Provider + Adult Integrated Commissioning Team + Corporate Complaints Team	17	Parties will meet to discuss measures and mitigating escalation before requests from the Ombudsman is to be expected.
Corporate Complaints Team + Adult Integrated Commissioning Team	18	The Corporate Complaints Team meets with the Quality Manager, Quality and Ops Officer (this excludes Support Services) to discuss mitigating any escalation with the Ombudsman and develops a plan to discuss with the Complainant on expectations moving forward to try to resolve and includes the Provider as a form of mediation.
	18.1	If the Complainant is unwilling to partake in the mediation, an official letter from the Corporate Complaints Team is sent to all Parties outlining the current issues and that the Ombudsman may be required to carry out their own investigation.

Complainant / Representative	19	Complainant informs the Local Government & Social Care Ombudsman that they are dissatisfied with the Providers Stage 2 outcome/s and requests a further complaint to be carried out on the Provider and its processes if this is an issue.
Local Authority & Social Care Ombudsman + Corporate Complaints Team	20	The Local Government and Social Care Ombudsman receives complaint from Complainant and reviews if original complaint has been within 12 months. the Ombudsman will inform the Corporate Complaints Team of the matter and request support in any investigation and any wrongdoing.
	20.1	The Ombudsman can ask the Corporate Complaints Team about the complaint before deciding what to do which may take up to 12 weeks. The Ombudsman will consider whether the complaint has come to the right place; i) if all the information is available; ii) complained formally to the Provider involved in the first instance and has been given a reasonable chance to respond; and iii) have gotten consent to complain, if the individual corresponding is complaining on someone's behalf.
	20.2	The Ombudsman will allocate an investigator to decide whether they can or should investigate the complaint. They will look at whether it is about something they are allowed to investigate and if it is serious enough for them to justify an investigation where the complaint has also affected other people. They are less likely to complain if the issue has caused a minor irritation or upset, or if the complaint is a request to do something for the Complainant. If they investigate, they may ask the Complainant and the Complaints Officer for more information.
	20.3	The Ombudsman may ask the Complainant if they need extra help to use their service through their 'Reasonable Adjustments Policy' (https://www.lgo.org.uk/accessibility/reasonable-adjustments-for-service-users).



	20.4	When the Ombudsman has enough information to make a fair decision, they will share a draft decision with the Complainant and the Corporate Complaints Team to make comments. The Complaints Officer will then share with the Provider to gain additional comments. But will not share sensitive information, for example where it is about other people. Any Provider comments will then be shared with the Ombudsman via the Corporate Complaints Officer.
	20.5	When a final decision has been reached, the Ombudsman will send the Complainant and Complaints Officer, a short report that explains the reasons behind the decision. Corporate Complaints Team will then send a copy of the decision to the Provider.
Corporate Complaints Team + Adult Integrated Commissioning Team + Adult Operational Services & Support Services Team	21	Complaints Officer receives outcome with reasons and updates relevant files and folders. Then forwards to the Quality and Ops Officer.
	21.1	Complaints Officer meets with the Quality and Ops Officer to discuss any recommended resolutions including monetary reimbursements to the Complainant. If a monetary resolution has been recommended this has to be signed off by the Head of Adult Integrated Commissioning if under £1000. If over £1000, this requires sign-off by Exec Director and Directors of Adult Social Care.
	21.2	If a quality resolution is required, the Quality Officer and Manager will meet with Provider to ensure an Action Plan is developed and in place. See Escalation Process.
Adult Operational Services & Support Services Team	22	Care Manager populates Complainants LAS case notes.
Complainant / Representative	23	If Complainant is dissatisfied with this outcome and wishes to challenge the Ombudsman.
	23.1	If Complainant is satisfied with this outcome, <i>process Ends</i> .

Local Authority & Social Care Ombudsman	24	The Ombudsman's explains to the Complainant that their decisions are final and there is no appeal process and that they can apply to the High Court to challenge an Ombudsman's decision because it is legally flawed – this is called judicial review. This should be done quickly, and the Complainant may need to take advice, from a solicitor, law centre or Citizens Advice Bureau.
	24.1	The Ombudsman will, however, review their decision/s if the Complainant can show it was based on important evidence that facts that were not accurate, and can show this using readily available information, or have new and relevant information that was not previously available, and which affects the decision they made. To request a review, the Complainant will need to fill in the Ombudsman 'Your complaint, our decision: review request form', within one month of their decision. The Ombudsman will decide whether to review or change their decision. They will only review their decision once. They will not continue to correspond with the Complainant about their complaint once they have completed their review.
	24.2	If the review process finds that the Complainant is correct, the Ombudsman will reverse the decision and inform the Complainant, the Corporate Complaints Team and Provider of the new outcome.
Corporate Complaints Team	25	Corporate Complaints Team updates recording documentation and/or platform and forwards to the Quality Officer and Care Manager.
Adult Integrated Commissioning Team	26	The Quality Officer requests improvement plan, if required, from Provider. And informs the Complainant and the Complaints Officer of improvement plan summary with timelines.
Provider	27	Provider sends through an improvement plan within 7-days.
Adult Integrated Commissioning Team	28	The Commissioning Officer contacts the Provider to discuss an improvement / rectification plan in a quality monitoring meeting, stipulating timelines. See <i>Quality Escalation Process</i> .

Complainant / Representative + Corporate Complaints Team + Adult Integrated Commissioning Team + Local Authority & Social Care Ombudsman	29	Complainant, the Corporate Complaints Team and Care Manager receives updates on rectifications and lessons learned from the Quality Officer.
	29.1	Corporate Complaints Team informs the Ombudsman of any action plans with timelines within 4-weeks of Ombudsman's final decision.
	29.2	Quality Officer provides an action plan summary/brief of rectifications and lessons learned to the Corporate Complaints Team who then forwards to the Ombudsman within 12-weeks of final Ombudsman decision.

Adult Social Care Provider 'Informal' Concern Process

A quality complaint is received via email by a Council Officer (INFORMAL COMPLAINT)		
TEAM / ORGANISATION	STEP	PROCESS
Complainant / Representative (Individual)	1	Complainant (Individual) or Professional with concern has a concern or issue and emails, calls, or states in a meeting to the Adult Operational Services Team and Support Services, Officer.
Adult Operational & Support Services Team	2	Officer receives concern where the 2-day acknowledgement window starts. The Officer forwards the concern via email to the Corporate Complaints Team at corporatecomplaintsteam@gloucestershire.gov.uk . If this is a concern regarding care charges, the Officer also forwards the complaint details to the Care Services Finance / Debt Recovery Team at careservicesfinance@gloucestershire.gov.uk and the Adult Disability Quality Team at disabilityquality@gloucestershire.gov.uk and/or the Adult Older People Quality Team at CBOP@gloucestershire.gov.uk
Corporate Complaints Team	3	Officer receives notification and contacts the Complainant directly if clarifications are required regarding the concern.



	3.1	If clarification is required, the Officer asks the Complainant for information required and then discusses the process regarding Provider complaints (this includes if the complaint needs to be formal or informal). If this is a 'self-funder' complaint, the Officer requests that the Complainant send the complaint to the Provider directly. If the Complainant is social care funded, the Officer states that the Corporate Complaints Team will send the complaint directly to the Provider and include the Complainant and the relevant Quality Team. The Officer confirms whether a formal complaint or informal complaint is required, and it can be handled informally.
	3.2	If the Complainant states that an informal complaint has already been discussed with the Provider but felt that any mitigation or rectifications has not been taken seriously by the Provider, a formal complaint is required. If this has not been addressed yet with the Provider, the Officer can request this is discussed with the Provider in the first instance and asks for the Corporate Complaints Team and the Quality Team are included in discussions. <i>See formal complaints process.</i>
Complainant / Representative	4	Complainant confirms it is an 'unofficial complaint' and does not wish to make a formal complaint. <i>End.</i>
Adult Integrated Commissioning Team	5	The Quality Officer reviews the concern/s and contacts the Complainant if more information is required. Monitoring of quality concerns include the following:
	5.01	Monitoring meeting – requested when a moderate to serious concern/issue has been identified and/or when there are various concerns and issues identified that is considered a quality trend and requests an improvement plan to be discussed before the meeting.
	5.02	Monitoring recording – concern/issue is recorded on the Quality Assurance Complaints & Concerns Log or platform for trend capturing and evidencing.
	5.1	Quality Officer requests an improvement plan to be completed in 7-days along with timelines for rectification/s if it's a moderate to serious concern and/or various concerns leading to a trend quality issue, with timelines for rectifications. The correspondence must include the concern/s along with context for Provider.



	5.2	Officer updates improvement plan request on recording documentation and/or platform with 7-day request to return.
Provider	6	Provider confirms receipt of concern/issue and agrees to meet with the Quality Officer after return of improvement plan.
Adult Integrated Commissioning Team	7	The Quality Officer receives the improvement plan, assesses and agrees or not to the improvement plan with timelines within 7-days, to ensure adequate time to confer with specialist service area such as facilities management, clinical and operational teams.
	7.1	If the Provider requests an extension to further investigate, the Quality Officer will review request, with reason/s and agree or not.
	7.2	Quality Officer responses to the Provider with agreement to improvement plan requests and books a quality monitoring meeting for 4-weeks' time from day of response to review progress.
	7.3	Quality Officer updates their recording documentation and/or platform and includes update to the Care Manager in the Adult Long-term Services Team.
Provider + Adult Integrated Commissioning Team	8	Parties meet for the specified Quality Monitoring Meeting, it is recommended that the Contract Manager also attend, and reviews current progress against rectification/s listed in the improvement plan.
	8.1	If the Quality Officer is satisfied with the current progress and all rectifications have been carried out, the Quality Officer states that the improvement plan has been completed and closes off the case and updates the quality recording documentation and/or platform.



	8.2	If the Quality Officer is dissatisfied with the current progress, the Parties agree to extend timelines of improvement plan, if necessary, from original request and agree to meet for the second quality improvements meeting within 4-weeks' time. The Officer may also consider a suspension if improvements are of poor quality or more concerns and issues have been identified within 12-weeks.
	8.3	If a suspension may be required, the Officer submits the relevant report with evidence to the Adult Quality & Contract Board for discussion and decision. See <i>suspension process</i> .
Adult Integrated Commissioning Team + Adult Operational Services Team	9	Quality Officer updates the quality recording documentation and/or platform and informs the Care Manager who updates their LAS case notes. <i>End</i>