



**Superior
Healthcare
Group**

Complaints Policy and Procedure

Version 2 – January 2026



Contents

1.	Background	4
1.1.	Scope	4
1.2.	Objectives.....	4
2.	Policy	4
2.1.	Definition of a Complaint	4
2.2.	Principles.....	5
2.3.	How to raise a Complaint.....	5
3.	Procedure.....	5
3.1.	Step 1: Informal Resolution.....	5
3.2.	Step 2: Formal Complaint.....	5
3.3.	Step 3: Investigation	6
3.4.	Step 4: Response.....	6
3.5.	Step 5: Closure.....	6
4.	Escalation Options.....	6
5.	Complaints handled as incidents.....	7
6.	Time Limits for Raising a Complaint	7
7.	Complaints involving other organisations.....	7
8.	Learning and Quality Improvement.....	8
9.	Compliments and Suggestions.....	8
10.	Anonymous Complaints.....	8
11.	Vexatious Complaints.....	8
12.	Related Documents.....	8
13.	Key Contacts.....	9

Version Control

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27/06/2025	1.0	Final	JR	AH	ST	Updated from previously used QCS template
30/01/2026	2.0	Final	JR	AH	ST	Updated names of internal Safeguarding Lead

Important Notice

This is a controlled document and is only valid on the day it was accessed or printed. The latest version is available on Superior Healthcare's SharePoint site. For queries, contact: governance@superiorhealthcare.co.uk.

Accessible Formats

In accordance with the Accessible Information Standard, this policy is available in alternative formats upon request, including large print or easy read. Employees and clients who require information in a specific format should speak to their Nurse Manager, Coordinator or HR Team.

1. Background

Superior Healthcare is committed to delivering the highest quality of care and support. Complaints, concerns, suggestions, and compliments are essential tools in identifying service improvements and maintaining high standards. Our complaints process supports an open and honest culture that empowers clients, families, and stakeholders to speak up.

This policy outlines the process through which clients, families, advocates, and other stakeholders can raise a concern or complaint, and how Superior Healthcare will respond.

This policy aligns with:

- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- The Care Act 2014
- The Local Authority Social Services and NHS Complaints (England) Regulations 2009
- The Compensation Act 2006
- UK GDPR and the Data Protection Act 2018

It supports CQC Key Lines of Enquiry under the domains of Safe, Responsive, and Well-Led.

1.1. Scope

This policy applies to:

- All clients and service users
- Relatives, friends, or advocates of clients
- All Superior Healthcare employees and contractors
- External stakeholders and commissioners

The Registered Manager/s have overall responsibility for the implementation of this policy.

1.2. Objectives

- To ensure all complaints are taken seriously, recorded, and addressed promptly, fairly and without prejudice
- To provide a transparent and accessible route for raising and resolving concerns
- To improve services through analysis of complaints and identification of learning
- To meet all statutory and regulatory obligations, including the Duty of Candour

2. Policy

2.1. Definition of a Complaint

A complaint is defined as an expression of dissatisfaction with a service, action, or decision taken (or not taken), whether justified or not.

Complaints can be raised verbally, in writing, electronically, or via an advocate acting on behalf of the client, with their consent.

2.2. Principles

Superior Healthcare Group will ensure that:

- All complainants are treated with dignity, respect and compassion, regardless of the nature of their concern.
- Clients and those acting on their behalf are supported to understand and access the complaints process. Information will be provided in accessible formats upon request.
- People can raise complaints without fear of discrimination or repercussion, and this will be actively promoted.
- Complaints will be acknowledged within 3 working days, and a thorough investigation undertaken. The goal is to respond within 28 working days, or communicate clearly if an extension is required.
- Where harm or potential harm is identified, Duty of Candour and safeguarding procedures will be followed
- The process will be person-centred, transparent and timely.
- Complainants will be updated on progress regularly, particularly where investigations are complex or multi-agency.

2.3. How to raise a Complaint

Complaints can be raised through various routes to ensure accessibility:

- Directly with the Regional Nurse Manager, care package Nurse Manager, or Coordinator who will escalate to the relevant individuals. This can be done via email or phone.
- By calling our coordination team on: 01227 771122.
- In writing to: Registered Manager, Gazette House, 5-8 Estuary View Business Park, Whitstable, Kent, CT5 3SE

Complaints can also be shared:

- Through an advocate or representative acting with client consent.
- To any member of our team, who is then responsible for escalating the matter appropriately.

3. Procedure

3.1. Step 1: Informal Resolution

Concerns that are minor in nature should be addressed at the point of care, where possible.

All managers and employees are empowered to resolve low-level concerns informally and promptly. Where concerns are resolved at this stage, the resolution should still be logged and shared with the Nurse Manager to monitor trends and ensure consistency. Our coordination team will maintain a log of such complaints on our People Planner operating system, for reference and quality assurance.

3.2. Step 2: Formal Complaint

Where the issue cannot be resolved informally, is serious in nature, or we receive a formal written complaint, the issue will be escalated to the Regional Nurse Manager or Registered Manager:

- The Regional Nurse Manager / Registered Manager will record the Complaint on our Formal Complaint Register/Log, and acknowledge the complaint within 3 working days.
- An investigating/case manager will be appointed.

- The scope and expected timescales will be agreed with the complainant, where possible.
- Complainants will be informed of the investigation process and kept updated throughout.

3.3. Step 3: Investigation

The investigation will be evidence-based and proportionate to the nature of the complaint. It will include:

- Review of care plans, daily records and communication logs – where appropriate
- Interviews with relevant team members or/and witnesses
- Review of relevant policies and best practice guidance
- Use of the Investigation Template to document findings
- Clinical review if needed

3.4. Step 4: Response

We aim to provide a final response within 28 working days. If more time is needed, this will be communicated, with updates provided at agreed intervals.

The response will:

- Summarise the concern from the complainant's perspective
- Outline the investigation steps and evidence gathered
- Provide a clear conclusion (upheld, partially upheld, not upheld)
- Detail any actions taken, learning identified and changes made to prevent recurrence
- Offer next steps, including how to escalate if unsatisfied

3.5. Step 5: Closure

The complaint is closed when:

- The complainant confirms they are satisfied with the outcome, or
- Further escalation routes are exhausted. A summary of the case and learning will be retained for quality assurance and trend analysis.

4. Escalation Options

If the complainant remains dissatisfied, they will be supported to escalate their concern by bringing it to the attention of:

- Jo Rychlik, Director of Quality and Governance at: jorychlik@superiorhealthcare.co.uk
- Stewart Thorp, CEO, at The Superior Healthcare Group Ltd, Gazette House, 5-8 Estuary View Business Park, Boorman Way, Whitstable, Kent, CT5 3SE. Email: stewartthorp@superiorhealthcare.co.uk
- Client's Case Manager and/or funding authority (i.e. ICB)
- Local Government and Social Care Ombudsman (for Local Authority funded care): www.lgo.org.uk
- Parliamentary and Health Service Ombudsman (for NHS funded care): www.ombudsman.org.uk
- Care Quality Commission: www.cqc.org.uk

5. Complaints handled as incidents

In some cases, a complaint may relate to a clinical incident, employee conduct, safeguarding concern, or care error. These issues are often investigated through our internal incident management or safeguarding procedures, which are designed to meet regulatory and legal standards, and may involve referrals to external agencies such as the CQC, local authorities, the police, or professional bodies.

Where this is the case:

- Concerns that are minor in nature will be addressed at the point of care, where possible and will be dealt with and resolved via our Nurse Managers, Field Care Supervisors, and where possible by our Coordination Team.
- Where the issue cannot be resolved informally, is serious in nature, or we receive a formal written complaint, the issue will be escalated to Regional Nurse Manager / Registered Manager and we will follow the process as described in Steps 2-5 above.
- The concern will be acknowledged, and we will clarify that it is being managed through an alternative process.
- The issue will be recorded as an incident, rather than a complaint, to avoid duplication of records.

We will ensure that the individual raising the concern is updated appropriately and receives an explanation of the outcome, just as they would if it were managed through the standard complaints procedure.

6. Time Limits for Raising a Complaint

We encourage anyone wishing to raise a concern or complaint to do so as soon as possible after the issue occurs or comes to their attention. This helps us to investigate the matter thoroughly and take appropriate action without delay.

While we will always aim to listen and respond, please be aware that if a complaint is made more than 12 months after the event (or the date it became known), we may not be able to investigate it fully or fairly due to the passage of time.

However, we will always consider:

- Whether there was a valid reason for the delay (e.g. illness, distress, or ongoing circumstances); and
- Whether it is still possible to carry out a fair and proportionate investigation despite the delay.

If the complaint is accepted outside of this timeframe, we will handle it in line with the same standards and process as any other complaint.

7. Complaints involving other organisations

Where a complaint involves another care provider or health service, Superior Healthcare will coordinate a joint response where possible (One Complaint – One Response).

Where we are not the responsible provider, we will obtain consent to share the complaint with the relevant organisation or signpost the complainant accordingly.

8. Learning and Quality Improvement

Complaints will be used as a tool for continuous improvement. We will:

- Analyse themes and trends quarterly
- Share findings with relevant teams in anonymised formats
- Incorporate lessons learned into employee training and operational changes
- Publish a summary of complaints and actions taken in our annual quality report

9. Compliments and Suggestions

Positive feedback is encouraged and welcomed. We will record all compliments and suggestions that we receive and they will:

- Be shared with individuals and teams
- Contribute to individual team appraisals/supervisions and recognition programmes
- Be discussed at team meetings
- Be reviewed as part of continuous improvement and at regular Quality and Governance Meetings

10. Anonymous Complaints

Anonymous complaints will be logged and investigated with the same rigour as named complaints. However, lack of contact details may limit the ability to provide a formal outcome or seek further clarification.

11. Vexatious Complaints

While all complaints are taken seriously, there may be occasions where complaints are considered vexatious, i.e. unreasonable in nature or intent. These will be identified based on:

- Persistent and repetitive complaints without new evidence
- Harassing, abusive, or threatening behaviour
- Disproportionate use of resources without grounds

These cases will be reviewed by the Registered Manager and recorded in the Complaints Register. The complainant will be informed in writing of any decision to limit communication.

12. Related Documents

- Complaints Investigation Template
- Complaints Log/Register
- Complaints Acknowledgement and Final Response Templates
- Safeguarding Policy
- Whistleblowing Policy

13. Key Contacts

- Jo Rychlik – Director of Quality and Governance: jorychlik@superiorhealthcare.co.uk

- Adele Hathorn – Registered Manager: adelehathorn@superiorhealthcare.co.uk
- Stewart Thorp – CEO: stewartthorp@superiorhealthcare.co.uk