

Short Guide

for Social Care Commissioned Services

MCHP for Health and Social Care Sector



Summary

This guide sets out how services delivering social care on behalf of a Health and Social Care body should implement the Health and Social Care (HSC) Model Complaints Handling Procedure (MCHP) in everyday practice. The MCHP aims to support a consistent, accessible and compassionate approach to complaints handling that listens well, responds fairly, and promotes service improvement through learning from complaints.

This guide is designed to help commissioned social care providers to ensure their complaints handling procedure is compliant with the MCHP and to support implementation in their settings. The main audience for this guide is organisations delivering Care at Home and in Care Homes, but it will also be relevant to the broader social care sector in both private and community and voluntary settings.

This guide outlines:

- The two-stage process for handling complaints with a focus on early resolution where appropriate
- The key responsibilities of staff for responding to and recording complaints
- The importance of recording, reporting and publishing complaints data and learning from complaints.

1. Introduction

Part 3 of the Public Services Ombudsman Act (Northern Ireland) 2016 provides the legislative basis for NIPSO to publish Model Complaints Handling Procedures (MCHP) for public bodies within its jurisdiction. The overarching Health & Social Care (HSC) MCHP was developed by NIPSO in partnership with an operational network of health and social care organisations and advocacy, governing and regulatory staff.

The MCHP was published on 1 July 2025 and will replace the Department of Health's *Complaints Procedure Directions and Guidance in relation to the Health and Social Care Complaints Procedure* on 1 January 2026. You can access the HSC MCHP [here](#).

If any of the services you provide are funded by a Health and Social Care public body, you must have a Complaints Handling Procedure that:

- aligns with [NIPSO's Complaints Handling Statement of Principles](#)
- is compliant with the HSC MCHP.

A flowchart of the MCHP can be found in Appendix 1.

2. Who this guide is for

This guide is for organisations that deliver services 'on behalf of' or are commissioned by a public body in the HSC sector - typically this will be a HSC Trust or in some cases, the Public Health Agency (PHA) or the Strategic Planning & Performance Group (SPPG).

We anticipate this guidance will be most relevant for organisations in the voluntary and community and private sectors that deliver social care commissioned services such as Care Homes, Domiciliary Care, Day Care, Respite and Short Break care provision, Children's Services, Supported Living services and services for adults with learning disabilities or mental health needs.

It is each organisation's responsibility to check their commissioning and contractual arrangements and to be clear about whether, and which, complaints about their service must comply with the MCHP. If an organisation is unsure, they should firstly check with the commissioning body. If there is uncertainty, they may then approach NIPSO.

Organisations with service delivery and/or management structures which cover other jurisdictions, such as Ireland or other parts of the UK, may need to operate more than one complaints handling procedure. It is each organisation's responsibility to ensure that staff and service users are familiar with the correct procedure to follow. Organisations should ensure the procedure is communicated clearly, to minimise any potential confusion for complainants.

The MCHP applies to complaints about publicly funded care only. It does not apply to private care, whether paid for by the person directly or through private insurance.*

*You may choose to apply the same complaints process across all service users, however, only complaints about publicly funded care need to be signposted to NIPSO at the end of your complaints process.

3. The language used

The term 'service user' is used to describe anyone receiving a service from your organisation. In some places the term 'service user' is used in place of 'complainant'. When reading the guidance, please note that a complainant will not always be a service user but may be a family member, friend, carer, advocate or someone else bringing the complaint on their behalf.

In this guide, the term 'organisation' refers to any service provider working under contract or commissioning arrangement with a HSC public body.

4. What is this guide for?

This guide is to help social care commissioned services ensure that their Complaints Handling Procedure is compliant with the MCHP. As such, the information in this guide focuses on how complaints should be managed to meet the statutory requirements of the MCHP. Further details about complaints handling can be found in the [HSC MCHP](#).

Organisations should ensure that staff have clarity about which issues are to be dealt with through the complaints procedure, and when other procedures are needed. For example, police investigation, safeguarding, fitness to practice, staff disciplinary or a serious adverse incident review. Initiating other procedures does not always mean the complaints procedure should stop. Organisations should consider all aspects of the complaint fully and where possible, progress any issues which can continue through the complaints procedure.

It is each organisation's responsibility to ensure that they meet any other regulatory, legal or statutory requirements, including any additional recording or reporting duties as part of their contractual arrangements.

5. Key Compliance Aspects of the MCHP

To ensure compliance with the MCHP, the following elements of the MCHP must be met and should not be amended:

1. a definition of a complaint (which meets, as a minimum the one provided in the MCHP)
2. the number of stages
3. timescales at each stage
4. the requirement to record, report and publish complaints information
5. the requirement to learn from complaints
6. ensuring information on how to complain is widely published
7. the provision of support to remove any barriers to complaining.

6. A definition of a Complaint

Organisations must have a clear definition of what constitutes a complaint. This should meet, as a minimum, the definition below.

'An expression of dissatisfaction by one or more members of the public about an organisation's action or lack of action, or about the standard of service provided by or on behalf of an organisation.'

You may expand this definition to better reflect the type of services provided but you must not narrow the scope or make it harder for people to raise complaints.

Organisations may find it helpful to provide staff with examples of relevant complaints to help them recognise and respond appropriately. This will also help them in understanding what is not a complaint, and what can or cannot be dealt with by the complaints handling procedure. Staff should also understand 'who' can complain to the organisation and be aware of issues around consent.

Organisations must ensure that staff can explain to service users why something cannot be dealt with under the complaints handling procedure and signpost them (when needed) to the appropriate route to deal with the issue. This may include providing details of relevant independent advocacy and support services, particularly for service users who face communication, cognitive or other barriers to accessing the process.

Further detail about how to support complainants and reduce barriers for those wishing to complain can be found here ([HSC MCHP Page 15, Section 1.3 Supporting the Service User](#)).

7. The Number of Stages in the complaints process

The MCHP aims to provide a simple, accessible and compassionate two stage process for responding to complaints with a focus on early resolution.

The aim is, when appropriate, to provide early frontline resolution of the complaint at Stage 1. Where this is not possible, the complaint moves to investigation at Stage 2, at the end of which the service user should be provided with a clear and reasoned response to their complaint. Complaints should be managed in an open and transparent way which builds trust in the organisation's complaints handling process. Although the MCHP has two stages, a complaint can be resolved at any point in the complaints handling process. In such cases, the complaint must be recorded with the outcome clearly recorded as 'resolved'.

Complaints may be made at any stage without being put in writing. They can be raised in person, by phone, email or letter.

8. Stage 1 – Frontline Response

When a complaint is first received, this is called Stage 1 and will generally require a frontline response in the first instance. The focus at Stage 1 is to respond quickly and resolve the complaint by reaching a mutually satisfactory outcome. For example, this may require listening, understanding the complainant's concern and where appropriate, offering an apology for a delay or an error, or taking the time to explain a process or correct a misunderstanding. The time allowed for this stage is 5 working days - although in practice many complaints will be resolved in less time. The date of receipt is normally considered to be the day a complaint is received, unless it is received after normal business hours or is received on a weekend or bank holiday, in which case, the date of receipt is the next working day. An extension of an additional 5 working days at Stage 1 is possible, but should only be in exceptional circumstances.

8.1 Resolved Complaints

Complaints **resolved** during Stage 1 do not require a written response and can be communicated by phone or in-person. Organisations should use their own judgement about whether a written communication would be useful for them or for the service user. **However, if the service user requests a written response, one should be provided.** A clear record of how the complaint was resolved, what action was agreed and the service user's agreement to the final outcome must be recorded.

8.2 Unresolved Complaints

If a complaint is **not resolved** at Stage 1 or the service user remains dissatisfied, they must receive a written response* explaining how to progress the complaint to Stage 2.

Organisations must:

- tell the service user the outcome of the complaint
- explain the reasons for the decision and/or any action taken to try and resolve the complaint
- explain to the service user that they can escalate the complaint to Stage 2 if they remain dissatisfied and explain how to do so.

A service user has a minimum of 30 days to request that a complaint be considered at Stage 2. However, organisations should use discretion and allow a longer period if there are good reasons for the delay e.g. poor health or a bereavement.

*unless the service user has a different preferred method of communication, in which case that should be used.

Examples of Stage 1 complaints can be found in Appendix 3.

9. Stage 2 – Investigation

Complaints can be investigated at Stage 2 when the complainant remains dissatisfied with the Stage 1 outcome. In very exceptional circumstances it may be appropriate to handle a complaint at Stage 2 from the outset. This must be discussed and agreed with the person bringing the complaint and a clear rationale for this decision recorded. However, this should not become a regular response and should only be used in exceptional circumstances where frontline resolution is clearly not possible or would be inappropriate (e.g. a serious, highly sensitive, complex investigation involving a number of different people or organisations).

An investigation aims to explore the complaint in more depth and establish all the relevant facts. A Stage 2 investigation should provide the complainant with a full, objective and proportionate response that represents the final position of the organisation. Wherever possible, complaints should be investigated by someone not involved in the issue(s) of complaint. The organisation should decide the appropriate level of authority to sign off a final Stage 2 complaint response.

9.1 Timelines and extension to the timelines at Stage 2

Complaints must be acknowledged **within 3 working days**.

A full response to the complaint should be provided as soon as possible but no later than **20 working days** from the date the complaint was received for investigation. (Regardless of how a service operates, working days exclude Saturday and Sunday and bank or public holidays.) Note that the 20 days includes the 3-day acknowledgement.

- Should a complaint require more than 20 working days to investigate, the timescale can be extended if needed. When this happens the service user must be advised, be provided with the reason for why the extension is necessary and given an expected response date.
- Organisations should avoid repeated extensions as this can undermine trust and be frustrating for the service user. Other people involved (e.g. the person complained about if there is one) should also be advised of any extension to the timescale.
- Organisations should have in place appropriate arrangements for the approval of extensions and a rationale should be recorded on each occasion. There should be a clear record of what action has been taken to progress the complaint during the extension timeframe before a further extension is approved.
- A service user and any member/s of staff complained about should receive regular updates and be contacted **at least once every 20 working days** to update them on the progress of the investigation, until the complaint is closed and a final response is issued.

Examples of Social Care and Commissioned Services Stage 2 complaints can be found in Appendix 4.

9.2 Complaints involving more than one part of the organisation or more than one organisation

Organisations must provide guidance to staff on managing complaints which raise issues about two or more areas within the organisation. Good communication between service areas, and co-ordinated communication with the service user are key to handling such complaints. Such communication should clearly explain what the service user can expect from the process, what they should receive, when and from whom.

Where service users complain about the service of another organisation or public service provider, staff must help service users to identify who can assist in dealing with their complaint. Where the issues raised in a complaint relate to the actions of more than one organisation, it is good practice to cooperate with one another, coordinate and issue a joint response. It is also good practice to identify a 'lead' organisation, who will be responsible for making sure the person who raised the complaint is kept involved and updated throughout.

If it is not possible to identify a 'lead' then each individual organisation must respond to the service user on the issues which relate to their service.

9.3 Closing the Complaint at Stage 2

Details of the complaint investigation should always be recorded so that all records and information are available. A service user must always receive a written response to their complaint at Stage 2 (unless they have an alternative preferred method of contact in which case, that should be used). The quality of the complaint response is important and should:

- be clear and easy to understand, written in a way that is person-centred and non-confrontational
- avoid technical terms, but where these must be used, an explanation of the term should be provided
- address all the issues raised and demonstrate that each element has been fully and fairly investigated
- include an apology where things have gone wrong and any other action to be taken to put things right [see NIPSO's ['Guidance on issuing an Apology'](#)]
- where there is disagreement, explain clearly what was considered and why no further action can be taken
- indicate that a named member of staff is available to clarify any aspect of the letter.

In the same correspondence, or within two weeks of the day the complaints procedure is exhausted/completed, the service user **must** be advised that:

- they have exhausted/completed the complaints procedure
- if they remain dissatisfied, they may bring their complaint to NIPSO [see [Signposting-to-NIPSO.pdf](#)].

10. Post-closure contact

A service user may contact an organisation for clarification once they have received a final response. Organisations are encouraged to have further discussion with the service user to clarify a response and answer their questions (if required). However, this is not an opportunity to reopen the complaint or to ask a different member of staff to investigate or re-consider the final decision. An organisation's final response to the complainant should always be the final response. Staff should be supported to manage these interactions with empathy and help explain decisions in a sensitive way while reinforcing the boundaries of the complaints procedure.

If a service user remains dissatisfied with the organisation's final response or does not accept the investigation findings, then the organisation should explain that it has already given its final response on the matter and signpost them to NIPSO. It is important that the clarification of the organisation's final response does not go on for a long period and unnecessarily prolong the complaints process.

11. Social Care Commissioned Service Complaints which sit outside of the MCHP

Some social care commissioned services involve private or self-funded arrangements, sometimes alongside publicly funded care. Complaints about privately funded care do not fall within the scope of the MCHP and should not be signposted to NIPSO at the end of the process. Organisations may wish, however, to apply the same two stage process to all of their complaints. Regardless of how complaints about privately funded care are handled, organisations must provide clarity for all types of service users to help them understand their right to complain and how to do so. Organisations must have a clear policy and guidance to support staff and service users to understand how complaints will be responded to.

12. Governance of Complaints Handling

NIPSO recommend that, as part of introducing the MCHP, organisations review and update their complaints handling procedure and internal systems to ensure they are MCHP compliant. All staff must understand:

- the MCHP and how it is embedded in the organisation
- how to handle and record complaints at the frontline response stage
- who they can refer a complaint to internally, if they are not able to deal with the matter directly
- the need to try and resolve complaints early and as close to the point of service delivery as possible
- their clear authority to attempt to resolve any complaints they may be called upon to deal with.

Roles and responsibilities

The roles and responsibilities in each organisation will vary depending on size, structure, type of service provided and a host of other operational considerations. Unlike the larger HSC public bodies, social care providers are unlikely to have a dedicated complaints team.

Organisations must have a clear structure in place to ensure there is clarity about complaint handling responsibilities. In many cases it will be a manager or someone in a senior governance role who is responsible and accountable for the management of a complaint investigation. They may also be involved in the investigation and in coordinating all aspects of the response to the service user. This may include preparing a comprehensive written report, including details of any procedural changes in service delivery and identifying wider opportunities for learning across the organisation.

This role must be supported by a clear, organisational culture which welcomes and values complaints. The most senior people in the organisation should demonstrate this culture through their leadership and provide a supportive environment where staff can respond to and investigate complaints fairly and thoroughly.

The following points provide general examples of the key responsibilities that an organisation should have in place. However, organisations may manage complaints in the most efficient and effective manner for their own organisation as long as they remain compliant with the MCHP.

Organisations should have an appropriate manager or staff member to:

- sign off the final decision of a complaint investigation. This provides assurance that this is the definitive response of the organisation and that the complainant's concerns have been fully investigated and taken seriously.
- maintain overall responsibility and accountability for the management and governance of complaints handling, including quality assurance and complaint performance statistics.
- ensure learning from complaints information is used to improve services and is shared externally.
- arrange complaints handling training as part of induction for new staff and ensure that existing staff have access to in-depth or refresher training (appropriate to their role) on a regular basis.

13. Recording, Reporting and Publishing Complaints

13.1 Recording

NIPSO anticipates that social care organisations will already be using recording systems which will facilitate the needs of the MCHP. All complaints must be recorded. As a minimum, the following should be recorded for each complaint:

- the date the complaint was received
- the service user's name and contact details
- the issue/nature of the complaint
- the service the complaint refers to (where applicable)
- the member responsible for handling the complaint
- the action taken and outcome at Stage 1 response
- any extension authorised at Stage 1 (if applicable)
- the date Stage 1 response was issued
- the date request for investigation at Stage 2 was received (if applicable)
- any extensions authorised at Stage 2 (if applicable)
- the action taken and outcome of the Stage 2 investigation (if applicable)
- whether the complaint was resolved, upheld, partially upheld, not upheld
- the date the investigation response was issued at Stage 2 (if applicable)
- the underlying cause of the complaint and any remedial action taken
- any organisational learning as a result of the complaint

It is the responsibility of each individual social care or commissioned provider to ensure that in operating the MCHP, they also meet any other relevant regulatory, legal or contractual recording requirements.

13.2 Reporting of complaints

Organisations must have a process for the internal reporting of complaints information, including analysis of complaints trends. Regularly reporting the analysis of complaints information helps to inform management of areas where services need to improve.

Organisations must report internally at least **quarterly** to senior management (or equivalent) on:

- complaints performance statistics
- analysis of complaints trends and outcomes

Organisations should also internally report every **6 months** (as a minimum) information on complaints outcomes and actions taken to improve services i.e., good practice and lessons learned.

13.3 Publishing complaints information

To comply with the MCHP, individual organisations must externally publish complaints information on an annual basis. How this is done is up to each organisation, but the information must be accessible for a member of public. This may include publication in an annual report or other publication, on a website or newsletter.

This is in addition to submitting information as part of contractual reporting to the commissioning body, who will also be required through the MCHP to publish complaints data from their commissioned services.

Organisations must also share externally how they are using their complaints information to learn about the service they provide and put in place improvements. This could take the form of a short, anonymised case study to show an example of good complaints handling with a positive outcome.

13.4 Learning from Complaints

Learning from complaints is key to service development and improvement. Complaints provide an opportunity for organisations to learn about issues from a service user perspective – issues which may be less visible in regulatory, audit and inspection processes. Visit the link below to watch a short video on Learning from Complaints.

<https://www.nipso.org.uk/media/1165>

14. Expected Behaviours

The overall aim of the MCHP is to ensure a simple, accessible and compassionate complaints procedure with a focus on early resolution and learning from complaints.

NIPSO anticipates that all organisations will have arrangements in place that emphasise to individual staff the importance of candour, honesty and openness when dealing with and investigating complaints. Similarly, organisations should also work hard to create a culture that welcomes complaints and where complaints are received with a willingness to listen and to learn.

In many social care settings staff often work closely with the same residents or service users over time, providing essential and often intimate personal care. This makes trust and transparency essential when a concern is raised. Organisations should equip staff to respond constructively, even when complaints feel personal or emotionally charged. Organisations may wish to set out the behaviours they expect from staff when dealing with complaints in guidance and training and may include a commitment to:

- treat service users and complainants with courtesy, respect and dignity
- remain calm and professional when responding to complaints
- recognise that confusion, distress or illness may affect how someone raises a complaint.

Likewise, many organisations will already have guidance or policy around how they expect service users using their services to behave and express their views. This policy (e.g. a Promoting Positive Behaviour Policy or equivalent) can help service users understand what may be expected of them during the complaints process. In relation to complaints, this may include requesting that:

- service users provide details of their key issues of concern including providing any supporting information they want to submit (recognising that some people will need help from staff, carers, or advocacy services to do so)
- those involved in the complaint process work together to ensure that there is an agreed understanding of the issues of complaint
- service users or someone acting on their behalf respond to reasonable requests for information.

15. Unexpected or Unacceptable Behaviours

It is recognised that people may act out of character in times of distress or difficulty. A health condition, cognitive impairment or serious life event may affect how a person communicates or behaves. The circumstances leading to a complaint may also result in behaviour that staff find difficult or unacceptable. Organisations should provide staff with guidance and training to help manage these situations with empathy, to help de-escalate and reassure the person (if possible).

Organisations are reminded that service users who have a history of challenging or inappropriate behaviour, or have difficulty expressing themselves, may still have a legitimate grievance. It is important that all complaints are taken seriously. However, NIPSO recognises that the actions of some service users may result in unreasonable demands on time and resources or unacceptable behaviour towards staff.

NIPSO anticipates that organisations will already have staff guidance on how to deal with behaviours from service users which it considers are unacceptable. This may be an Unacceptable Behaviour Policy, Positive Behaviour Policy or similar. Many organisations also have a Zero Tolerance Policy which is often displayed in the premises. Removing the barriers to complaining and providing support to service users who wish to complain is a key feature underpinning the MCHP. In managing unacceptable behaviour during a complaint process organisations are asked to:

- ensure any action taken in response to inappropriate behaviour is the minimum necessary and for the minimum amount of time
- provide a mechanism for the service user to have this reviewed if they do not agree
- ensure that any actions do not result in the service user's complaint not being dealt with, or the service user not receiving a response
- ensure any actions to control an individual's access to the complaints procedure (e.g. agreeing they can contact one specific member of staff only or they can only make contact at a certain time / day) are proportionate and reviewed proactively by organisations to ensure that they are still necessary
- ensure a person is never excluded from a service or treated differently because they have made a complaint
- be mindful that where a complaint is accompanied by behaviour that causes concern, any action taken should be based on specific behaviours, not the fact that someone made a complaint.

16. Customer-Facing Information and Removing Barriers

16.1 Accessibility

The MCHP Guidance found here ([HSC MCHP](#)) contains detailed information to help organisations develop their own customer facing complaints information. Customer facing information should be clear and concise and written in a way that is simple and straightforward. It is important to make service users aware of their right to complain and how to do so.

Information about the procedure should be easily accessible at all times, not just made available when a service user wishes to complain. How to make a complaint must be widely publicised, simple and clear, and made available in all areas of service provision. Organisations should consider the most effective ways to ensure maximum accessibility, this might be online via a website, leaflets or a notice board.

16.2 Clarity

Clearly set out the complaints procedure and the timescales involved in the two stages. A sample diagram of this is provided here ([HSC MCHP](#)) at page 6. Describe what will happen at each stage so that a complainant knows what to expect and how long it should take. Ensure service users are aware that they have the right to bring their complaint to NIPSO if they remain dissatisfied at the end of the complaints process. Signpost complainants to NIPSO and provide NIPSO's contact details.

16.3 Support

Service users should also have the support they need to articulate their concerns and successfully navigate the complaints procedure. Organisations should proactively consider and advertise a range of methods for complaining – this might include verbal complaints, a staff member writing the complaint for the service user or providing an interpreter. Suitable arrangements should be made for the specific needs of those who wish to complain, including access to support or advocacy, information in a variety of formats and languages, and use of suitable venues and at suitable times. The information should make clear that adjustments are available, provide some examples of these and how they can be accessed or requested.

16.4 Learning

Use your complaints data to learn about accessibility and diversity in your area. Ask service users what kind of support they would find helpful. Externally share examples of how you are using learning from complaints to improve your service.

This will demonstrate that you welcome and act on feedback which will help build trust and confidence with service users. This encourages service users to share their concerns with you early and create opportunities for early resolution.

17. Managing Potential Conflicts of Interest in Complaints

In some situations, such as when a complaint involves senior staff, several team members, or there is a breakdown in trust, it may be difficult for the provider to carry out a Stage 2 investigation that is perceived as impartial.

Where this risk arises, the provider should consider whether an independent investigation approach would support a fair outcome and help rebuild confidence in the process.

If a provider decides to involve a third party in reviewing or investigating a complaint, they should:

- inform the complainant clearly about the proposal and explain what it involves
- seek the complainant's consent before sharing any personal or complaint information with others
- continue to manage the complaint within the MCHP timescales, even when others are assisting (for example, maintain communication with the complainant, track progress and provide updates, delivering a timely final response within the MCHP's prescribed timescales. Any delays caused by external involvement should be communicated clearly to the complainant with revised timelines where necessary.

Where commissioners, regulators or other bodies such as HSC Trusts become involved, providers should cooperate fully and share relevant information as appropriate. The final response must still be issued under the complaints procedure.

Appendices

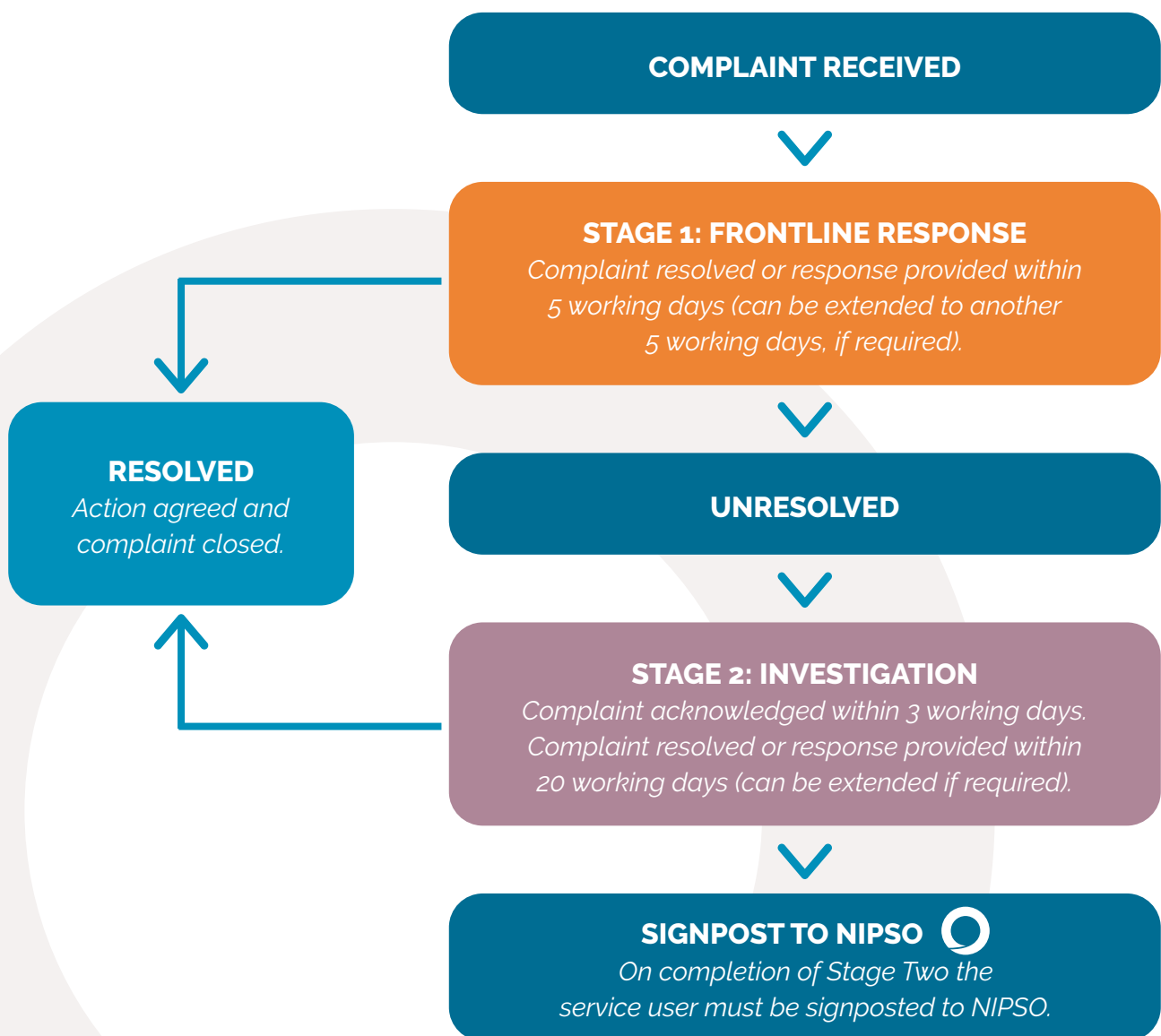
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Appendix 1

MCHP Complaints Handling Flowchart

Below is the MCHP flowchart to help understand the Model Complaints Handling Procedure (MCHP):



Appendix 2

Service Requests and Complaints

The following examples clearly highlight the difference between a service request and a complaint. For example, a service user might make a routine first-time request for a service. This is not a complaint, but the issue may escalate into a complaint if it is not handled effectively, and the service user has to persist in asking for a service.

Examples of service requests and complaints are:

ROOM CLEANING

Service Request: *"My room is untidy and dirty. Can my room be cleaned today?"*

Complaint: *"My room hasn't been cleaned for the past four days, even though I have asked for it to be cleaned."*

FOOD & MEALS

Service Request: *"I can't eat the meal I've been given because it contains meat and I'm hungry. Could I have a vegetarian meal option for lunch?"*

Complaint: *"I keep getting meals I cannot eat due to my dietary needs, despite making repeated requests. I am often hungry and this isn't good enough."*

STAFF ATTITUDE

Service Request: *"I can't access the dining room. Could a staff member help me get to the dining room for lunch?"*

Complaint: *"Staff have repeatedly ignored me when I ask for help to get to the dining room, and I feel uncared for and am often late for mealtimes. I want the manager to look into this."*

MAINTENANCE/REPAIRS

Service Request: *"The light in my room has been flickering, could someone fix it?"*

Complaint: *"I reported my broken light a week ago, and nothing has been done about it. This is causing me to have headaches, and I am very unhappy I haven't been listened to."*

Appendix 3

Examples of Stage 1 Complaints in Social Care Commissioned Service Settings

The following are examples of complaints in various social care commissioned service settings that may be considered and resolved at Stage 1 with suggested actions.

Examples for Care Home Complaints

COMPLAINT	SUGGESTED ACTIONS
<p>A resident's family raise a complaint about their relative's appearance. They report that the resident is often seen wearing the same clothes and appears dishevelled. This is not in line with what they expect in terms of personal care.</p>	<ul style="list-style-type: none"> • Apologise to the family that the appearance of their loved one/family member does not meet their expectations. • Explain the process staff follow when caring for and preparing residents for the day, and the continual care provided during the day. • Ask the family if they would like a meeting to discuss their concerns and contribute to the development of an improvement plan for their loved one. • Inform the family that you will update and discuss the complaint and any agreed improvement plan with the Care Home Manager (HM). • Communicate to the family that you will also meet with staff separately and confidentially, to ensure they are aware of and action the improvement plan. • Communicate to the family that you will monitor and review the situation over an agreed period of time with them. Maintain communication with the family and inform them that you will update them on actions and any improvements. • Record all details of the complaint accurately for monitoring and learning purposes.

COMPLAINT	SUGGESTED ACTIONS
<p>A resident's next of kin (NoK) raised a concern about the lack of meaningful activity for their mother during the day at the Care Home.</p>	<ul style="list-style-type: none"> • Apologise to the NoK that the level of activities available to her mother at the Care Home does not meet her expectations. • Talk with the resident and NoK about their interests, preferences and daily choices. • Explain the activities currently available to the NoK's mother and assess whether any would be suitable • Develop a plan to ensure sufficient and appropriate activities form part of her mother's regular activities. • Communicate to the NoK that you will also meet with staff separately and confidentially, to ensure they continue to monitor, record her mother's activities alongside the agreed activity plan and provide regular feedback. • Record all details of the complaint for monitoring and learning purposes.
<p>A resident's son complains that his mother's call bell is not being answered in a timely way. He says she waits too long for support, particularly at night, and this is causing her distress.</p>	<ul style="list-style-type: none"> • Apologise to the son that his mother's experience and use of the call bell has caused her distress and does not meet expected standards of care. • Explain how call bells are monitored in the care home, including expected response times and care home staff responsibilities. • Inform the son that you will discuss this matter with the Care Home Manager and raise it directly with the staff/team responsible for his mother's care. • Explain that you will review call bell response times for the relevant periods and gather information from care home staff on duty during those times and agree any necessary changes to be made. • Communicate that you will monitor response times going forward and ensure regular communication with the son on improvements and actions taken. • Record all details of the complaint for monitoring and learning purposes.

COMPLAINT	SUGGESTED ACTIONS
<p>A resident has concerns but does not want to report it as a complaint – just wants to tell the care home about the matter.</p>	<ul style="list-style-type: none">• Tell the resident that the care home values complaints because they help to improve services and/or service delivery and encourage them to submit the complaint• If the resident still insists that they do not want to complain, record the matter as an anonymous complaint. This will avoid breaching the complaints handling procedure.• Reassure the resident that they will not be contacted again about the matter.• Record relevant details of the complaint for monitoring and learning purposes.

Examples for care provided at home:

COMPLAINT	SUGGESTED ACTIONS
<p>A service user complains that care workers often arrive late or at different times each day, which is disrupting their routine and affecting their medication schedule.</p>	<ul style="list-style-type: none"> • Apologise to the service user that the timing and consistency of care visits have caused disruption and concern. • Explain the usual scheduling process for domiciliary care visits and expected times for arrival. • Offer to review the service user's care plan and visit schedule to identify where delay/ inconsistencies are occurring. • Agree to discuss the issue with the care agency or scheduling team to explore options for improving reliability and continuity. • Arrange a meeting or call with the service user to agree on a revised visit plan that better supports their routine, particularly around medication. • Monitor visit times over an agreed period and check in with the service user to ensure improvements have been made. • Record all details of the complaint accurately for monitoring and learning purposes.
<p>A family member complains that their father's personal care is not being delivered to a satisfactory standard. For example, their father was left in soiled clothing and was not assisted to wash.</p>	<ul style="list-style-type: none"> • Apologise to the family member that the level of personal care provided to their father has not met expected standards. • Explain the planned care tasks agreed in the care plan and how these should be delivered during each visit. • Offer to review the care records and speak confidentially with the care workers involved. • Arrange a review of the care plan with the family and service user, to clarify expectations and ensure needs are being properly met. • Share the concern with the care provider's manager or quality lead, and request action is taken to address gaps in care delivery. • Agree to monitor the delivery of personal care closely over the next period and provide regular updates to the family. • Record all details of the complaint accurately for monitoring and learning purposes.

Other examples:

COMPLAINT	SUGGESTED ACTIONS
<p>Supported Living Service</p> <p>A resident complains that staff at their supported living accommodation do not respect their privacy. They report staff entering their room without knocking or waiting for a response.</p>	<ul style="list-style-type: none"> • Acknowledge the resident's complaint and apologise that they feel their privacy is not being respected. • Explain the supported living provider's policy on personal space, consent and staff conduct. • Confirm that you will meet with the staff/team to clarify expectations around resident privacy and reinforce training where needed. • Ask the resident if they would like a meeting to agree on boundaries and any specific arrangements that would help them feel more secure. • Reassure the resident that the issue will be monitored and invite them to share any further concerns. • Reassure the resident that the service welcomes and values complaints; helping to make service improvements for them and others. • Record the complaint and actions taken and review procedures to support continuous improvement.
<p>Respite Care Service</p> <p>A carer complains that after their father returned from a weekend respite placement, he was upset, and his personal care needs had not been fully met.</p>	<ul style="list-style-type: none"> • Thank the carer for raising the issue and apologise that their expectations of the respite care were not met. • Listen to the specific concerns raised and reassure them that their father's wellbeing is a priority. • Review the care records for the respite period and speak with staff involved to clarify what happened. • Offer to meet with the carer to discuss findings and agree a plan to prevent a recurrence, including enhanced care planning and handover procedures. • Explain how the service will monitor future respite visits and keep the carer informed. • Record the complaint fully and flag for internal review to support learning and accountability.

COMPLAINT	SUGGESTED ACTIONS
<p>Counselling or Parenting Support Service</p> <p>A parent complains that their assigned parenting support worker frequently cancels appointments and does not respond to follow up messages, leaving them feeling unsupported.</p>	<ul style="list-style-type: none"> • Apologise to the parent for the inconsistency in the service and the impact it has had. • Explain how the provider manages communications including appointments and cancellations. • Commit to investigating the issue and reassure the parent that the team will learn from this and put actions in place to prevent this from happening again. • Reassure the parent that feedback will be shared (confidentially) with relevant staff and managers to improve service reliability. • Record the complaint, actions taken and ensure follow-up communication with the parent.
<p>Fostering Support</p> <p>A foster carer complains that they were not informed in advance about a significant change to the child's care arrangements, such as a planned contact visit or change in social worker.</p>	<ul style="list-style-type: none"> • Apologise to the foster carer for the lack of timely communication about the change. • Acknowledge the impact this may have had on the child's routine, the foster carer's preparation, and the overall stability of care. • Explain the expected process for communicating changes in care plans and roles, including who is responsible for informing foster carers. • Offer to investigate the communication breakdown and identify where the process was not followed. • Arrange a meeting or call with the foster carer to clarify future communication channels and discuss how to rebuild trust. • Commit to ensuring that all relevant team members are reminded of the importance of keeping foster carers fully informed. • Record all aspects of the complaint for monitoring and service improvement purposes.

Appendix 4

Examples of Complaints that can progress from Stage 1 to Stage 2 in Social Care Commissioned Service Settings

Below are some examples of complaints that can progress from Stage 1 to Stage 2. These reflect situations where the complaint is complex, or the service user remains dissatisfied after Stage 1 and a full investigation of the issues is required.

1. Care planning and delivery disputes

Example: A family complains that a care home repeatedly failed to follow a resident's agreed care plan, resulting in missed medication, lack of personal care, and increased distress for the resident.

Stage 1 included an apology and assurance that staff would be reminded of procedures. The family progress the complaint to Stage 2 as they feel the issues are ongoing and want a full investigation into care failings.

2. Disputed care decisions

Example: A family requests a specific approach to care which staff believe is not in the best interests of the care home resident. The issue is not resolved and the family make complaints to multiple agencies.

Stage 1 response includes a meeting with the family, staff statements, involvement of clinical professionals, and cooperation with external bodies.

At Stage 2, the family do not feel their views have been listened to and ask for an investigation into whether the care being provided is of an appropriate standard.

3. Poor communication and failure to act on concerns

Example: A family repeatedly raises concerns about their loved one suffering multiple falls and bruising in a care home. They feel the manager dismissed their concerns and failed to act.

Stage 1 involved a meeting with the manager and reassurance that the care was of an appropriate standard and the resident's care would be monitored.

When there is no change, the family request a Stage 2 investigation to understand whether risk assessments were carried out, why family concerns were not acted upon and whether the care home has delivered care of an appropriate standard.

4. Delays or disputes in ending care packages

Example: A service user's domiciliary care package is withdrawn without clear explanation after a hospital discharge.

Stage 1 - The provider included a general response about "changing needs" but did not address who made the decision, whether a reassessment took place, or if any notice was given to the service user or their family.

At Stage 2, the complainant requests clarity on the reassessment process, the communication provided to them, and whether the provider's contractual obligations were followed. They ask for records of any professional input, details of any discussion with the Trust and a copy of the care plan before the package of care ended. They also raise a concern that no written notice or handover was given, which caused distress and confusion.

5. Supported living – inconsistent staffing and safety risks

Example: A person with learning disabilities in supported living reports that staff frequently change; unfamiliar staff don't understand their care plan; and incidents of missed medication and verbal conflict are increasing.

Stage 1: the provider acknowledges a high turnover of staff and explains that it is difficult to recruit staff at present. They apologise to the complainant but do not provide any assurances that anything will change to the satisfaction of the complainant.

Stage 2: The complainant progresses the complaint to Stage 2 with a request for an investigation in respect of their concerns about continuity of care and safeguarding standards.

Appendix 5

Legal and Regulatory Context for Services

In addition to the MCHP, it is every provider's responsibility that they adhere to all statutory requirements and regulatory standards in relation to complaints, improvement and learning that govern their area of health and social care. These requirements ensure services are safe, effective, and accountable.

Rather than listing every regulation here in full, providers should refer to the most up-to-date legislation and standards published by the Regulation and Quality Improvement Authority (RQIA) and other relevant bodies. The following are some key examples:

- Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003¹
- Nursing Homes Regulations (NI) 2005 – Regulation 24² and Residential Care Homes Regulations (NI) 2005 – Regulation 24³
- Northern Ireland Social Care Council (NISCC) Standards of Conduct and Practice for Social Care Workers (2019)⁴

For the full and current list of regulations, guidance, and standards, visit the RQIA website: www.rqia.org.uk

Professional Conduct and Northern Ireland Social Care Council (NISCC) Referrals

As part of responding to complaints, if there are concerns relating to a staff member's conduct, competence, capability or behaviour that may impact their professional registration, the care provider/employer has a duty to consider referral to NISCC. Before making a referral to NISCC the provider must document all internal investigations and actions taken in response to the conduct or capability concerns to ensure a clear audit trail.

All social care workers (including domiciliary and residential care home staff) are required to adhere to NISCC Standards of Conduct and Practice⁵. All employers have a statutory obligation to report fitness to practice concerns. Concerns that could trigger a fitness to practice investigation by NISCC include a registrant's misconduct, breach of confidentiality, criminal convictions, dishonesty or falsification of records, and being on the Disclosure and Barring Service (DBS) list.

¹ [Health and Personal Social Services \(Quality, Improvement and Regulation\) \(Northern Ireland\) Order 2003](#)

² [Nursing Homes Regulations \(NI\) 2005 – Regulation 24](#)

³ [Residential Care Homes Regulations \(NI\) 2005 – Regulation 24](#)

⁴ [NISCC Standards of conduct and practice for social care workers \(2019\)](#)

⁵ [NISCC Standards of conduct and practice for social care workers \(2019\)](#)

Appendix 6

Frequently Asked Questions

1. Do I need to follow the MCHP every time a service user says they are not happy about something?

This is not something that can be easily answered as every context and interaction is different. You should be mindful and prepared to treat every expression of dissatisfaction as a potential complaint under the MCHP. However, in practice sometimes people only want to be listened to, to have their experience acknowledged and are not expecting a record of the interaction to be made or the conversation to be counted as a complaint. NIPSO encourages service providers to consider the definition of a complaint, be clear about what this means in their context and develop guidance for staff about when and how to implement the MCHP. The HSC MCHP includes examples of what is and what is not a complaint which staff may find useful.

2. Can I go straight to investigation at Stage 2?

The MCHP is a two-stage procedure, and the time should always be taken at Stage 1 to try and resolve the complaint if possible. The experience of other jurisdictions using an MCHP is that the majority of complaints can be handled effectively at Stage 1.

In exceptional circumstances where a complaint is very serious and complex and it is clear from the outset that an investigation will be needed to ascertain the facts (e.g. there has been a serious or sensitive incident, and other organisations and/or a variety of people will need to be involved) you should carefully discuss and agree with the service user whether to initiate a Stage 2 investigation. In other circumstances, the service user may demand that a Stage 2 investigation would be appropriate. In these circumstances, you should take the time to carefully discuss with the service user the need and benefit of a Stage 2 investigation, focusing on the outcome the service user is seeking and whether a Stage 2 investigation can achieve this. Complaints that move straight to Stage 2 should be an exception and a clear written rationale must be recorded.

3. Do I need to respond to writing to all complaints at the end of Stage 1?

Complaints resolved at the end of Stage 1 **do not** require a written response unless the service user requests one. As an organisation, you may decide a written response is useful for you or the service user, but it is not a requirement under the MCHP. The MCHP expects that if a complaint is **resolved** at Stage 1, it must be recorded, and a record made of what was agreed with the complainant.

4. What if everything has been investigated fully at Stage 1 but the complainant is still dissatisfied?

If the complaint has been fully investigated at Stage 1 and the complainant insists the complaint is moved to Stage 2 – the complaint should progress to Stage 2. This is a good opportunity for a colleague to check that the complaint has been fully understood, and review what was completed at Stage 1. Investigating the complaint at Stage 2 could provide additional time to consider the complaint more fully, or an issue that wasn't previously fully considered. It also provides an opportunity to get a new perspective from a different staff member. However, if the organisation has done everything it can; has gathered and considered all the relevant information at Stage 1, there may not be anything additional to add at Stage 2. If this is the case, your final written response at Stage 2 should clearly detail the investigation, finding(s), rationale(s), outcome and signpost (providing contact details) the service user to NIPSO if they remain dissatisfied.





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