

OMNIA CARE HOME GROUP

Bargoed Care Home

CONCERNS, COMPLAINTS AND COMPLIMENTS POLICY

A rights-based, accessible and learning-focused approach

Document control	Details
Policy owner	Responsible Individual
Applies to	Bargoed Care Home and all persons working at, visiting or using the service
Issue	Issue 2 - final alignment check following comparison with Issue 1 and current CIW guidance
Approved	22 June 2026 (subject to final provider approval)
Review date	June 2027, or sooner following a material legal, regulatory, practice or learning change
Related policies	Safeguarding; Visiting and Contact; Admissions and Termination; Duty of Candour/Open and Honest Communication; Data Protection; Whistleblowing; Advocacy and Communication
Regulatory basis	Regulation and Inspection of Social Care (Wales) Act 2016; The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017, as amended - including Regulations 12, 64 and 77; associated Welsh Government statutory guidance and CIW inspection framework.

Approved by: Tariq M. Khan, Responsible Individual

Contents

1. Purpose, scope and legal framework
2. Our commitments and principles
3. Definitions
4. Who can raise a concern or complaint
5. Accessible information, communication and advocacy
6. Roles and responsibilities
7. How to raise a concern or complaint
 - 7.1 Making the process visible and easy to use
 - 7.2 Raising a concern or complaint
8. Complaint process and timescales
 - 8.1 Confirming the scope before investigation
 - 8.2 Anonymous complaints
 - 8.3 Complaints involving another organisation
 - 8.4 Complaints received by Head Office or an external body
 - 8.5 Stages, timescales and keeping people informed
9. Immediate safety, safeguarding and external investigations
10. Complaints about decisions affecting contact, visits, access, placement or service provision
11. Investigation standards and evidence
12. Outcomes, response and remedies
13. Review and escalation
14. Confidentiality, consent and information sharing
15. Records, retention and CIW information requests
16. Learning, governance and quality improvement
17. Compliments, comments and suggestions
18. Managing difficult or unacceptable behaviour
- Appendix 1: Quick guide for people using the service and families
- Appendix 2: Complaint record and investigation checklist
- Appendix 3: Complaints register minimum data set

Appendix 4: External support and escalation routes

References

1. Purpose, scope and legal framework

This policy sets out how Bargoed Care Home welcomes, records, investigates, responds to and learns from concerns, complaints, comments, compliments and suggestions. It applies to every person who uses the service, their family, representative, advocate, visitor, commissioner, professional, volunteer, staff member and any other person affected by the service.

The service will operate this policy in accordance with Regulation 64 of the Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017, as amended. This requires an effective complaints policy and arrangements to identify and investigate complaints, give an appropriate response, take appropriate action and keep records. The service must analyse complaints and concerns to identify improvement, and provide CIW with a summary of complaints, responses and subsequent action within 28 days when requested.

The policy is also designed to meet the expectations in Welsh Government statutory guidance and the CIW inspection framework that complaints are accessible, acknowledged, responded to promptly, investigated by suitably skilled people, monitored for trends, reported through governance and used to improve the service. A concise summary of how to raise a concern or make a complaint, and the availability of advocacy, will also be included in the service's written guide and made available to residents, representatives and others on request.

2. Our commitments and principles

- People can raise concerns without fear. No individual will suffer victimisation, disadvantage, a reduced service, a withdrawal of support or an adverse decision because they have raised a concern or made a complaint.
- We will listen respectfully, remain open-minded, avoid defensiveness and act with kindness, fairness, dignity and professionalism.
- We will confirm what the complaint is about, the outcome sought and any communication or accessibility needs before beginning a detailed investigation.
- We will investigate proportionately, independently and based on evidence. A person who is the subject of a complaint, or who made the decision being investigated, will not be the sole investigator or decision-maker.
- We will make an apology where our service has fallen below the required standard. An apology is not prevented by uncertainty or by the fact that another process is also underway.
- We will distinguish clearly between a complaint response and any separate safeguarding, risk-management, visiting, placement, contractual or legal decision. A complaint must never be treated as the reason for such a decision.
- We will act immediately where a concern identifies a risk to wellbeing, safety, dignity, rights, care or support, without waiting for the complaint process to finish.
- We will record, complete and check all agreed actions so that learning is demonstrated in practice, not merely promised in a response.

3. Definitions

Term	Meaning in this policy
Concern	An expression of worry, anxiety or dissatisfaction that may be capable of prompt resolution. Concerns are still recorded and analysed for learning.

Term	Meaning in this policy
Complaint	Any expression of dissatisfaction about the service, care, conduct, decision, communication, failure to act or outcome, whether written or verbal, where a response is expected. There is no requirement for a person to use the word "complaint".
Representation	A concern or complaint raised by another person on behalf of an individual, for example a family member, advocate, attorney, deputy, commissioner or professional.
Compliment	Praise, thanks or positive feedback about a person, action, service or outcome.
Immediate resolution	A concern or complaint resolved to the person's satisfaction at the first point of contact or within 24 hours. It is still recorded, including the action and outcome.
Formal investigation	A documented investigation required when a complaint is not immediately resolved, is serious, involves multiple issues, may identify risk, or requires evidence gathering.
Resident's voice	The individual's own wishes, feelings, views, communication and preferred outcome, recorded in a way that reflects their abilities and support needs.

4. Who can raise a concern or complaint

A complaint may be made by the individual receiving care and support, or by a person acting for them. We will normally seek the individual's agreement before sharing their personal information with a representative or investigating on their behalf, unless they lack capacity for that specific decision, there is a lawful authority to act, or there is an overriding safeguarding or other legal reason to share information.

The fact that a representative has made a complaint does not remove the duty to seek and record the resident's own perspective where it is practicable and appropriate. The resident's perspective may differ from that of a family member or representative and must be considered respectfully.

5. Accessible information, communication and advocacy

Information about how to complain will be available in plain English and Welsh, with easy-read and other alternative formats on request. The service will make reasonable adjustments to enable a person to raise and pursue a concern or complaint. This may include a private meeting, interpreter, communication aids, visual prompts, writing support, a preferred person present, large print, accessible digital format or extra time.

Where an individual has speech, language, sensory, cognitive or other communication needs, staff must use the person's communication plan and known methods of communication. Staff must not assume that a person cannot express a view because they have aphasia, dementia, a learning disability, use non-verbal communication or need support to communicate.

People will be given information about independent advocacy, including Llais (the Citizen Voice Body), where available. Where a complaint concerns a significant decision affecting the individual's care, contact, residence or rights, the investigator must consider whether independent advocacy or other support is needed for the individual to participate meaningfully.

6. Roles and responsibilities

Role	Key responsibilities
All staff and volunteers	Listen, respond calmly, treat concerns seriously, report them without delay, support the person to communicate, preserve relevant evidence, take urgent safety action and never discourage a complaint. All staff and volunteers will receive induction and periodic refresher information on this policy, their responsibilities and how to support people to raise concerns. The Home Manager will keep evidence of this awareness and refresher activity.

Role	Key responsibilities
Person in charge / Home Manager	Ensure prompt triage, acknowledgement, safeguarding and notification decisions, accessible communication, appropriate investigation, action planning, records and updates. Escalate all complaints not resolved within 24 hours to the Responsible Individual.
Investigator	Be sufficiently independent, skilled and objective; declare and manage any conflict; plan and conduct a proportionate investigation; seek relevant evidence; record findings, learning and recommended action.
Responsible Individual (RI)	Provide oversight of serious, complex or high-risk complaints; appoint or approve the investigator; ensure independence; approve responses where required; review outcomes, trends and action completion; provide information to CIW when requested. The RI will assure themselves that the policy is being operated consistently and that learning is translated into measurable improvement.
Provider / governance arrangements	Ensure this policy is resourced, accessible and operated; monitor compliance, themes and risks; make improvements; ensure records are accurate, secure and available for regulatory inspection.

7. How to raise a concern or complaint

7.1 Making the process visible and easy to use

A complaints notice and concise leaflet will be displayed in prominent, accessible areas of the home, including areas used by residents, families and visitors. A copy will be offered at admission and made available on request to residents, representatives, visitors, professionals and staff. The written guide will include a clear summary of how to raise concerns, make complaints, request advocacy and contact external bodies. Information will be reviewed after feedback, complaint learning or a change to contact details.

Information will be provided in English and Welsh and, where needed, in easy-read, large print, audio, translated, digital or other accessible formats. Staff must actively offer support rather than expecting a person to ask for an adjustment.

7.2 Raising a concern or complaint

Bargoed Care Home contact details: Heol Fargoed, Bargoed, CF81 8PQ; telephone 01443 879005; email manager@bargoedcare.co.uk. The Responsible Individual can be contacted at tariq@omniachg.co.uk and general management enquiries may be sent to management@omniachg.co.uk. These contact details must be checked at every policy review and updated promptly if they change.

A concern or complaint can be made in person, by telephone, email, letter, through a representative or advocate, or by any accessible method agreed with the person. It can be raised with any member of staff, the Home Manager or the Responsible Individual.

Contact	Details
Home Manager / Registered Manager	Kelly Whittington-Gidley, Bargoed Care Home, Heol Fargoed, Bargoed, CF81 8PQ. Telephone: 01443 879005. Email: manager@bargoedcare.co.uk .
Responsible Individual	Tariq M. Khan, Responsible Individual, Omnia Care Home Group, Kings Court, 17 School Road, Hall Green, Birmingham, B28 8JG. Email: tariq@omniachg.co.uk .
General management contact	Email: tariq@omniachg.co.uk .

Staff receiving a verbal complaint will make a respectful written record of the person's words, check it is accurate, ask how they wish to be contacted and identify any immediate safety, safeguarding or communication

needs. Staff must not promise an outcome before the matter has been considered. Complaints made verbally or in writing will be acknowledged unless they are anonymous or no contact route is available.

Where a complaint follows a death or another distressing event, staff must respond with compassion, offer condolences where appropriate, avoid unnecessary delay and consider whether bereavement support, advocacy or a meeting would be helpful.

8. Complaint process and timescales

8.1 Confirming the scope before investigation

Before a detailed investigation starts, the service will confirm in writing, or in another agreed accessible format, the issues to be investigated, the outcome the complainant is seeking, the preferred communication method, any immediate safety action, any matters outside the service's remit and the anticipated timescale. The person will have a reasonable opportunity to correct or add to the scope. This does not prevent the investigator widening the investigation where evidence identifies a potential risk, repeated concern or wider service issue.

8.2 Anonymous complaints

Anonymous concerns and complaints will be taken seriously. They will be recorded, risk-assessed and investigated as far as the available information reasonably allows. The Home Manager will consider immediate safety, safeguarding, evidence preservation and whether there may be a wider systems issue. Where there is insufficient information to investigate further, the Responsible Individual will authorise and record the decision, the reasons and any action taken. The absence of a contact route does not remove the duty to learn and act.

8.3 Complaints involving another organisation

Where a concern partly relates to a GP, hospital, ambulance service, local authority, commissioner, advocacy provider, pharmacy, another care provider or other organisation, the service will explain clearly which parts it can investigate. With consent where appropriate, the person will be supported to contact the relevant organisation or the information will be shared through the correct route. The service will still investigate its own actions, communication, coordination and any safety concerns; it will not defer action simply because another body is involved.

8.4 Complaints received by Head Office or an external body

A complaint received directly by Head Office, the Responsible Individual, the local authority, commissioner, CIW, the Public Services Ombudsman for Wales or another external body must be sent to the Responsible Individual without delay, entered on the central complaints record and managed under this policy. The Responsible Individual will decide whether the Home Manager can investigate or whether an independent investigator is required. Where an external body sets a response deadline, the service will meet it or promptly explain any barrier and provide a clear action plan.

8.5 Stages, timescales and keeping people informed

Stage	What happens	Timescale
1. Listen and immediate resolution	We listen, clarify the issue and desired outcome, consider urgent action and attempt a prompt resolution where appropriate. The concern/complaint and outcome are recorded even if resolved immediately.	Same contact or within 24 hours
2. Acknowledge and plan	Where not resolved within 24 hours, we send a written acknowledgement confirming the complaint as understood, consent and information-sharing arrangements, investigation lead, expected timescale, escalation routes and how the person will be updated. Where the complaint is anonymous or there is no contact route, the decision and any action taken will still be recorded.	Within 3 working days of receipt

Stage	What happens	Timescale
3. Investigate and keep informed	We assess risk, gather evidence, speak to relevant people, consider the resident's voice and communication needs, make any immediate improvements and keep the complainant updated.	Progress update at least every 14 calendar days, or sooner where agreed
4. Written outcome	We provide a clear written outcome with findings, evidence considered, decision on each issue, apology where appropriate, actions, learning, timescales and review/escalation information.	Normally within 28 calendar days of receipt
5. Exceptional extension	If the response cannot be completed in 28 days, we explain why before the due date, give a revised date and continue updates. An extension normally will not exceed a further 28 days. Any longer period requires a written RI decision and a clear explanation to the complainant.	Before day 28
6. RI review	If dissatisfied, the complainant may request an RI review. The reviewer will be independent of the original investigation as far as practicable. A request should normally be made within 20 calendar days, but a later request will be considered where this is fair, including where there are accessibility needs, new evidence or a reasonable explanation for delay.	Response normally within 20 calendar days of the request

Timescales in this section are service standards. They are intended to ensure complaints are handled promptly, but they do not replace urgent action, safeguarding processes, CIW notifications or another body's statutory process.

Important

The 28-day response time is the service standard in this policy. It does not prevent urgent interim action, safeguarding referrals, external notifications or continued investigation where new information emerges. A complaint will not be closed merely because an external process is ongoing; the service will respond to the issues it can properly address and explain any limitations.

9. Immediate safety, safeguarding and external investigations

If someone is in immediate danger, call 999. Safeguarding concerns can also be reported to Caerphilly County Borough Council Adult Services on 0808 100 2500 or by email to iaaadults@caerphilly.gov.uk. Where a crime may have taken place, contact the police on 101, or 999 in an emergency.

On receipt of every complaint, the Home Manager or person in charge must complete an initial review to decide whether immediate action, safeguarding referral, medical review, disciplinary action, notification to CIW or another authority, preservation of evidence, or risk assessment is required.

Where a complaint indicates actual or suspected abuse, neglect, improper treatment, significant deterioration, serious injury, unsafe care, discrimination, criminal behaviour or a risk to a person's wellbeing, the safeguarding policy and local multi-agency procedures take priority. The complaint process will be coordinated with, but will not obstruct, those processes.

Where police, safeguarding, professional regulators, commissioners or CIW are involved, the investigator will agree appropriate information-sharing and avoid compromising another investigation. The complainant will still receive confirmation, progress updates and a response on matters that can be addressed, subject to confidentiality and legal restrictions.

10. Complaints about decisions affecting contact, visits, access, placement or service provision

This section applies where a complaint relates to a decision that materially affects an individual's contact with family or friends, visiting arrangements, access to the service, use of communal areas, conditions of attendance,

continuation of the placement, notice of termination, or another restriction on the individual's day-to-day life or relationships.

A safety or contractual decision may sometimes be necessary. However, it must be based on the relevant facts, risk assessment, legal and contractual duties and the individual's wellbeing - never because a person has complained or challenged the service. The complaint response must clearly distinguish between the decision itself and the handling of the complaint about it.

Before a non-urgent restriction is implemented, and as soon as reasonably practicable after an urgent restriction, the service must record:

- The reason for the decision, immediate risk, evidence and alternatives considered.
- The resident's wishes and feelings, using their communication plan and preferred methods.
- Consultation with the resident's representative, advocate, commissioner and other relevant professionals, where appropriate and lawful.
- Any capacity or best-interest considerations relevant to the decision, without assuming incapacity because of disability or communication difficulty.
- Why the chosen action is necessary, proportionate, least restrictive and time-limited where possible.
- Any arrangements to maintain safe contact or reduce the impact on the resident, for example supported contact, a garden visit, video call, advocacy support or phased review.
- A clear review date, decision-maker, criteria for review and a record of the review outcome.

Where a complaint identifies that consultation, recording or consideration of the resident's voice was incomplete, this must be acknowledged as a service-learning issue even where the underlying safety decision remains justified. The investigator must consider whether the gap affected the fairness, proportionality or review of the decision and what needs to change.

11. Investigation standards and evidence

The investigation will be proportionate to the seriousness, complexity and potential impact of the complaint. The investigator will create an investigation plan for all formal or complex complaints.

- Confirm each issue to be investigated and the outcome the complainant is seeking.
- Identify any immediate action and whether the investigation must be widened to consider other people or similar risks.
- Obtain and preserve relevant contemporaneous records, including care notes, risk assessments, care plans, body maps, medication records, staff rotas, incident records, call-system records, CCTV where applicable and permitted, correspondence, meeting records and policy documents.
- Seek staff accounts through interviews or statements as appropriate. Where interviews are used, questions and notes should be retained and the person given an opportunity to confirm accuracy.
- Compare different sources of evidence, identify discrepancies and avoid relying solely on one recollection or one record.
- Consider the individual's communication needs and obtain their view directly wherever practicable.
- Record what cannot be established, why it cannot be established and what action is appropriate despite any uncertainty.
- Consider whether the complaint reveals a wider systems issue, such as documentation, staffing, training, leadership, communication, environmental or policy weakness.

Investigation records are separate from the response letter. They must be factual, dated, indexed, securely stored and sufficient to show how the conclusion was reached.

12. Outcomes, response and remedies

The written response will be plain, respectful and tailored to the person's communication needs. It will:

- Confirm the issues investigated and any issues outside the service's remit.
- Summarise the investigation steps and evidence considered without disclosing confidential information about other people unnecessarily.
- Provide a finding for each issue: upheld, partly upheld, not upheld, or unable to determine on the available evidence.
- Explain the reasons for the finding, including any limitations, gaps or conflicting evidence.
- Include an apology where the service has fallen short and acknowledge any distress caused.
- Set out specific remedial action, the responsible person and completion date, including any changes to care, risk management, communication, staff practice, training, policy or governance.
- Explain how action completion will be checked and how the complainant will receive an update where appropriate.
- Offer a meeting or conversation to explain the outcome, where this is safe and appropriate.
- Explain the right to request an RI review and the external escalation routes.

Remedies may include an explanation, apology, correction of records, care-plan review, service change, practical support, staff learning, review of a decision, reconsideration of a process, or other proportionate action authorised by the Responsible Individual. Any financial remedy requires RI approval and appropriate advice.

13. Review and escalation

A complainant who remains dissatisfied may ask the Responsible Individual to review whether the investigation was fair, proportionate and complete, whether the response addressed all agreed issues and whether the action plan is adequate. A request should normally be made within 20 calendar days of the written outcome; however, a later request will be considered where this is fair, including where there are accessibility needs, new evidence or a reasonable explanation for delay. This is a review of the handling and outcome; it is not automatically a full reinvestigation. New evidence, material omissions or procedural unfairness may require additional investigation.

Where the RI was directly involved in the original decision or investigation, the provider will appoint another suitably independent senior person, external adviser or reviewer as appropriate. The reviewer must declare and manage any actual or perceived conflict of interest.

External support and escalation options include the commissioning authority/local authority, CIW, Llais and the Public Services Ombudsman for Wales. CIW does not normally resolve individual disputes, but information about concerns may inform its regulatory and inspection activity. The Ombudsman may consider complaints about independent care providers and normally expects the provider to have had an opportunity to respond first. These routes are set out in Appendix 4.

14. Confidentiality, consent and information sharing

Complaints will be handled confidentially and only information necessary for a fair investigation and safe service will be shared. Wherever practicable, consent will be obtained to disclose the complaint details to relevant people. Consent is not required where information must be shared to protect a person from harm or to meet a legal or regulatory duty.

The response will not disclose personal, employment, disciplinary, health or safeguarding information about another individual unless this is lawful and appropriate. This does not prevent the service from explaining the investigation, its findings, learning and the actions it has taken.

15. Records, retention and CIW information requests

All concerns, complaints, outcomes and actions will be recorded. Complaints that are resolved immediately will not be omitted from the register. Formal complaints will have a secure complaint file containing the complaint, acknowledgement, scope, consent record, triage, evidence index, investigation plan, notes or statements, correspondence, response, action plan, review and closure record.

Records will be legible, accurate, dated, secure and retained for at least three years, or longer where required by law, safeguarding, insurance, litigation, contractual or other governance requirements. Records will be available for CIW inspection and the service will provide a summary of complaints, responses and subsequent action to CIW within 28 days when requested.

16. Learning, governance and quality improvement

The Home Manager will review the complaints register monthly. The Responsible Individual will review complaints, concerns, action completion, risks, themes and learning at least quarterly as part of the governance arrangements for the service. Aggregated complaints and concerns data, action taken in response to complaints and evidence of learning will also be considered in the Quality of Care Review, undertaken at least every six months, and in the report and service-improvement recommendations prepared for the provider.

The review will consider repeated issues, risks to rights and wellbeing, staff conduct, safeguarding, communication, accessibility, visiting/contact decisions, care documentation, call systems, medicines, nutrition, falls, skin integrity and any other relevant theme. Actions will be recorded in the service improvement or development plan, allocated to a named person, given a completion date and checked for effectiveness.

The service will share anonymised learning with staff, residents and families where appropriate, while protecting confidentiality. The Responsible Individual will ensure that recurring themes are considered alongside audits, incidents, safeguarding, feedback, staff supervision, resident and family meetings and CIW requirements.

17. Compliments, comments and suggestions

Compliments, comments and suggestions are valued as part of quality assurance. The Home Manager will record them, share positive feedback with relevant staff and consider whether suggestions can improve the service. A repeated comment or suggestion will be considered alongside concerns and complaints as part of trend analysis.

18. Managing difficult or unacceptable behaviour

The service recognises that people may be upset, frightened, angry or distressed when raising a complaint. Assertive, persistent or critical behaviour alone is not unacceptable. The complaint will still be considered fairly.

Where behaviour presents a genuine risk to staff or others, is discriminatory, threatening, abusive, violent, persistent in a way that prevents a fair process, or involves unreasonable contact frequency, the Responsible Individual may put proportionate communication boundaries in place. These may include a single point of contact, written communication, planned meetings, support from an advocate or professional, or meeting arrangements that protect safety. Any boundary must be recorded, explained, regularly reviewed and must not prevent the underlying complaint from being considered.

Appendix 1: Quick guide for people using the service and families

You have the right to speak up

Tell us if you are worried, unhappy or think something needs to change. You can speak to any staff member, the manager, an advocate or the Responsible Individual. You do not need to use the word “complaint”.

To raise a concern or complaint, speak to any member of staff, contact the Home Manager on 01443 879005 or manager@bargoedcare.co.uk, or email the Responsible Individual at tariq@omniachg.co.uk.

You can ask for the policy or leaflet in Welsh, easy-read, large print or another format. You may also ask a family member, advocate or other person to support you.

What we will do	When
Listen, check what you are unhappy about and make sure you are safe.	Straight away
Try to put simple problems right.	Usually the same day or within 24 hours
Write to you to confirm your complaint if it needs an investigation.	Within 3 working days
Keep you updated while we investigate.	At least every 14 days
Send a written outcome and explain what we will do next.	Normally within 28 days
Arrange a review if you are still unhappy.	Ask within 20 days of the outcome

Stage	Minimum record
Receipt	Date and time; person raising issue; who it concerns; contact details; preferred communication; representative authority/consent; exact concern/complaint; desired outcome.
Initial triage	Immediate risk; safeguarding/medical/notification decision; person responsible; action taken; evidence preservation; whether restricted/urgent decision involved.
Resident voice	Communication plan used; person's wishes and feelings; advocacy considered/offered; capacity or decision-specific support considerations; representative/professional consultation where appropriate.
Acknowledgement	Date sent; agreed scope; investigator; planned timescale; external support information; update arrangement.
Investigation	Plan; documents reviewed; interviews/statements; chronology; analysis of evidence; identified discrepancies; findings; action recommendations.
Decision affecting rights/contact/placement	Reason; risks; alternatives; proportionality; least restrictive option; consultation; temporary arrangements; review date; decision-maker; outcome of review.
Response	Date; findings for each issue; apology; actions; responsible person; completion date; review and escalation information.
Closure and learning	Complainant response; action completion evidence; effectiveness check; register updated; governance review date; shared learning.

Anonymous complaint	What information was received; risk assessment; safeguarding/evidence-preservation decision; whether investigation was possible; RI authorisation where no further investigation could be completed; learning/actions taken.
Other organisation involved	Which part belongs to the service and which part to another organisation; consent/information-sharing decision; signposting or referral made; action taken by the home while another process continues.
Externally received complaint	Date and source of notification; external deadline; RI notification; independent-investigator decision; correspondence and response supplied.

You can have help from someone you trust, an advocate or Llais. Llais Gwent can be contacted on 01633 838516 or at gwentadvocacy@llaiscymru.org. We will make information available in a way that works for you. Making a complaint will not affect your care or support. Full external contact details are in Appendix 4.

Appendix 2: Complaint record and investigation checklist

Appendix 3: Complaints register minimum data set

The complaints register must include, at a minimum:

- Unique reference number; date received; source; person affected; category and summary of issues; accessibility/advocacy needs; whether anonymous; whether another organisation or external body is involved; immediate risk and safeguarding/notification decisions; investigator; acknowledgement date; confirmed scope; response due date; update dates; outcome; action plan; action owner; completion date; RI review date; trend/theme; closure date; and whether the person was advised of external routes.
- For complaints involving a contact, visiting, access, placement or service restriction decision: the date of the decision, resident consultation, risk assessment, alternatives, review date and outcome must also be cross-referenced in the complaint file.

Appendix 4: External support and escalation routes

Organisation	How they may help / contact details
Bargoed Care Home	Raise your concern or complaint with the Home Manager / Registered Manager first where possible. Address: Heol Fargoed, Bargoed, CF81 8PQ. Telephone: 01443 879005. Email: manager@bargoedcare.co.uk .
Responsible Individual - Omnia Care Home Group	For review of the complaint handling or outcome: Tariq M. Khan, Responsible Individual, Omnia Care Home Group, Kings Court, 17 School Road, Hall Green, Birmingham, B28 8JG. Email: tariq@omniachg.co.uk . General management email: management@omniachg.co.uk .
Caerphilly County Borough Council - Adult Services / safeguarding	For concerns about adult safeguarding, commissioned care or local authority functions. Telephone: 0808 100 2500. Email: iaadults@caerphilly.gov.uk . In an emergency, call 999. For a complaint about Caerphilly Social Services: Complaints and Information Team, telephone 0800 328 4061; email sscomplaintsandinformation@caerphilly.gov.uk ; address: Social Services, Penallta House, Tredomen Park, Hengoed, Caerphilly, CF82 7PG.
Care Inspectorate Wales (CIW)	CIW does not normally resolve individual disputes, but information about concerns informs its understanding of registered services and inspection activity. Telephone: 0300 7900 126. Email: ciw@gov.wales . Address: Care Inspectorate Wales, Welsh Government Office, Sarn Mynach, Llandudno Junction, LL31 9RZ.

Organisation	How they may help / contact details
Llais Gwent - complaints advocacy	Free, independent and confidential support to help people raise concerns about health and social care services. Telephone: 01633 838516. Complaints advocacy email: gwentadvocacy@llaiscymru.org. General enquiries email: gwentenquiries@llaiscymru.org. Address: Llais Gwent Region, Raglan House, Llantarnam Business Park, Cwmbran, NP44 3AB.
Public Services Ombudsman for Wales	May consider complaints about independent care providers where there may have been unfair treatment or poor service causing injustice or hardship. The Ombudsman normally expects the provider's process to be used first. Telephone: 0300 790 0203. Email: ask@ombudsman.wales. Address: Public Services Ombudsman for Wales, 1 Ffordd yr Hen Gae, Pencoed, CF35 5LJ. Welsh-language contact and information are available.
Important information	External organisations may have their own eligibility criteria, timescales and processes. Staff will provide a current leaflet or assist the person to access the relevant organisation's published contact information. Contact details must be verified at each policy review or sooner if a route changes.

References

Provider assurance: The Responsible Individual will ensure that the complaints leaflet, written guide, induction materials, staff refresher content and displayed notices remain consistent with this policy. Any discrepancy identified through audit, feedback, inspection, complaint review or change in contact details will be corrected without delay.

This policy has been reviewed against:

Omnia Care Home Group, CARE Concerns, Complaints & Compliments Policy, Issue 1 (approved 26 September 2020) - retained operational safeguards included in this updated redraft.

- The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017, as amended - Regulation 64 (Complaints policy and procedure), Regulation 12 (policies and procedures) and Regulation 77 (systems for recording incidents and complaints).
- Welsh Government, Guidance for providers of care home and domiciliary support services (updated 27 March 2024), including the guidance for Regulations 64, 77, 78, 79 and 80.
- Care Inspectorate Wales, Inspection Framework for Care Home Services, Secure Accommodation Services, Residential Family Centre Services, and Domiciliary Support Services (2024) - Leadership and Management, Line of Enquiry 19: accessible complaints policy and demonstrated learning from complaints.
- Contact details were checked against the relevant organisations' published information on 22 June 2026 and should be verified at each policy review, or sooner if a contact route changes.