

HORIZON N INTEGRATED

COMPASSION - CARE - INDEPENDENCE

STATEMENT OF PURPOSE



Horizon House
120-122 Columbus Ravine
Scarborough
North Yorkshire
YO12 7QZ

This document is prepared in accordance with the Health and Social Care Act 2018

Version 4 OP03 Statement of Purpose
Horizon Integrated Rehabilitation Limited
Date Issued: 27/06/23 SOH/AO

Contents

- 1. Introduction**
- 2. Aims, Objectives & Philosophy**
- 3. Services & Facilities to be provided for Clients**
- 4. Matters Listed in Schedule 1: Registered Provider**
- 5. Relevant Qualifications and Experience of the Registered Manager**
- 6. The Number, Qualifications and Experience of Staff Employed in the Service**
- 7. Organisational Structure**
- 8. Age Range and Gender of Clients**
- 9. Range of Needs that Horizon House is Intended to Meet**
- 10. Admission Criteria**
- 11. Arrangements for Social Activities, Hobbies & Leisure Interests**
- 12. Consultation Procedure Regarding Operation of Horizon House**
- 13. Fire Precautions and Emergency Procedures**
- 14. Arrangements for Clients to Attend Religious Service of their Choice**
- 15. Arrangements for Contact between Clients and their Friends & Family**
- 16. Arrangements for Dealing with Reviews of the Client's Plan (Regulation 15(1))**
- 17. Number of Rooms**
- 18. Personal Belongings**
- 19. Privacy & Dignity**
- 20. Health & Wellbeing**
- 21. Medication**
- 22. Smoking Policy**
- 23. Inspection Reports**
- 24. Equality and Diversity**
- 25. Equal Opportunities**

APPENDIX A - COMPLAINTS SUGGESTIONS & COMPLIMENTS POLICY & PROCEDURE

Version 4 OP03 Statement of Purpose
Horizon Integrated Rehabilitation Limited
Date Issued: 27/06/23 SOH/AO

1. Introduction

Horizon House is a Specialist Rehabilitation Residential Service for 14 clients located in Scarborough, North Yorkshire.

The amenities and facilities within the town centre are approximately 0.5 miles away and the service is within walking distance of the North Bay and Peasholm Park.

All bedrooms are ensuite and are tastefully furnished to a high standard, providing a television point.

The facilities also include a variety of lounges, dining and communal areas.

The service will provide person centred, rehabilitative residential care services for people aged 18 years and above and have primary mental health diagnosis and who may have a forensic history.

2. Aims, Objectives & Philosophy:

To provide a community-based, service for people with mental health based on models of best practice and current research.

To provide a needs-led service with its clients and families at the home.

To provide clients with the best quality of life possible through community-based living, with supported development of personal competence, development of relationships and networks and offering and supporting choices.

To provide an environment of trust, security and respect; to facilitate personal growth and development.

To support clients to access generic services and ensure that their needs receive appropriate specialist resources.

To help clients develop positive feelings of value and self-worth.

To ensure that each client has individualised support plan, which set realistic and achievable goals, which are implemented and reviewed.

To respect the confidentiality, privacy and dignity of clients and carers at all times.

To offer clients support to take acceptable risks in order to fulfil their potential.

To ensure that the right skill mixes are available to meet client needs by investing in staff development to provide a progressive and expert workforce.

To keep clients, carers, staff and purchasers informed of decisions in an open and honest way, and to consult with people about decisions that affect them.

3. Services & Facilities to be Provided for Clients:

Each client will have their own private bedroom and will be given a key to that room. Spare keys will be kept by staff in a key safe in the office and would only be used in an emergency.

Each client will have free access to all communal areas of the service.

Each client will have an individually tailored support plan, based on assessment, which will incorporate some/all of the following core areas:

Version 4 OP03 Statement of Purpose
Horizon Integrated Rehabilitation Limited
Date Issued: 27/06/23 SOH/AO

- Personal hygiene
- Personal and communal household chores
- Cooking
- Cleaning
- Shopping
- Laundry
- Maintenance
- Educational activities
- Literacy
- Budgeting & banking
- Problem-solving techniques
- Travel safety
- Personal safety
- Relationships
- Self-advocacy
- Unsupervised community access
- Recreational & leisure activities
- Vocational activities
- Social & personal development
- Individualised clinical issues:
- Mental health diagnosis and treatment
- Coping strategy enhancement
- Mental Health Act status and requirements

4. Matters Listed in Schedule 1: Registered Provider:

The name and address of the registered provider is:

Horizon Integrated Rehabilitation Limited
289 Brettenham Road
Edmonton
London
N18 2HF

The name and address of the Nominated Individual:

Dr Anthony Okore
Horizon House
120-122 Columbus Ravine
Scarborough
North Yorkshire
YO12 7QZ

The name and address of the

Registered Manager:

Mr Sean O'Hanrahan
Horizon House
120-122 Columbus Ravine
Scarborough
North Yorkshire
YO12 7QZ

5. Relevant Qualifications and Experience of the Registered Manager:

Sean O’Hanrahan MA BA (Hons) RMN

PIN No: 9314360E

PIN Expiry date: 31/12/23

Sean O’Hanrahan, is the Registered Manager of Horizon House. Sean is a Registered Mental Health Nurse (RMN) who has had 26 years experience in managing supported accommodation, residential care homes and hospitals at national level and is a specialist in turnaround. He is very passionate about the delivery of high-quality care and support for service clients

He has completed range of professional development study days, short courses and conferences/updates have been undertaken to ensure professional registration is maintained.

Relevant Qualifications and Experience of the Nominated Individual:

With over 23 years of experience at consultant level, Dr Okore’s expertise is based around the assessment and management of individuals with complex mental health diagnosis. He is the Nominated Individual of Horizon and has dedicated all of his professional life to ensuring that the individuals he is involved with supporting receive appropriately safe and personalised psychiatric advice that optimises their opportunities for full recovery and reintegration back into their local community.

He has completed range of professional development study days, short courses and conferences/updates have been undertaken to ensure professional registration is maintained.

6. The Number, Qualifications and Experience of Staff Employed in the Home:

The service ensures that at all times an appropriate number of suitably qualified, skilled and experienced persons are employed.

Staff employed to work at Horizon House will receive Clinical and Line Managerial Supervision from a Team-Leader, Deputy Manager and Registered Manager (Nurse qualified)

A list of the names, qualifications and experience of staff working in the service is available for inspection at any reasonable time from the office.

Deputy Managers:

Deputy Managers work in collaboration with the Registered Manager as well as day-to-day management and leadership of the service. They supervise/lead Recovery Team-Leaders. Their role is to implement and review the support plans in collaboration clients and oversee the governance framework. Typically they will have undertaken, or be undertaking, NVQ Level III or above.

Registered Nurses:

Registered Nurses (also known as Qualified Nurses) have completed training in the care of people with mental health problems. The Nurse will oversee all clinical risks for the service working as part of the MDT.

Recovery Team Leaders:

Recovery Team Leaders work in collaboration with the Deputy Manager as well as day-to-day management and leadership of the service. They supervise/lead recovery workers. Their role is to implement and review the support plans in collaboration clients and the MDT. Typically they will have undertaken, or be undertaking, NVQ Level II or equivalent.

Recovery Workers:

Recovery Workers may have a range of vocational qualifications. Their role is to work with the Recovery Team-Leader to ensure that high quality care is provided to the clients and act as keyworkers.

Visiting Consultant Psychiatrists:

Psychiatrists are medically qualified doctors who have taken further training and specialised in mental health. The Consultant Psychiatrist will offer specialist skills and teaching to the team, providing advice and support to the identified NHS Community Consultant Psychiatrist (RC) if requested

Therapy Coordinators:

Therapy Coordinators work in collaboration with the Recovery Team-Leaders by planning and implementing therapy programmes whilst ensuring appropriate materials are obtained.

On-Call Arrangements:

Outside office hours the On-Call Manager will be on call 24 hours per day.

Other staff at the service may include:

- Administrator
- Maintenance

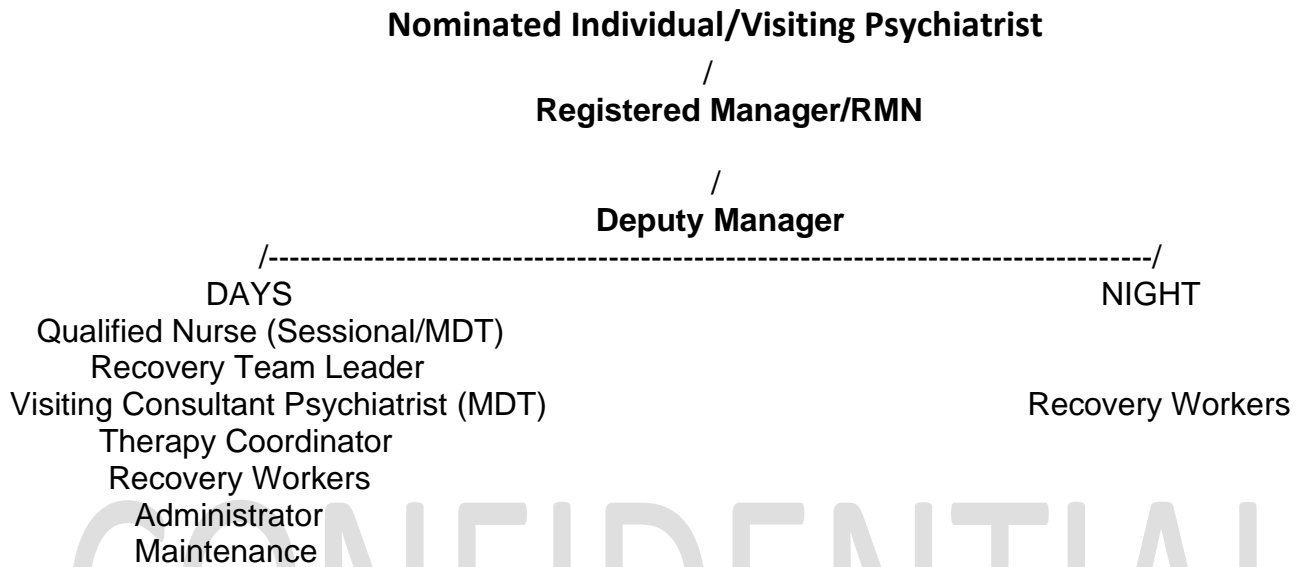
The Service Multi-Disciplinary Team:

The service incorporates a "Multidisciplinary Team" consisting of:

- Visiting Consultant Psychiatrist
- Registered Nurse
- Recovery Team Leaders
- Recovery Workers
- Therapy Coordinator
- GP Services
- Pharmacy Services

Nothing in the above will prevent the Registered Manager from utilising the skills of other MDT specialists on a sessional or ad hoc basis as may be required to meet the needs of client

7. Organisational Structure:



CONFIDENTIAL

8. Age Range & Gender of Clients:

The age range is from 18 years and above in line with our Conditions of Registration as agreed with the Care Quality Commission.

9. Range of Needs that Horizon House is Intended to Meet:

Horizon House is registered to care for clients who:

May be cared for under Best Interests Assessment (DOL's) under the Mental Capacity Act 2005, Community Treatment Order (Section 17a) Mental Health Act 2007, Conditional Discharge (Section 37/41) Mental Health Act 2007 or who are not detained under The Act and are therefore, informal. All these areas are to be agreed before admission to the service, and only some, not all, maybe relevant to each individual client.

<u>Activity:</u>	<u>How Delivered</u>	<u>Delivered by:</u>
<u>Nursing Input</u> Holistic Assessment of Needs Risk Assessment Support Planning Active Interventions On-going monitoring and evaluation Collaborative working Administration of medication Relapse Prevention	Psycho-Social Interventions Recovery Model Individualised Support Planning Collaboration	Registered Nurse (RMN) (via MDT) Recovery Team Leaders Recovery Workers Therapy Coordinator
<u>Rationale:</u> To work collaboratively with clients to promote self-management. To support clients in meeting their needs and to provide a systematic approach towards regaining their independence and achieving social inclusion.		

<u>Activity:</u>	<u>How Delivered</u>	<u>Delivered by:</u>
<u>Therapy Coordinator Input</u> Holistic Assessment of Needs Risk Assessment Support Planning Active Interventions Collaborative working Coordination Activity Planning Global Interests Checklists Liaising with work/college/charity placements	Recovery Model Individualised Support Planning Collaboration ADL assessments Outcome Measurements	Registered Nurse (RMN) (via MDT) Recovery Team Leaders Recovery Workers Therapy Coordinator
<u>Rationale:</u> To work collaboratively with clients to promote self-management. To support clients in meeting their needs and to provide a systematic approach towards regaining their independence and achieving social inclusion.		

<u>Activity:</u>	<u>How Delivered</u>	<u>Delivered by:</u>
<u>Specialist Psychiatry Input</u> Psychiatric assessment Mental State Examination Examination/Ongoing Reviews Medication Review Prescribing medications and monitoring response Treatment Plan MDT Meetings & Risk assessments and management Psychiatric Reports MHRT, Responsible Clinician role for CTO.	Assessment by Consultant Psychiatrist on a fortnightly basis to offer assessment, review primary diagnosis or current mental state or changes from last assessment. Implementation and review of management plan. Prescription of medication Out of hours On-call	Visiting Consultant Psychiatrist
<u>Rationale:</u> To identify and confirm diagnosis of mental illness and assess mental state for treatment in a community rehabilitation setting. Regular review of progress and mental state allows the Consultant Psychiatrist to tailor medication and treatment plan to be optimally effective, appropriate to their condition and within BNF limits.		

10. Admission Criteria

The admission criteria for accessing services at the service are clearly stated in our policies and procedures. The criterion ensures that only those clients who have been fully and professionally assessed for their suitability for a community living will be accepted.

Diagnostic types admitted for therapeutic engagement will broadly be considered to experience an enduring mental illness with mild to moderate presenting symptoms.

Individual support plans are agreed with clients to meet their holistic needs. Best Practice guidelines (e.g. NICE) always inform decision making, and a range of interventions are offered through the MDT; including psychology, psycho-social interventions, activity therapy and social skills, as well as psychotropic medication. An underlying philosophy based on "Recovery" ensures that clients are empowered towards achieving their own goals.

Other admission criteria are

- All clients must be regarded as capable of living in a communal living
- Clients must be assessed as capable of semi-supported independence as part of a rehabilitation programme
- Clients must have a primary diagnosis of a mental illness
- All clients must undergo a full assessment of their needs
- The Registered Manager/MDT must agree that the client will benefit from engagement and support.
- No client will be admitted whose presence would breach any condition of registration from the Care Quality Commission
- Clients must have been stable for a period of time prior to admission and not in an acute phase of their illness
- Clients should be considered capable of self-caring as far as possible
- Clients should see the move as beneficial to themselves in their support plan

11. Arrangements for Social Activities, Hobbies & Leisure Interests:

Clients referred to Horizon House with established activities will continue to be supported to access such activities. All clients will be encouraged and supported to access a wide range of activities designed to help with their rehabilitation programme and integrated community access as part of their progress along a recovery pathway.

The MDT, including the Therapy Coordinator, will complete a holistic assessment, including identification of the client's strengths, interests and hobbies.

A process of collaborative working will ensure that treatment and care is directed towards achievement of mutually agreed goals, including accessing any social activities, hobbies and leisure interests.

Ideas for potential activities will be encouraged from a range of sources:

- Clients
- Friends
- Family
- Vocational support agencies
- Newspapers

- Posters
- Course information booklets
- Nurse / staff team
- Governance meetings
- Client meetings

Gathering information about activities is seen as an equally valid exercise as the activity itself; providing opportunities for social integration, problem-solving, and personal development.

Funding for activities will come from a variety of sources:

- Vocational services
- Client funds
- Benefit agencies

12. Consultation Procedure Regarding Operation of Horizon House:

Clients are expected and encouraged to participate in their individual therapeutic programme as well as participating in the recreational activities of the service. We encourage clients to let us know their views on the various aspects of living at Horizon House and the weekly Client Meetings provide a forum for this which ensures that each client has a “voice” on how their support is provided. These meetings are documented and the records of such meetings posted in the service.

The meetings are informal in nature to encourage clients to talk openly and freely, however there are ground rules and a pre-identified agenda to ensure that there is productivity to the meetings.

Monthly Governance are held at Horizon House, a representative from Horizon House will be invited to attend, where clients are able to represent the views of fellow clients. Both client and relatives can put forward ideas and suggestions for improvement in services that we provide and these will always be given consideration, and where possible these will be implemented. However, it may not always be possible to respond positively to all suggestions made, in which case we will provide a reason why not.

We will actively seek client’s views on how we are providing for their needs. This will be done by issuing a ‘Client Questionnaire’ that we will ask clients, or a relative, to complete and return to us. Clients may ask a member of staff to help them complete the form if they wish.

The results of our Client Surveys will be included with the Client Guide which is given to every new client and available from staff on request.

13. Fire Precautions and Emergency Procedures:

All Horizon House staff receive annual fire safety training, this is also available for the clients should they wish to receive this.

Suitable fire safety equipment is available on the premises in accordance with fire safety regulations, including a fully integrated fire alarm system.

Fire procedure notices are displayed throughout the service and all clients are made aware on admission of the local procedure in the event of a fire.

All clients have an individual fire evacuation plan in their support plan file that staff on duty are aware of.

All fixtures and fitting comply with fire regulations; where clients wish to bring their own furniture into the service this is at staff discretion and will only be permissible if they meet fire safety regulations.

The Registered Manager will ensure that all staff working at Horizon House receive statutory fire safety training and subsequent annual refresher training.

14. Arrangements for Client's to attend Religious Services of their Choice:

As far as is practicable, all clients will have the opportunity to attend religious services of their choice.

The religious beliefs of a client and their request to attend religious services will be respected and, as far as is practicable, all clients will be supported to attend to their religious or cultural needs within the service, as appropriate within a communal residence.

15. Arrangements for Contact between Client's and their Friends & Family:

Clients will be supported to make, and to maintain contact with friends and family, including involving them in decisions about their care and treatment, where clinically appropriate to do so.

During the introductory visit to the service, clients will be able to bring a friend, family member or representative with them.

Clients are encouraged to involve their family or friends in the development of their treatment plan, its application, and review, including attendance at CPA meetings etc.

Information is not shared with family and friends without the clients' consent, unless clinically appropriate to do so.

The views of family and friends will be sought when reviewing the achievement(s) of the service in meeting the needs of the client

Family and friends are welcome to visit clients at the service.

Visitors who have to travel from a distance should be aware that it may be useful to phone the service prior to setting off to ensure that there are no circumstances that might prevent the visit from taking place.

It is the policy of the service that visits by persons under the age of 18 will only be permissible following a full review by the Registered Manager, who is acting on behalf of the MDT.

Visits by persons under the age of 18 must be seen as beneficial for the child and not just beneficial for the client

For this reason we ask that, should a person under the age of 18 wish to visit their parent or relative in the service, a request is made in writing to the Registered Manager.

No visit by a child under the age of 18 can proceed without the written permission of the Registered Manager, who is acting on behalf of the MDT.

This applies equally to clients who are both informal and on CTO's/DOL's etc.

16. Arrangements for Dealing with Reviews of the Client's Plan (Reg 15(1)):

Client health care is planned in consultation with our MDT, staff members, and relatives as appropriate.

Other appropriate health care professionals are also involved in the planning of client's health care where necessary.

Client's referred to Horizon House may be under the Care Programme Approach (CPA).

It is expected that the client's community Care-Co-ordinator will continue to undertake this role throughout the client's stay at Horizon House.

There are 4 main elements to CPA, supported by Horizon House:

- Systematic assessment of an individual's health and social care needs
- Development of an agreed support plan to meet those needs
- Allocation of a "Keyworker" (or other such name) to co-ordinate delivery of care
- Regular review and monitoring of a client's progress and ongoing delivery of the care programme to meet individual needs

Horizon House will regularly audit the effectiveness of the CPA process and invites feedback from all parties.

To ensure that we provide the highest level of care to our clients, our staff will prepare various reports to inform the CPA review meetings; including psychiatric, nursing and keyworker perspectives.

Clients are encouraged to be fully involved in the creation, documentation and review of their support plan. Each client will be encouraged to contribute and sign their support plan and a written copy will be given to them

17. Communal/Rooms:

Horizon House believes that it is important that clients are safe and comfortable in their new surroundings.

We will always try to allocate the room that each client has expressed a preference for, although this is largely dependent on availability at the time of admission and subject to any specific risk assessment etc. Should a client wish to change rooms at a later date, or a room which is more suitable becomes vacant it is possible to relocate at that time.

Horizon House provides extensive accommodation including:

- Café Style Conservatory
- 14 ensuite bedrooms
- 1 Quiet lounge
- 1 TV lounge
- 1 dining/cinema room
- 1 activity/therapy room
- Kitchen
- Laundry
- Offices
- Medication Room
- Staff Room
- Garden
- Courtyard
- Parking for 6 cars

There is a charge for accommodation and treatment at Horizon House.

These fees are paid by the referring Local Authority/Independent Care Board at an agreed rate and paid directly to Horizon Integrated Rehabilitation Ltd.

The fees currently are based on a comprehensive clinical needs assessment excluding additional therapies/specialist equipment may incur further costs in liaison with the funding authority.

18. Personal Belongings:

On admission, it is current practice to record details of all clothing and personal belongings which client bring into the service These records need to be updated when new items are brought into the service or when old ones are discarded. This ensures, as far as possible, that these items can be traced back to its rightful owner should they become lost.

We strongly recommend that all clothing should have a label with the owner's name on it.

Whilst clients are encouraged to carry out their own laundry (under supervision initially), there may be occasions where this is carried out by staff and labelling makes identification much easier.

The level of support required is identified through assessment in order to maintain independence and is reviewed regularly to track progress made.

Clients are encouraged to notify staff of new items of clothing so that they can be properly labelled and recorded.

It is advisable that consideration is given to purchasing clothing which can be machine washable rather than items which require “dry clean only”. The cost of dry cleaning is the responsibility of the client.

Clients are encouraged to bring photographs, favourite ornaments or other treasured keepsakes or small items of furniture that may help to personalise their room and make it feel more comfortable. There are, however, limits on some items either due to size or value or risk assessment.

While we encourage clients to bring personal items with them into the service to help feel at home, we would suggest that because of the risk or damage or loss, these items should not be of a valuable nature.

Clients are encouraged to make their own insurance arrangements for their personal property.

All items of electrical apparatus over 12 months old must be PAT tested to ensure that they are in good working order before they can be used. This can be arranged by the staff and there is no charge for this testing.

Any items of furniture must be in good condition and must conform to current Fire Regulations for flame retardancy.

In each bedroom there is a secure place where clients can lock away small articles of value or keep their medication safely. There is of course suitable hanging and storage space for clothes.

We would advise client not to keep large amounts of cash (maximum £50.00), expensive items of jewellery or valuable ornaments in their room. In case of loss, damage, or theft we cannot accept responsibility. We therefore advise that clients and relatives arrange their own personal insurance to safeguard property. Clients will be supported and encouraged to open a personal bank account for the safe keeping and management of their finances.

19. Privacy and Dignity:

Each client is treated with respect at all times and therapies, interventions and treatments are always carried out in a way which promotes dignity and respects privacy.

No consultation or treatment will be carried out in a communal area and clients have the right to choose to be accompanied at all consultations, examinations and treatments. This choice extends to choice of gender of staff who carry out treatment or personal care, however clients are advised that it may not always be possible to ensure that staff of a chosen gender are available at that time and a period of delay might result.

All our policies and procedures have been written to reflect current “best practice” and ensure that all client rights are observed and promoted. This includes respecting individual rights to privacy and dignity.

20. Health and Well-being:

In addition to our experienced staff members who will look after client’s care and welfare, further support is provided by a number of other healthcare professionals from a variety of disciplines to ensure that we are able to provide a comprehensive care and treatment rehabilitation package.

Clients are all registered with a local GP practice or Health Centre to ensure continuity of medical treatment. For some clients this means that they may be able to retain their own family GP, whilst for others it may mean registering with a new GP.

If necessary, we can also introduce clients to a local dentist, chiropodist or optician, should previous practitioners no longer be able to attend or provide a service.

For some, the subject of death is a very sensitive issue and one that is therefore often avoided. However, we know from experience that addressing the issue can bring great peace of mind to people. Clients will, therefore, be given the opportunity to discuss these matters if they so wish.

The service is able to provide access to a range of advocacy services which may be useful where a client wishes should they become incapacitated or be unable to make decisions for themselves in the future.

21. Medication:

The Visiting Consultant Psychiatrist/NHS Responsible Clinician in conjunction with the GP may have prescribed medication as part of the client's treatment plan. If the client requires any facts about their medication or other aspects of their care, they can ask the staff, the MDT, or pharmacist.

Staff on duty will ensure the safe and timely administration of all client's medication. It is the aim of the team that clients are supported to self-administer medication, but this may be easier to achieve for some than others. There is a self-medication policy / procedure which may be implemented following detailed risk assessment by the members of MDT involved.

22. Smoking Policy:

Horizon House provides a non-smoking, health-promoting environment, which is as risk free as possible from either smoke or "passive smoking", but at the same time we are sympathetic to those who enjoy smoking.

We have, therefore, allocated the courtyard and provided a sheltered designated safe smoking area where clients may smoke if they wish.

For the continuing safety and well-being of all clients, we do not permit smoking in any of our bedrooms, communal rooms, or other places within the building.

If any client wishes to stop smoking, the staff will ensure that they are fully supported through a "smoking cessation" programme and encouraged to partake in a healthy living programme of eating and exercise.

23. Inspection Reports:

Horizon House will be registered with the Care Quality Commission who are required to carry out periodic inspections to ensure that all legal requirements are being met and that services comply with the Health and Social Care Act/Regulations. Such reports cover a wide range of activity and seek to determine the standard and quality of care and treatment provided as well as ensuring that the environment meets strict standards.

Following such inspections, the Care Quality Commission produce written reports which can be viewed at any reasonable time in the service and are also published on the CQC website.

24. Equality and Diversity

Horizon House strives for high standards both as an employer and as a provider of services. We recognise the need for encouraging diversity and wholeheartedly support a policy of equal opportunities in all areas of our work and responsibilities. Everyone who works with, or for, Horizon House will be shown the policy which provides guidance that enables us to comply with anti-discrimination legislation

25. Diversity

We will actively encourage diversity to maximise achievement, creating good practice and to bring benefit to clients and communities. Encouraging all people, it helps work with and for to contribute to an environment in which people feel comfortable and can express how they feel and what they need and that their contribution will be valued

26. Equal Opportunities

We aim to be an equal opportunities employer and provider of services. No job applicant, employee, volunteer, visitor or client should receive less favourable treatment on any ground.

We will monitor the composition of our workforce and client base and introduce positive action if it appears the policy is not fully effective.

APPENDIX A - COMPLAINTS SUGGESTIONS & COMPLIMENTS POLICY & PROCEDURE

The objectives of this policy, processes and forms are:

- a) To provide ease of access for client to the complaints process;
- b) To instil client confidence in the way in which complaints are managed;
- c) To provide clients with information on how to make a complaint;
- d) To have an honest, open and thorough approach to all investigations;
- e) To address all legitimate concerns raised by the complainant or the authorised representative;
- f) To adopt a fair and consistent approach to the investigation of all complainants;
- g) To separate complaints from disciplinary/grievance procedures, where appropriate;
- h) To effectively record, audit and cross-reference complaint data to other quality and risk management process;
- i) To extract lessons learned from complaints so as to continually improve to quality of services provided and reduce incidents and risk to the business;
- j) To identify any shortfalls and/or failings in personal or professional conduct;
- k) To signpost complainants, wherever appropriate, to other organisations that may provide assistance and support in their pursuance of a complaint.