

	<p align="center">Compliments, Concerns and Complaints Policy & Procedure</p> <p align="center">GEN-POL-32</p> <p align="center">Version: 2.0</p>
Date: Oct 19	Developed by: Chief Executive
Review period: 3 years	Owned by: Chief Executive
Review date: Oct 22	Authorised by: Chair

1. PURPOSE OF THE POLICY

1.1 Sir Josiah Mason Trust is committed to creating an open and non-defensive culture which acts to protect the rights of the people with whom we work. We welcome feedback of any kind. This Policy has been developed in partnership with residents/clients to achieve this.

1.2 The purpose of this policy is to provide a framework for listening and responding to all client feedback, including complaints.

The aim of this Policy is for residents/clients to be able to:

- Feel confident to speak up on concerns and complaints
- Register feedback in the simplest possible way in a private area in each scheme
- Feel listened to and understood, where possible through a private interview
- Be confident that their issues have been resolved and addressed in an efficient and timely manner
- Feel that their feedback has made a difference
- Feel confident raising concerns and complaints which are summarised and reported to Trustees for trends and lessons learnt

1.3 This Policy and Procedure is principally concerned with complaints made against an organisation's staff, trustees or volunteers. Disputes between residents/clients will generally be covered by one or more of the policies in place for individual services. However, there will be occasions when it will be appropriate to use this procedure to provide a framework for an investigation of a dispute or machinery for an appeal.

2. POLICY STATEMENT

2.1 All staff are committed to listening to residents/clients and carers through responding to compliments, concerns and complaints during the course of their work.

2.2 Residents/clients and their families can feedback to all staff members, Trust staff and Service Managers, the Senior Management Team and Trustees.

2.3 We welcome all feedback (compliments and concerns) verbally, face to face, via the telephone, letters, emails and other online media including social media.

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2.4 We will support all residents/clients, their families, external colleagues and members of the public to give feedback, taking into account however they might best communicate with us. We will strive to meet the information and communication support needs of residents/clients and carers where those needs relate to a physical or learning disability, impairment or sensory loss, in line with the Accessible Information Standard.

2.5 No member of staff will treat a residents/clients, carer, relative or representative unfairly because they have raised a complaint or concern.

3. RESPONSIBILITY

3.1 **The Trust** will ensure all staff receive regular training to help them understand the importance of promoting a culture that is open to feedback and that instructs them in how to implement this Policy & Procedure.

3.2 **All staff** have a duty to respond to **complaints and concerns** in the first instance, requesting advice and help from their line managers as needed. All staff should be familiar with the procedures detailed in this document and other related policies and immediately inform their line manager of any complaints they receive.

3.3 **All staff** are responsible for responding to **feedback** wherever they can, with the support of their line manager, to apologise and put things right when needed, and to record and promote good practice that is highlighted by feedback.

3.1 Staff with **Line Management/Supervisory responsibilities** are responsible for ensuring all staff are conversant with this policy and related policies. Line managers should seek advice from the **Head of Central Services** about any concerns or comments. All concerns, compliments and formal complaints should be passed to the **Head of Central Services** to record on the database.

3.2 **Service Managers** are responsible for carrying out investigations as requested by **Head of Central Services** and ensuring that all comments received are properly considered and responded to. In the complaints procedure they are considered the "Investigation Leads". All Service Managers should ensure that they have copies of Complaints leaflets available for enquirers and that the Complaints Poster is on display in a public area in all services.

3.3 The **Head of Central Services** is responsible for recording and reviewing all new complaints to ensure they are being managed by the appropriate person and within the timeframes prescribed within this Policy and Procedure.

3.4 The **Head of Central Services** is responsible for:

- monitoring the implementation of the complaints procedure;
- maintaining records of complaints, action taken, and outcome;
- writing reports to the Integrated Governance, Finance and Performance Committee and resident involvement groups;

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- Providing statistical returns;
- Providing information to CQC, the Local Authority or the Housing Ombudsman where requested;
- Ensuring the complaints process takes into account diversity needs including access to translation and interpreting services.
- Monitoring compliance with the content of this policy at an operational level.

3.1 The **Chief Executive** is the responsible officer for complaints and oversees and agrees all final response letters in reply to all formal complaints received by the Trust.

3.2 The **Chief Executive** will ensure policy development and review takes place at least every three years, or sooner in line with local and national guidance.

3.3 The **Chief Executive** is responsible for reviewing learning from complaints ensuring that this is heard at every level of the Trust.

3.4 Governance

The **Integrated Governance Group** and **Finance & Performance Committee** is responsible for reviewing trend data and lessons learnt in relation to complaints and concerns at least once a year.

3.5 The **Board of Trustees** agrees the policy and its content and is made aware of all formal complaints raised.

4. DEFINITIONS

The following information is to help you decide how best to address the feedback you want to provide. Please note: reporting or requesting a repair at your property is not a complaint and you should follow the procedure for reporting maintenance jobs. If you are not happy with the response time or quality of maintenance work undertaken, only then could this be registered as a Concern or Complaint.

4.1 What is a Compliment

We all like to be told we have done well or to receive a pat on the back. We welcome and encourage residents/clients, their families and members of the public to tell us if we have done something well. We are particularly interested in hearing about the difference we have made to people's lives.

We monitor your compliments and seek to learn from good practice and what people tell us is important to them.

4.2 What is a Concern?

A concern usually refers to an issue someone may want to raise informally. They may want to make the organisation aware of something that they feel it could

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improve or do better. It may or may not have an impact on their daily life and they may not always want to be formally notified of what has happened as a result of their feedback.

As an organisation, we will record concerns and any action taken as a result of the concern and monitor these as we would a formal complaint, looking for trends. Wherever possible, we will try and provide feedback about an individual's specific concern and where relevant, involve them in resolving the issue. We will also produce an annual Impact Report which provides a summary of concerns and lessons learnt.

4.3 What is a Complaint?

A complaint is a formal way for residents/clients, their families or member of the public to register their dissatisfaction or grievance about a behaviour, conditions or situation. It should always be formally recorded and investigated within a specified timeframe and the person making the complaint should be informed of the outcome. Anyone making a complaint should have the right to appeal against the decision taken and to have this investigated again by someone not involved in the original complaint or investigation.

As an organisation, we will record all complaints and report these internally to ensure that we monitor trends and review lessons learnt. We will also present a summary of complaints and lessons learnt in an annual Impact Report.

5. PROCEDURE

5.1 Compliments

- 5.1.1 Compliments can be given to **all staff members**, verbally, face to face, in writing and email, via the telephone and other online media including social media.
- 5.1.2 **Service Managers** should ensure that they submit a quarterly concerns/compliments return to the **Head of Central Services** which is then reported to the **Integrated Governance Group** and **Finance & Performance Committee**.
- 5.1.3 An Annual Impact report should summarise the compliments received and individual staff members and teams should be thanked for their good work.

5.2 Resolving concerns or problems informally

- 5.2.1 All residents/clients and their families must be encouraged to raise concerns in order to resolve any worries or problems with care/support and improve services. Concerns can be raised anonymously or via a third person 'advocating' on the resident/clients behalf.
- 5.2.2 Concerns may be raised verbally, in involvement meetings, in writing or via email.
- 5.2.3 Residents/clients are encouraged where possible to raise concerns directly with the staff members involved in their support. Alternatively, concerns can be raised directly to Head Office via email concerns@sjmt.org.uk
- 5.2.4 We will always acknowledge receipt of your concern, whether this be by an automated email response or written receipt which is part of our Compliments, Concerns or Complaints Form.
- 5.2.5 Depending on the concern, we may investigate the matter and may offer to hold a 'resolution meeting' between the person raising the concern, their advocate and the local staff member. We will endeavour to offer a private one-to-one meeting when you have raised a concern.
- 5.2.6 We will aim to respond to concerns within 5 working days. The person raising the concern will be kept informed of all progress made and should be involved in the process.
- 5.2.7 If staff are not sure whether a concern should be dealt with informally or as a formal complaint, staff should discuss the issue with either the Head of Central Services, Director of Operations or their Line Manager. Emphasis should be placed on resolving the issue quickly and sensitively at a service level where possible.

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5.3 Resolving complaints formally

- 5.3.1 A concern should be handled as a formal complaint if:
- I. the person wants their concern handled as a formal complaint;
 - II. it cannot be resolved quickly by the service manager within a short timeframe (less than five working days) or as agreed with the complainant;
 - III. there is important learning for other services or for the Trust;
 - IV. the concern relates to a significant issue or a breach of fundamental standards of support/care.
- 5.3.2 A formal complaint may be made in writing, verbally (over the telephone or face to face) or via email to any member of staff. All formal complaints should be sent to the **Head of Central Services** for immediate action and recording on the complaints database.
- 5.3.3 Formal Complaints can be raised anonymously or via a third person 'advocating' on the resident/clients behalf. Anonymous complaints may be difficult to fully investigate.
- 5.3.4 The Trust recognises the important role provided by advocacy services in assisting residents/clients through the complaints process. The Trust will ensure that individuals are made aware of how to contact the local advocacy services by publicising these services. Please refer to our **Advocacy Policy**.
- 5.3.5 Where the issue is raised by a third party and it directly relates to the circumstances surrounding a client's/resident's support or care, it may be necessary to gain authorisation/consent in writing from the client before any information about their care is shared.
- 5.3.6 Ideally, a complaint should be made within 6 months of the incident, or within one year of the resident/client realising there is something to complain about. This is because of the difficulties in obtaining accurate information after such a period of time. However, we will extend this time limit where it would be unreasonable in the circumstances for the complaint to have been made earlier, and/or where it is still possible to investigate the facts of the case.
- 5.3.7 The Trust's **Formal Complaints Procedure is a two stage process**.

STAGE ONE

- 5.3.8 The complaint must be forwarded by the service to Head Office within 24 hours of receipt. Head Office will allocate an appropriate Investigating Officer. This would usually be a service Manager, unless they have already been involved in the complaint. If the complaint relates to that manager then it should be passed to the next in the line of management.

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- 5.3.9 Head Office will send the standard letter of **acknowledgement** within **3 working days** of receipt of the complaint. This will state that an investigation will take place and response detailing findings sent within a further 20 working days.
- 5.3.10 If the investigation is likely to take more than 20 days, the complainant should be notified by day 15 and informed of this.
- 5.3.11 The investigation may include interviews with relevant persons including the complainant. The complainant should be offered support for any meetings in which they are involved.
- 5.3.12 The person investigating the complaint should keep notes of who was spoken to, what was said and what was observed in the course of their investigation and complete The Resolution Form.
- 5.3.13 At the conclusion of the investigation, the investigator will decide whether the complaint is upheld, part upheld or not upheld. The Feedback Resolution Form should be completed. The complainant will be informed of the outcome within twenty working days in writing using the Outcome Letter. This letter will be approved by Head Office before it is issued.
- 5.3.14 If the complaint is upheld or part upheld then the complainant will be informed of the actions the Trust proposes to take to rectify matters.
- 5.3.15 The complainant should be informed of their right to appeal if dissatisfied with the outcome.
- 5.3.16 All notes and correspondence must be attached to the Feedback Form and passed to Head Office and retained in the Complaints Folder.

5.4 Appeals: STAGE TWO

- 5.4.1 If the Complainant is not happy with the outcome of Stage One, they have a right to appeal against the decision. The appeal request should be in writing or in a recorded format and made within 5 working days of receipt of the original response.
- 5.4.2 The appeal should be sent to Head Office who should acknowledge receipt of the appeal request within 3 working days.
- 5.4.3 An appeal should be investigated by a member of the **Senior Management Team**.
- 5.4.4 The appeal must be concluded, wherever practical, within 20 working days.
- 5.4.5 The **Chief Executive** is responsible for reviewing the appeal investigation evidence and to make a recommendation to an Appeal's Panel.

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- 5.4.6 The decision of the Panel is final and no further right of appeal exists internally.
- 5.4.7 Copies of all notes and correspondence must be attached to the Feedback Form and Resolution Form, and copies should be held on the complainants file.

Please note: if a Complaint is about the Chief Executive, you can bypass this process and send this directly to the Chair of Trustees chair@sjmt.org.uk

EXTERNAL REVIEW

- The letter informing the complainant of the outcome of the Appeal should also inform them of other relevant avenues of complaint such as CQC or the Housing Ombudsman Service.

5.5 PROMOTION

All public buildings should openly display user friendly posters and leaflets which encourage residents/clients and members of the public to provide feedback. All public venues should have a feedback box. This information should be readily accessible but in an area which is not monitored by staff.

5.6 PERSISTENT COMPLAINERS

For people who continue to complain once their complaint has been investigated and the process followed and concluded, please refer to the '**Persistent or Unreasonable Complaints Policy**'.

6. MONITORING

All complaints will be recorded on the Complaints Database. The Chief Executive will present to the Trustees quarterly.

Key themes and improvements will be discussed and outcomes will be actioned to ensure that the Trust's service is continuously improved.

7. LINKS TO OTHER POLICIES

Persistent or Unreasonable Complaints Policy
Grievance Procedure
Whistleblowing Procedure
Safeguarding Procedure
Advocacy Policy

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