



## Complaints Policy

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**CHUMS**  
**Mental Health & Emotional Wellbeing Service**  
**For Children & Young People**  
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# **CHUMS**

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#### **Policy Summary**

This policy sets out mandatory guidance for responding to complaints, concerns or comments, raised by users of the service and their relatives or other members of the general public.

#### **Policy Aims**

The aim of this policy is to ensure that service users and their relatives remain at the centre of the process for dealing with complaints, concerns and comments and to ensure that changes are embedded as a result of lessons learnt from any issue raised.

The policy also aims to provide clear guidance to service users, members of the public and staff as to how CHUMS will manage complaints.

#### **Introduction**

This policy provides details of how CHUMS should respond to complaints, concerns and comments raised by users of the service and their relatives. This is in keeping with CHUMS' stated values. CHUMS is committed to ensuring that those who use its services are readily able to access information about how to make a complaint and that the issues raised are dealt with promptly and fairly and include:

- Delivering high quality care to service users with humanity and warmth of spirit
- Treat each service user as an individual and tailor the care programme to their needs
- Strive continuously to improve, by encouraging ideas, learning from experiences and adopting experience from others
- Manage the business with professionalism and rigour, providing value for money for the commissioners and quality service for our service users
- Work as a team, treating each other with mutual respect and trust

The policy is designed to ensure that service users remain at the centre of the process for dealing with complaints, concerns and comments; and that CHUMS make and embeds changes as a result of the lessons learnt from any issues raised as part of the complaints process. The guidance accompanying this policy (Appendices A and B) is underpinned by these principles.

CHUMS recognises that the information derived from complaints provides an important source of information to help make improvements in the service. Complaints can act as an early warning of failings in systems and processes, which need to be addressed. CHUMS adopts an "open and fair" culture when investigating and responding to complaints. If reason for complaint should occur, CHUMS will ensure that corrective action is taken to improve practice, rather than to apportion blame and take punitive action.



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CHUMS is committed to ensuring that the care of people who make complaints about the service is not adversely affected because they have complained. As part of this assurance process, any complaints correspondence will be stored and recorded separately from other records.

CHUMS is committed to providing a complaints service to all, regardless of their ethnicity, gender or sexual orientation, religion or disability.

The policy recognises that CHUMS also has a duty to act fairly towards staff involved in the events in question. The aim is to encourage and be open to feedback from all users of the service; investigate concerns fully; and respond in a proportionate, appropriate and fair manner.

This policy applies to all CHUMS staff, either directly or indirectly, including voluntary staff.

A complaint may be made by:

Existing or former service users, using services or facilities, or, an individual who is affected, or likely to be affected, by an action, omission or decision made by CHUMS.

### **Definitions**

The following definitions apply for terms used in this policy:

**Service User:** the person whose care is the subject of the complaint, concern or comment.

**Complainant:** the person who is raising the complaint, concern or comment.

**Informal Complaint/Concern:** issues of concern that are of a minor nature which are raised, often with front line staff at the time they occur and can be resolved usually within 2 working days.

**Formal Complaint:** any concern or issue either verbal, or in writing (including email correspondence), about any aspect of service provided by CHUMS which the service user or representative has specifically asked to be addressed formally.

### **Organisation and Responsibilities**

#### **CEO**

The CEO is ultimately accountable for ensuring that complaints to CHUMS adhere to policy guidelines.



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**Responsible Director**

Involvement in the complaints process at CEO and senior management level is a statutory requirement. CHUMS is required to appoint a member of the Board to take responsibility for ensuring compliance.

**All Employees**

All employees have a responsibility to ensure that they are aware of the contents of this policy and have undertaken appropriate training. All staff must ensure that concerns, comments and complaints are service user focussed and individually actioned.

All members of staff have a duty to ensure that:

- They take immediate action and try their utmost to resolve a concern, where possible, to prevent it from becoming a formal complaint
- Give assistance with any complaint investigation and make statements as required that reflect fact not opinions
- Escalate concerns, comments or complaints to the relevant person in a timely and professional manner

**Cross Reference of Complaints**

CHUMS is responsible for ensuring that all complaints are cross referenced against other types of investigations including Serious Untoward Incidents requiring investigation, HR investigations and Safeguarding issues. The principles below describe the process that should be undertaken in respect of any identified safeguarding issues, but these also apply for other investigations as indicated above.

- All complaints should be reviewed and considered for any potential safeguarding issues
- The Safeguarding Lead will follow the appropriate safeguarding processes to ensure the issues are investigated as per internal and external procedures
- The Safeguarding Lead will be kept up to date by CHUMS at all points throughout the complaints investigation to ensure the investigation is conducted in line with safeguarding processes
- All safeguarding issues are to be logged by CHUMS

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### **Habitual and/or Vexatious Complainants**

Habitual and/or vexatious complainants are difficult to handle and place a strain on time and resources. They may also cause undue stress for staff involved in the complaint. Such complainants tend to make frequent complaints but each one is distinct. In answering a complaint each issue should be investigated and responded to. However, the amount of time taken to investigate each issue is determined by the seriousness of the issue, and not by the type of complaint.

CHUMS has a duty to protect staff against outright abuse of their person or time and it is necessary to identify unreasonably persistent complainants and to have in place a procedure for dealing with them.

A persistent/habitual or vexatious complainant may meet one or more of the following criteria:

- Is in frequent contact, sometimes daily, regardless of having been given a date for a meeting or advised of the timescale for a written response
- Is aggressive or abusive towards staff
- Is adamant their concerns have not been addressed despite having received detailed responses
- Having received a response, makes contact immediately with a new set of questions or presents the original problem in a different way
- Changes the complaint or what they want to achieve partway through the process
- Dictates who they will speak to and/or meet with
- Seeks an unrealistic outcome and expresses an intention to pursue the complaint until that is achieved

A complainant may meet some, or all, of the above criteria and the final decision about what action to take will rest with the CEO.

Where complainants have been identified as habitual or vexatious, the CEO will determine what action to take. A record must be kept for future reference of the reasons why a complaint has been classified as habitual or vexatious and a reason for this decision.

### **Equality and Diversity**

By the nature of the policy, to put the service user at the centre of the process, it is designed to be accessible and suited to all. CHUMS recognises that some complainants may not use English as their first language, or may have other communication or learning difficulties. In these circumstances CHUMS will ensure



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that such complainants have access to adequate support to enable them to fully participate in the complaints process.

The policy also recognises the rights of staff within the process and that they require support.

**Consultation, Approval and Ratification Process**

The process for consultation, approval and ratification of this policy is as follows:

- The first draft of the paper will be shared for consultation and comment
- The final draft of the paper is to be presented to the Board for consultation, comment and agreement

**Review and Revision**

The policy will be reviewed bi-annually or when changes are made to the processes. The outcome of these revisions will be noted in the version control sheet at the front of the document and version numbers amended accordingly.

**Dissemination and Implementation**

**a) Dissemination to Service Users**

Information about making complaints, concerns or comments will be available through the website. Simple language will be used throughout.

**b) Dissemination to Staff**

It is the responsibility of the individual team member to ensure they have read the policy. The policy and guidance will be available on the website. Training sessions will be provided for staff where needed.

**c) Retention of Complaint Documents**

CHUMS will keep a paper master copy of all complaint files for 10 years.



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## **Appendix A**

### **Guidelines for Front Line Response to Concerns Raised by Service Users**

#### **Summary**

These guidelines provide information about the way in which CHUMS expects individual members of staff to respond to concerns raised by service users. They should be read in conjunction with CHUMS Policy for Management of Complaints and the Guidelines for Formal Management of Concerns, Complaints and Comments (Appendix B).

#### **Introduction**

Every member of staff is personally responsible for responding politely and appropriately, when approached by a user of the service, or visitor, expressing a concern or asking for help. Taking a few minutes to respond helpfully gives the user of the service a positive experience and can often avoid a formal complaint being made.

#### **Individual Responsibilities**

Where possible, always respond immediately to concerns or questions raised by users of the service. However, first consider whether you are able to reply, and whether it is appropriate for you to do so, or, if the matter is serious enough that it should be referred to someone more senior. Concerns raised in writing are rarely about issues where a front line response is sufficient to resolve the problem and should, therefore, be considered under the guidance at Appendix B.

If you are able to answer, but have another immediate priority, offer to return later to provide the answer and make good on the offer as promised. If you do not have the experience or knowledge to respond, or the issue is of a serious nature and needs escalating, refer the person to a colleague who will be able to assist.

#### **Managers' Responsibilities**

Lead by example, encouraging staff to respond positively and helpfully to expressions of concern from users. Be certain that your staff members are aware that they can expect to be treated with respect and courtesy and how they should act in situations where their rights are not being observed.

Ensure the environment allows for privacy and dignity to be preserved. If confidential details need to be discussed, try to make sure the discussion cannot be overheard.



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Ensure staff members are aware of the types of issues raised by users that you expect them to escalate to you.

**Summary**

Take personal ownership when approached by raising questions or concerns. Resolve the problem quickly, if possible, or escalate to another colleague who can assist. Be polite, positive and open in responses. Sorting out a problem at the start, when it is small and manageable, saves everyone time and trouble in the long run.

**Data**

All data is recorded and stored in accordance with General Data Protection Regulations 2018 (GDPR)



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## **Appendix B**

### **Guidelines for Structured Management of Concerns, Complaints and Comments**

#### **Summary**

This document provides guidelines for responding to comments, concerns and complaints from service users. It should be read in conjunction with the Policy on the same and the Guidelines for Front Line Responses to Concerns Raised by the Public (Appendix A).

The overall aim is to provide a speedy, comprehensive response to concerns, complaints and comments ensuring that apologies and redress are offered when errors are identified and that the service learns from mistakes.

#### **Approach**

The formal response process for dealing with any complaint, concern or comment raised by a user of the service, their family or a visitor, involves the following:

- Listen and understand
- Agree and plan
- Act
- Respond
- Improve

The key to success is communication. Describing each point in turn:

- **Listen and understand:** let the complainant explain what the problem is and make sure you understand; do not make assumptions, really listen to what they are saying. Reflect back to them your understanding so they can question it if need be so that you can be certain you are correct
- **Agree and plan:** explain to the complainant what can be done to address the problem and agree with them what you are going to do
- **Act:** implement the plan in the timescale agreed. If new information comes to light, which means the plan needs to be adjusted, let the complainant know and (where appropriate) review and change the plan
- **Respond:** at the end of the process, let the complainant know the outcome. This should include details of any changes made (see below)



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- **Improve:** if the process has shown that there are lessons to be learnt from the issues raised by the complainant, consider what these should be and make the necessary changes. Monitor these changes to make sure they have worked and, if so, that they are properly embedded
- **Communication:** keep communicating with the complainant and let them know what is happening

### **Process Steps**

#### **Step One: listen and understand the issues and then negotiate an action plan**

To successfully achieve this step it is important to consider firstly whether the complainant has any specific communication needs and to meet these appropriately.

Discuss the complaint, concern or comment issue(s) with the complainant. The aim is to:

- Fully understand the nature of the concern(s) being raised
- Agree with the complainant exactly what the issues are that they want answered
- Agree with the complainant how the service will address these issues, including realistic timescales for the response and outcomes
- Make sure the complainant understands what the outcome will be and that this will meet their expectations
- During this discussion it is also important to establish that the person raising the concern has the right to do so. In particular, consent must be given by the service user that the matter may be raised on their behalf if they are not the complainant. Care must be taken that there are reasonable grounds for the complaint to be made by a representative instead of the service user and that the representative is conducting the complaint in the best interests of the person on whose behalf the complaint is made
- The issues are within the timescale for making a complaint. If the issues raised are outside the timescale, consider whether they can be answered on the basis of information which can be accessed, if so the concern should be investigated
- On the basis of this discussion a plan can be drafted. If contact cannot be made with the complainant then the plan should be drafted on their behalf on the basis of the information available to prevent undue delay □ The management plan needs to:
  - Meet the complainant's expectation
  - What outcome does the complainant want?
  - Is this feasible? And how can it be communicated if it's not?
  - If not, what can be done?
  - Can the plan deliver this?



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- Be proportionate to the nature of the issues raised
- Include a timeframe for delivery
- Give consideration as to what is the correct level to which the concern should be escalated
- Meet the needs of the Service – the complainant may not want a full investigation, but if the nature of the concerns are very serious the service needs to deal with the matter formally

There are two routes available to resolve concerns:

**Informal** – generally used for:

- Concern about service approach where action can be taken quickly to resolve the problem and to return the complainant to the correct pathway
- Simple problems for which an explanation is easily found and given
- Occasions where the complainant wishes to bring the matter to the attention of the service but does not wish to raise a formal complaint

The management plan for an informal route would consist predominantly of:

Making enquiries and taking immediate action rather than undertaking investigations. In the instance of an informal complaint the Incident Policy should be referred to and an incident form completed.

**Formal** – generally used for:

- Complex cases
- When specifically requested by the complainant

The complainant will be expected to write/email a full account of the account being made in the first instance.

The management plan for a formal route would be likely to include a significant element of investigation. The management plan could include any of, and is not limited to, the following elements:

- Written response by way of explanatory letter
- Root cause analysis
- Meeting with the complainant
- Considering providing redress if errors are identified

This list is not exhaustive.



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The aim is to make every effort to reach a solution, using the most appropriate methods. However, it is recognised that the plan needs to be proportionate to the nature of the concerns.

The setting of timescales for the completion of the action plan is particularly important. These must be set at a realistic level and be no longer than is necessary.

For the majority of cases it should not be necessary to change the timescales during the investigation. So it is essential that it is set properly at the start. Timescales can only be set once there is agreement about the investigation plan. The complainant will be provided with a copy of the management plan.

If the complainant cannot be contacted in person to agree an investigation plan, a proposed investigation plan needs to be sent to them for approval within three working days of receipt of the complaint and the investigation commenced in anticipation of their approval.

### **Step Two: Carrying out the Action Plan**

The responsibility for this step lies with the Operations Director with the outcome being the resolution of the complainant's concern(s). It is important to be open and honest when responding to a complainant, which means the investigation undertaken, has to ascertain what actually happened. The staff involved must be given the opportunity to explain what happened from their point of view. Very often the concern will have been raised due to a misunderstanding and explaining what has happened in terms which the complainant can understand will resolve the issue. If a mistake has been made, acknowledge this and offer an apology. If the error has resulted in injustice or hardship then this needs to be rectified, if possible. Where this is not possible consider whether there may be some other form of remedy that can be provided.

It is essential that complainants are not treated any differently as a result of the concerns being raised. Many people are worried that by raising a concern they, or their relative, will be penalised. Raising concerns should be seen as a positive opportunity to improve services.

As the process progresses, it may be necessary to change the investigation plan in response to information obtained, or as a result of problems in accessing information. The plan will need to be developed with the complainant as the investigation progresses. It is important that a record is kept of all changes to the investigation plan, showing clearly when, and why, the change was made and how agreement was obtained from the complainant.



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All changes to the agreed timescale for the investigation must be negotiated with the complainant. Extensions to the timescales can only be requested when circumstances occur which mean that the original timescale cannot be met.

Examples would be:

- A statement required unexpectedly from a member of staff who is on annual leave and not returning until after the original deadline
- New information coming to light requiring more extensive investigation

It is not acceptable to request an extension because the target date cannot be achieved due to error, or delays, caused by staff.

**Step Three: Reaching a Conclusion**

There are three possible outcomes to the investigation:

- The complainant and CHUMS agree that local resolution has come to an end, all issues have been resolved – ideally to the satisfaction of the complainant although there may be an agreement to disagree
- The complainant, but not CHUMS, decides that local resolution has come to an end: there is nothing further to be done, but the matter remain unresolved
- CHUMS, but not the complainant, decides that local resolution has come to an end: there is nothing further to be done but the matter remains unresolved

Every case will be concluded via an outcome letter from the Operations Director, which will be accompanied by a covering letter from the CEO. The letter should:

- Summarise the complainant's concerns as listed in the investigation plan
- Give details of the investigation conducted
- Explain the outcome of the investigation and offer apologies as appropriate
- Confirm any redress offered and whether accepted
- Provide information about any actions taken in response to errors identified
- Confirm which of the outcomes (as above) has been reached

**Step Four: Monitoring Change**

Where it has been identified that an error occurred and action is required to improve the service, an action plan will be put into place by the Operations Director. It will be their responsibility to keep a record of all actions agreed with the complainant and to monitor performance to ensure actions are completed to the timescale agreed and that feedback is provided to the complainant once actions have been completed.

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**Appendix C**

**Flowchart of Complaints Investigation Process**

**DAY 1**

- Complaint received by CHUMS, date stamped and scanned. In the absence of a telephone number, a letter will be sent requesting the complainant to contact the Operations Director.



**DAYS 2 & 3**

Complaint acknowledged by telephone within 3 working days. Issues of complaint are clarified with the complainant, the method of handling the complaint agreed e.g. meeting with staff, written response or verbal feedback, etc. Dates to contact complainant again, and the date for final response.

- Draft responses, along with any action plans should be returned to the Operations Director for final response to be prepared
- Final response to be returned by the Operations Director
- Response to be quality checked
- Covering letter prepared and forwarded to CEO for review and signature



- Action plans completed as part of responding to a complaint will be collated into a CHUMS-wide action plan by the Operations Director
- The appropriate lead nominated to be responsible for completing the 'actions' will monitor to ensure changes continue to be embedded in practice
- The schedule of action plans for complaints will be circulated at the monthly Executive team meeting



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**Appendix D**

**Complaints Investigation Template**

1. Service User and Complainant Details

|                     | Service User Details | Complainant Details |
|---------------------|----------------------|---------------------|
| <b>Name</b>         |                      |                     |
|                     | DOB                  |                     |
| <b>Address</b>      |                      |                     |
| <b>Telephone No</b> |                      |                     |
| <b>Email</b>        |                      |                     |

If the complainant is not the service user has consent been given? YES / NO

2. Investigation Details

**Investigation Details**

|                                |  |
|--------------------------------|--|
| <b>Date complaint received</b> |  |
| <b>Date acknowledged</b>       |  |
| <b>Investigation Lead</b>      |  |
| <b>Agreed progress date</b>    |  |
| <b>Agreed response date</b>    |  |
| <b>Date closed</b>             |  |



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3. Summary of Complaint

**Action to be taken**

| <b>Agreed Action</b> | <b>Responsible Lead</b> | <b>Date Completed</b> |
|----------------------|-------------------------|-----------------------|
|                      |                         |                       |
|                      |                         |                       |
|                      |                         |                       |
|                      |                         |                       |
|                      |                         |                       |

4. Result of Investigation and Actions Taken:

**Results & Actions**

| <b>Result of Investigation</b> | <b>Actions Taken</b> | <b>Date Completed</b> |
|--------------------------------|----------------------|-----------------------|
|                                |                      |                       |
|                                |                      |                       |



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## Appendix E

### Complaints Matrix

By correctly assessing how serious any complaint about the service is, the right course of action can be taken.

On receipt of a complaint it will be categorised and then reviewed, based on the results of the investigation.

### Consequence Categorisation Table

The table will assist in determining how to categorise the consequences of a complaint, or the subject matter of a complaint.

| Levels    | Description                                                                                                                        |
|-----------|------------------------------------------------------------------------------------------------------------------------------------|
| One (1)   | Unsatisfactory service or experience                                                                                               |
| Two (2)   | Service or experience below reasonable expectations but not causing lasting problems. Has potential to impact on service provision |
| Three (3) | Significant issues regarding standards. Complaints that may cause lasting problems for CHUMS and therefore require investigation   |

### Likelihood Categorisation Table

| Likelihood     | Description                                                             |
|----------------|-------------------------------------------------------------------------|
| Rare           | Isolated or 'one-off' – slight or vague connection to service provision |
| Unlikely       | Rare – unusual but may have happened before                             |
| Possible       | Happens from time to time – not frequently or regularly                 |
| Likely         | Will probably occur several times a year                                |
| Almost Certain | Recurring and frequent, predictable                                     |



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**Timescale**

Once a risk has been determined it is possible to suggest an appropriate timescale for investigating the complaint and responding, which should be discussed and agreed with the complainant. In the situation where the complainant does not accept the offer to discuss the complaint, a response period should be determined and the complainant notified at the earliest opportunity.

| <b>Risk</b> | <b>Timescale</b>   | <b>Quality Checking Deadline</b>      | <b>CEO Sign off Deadline</b>          |
|-------------|--------------------|---------------------------------------|---------------------------------------|
| Minor       | 1-10 working days  | 3 working days prior to response date | 2 working days prior to response date |
| Moderate    | 11-25 working days | 4 working days prior to response date | 3 working days prior to response date |
| Serious     | 26-40 working days | 5 working days prior to response date | 4 working days prior to response date |

Throughout the investigation process CHUMS will keep in regular contact with the complainant, at agreed intervals, to update them as to how the investigations are proceeding. If, for any reason, it is not possible to adhere to the agreed timescale, CHUMS will contact the complainant at the earliest opportunity to explain why and renegotiate the response time.



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**Governance Committee Authorisation**

**Signature\***

**Name Print**

Dee Hogman

**Position/Role:**

Head of Quality/Interim Chair of Governance Committee

**Date:**

27<sup>th</sup> July 2021

**Date of review:**

July 2024

\*Authorised signatory must be the chair (or deputising chair) of Governance Committee