Policy No:
22.00

Policy and Procedure on

Complaints

Policy Author / Reviewer	Tom Burford
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Policy Level	Group
Staff Groups Affected	All Staff

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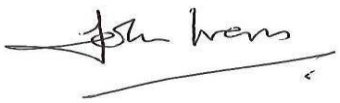
1. Monitoring and Review

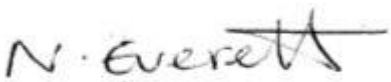
1.1. The Proprietor will undertake a formal review of this policy for the purpose of monitoring and of the efficiency with which the related duties have been discharged, by no later than one year from the date of approval shown above, or

earlier if significant changes to the systems and arrangements take place, or if legislation, regulatory requirements or best practice guidelines so require.

Signed:



John Ivers
Proprietor
December 2019



Nicky Everett
Interim Principal
29 January 2021

2. Terminology

2.1. Our aim is to use consistent terminology throughout this policy and all supporting documentation as follows:

'Establishment' or 'Location	this is a generic term which means the Children's Home/school/college. Cambian Lufton College is an Independent Specialist College.
Individual	means any child or young person under the age of 18 or young adult between the ages of 18 and 25. At Cambian Lufton College we have students residing at and / or attending our college between the ages of 16 and 25
Service Head	This is the senior person with overall responsibility for the provision. At Cambian Lufton College this is the Interim Principal who is Nicky Everett.
Key Worker	Members of staff that have special responsibility for Individuals residing at or attending the Establishment.
Parent	means parent or person with Parental Responsibility
Regulatory Authority	Regulatory Authority is the generic term used in this policy to describe the independent regulatory body responsible for inspecting and regulating services. At Cambian Lufton College this is [Ofsted ,NYAS, LA's and CQC]
Social Worker	This means the worker allocated to the child/family. If there is no allocated worker, the Duty Social Worker or Team Manager is responsible.
Placing Authority	Placing Authority means the local authority/agency responsible for placing the child or commissioning the service
Staff	Means full or part-time employees of Cambian, agency workers, bank workers, contract workers and volunteers and students on placement.
Cambian KPI	Means the Cambian online in-house information system which holds data for each site on quality measures.

3. Legal

3.1. Quality Standards for Children's Homes and NMS for Residential Special Schools, available at: www.gov.co.uk and Fundamental Standards 2015

3.2. Children's Homes (England) Regulations 2015

3.3. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (part 3) as amended) Regulation 16.

3.4. National Minimum Standards for Independent Health Care Services in Wales

3.5. Mental Health Act 1983 - Code of Practice

3.6. The Education (Independent School Standards Compliance Record) (England) (Amendment) Regulations,

3.7. Care Home (Wales) Regulations (2002) (Amendments 2003 and 2011)

3.8. HIW National Minimum Standards for Independent HealthCare Services in Wales, CSSIW, Quality Standards and

3.9. Mental Health Act Code of Practice

4. Purpose

4.1. To provide all staff with clear policy, procedures and guidelines for managing compliments, suggestions, comments and complaints.

4.2. To deal promptly, effectively and fairly with complaints by individuals if they have capacity themselves and other interested persons on their behalf such as parents/guardians and members of the public.

4.3. To promote an open culture and rational attitude amongst individuals and staff towards complaints.

4.4. To improve the Group's service to individuals, placing authorities and parents/guardians.

4.5. To clarify the differences between concerns, negative comments, criticisms etc made about the service we provide, which are resolved informally within the location, and formal complaints, which may addressed by those outside the location.

5. Policy

5.1. Cambian takes all complaints and comments seriously. It aims to promote an open culture and will be responsive where such issues are raised in a transparent and robust manner in order to ensure that dissatisfaction is minimised and any comments and suggestions are considered and acted upon using a learning framework.

5.2. No member of staff who has been implicated in a complaint may take part in any element of the investigation or decision making process associated with any final actions or outcomes.

5.3. Cambian will use all complaints and suggestions as an opportunity to learn and inform service improvement where appropriate and to strengthen the relationship with the individual, those acting on their behalf and the public.

5.4. For the purpose of this policy, a complaint is a written or oral/verbal expression of dissatisfaction or disquiet in relation to the location's exercise of its functions in relation to its current individuals.

5.5. The Head of Service is responsible for ensuring that each individual and those acting on their behalf, if appropriate, is provided with information about the complaints procedure in a format and style appropriate to their needs and their ability to understand. Individuals will be provided with information about how they can make a complaint and such

guidance will be available on site at all times. Where appropriate guidance (e.g. a poster) on how to make a complaint will be displayed on site.

5.6. Cambian fully supports individual's right to refer any complaint, at any stage to an external body. In addition all sites have an independent visitor who visits and some operate a link advocate – both of whom can support individuals who wish to make complaints. Contact details for both the independent visitor and advocate are made available to all service users.

6. Procedure

6.1. The Complaints Procedure shall be operated independently of all other Group procedures, such as the Disciplinary and Grievance Procedures, Harassment Policy, Child Protection/Adult Safeguarding Policy.

6.2. Each location will tailor the generic Cambian Complaints Procedure to detail the local procedures and contact details of those with responsibility. For the purpose of this policy the term Complaints Procedure relates to the location's personalised Complaints Procedure.

6.3. The Complaints Procedure will be reviewed annually by the group in line with the Policy and the Head of Service will be responsible for continuous monitoring, refinement and audit.

6.4. All locations shall operate a Complaints Procedure, which can be invoked, on behalf of an individual, by an individual him/herself, placing authorities, parents/guardians, staff and other interested persons. All of whom may also inform an external body about their complaint if they so wish.

Staff Complaints

6.5. Staff who wish to make a complaint are to follow the Grievance Policy (which encourages informal resolution ahead of the formal grievance process) or the Whistleblowing Policy.

Responsibilities

6.6. The Head of Service is responsible for the thorough investigation of all complaints and should take responsibility for ensuring that investigations undertaken by others are in line with this policy, procedure and associated documentation in order to ensure best practice standards are maintained.

6.7. The Head of Service is required to make available on request to their regulatory body a summary of all complaints arising over the previous 12 months.

6.8. All locations will have a named **Complaints Co-ordinator** to manage the day to day receipt, recording and tracking of complaint management.

6.9. The Complaints Co-ordinator will normally be the Head of Service is small homes. For larger sites where the Complaints Co-ordinator is not the Head of Service they will liaise closely with the Head of Service to ensure all elements of any internal stage investigation are dealt with following procedure and within the published timescales.

6.10. For any complaint that is not resolved internally and requires external investigation, the Head of Service will act as the location contact for Operations Directors/other Cambian staff or external appeal panel members.

6.11. **Managers** have day-to-day operational responsibility for this policy, and must ensure that all staff receive regular and appropriate guidance on its use.

Availability

6.12. The Complaints Procedure shall be made available to all parents/guardians/carers, placing authorities, funding authorities, individuals, all members of staff and any other relevant persons.

6.13. A copy of the Complaints Procedure shall be available at all times and displayed on the location's website where this is applicable.

6.14. A copy of the Complaints Procedure shall be available on request at all times for visitors to Cambian locations.

6.15. All Staff shall receive information on the complaints procedure as part of their induction with Cambian.

6.16. Information on how to complain will be included in Children's Guides or Location Guides.

6.17. Individuals will also have access to printed complaint forms (22.09 a-g) and stamped pre-addressed envelopes to send to the relevant Operational leads if they choose not to speak with someone in their home or education setting. Heads of service will ensure that the forms and appropriately addressed envelopes are always readily available and that all individuals know where to access these. Depending on the service type, the addressed envelopes will be sent to either:

- Education Services
- Residential Services (West)
- Residential Services (East)

At the following address

Cambian Group
Metropolitan House
3 Darkes Lane
Potters Bar
Hertfordshire
EN5 1JQ

Records

6.18. A confidential record of all complaints received is to be documented on the relevant Record of Complaints Tracking Form: 22.03a for all individuals and 22.03b for all parents/guardians/public/authorities which shall be kept in the location's confidential **Complaints File**, which all locations must maintain. After completion the Complaints Tracking Form 22.03a and 22.03b (if used) shall be kept in the confidential Complaints File along with any statements, letters, etc associated with the complaint.

6.19. Complaints which are investigated by outside agencies or regulatory authorities shall also be recorded and full details placed in the Complaints File.

6.20. All complaints received within a week should be recorded on **CambianKPI** for in the preceding week.

6.21. A Complaints log shall be maintained which will record brief details of each complaint, cross referenced to the Complaints File.

6.22. For each complaint the following brief details shall be recorded under the following headings:

- Complaint number (i.e. 001SS or 010KPR etc).
- Date complaint received
- Name of person receiving it.
- Name of person making complaint and relationship to individual.
- Name of individual concerned.
- Nature of complaint.
- Action taken.
- Outcome of action taken.
- Whether complaint upheld, partially upheld or not upheld.
- The number of the final Complaint Letter sent (1 to 9) and date sent.

6.23. Where the Head of Service identifies it as appropriate, a copy of the complaint and response may be kept in the individual's record to understand and trace decisions concerning the path of care. Issues of confidentiality concerning the complaint are to be taken into consideration regarding this. (Refer to Data Protection Policy for guidance).

Compliments, suggestions and feedback

6.24. Any compliments, suggestions or feedback received by staff should be recorded separately on a Compliments Log to be held by the Head of Service and be managed under the Consultation, Communication and Feedback Policy and Procedures.

7. Standard Forms, Relevant Documents, Letters & References

Policy and Procedure

7.1. 22.00 Policy - Complaints

7.2. 22.01 Procedure - Complaints

7.3. 22.01a Procedure - Complaints regarding the MHA

7.4. 22.2 -Complaints Flowchart

7.5. 22.3 -Complaint Form – written record of complaint

7.6. 22.04a – Complaint Tracking Form Individuals

7.7. 22.4 b – Complaint Tracking Form Others

7.8. 22.05 - Complaint log template

7.9. 22.06 - Complaints Letter Templates 1-9

How to complaint leaflets / Posters

7.10. 22.07 - How to Complain Pictorial Booklet

7.11. 22.7 a - Complaint Leaflet PECS - Home

7.12. 22.07b - Complaints Leaflet PECS - School

7.13. 22.08a – Complaint Information Poster for Individuals – CHILDRENS HOMES

7.14. 22.8 b - Complaint Information Poster for Individuals - EDUCATION

7.15. 22.8 c - Complaints Information for Parents, visitors and public

7.16. 22.08d - Complaints Information Poster for Staff

Complaint forms for Individuals

7.17. 22.9 a - Complaint Form for Individuals 7-13 - OFSTED

7.18. 22.09b - Complaint Form for Individuals 13+ - OFSTED

7.19. 22.09c - Complaint Form for Individuals - CQC HOME

7.20. 22.09d - Complaint Form for Individuals - CSSIW

7.21. 22.09e - Complaint Form for Individual 16+ - CSSIW

7.22. 22.09f - Complaint Form - Deaf Services

7.23. 22.09g – Complaint Form CQC Care Homes 16+

Other Cambian Policy

7.24. GHR 29 - Grievance Policy

7.25. GHR 30 - Whistleblowing Policy

7.26. GIG 02 - Data Protection Policy

7.27. Consultation, Communication and Feedback Policy (including Compliments)

7.28. 25 – Child Protection and Young Adult Safeguarding

Guidance

7.29. For further information about complaints and advocacy for children living in children's homes see Get it sorted (2004) Guidance on providing effective advocacy services for children and young people making a complaint under the Children Act 1989

8. Definition of terms / Glossary

Complaint

For the purpose of this policy, a complaint is a written or oral/verbal expression of dissatisfaction or disquiet in relation to the location's exercise of its functions in relation to its current individuals.

Grievance

8.2. In Cambian policy and working practice means the dissatisfaction or concern of staff regarding their employment. The Grievance Policy deals with the settling of grievances and causes for complaints by employees against other employees or arising out of their employment with the Group.

Whistleblowing

8.3. Whistleblowing is the disclosure of information which relates to suspected wrongdoing or dangers at work. This may include but is not limited to:

- suspicions or concerns regarding any type of abuse or potential harm to individuals in our care which for some reason cannot be raised under the normal safeguarding procedures;
- criminal activity;
- failure to comply with any legal or professional obligation or our regulatory requirements;
- danger to health and safety;
- bribery under our Anti-Bribery and Corruption Policy (GHR 31);
- dishonesty, fraud or financial mismanagement;
- breach of our internal policies and procedures including our Code of Conduct;
- unauthorised disclosure of confidential information;
- issues that are not being dealt with through clinical governance reviews or other legitimate avenues;
- the deliberate concealment of any of the above matters