

Policy and Procedure on Complaints

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Policy Level	Group
Staff Groups Affected	All Staff

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1. Monitoring and Review

- 1.1. The Head of School/Principal 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 review 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:



Sarah Stacey
Interim Principal
April 2023

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 School/college.
Individual	means any child or young person under the age of 18 or young adult between the ages of 18 and 25.
Interim Principal	This is the senior person with overall responsibility for the School/College. At Purbeck View School this is Sarah Stacey
Key Worker	Members of staff that have special responsibility for Individuals 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. E.g Ofsted, CQC, CSSIW. At Purbeck View School the Regulatory Authority is Ofsted.
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.
CambianKPI	Means the Cambian online in-house information system which holds data for each site on quality measures.

3. Legal

- 3.1. The Education (Independent School Standards Compliance Record) (England) (Amendment) Regulations,
- 3.2. 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 be 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 Interim Principal is responsible for ensuring that each individual and those acting on their behalf, if appropriate, is provided with information about the complaint's 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, Purbeck View School have a NYAS Student Advocate who visits and can support individuals who wish to make complaints.

Contact details for the NYAS Student Advocate are clearly signposted at regular points around the site and available to be viewed by 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 Interim Principal 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 Interim Principal 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 Interim Principal 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 Interim Principal. For larger sites where the Complaints Co-ordinator is not the Interim Principal they will liaise closely with the Interim Principal 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 Interim Principal 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.

Records

- 6.17. A confidential record of all complaints received is to be documented on the relevant Complaints Slip on Behaviour Watch. After completion the Behaviour Watch Complaints Slip should have attached any statements, letters, etc associated with the complaint.
- 6.18. Complaints which are investigated by outside agencies or regulatory authorities shall also be recorded and full details updated to Behaviour Watch Complaints Slip.
- 6.19. All complaints received within a week should be recorded on CambianKPI for in the preceding week.
- 6.20. A Complaints log shall be maintained on Behaviour Watch, on secure, confidential files.
- 6.21. 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.
- 6.22. Where the Interim Principal identifies it as appropriate, a copy of the complaint and response may be kept in the individual's record to understand and trace decisions. 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

- 6.23. Any compliments, suggestions or feedback received by staff should be recorded separately on a Behaviour Watch Compliments slip 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. 22.02 -Complaints Flowchart
- 7.5. 22.03 -Complaint Form – written record of complaint
- 7.6. 22.04a – Complaint Tracking Form Individuals
- 7.7. 22.04b – 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. 22.07b - Complaints Leaflet PECS - School
- 7.12. 22.08b - Complaint Information Poster for Individuals - EDUCATION
- 7.13. 22.08c - Complaints Information for Parents, visitors and public
- 7.14. 22.08d - Complaints Information Poster for Staff

Complaint forms for Individuals

- 7.15. 22.09a - Complaint Form for Individuals 7-13 - OFSTED
- 7.16. 22.09b - Complaint Form for Individuals 13+ - OFSTED

Other Cambian Policy

- 7.17. GHR 29 - Grievance Policy
- 7.18. GHR 30 - Whistleblowing Policy
- 7.19. GIG 02 - Data Protection Policy
- 7.20. Consultation, Communication and Feedback Policy (including Compliments)
- 7.21. 25 – Child Protection and Young Adult Safeguarding

8. Definition of terms / Glossary

Complaint

- 8.1. 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