



Complaints Policy and Procedure

Document Management

Date last updated: 29th June 2022

Version: 7.0

Author: Wendy Esterhuysen

Contact: Wendy@cherrycroft.uk

Contents

Complaints Policy and Procedure	1
Document Management	1
Document version history	2
Purpose of policy	3
Legal underpinnings	3
Responsible roles	3
Complaints and other feedback about our Services	3
How to complain	4
Complaining about someone who normally investigates complaints	4
Level 1 – Tell us – informal complaint	4
Level 2 – Formal complaint	5
Level 3 – If you’re not happy with our response	5
Timing of complaint	6
Serial or persistent complaints	6
Policy for dealing with complaints campaigns	7
Confidentiality	7
Monitoring and Review of the Policy	7

Document version history				
Document Name:		Complaints Policy and Procedure		
Staff members consulted/part of the review:		Claudia Wilson Zane Wilson Melanie Micklewright Wendy Esterhuysen		
Author:		Zane Wilson		
Version	Date	Amendments made	By whom (name/job title)	Sign-off
1.0	17/10/2018	Initial version	Zane Wilson	Claudia Wilson
2.0	19/9/2019	Clarified the steps to complaints in line with Legislation	Claudia Wilson	Claudia Wilson
3.0	20/07/2020	Review & updated staff members	Melanie Micklewright	Claudia Wilson
4.0	21/08/2021	Review & update staff members	Wendy Esterhuysen	Claudia Wilson
5.0	20/09/2021	Review and update – How to Complain.	Melanie Micklewright	Claudia Wilson
6.0	28.4.2022	Review and update – Timing of complaints, serial or persistent complaints and dealing with complaints campaigns.	Wendy Esterhuysen	Claudia Wilson
7.0	29.6.2022	Signatory of Clinical Lead Manager	Wendy Esterhuysen	Claudia Wilson

Purpose of policy

This document outlines the complaints processes and policy for the Cherrycroft Practice. The intended audience is staff of the practice as well as service users, other customers, and suppliers.

Service users access the complaints procedure via the related leaflet-style document “*Cherrycroft complaints procedures leaflet*” or as outlined here.

Legal underpinnings

- The Adoption Support Agencies (England) and Adoption Agencies (Miscellaneous Amendments) Regulations 2005 Part 3
- Data Protection Act 2018 (encompassing the General Data Protection Regulation 2016/679)
- Care Standards Act 2000
- Adoption: National Minimum Standards 2014

Responsible roles

- The Practice Director **Claudia Wilson** is overall accountable for service user satisfaction and is the most senior manager who can deal with complaints within the Practice.
- The Operations Manager **Zane Wilson** is responsible for ensuring day-to-day implementation and compliance with the policy.
- For adoption related work we are regulated by Ofsted as an Adoption Support Agency, in terms of which **Zane Wilson** is the Responsible Individual and overall accountable for standards and conduct.
- **Wendy Esterhuysen** is the alternative contact point within the practice for any complaints about Dr Wilson, as the most senior member of a specialist therapeutic team other than Dr Wilson. Wendy Esterhuysen is the alternative contact for complaints about Zane Wilson as the Operations Manager and Responsible Individual.

Complaints and other feedback about our Services

We welcome all comments and feedback about the way we work, whether positive or negative. If you have a complaint or problem about us, we will aim to resolve it as quickly and efficiently as possible in a fair and confidential way.

The Cherrycroft Practice is committed to excellent customer service. We regard complaints as an opportunity to turn a negative experience for a customer or service user into a positive one, as well as an opportunity to learn and to improve.

The purpose of our complaints handling procedure is to ensure that we:

- Listen and are responsive to people who raise an issue with us
- Respond swiftly and at a level close to the point of service delivery
- Are fair and consistent.
- Offer solutions and/or explanations.
- Offer complainants recourse to someone more senior/more independent if they wish.

- Ensure that staff who are mentioned in complaints receive support.
- Respect confidentiality
- Record complaints consistently and monitor what we record.
- Use complaints positively as an opportunity for learning and improvement.

In making a complaint we believe most people want:

- To be listened to
- To have the problem accepted as important.
- To be offered a solution or explanation
- To have their distress acknowledged
- To be reassured that their therapy will not be negatively affected by raising their concerns.
- To be assured the same thing will not happen again.
- It is therefore essential that people raising a complaint are involved in discussing their concerns and in finding solutions.

How to complain

Our complaints procedure has three levels. We would expect that any complaints would begin at Level 1 and if you feel that your complaint has not been appropriately resolved then you can escalate to Level 2. You are welcome to leave anonymous feedback via our 'post box' in the waiting room but this means that we will be unable to respond to you directly but we will include this in our anonymised complaints information that we'll use to look at how we can improve our services. You can also email any feedback to feedback@cherrycroft.uk

We do hope that you will feel able to talk to us about any difficulties as we are very keen to help.

Complaining about someone who normally investigates complaints

Please note that for informal and formal complaints, if the complaint is about a person's conduct, they will not be involved in investigating or adjudicating the complaint, apart from providing their perspective to the investigator(s). Should the person(s) being complained about normally have accountability for running the investigation, alternative contacts listed below can be used, or otherwise the complaint can be raised directly outside of the Cherrycroft Practice via the appropriate channel by skipping to the next level of escalation listed in Level 3 below.

Level 1 – Tell us – informal complaint

If you are unhappy about any of our services, we want to hear from you. If it is possible, we would like the chance to resolve things as quickly as possible. If you feel able to talk to the person concerned, they will try to resolve the issue within 14 days. We may invite you to a meeting to talk things through and hopefully resolve things. If you feel unable to talk to the person concerned but would still like to solve this informally then please speak to Dr Claudia Wilson as Clinical Lead Manager of the Practice or Wendy Esterhuysen as Service Development Manager is the most senior member of a specialist therapeutic team if the complaint is about Dr Wilson or Zane Wilson as Responsible Individual.

We will note the nature of the informal complaint and actions taken to resolve it in the 'Informal Complaints' section of our Complaints folder which is stored on a shared drive with restricted access.

Level 2 – Formal complaint

You can make the complaint directly to Dr Claudia Wilson who is the Clinical Lead Manager of Cherrycroft. We will invite you to put your complaint or concern in writing. Sometimes as part of the process a meeting is useful to clarify things. We will determine the best way to look into your complaint. This is usually done by the Director. We will usually need to discuss your complaint with you so we are clear on the exact nature of issue and so we are also clear about the outcome you are seeking. A formal investigation will be undertaken, and we would hope to complete this process within 28 working days. The investigation is likely to involve speaking with staff at Cherrycroft, obtaining statements, considering the child's or service users records and gathering other sources of information as appropriate. Depending on the complaint, if is of a safeguarding nature we may need to contact outside agencies such as the Police, or Social Care, or individual therapists' regulatory bodies. Whilst this investigation is ongoing, the therapy will be suspended to ensure that the investigation does not impact on the therapy provided and that the therapy does not impact on the investigation.

If our work is commissioned through the Local Authority or other such organisation, we will share your complaint with the appropriate service to be able to provide the best possible response.

We will update you on the progress of the complaint and when a full response can be expected. If there are delays, we will let you know about these and reasons for any delays. You will get a written response to your complaint.

If the complaint is resolved and there is an agreement between the Cherrycroft Practice and the person making the complaint that the work can resume, then the resumption of therapy will occur. It may however be that the person making the complaint has lost trust in our service and wishes to seek support from another provider. Given that our service is relational based, the Cherrycroft Practice does need to consider the impact of the complaint and investigation on the therapist and client relationship and if it is feasible to continue working together to ensure clinical integrity.

We record all formal complaints, chronology of the actions around the complaint and who has been involved in investigating the complaint and any outcomes. This information is stored on a secure drive that can only be accessed by the Zane Wilson, Dr Claudia Wilson and Wendy Esterhuysen.

Level 3 – If you're not happy with our response

If you're still not happy, you may contact one of the following below:

- The organisation who you referred you to our service e.g., local authority, regional adoption agency or GP
- Your independent reviewing officer, if applicable
- Child Line 0800 1111 www.childline.org

- Ofsted – for adoption related services, we are regulated by Ofsted. Email enquiries@ofsted.gov.uk or call them on 0300 123 1231
- Children’s commissioner
The Children’s commissioner for England promotes and protects children’s right:
020 7783 8330 (general enquiries)
0800 528 0731 (advice for children/young people)
Web: www.childrenscommissioner.gov.uk

If you have a serious complaint about a staff member’s practice that is not resolved via our complaints procedure, or you feel it’s appropriate, you can contact their regulatory body. Social workers, psychologists and other health professionals are regulated by the Health and Care Professions Council (HCPC)
<https://www.hcpc-uk.org/concerns/raising-concerns/public/>

Timing of complaint

The Cherrycroft Practice will not be able to answer to any complaints relating to work that has ended more than a year prior to the complaint being made.

Serial or persistent complaints

The Cherrycroft Practice is committed to dealing with all complaints fairly and impartially. We will not normally limit the contact complainants have with our service. Unfortunately, in a small minority of cases, people pursue their complaints in a way which is unacceptable, or which can impede the investigation of their complaint. This can have significant resource issues for the service. The service defines unreasonable behaviour as that which hinders our consideration of complaints, such as if the complainant:

- Refuses to articulate their complaint or specify the grounds of a complaint or the outcomes sought by raising the complaint, despite offers of assistance
- Refuses to co-operate with the complaints investigation process
- Refuses to accept that certain issues are not within the scope of the complaints procedure
- Insists on the complaint being dealt with in ways which are incompatible with the complaints procedure
- Introduces trivial or irrelevant information and insists on it being considered and commented on
- Makes unjustified complaints about staff who are trying to deal with the issues
- Changes the basis of the complaint as the investigation proceeds
- Repeatedly makes the same complaint (despite previous investigations or responses concluding that the complaint is groundless or has been addressed)
- Refuses to accept the findings of the investigation into that complaint where the service’s complaint procedure has been adhered to
- Seeks an unrealistic outcome
- Makes excessive demands on staff time by frequent, lengthy and complicated contact with staff regarding the complaint in person, in writing, by email and by telephone while the complaint is already being dealt with
- Uses threats to intimidate

- Uses abusive, offensive, or discriminatory language or violence
- Knowingly provides falsified information
- Publishes unacceptable information on social media or other public forums.

Whenever possible, the service development manager or clinical lead manager will discuss any concerns with the complainant informally before considering behaviour to be unreasonable. If the behaviour continues, the service development manager or clinical lead manager will write to the complainant explaining that their behaviour is unreasonable and ask them to change it. For complainants who excessively contact the service causing a significant level of disruption, we may specify methods of communication and limit the number of contacts in a communication plan. This will be reviewed after six months. In response to any serious incident of aggression or violence, we will immediately inform the police and communicate our actions in writing. This may include ending the work and barring an individual from the premises.

Policy for dealing with complaints campaigns

The service is committed to giving careful consideration to all concerns raised and complaints received. If the service receives a large volume of complaints all based on the same subject or from complainants unconnected to the service it may have become the focus of a complaints campaign. If the Service Development Manager or Clinical Lead Manager consider that this is the case a template response to the complaints will be sent.

Confidentiality

We will only tell people involved in resolving your complaint about it. After it's resolved, we will keep a summary on record, using guidance from the Data Protection Act. If you use our services and have a file, the record will be placed on your file. We use anonymised information from complaints to make sure we learn and improve our services.

Monitoring and Review of the Policy

This Policy will be reviewed on an annual basis between June and August. However, if there are updates before the review these will be forwarded to all members of the team.

Approval Signature



Dr Claudia Wilson
Clinical Lead Manager