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|  | Compliments, Concerns and Complaints PolicyFirst Issued April 1997 |
| Policy Number | G009 |
| Date Reviewed and Reissued | March 2024  |
| Next Review Date | March 2027 |
| **Related legislation and Guidance:**Alternative Futures Group as a provider of Health and Social Care are required to meet the requirements of the Care Act 2014. This policy is the foundation for the development of practice to meet those requirements.1. Health and Social Care Act 2008: Regulations 2014, 16, Receiving and acting on complaints,
2. Health and Social Care Act 2008: Regulations 2014, 17, Good Governance,
3. KLOE focus Adult Social Care R2 R2.1 R2.2, R2.3 and R2.5 Independent Hospital Settings R4, R4.1, R4.2, R4.3, R4.4 and R4.5
4. CQC How to Complain About a Health Care or Social Care Service.
5. “Listening, Responding, Improving – A guide to better customer care” Department of Health, 2009
6. The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009
7. Equality Act 2010
8. Data Protection Act 2018

Related policies1. Safeguarding Policy G005.
2. Standards of Business Conduct G012.
3. MCA DoLs G021.
4. Disciplinary HR024.
5. Dignity in Care G028.
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| **Summary**This policy sets out how we encourage, monitor and respond to compliments, concerns & complaints about the services AFG provides.Compliments, concerns and complaints can be received from anyone who has used or is using AFG’s services (or others acting on their behalf), or person who has been affected by an action, omission or decision made by AFG  |
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| 20 | Complete review | All | Lee Reilly, Sharon Shannon. | December 2022 |
| 21 | Reference added Business Coordinator to decide if formal written response required in relation to compliments received. 3.3 Changed reference from CBL to CCO.3.3 Added reference to “in cooperation with Marketing Team” 6.1 28 day timescale added where response to a compliment is pertinent. | 4.1.1 Various 3.36.1 | Dave O’Connor | December 2023 |
| 22 | Inclusion of process flow chart for Complaints and Appeal. Refreshed process to include progress check by GRC Team. (Appendices 5 and 6) | All | Lynsey Cunliffe, Sharon Shannon | March 2024 |

# 1.0 Introduction

This policy sets out how we encourage, monitor, and respond to feedback (including compliments, concerns & complaints) regarding the services AFG provides. Every AFG staff member is responsible for receiving and forwarding on feedback.

As a result, anyone who has used or is using AFG’s services (or others acting on their behalf), or any person who has been affected by an action, omission or decision made by AFG:

• are assured that their concerns and complaints are listened to and acted on effectively, in a flexible way and in a way which is meaningful to them.

• know that they will not be discriminated against for making a complaint or have any negative effect on their care, treatment, or support.

• know that AFG will support them to raise a concern or make a complaint and get the best outcome.

A complaint should ordinarily be made within 12 months of an incident occurring, or on the date on which the complainant becomes aware of the matter if this is more than 12 months after the incident. The time limit may be waived if the AFG considers there are good reasons for the delay, and it is still possible to investigate the matter fully and fairly.

Alternative Futures Group will ensure that feedback including concerns and complaints are dealt with effectively and responded too. We will ensure support is provided where appropriate to the individual to put them in control of the process. The procedure will enable a flexible response which will encourage a culture that seeks to learn lessons and improve quality. All AFG staff are part of a listening culture that values the views of all people.

# 2. Key Principles

## 2.1 Listening

AFG promotes effective listening whenever and wherever feedback is received. Listening is a fundamentally important skill, really understanding why a concern or complaint that is being raised is crucial to resolution. If we do not get to the heart of the concern or complaint being raised, we will not be able to fully resolve it. Effective communication is recognised as a basic necessity for healthcare and social care professionals. There is evidence that poor communication and lack of empathy are major causes of adverse events, dissatisfaction, and, therefore, complaints.

## 2.2 Responding

AFG seeks to ensure our processes are simple and accessible, and that we deal with feedback promptly and sensitively. We will give honest explanations and wherever practical, reasons for decisions. We will treat all people supported, friends, family, and other stakeholders, fairly and without discrimination. We will make sure that complaints are investigated in an appropriate manner.

We will acknowledge our mistakes and apologise where appropriate. Ensuring compliance with our regulatory duties. We will also take action to reduce the likelihood of those mistakes happening again to provide a high quality of service.

## 2.3 Improving

AFG’s complaints handling procedure is driven by the search for improvement, using analysis of outcomes to support service delivery and drive service quality improvements.

Effective complaint handling is not limited to providing an individual remedy to a complainant. AFG seeks to ensure that all feedback and lessons learnt contribute to service improvement.

Learning from complaints is a powerful way of improving the service we provide. Sincere learning and improvement can enhance and improve the quality of the service provided to the People We Support. It also stands to develop our reputation and increase trust among the People We Support, their families and third parties, such as local authorities.

# 3.0 Roles and Responsibilities

It is the responsibility of staff at all levels to listen, respond and improve.

Everyone has a role to play when it comes to identifying mistakes, sharing information, putting them right and learning from them, as soon as possible.

## 3.1 Board of Trustees

The Board of Trustees are ultimately responsible for ensuring an appropriate governance framework is in place across the organisation.

Trustee’s delegate responsibility for developing and monitoring management systems and controls to the Chief Executive Officer, who then delegates to the Executive Team. This is detailed in the Scheme of Reservation and Delegation (SORD).

## 3.2 Executive Team

The Executive Team has delegated authority from The Board to establish, review and maintain an effective governance framework. The Quality and Compliance Committee will maintain regular oversight of complaints and the quality of complaints investigations. They will provide assurance to the Quality Committee as part of monthly assurance reports to the Executive Team. As part of its scrutiny, the Quality and Compliance Committee will conduct a quarterly quality audit of complaints.

## 3.3 Corporate Compliance Officer

It is the responsibility of the Corporate Compliance Officer (CCO) to:

* Act as the administrator by ensuring all concerns and complaints are logged and a copy forwarded to the appropriate level of manager.
* Will ensure all initial documentation is logged/stored within Carista (our care management system) under the relevant unique reference.
* Ensure that, in their absence, another person is designated to fulfil the role.
* Maintain concerns and complaint information within Carista.
* Track the progress of concerns and complaints.
* In cooperation with Marketing Team maintain the Concerns, Compliments & Complaints page on the AFG website ensuring information is engaging and accessible.
* Escalate any concerns around delayed responses.
* Identify & escalate potential claims/litigation.
* RAG rate each concern/complaint within Carista.
* Following relevant Head of or Director agreement of the conclusion letter, perform a further review of the potential for the complaint to give rise to a claim and escalate the matter and inform the insurer without delay and adjust the RAG rating accordingly.
* Track actions that are agreed in response to a complaint or appeal, escalating any delay to completion to the relevant Head of, Director or Execl Lead as necessary.

## 3.4 Investigations and Compliance Manager

It is the responsibility of the Investigations & Compliance Manager to:

* Provide Quarterly reports to the Quality Compliance Committee detailing: time taken to resolve concerns and feedback, patterns and trends, learning outcomes from investigations and any issues going to training.
* Reporting on potential claims and litigation into the Executive Team and Board Committees.
* Complete annual Reporting on complaints data and lessons learned.
* Support the review of the Compliments, Complaints & Concerns Policy triennial policy review.

## 3.5 Investigating Managers

It is the responsibility of the Investigating Manager to:

* Make contact with the complainant or their representative within 3 working days of being allocated a matter for investigation. This should be subject to the complainants’ preferences, be via telephone.
* Speak with the complainant or advocate and complete section “B" of the feedback vetting assessment document (Appendix 1).
* Ensure the nature and extent of the matter being investigated, with the complainant on allocation.
* Ensure that we have, where appropriate, the consent/agreement of the Person Supported to investigate a matter.
	+ Where a person supported has capacity, you must document this via appendix 1.
	+ Where a person supported does not have capacity, you must refer to and take account of the MCA Policy G021. Any subsequent MCA assessment and Best Interest Decision should be recorded within Carista under the complaint.
	+ If a person supported has capacity and does not agree that you may investigate. You must inform and arrange a meeting with the Corporate Compliance Officer and the Investigations Compliance manager
* Provide evidence at the scheduled progress meeting, of progression of the investigation.
* Investigate matters, consistent with the timeframes set out in this policy.
* Maintain communication and updates with the complainant, consistent with this policy.
* Will ensure all initial documentation is logged/stored within Carista under the relevant unique reference.
* Draft the conclusion letter for approval by the Head of, Director or Executive lead.
* Draft the action plan for approval by the Head of, Director or Executive lead.

## 3.6 Heads of Operations or Function

It is the responsibility of the Heads of Operations or Function to

* Oversee that the procedure is applied for all concerns and complaints and fulfil their roles and responsibilities as described in the procedure.
* Appoint an appropriate Investigating Manager.
* Ensure that any response to a concern or complaint answers the issues raised and is accurate, complete, and well presented, prior to publication.
* Ensure that the conclusion letter is completed, signed and sent within the time frames for complaint responses, set out in this policy.
* Ensure that suitable SMART targets and actions are set, as appropriate to the circumstances and detailed in an action plan.
* Ensure that lessons learned are logged into Carista and acted upon.

## 3.7 Managers

It is the specific responsibility of Managers to:

* Listen, respond, and improve as a result of acting upon all concerns complaints effectively and efficiently in line with the specific roles set out in the procedural guidance.
* Ensure that the procedures are communicated to the People We Support in a format that best meets their communication needs i.e., summary version - leaflet, easy read version leaflet, People We Support handbook, and locally devised communication methods.
* Ensure that the local contact details, for support in making a complaint or agencies to contact for an individual review of complaints, are available to People We Support and those acting on their behalf.
* Make an informed judgment on the seriousness of verbal concerns/complaints raised and inform the Corporate Compliance Officer of any potential claims/litigation.
* Monitor that all verbal concerns and complaints have been managed and passed on in accordance with procedure.

## 3.8 All Staff

All staff are responsible for:

* Ensuring that they are aware of the policy.
* Ensuring they have undertaken and completed mandatory training at the appropriate level and raised any non-completion with their line manager.
* Recognising and appropriately responding to verbal or written Compliments, Concerns or Complaints as outlined in this policy.
* Using section “A" of the feedback vetting assessment document (Appendix 1), to establish the nature and extent of the feedback being provided and whether it is possible to resolve this at local level. If within 1 working day of the issue being raised it is evident that the feedback constitutes a complaint, the feedback vetting document must be sent to the CCO, immediately. This will trigger an investigation, in the usual way.
* Ensuring they remain polite, courteous, sympathetic and professional to the complainant. There is nothing to be gained by adopting a defensive or aggressive attitude.
* Remaining calm and respectful at all times in responding to a concern or complaint,
* Ensuring that they do not accept blame, make excuses or blame other staff.
* Documenting and forwarding any verbal or written Compliments, Concerns or Complaints as outlined in this policy.
* Understanding their personal responsibilities in meeting the duty of candour and for reporting incidents (See GO12 Standards of Business Conduct)
* Notifying the Head of Learning and Organisational Development or a Director, where a complainant had expressed/expresses interest to involve the media, see paragraph 8.1 below.

# 4. Definitions and Procedures

* 1. **Compliments**

4.1.1 Compliments are positive feedback given in relation to the care provided. AFG welcomes compliments and suggestions and recognises their importance in celebrating and recognising the success of our services and opportunities for improvement. All compliments and feedback provided will be recognised. Following review and assessment of the compliment received the Business Coordinator, on behalf of the relevant Head of Operations, will decide if a formal written response to the individual giving the compliment is pertinent.

 4.1.2 Carista will be updated to include the response and a record of the actions and the named individuals/services.

* 1. **Concerns**

4.2.1 Concerns are minor issues raised verbally that are low in seriousness and **can be addressed within 1 working day**.

* + 1. Any staff or manager can address a verbal concern by:

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| 1. **Listening**
 | Listen to the reasons why the person is unhappy – you must understand why they are unhappy.  |
| 1. **Responding**
 | Ask them what they would like to happen as a result of the complaint (for example, an apology, a car moved). Inform the person of what action you could take to improve the situation. |
| 1. **Improving**
 | If the response the individual wants is in the best interests of any person’s involved, then agree to action. Share lessons learned with colleagues.  |

* + 1. A detailed record must be made of verbal concerns which should be entered in Carista under a Diary Event specifically as a Comment/Complaint entry. These entries must include details of the nature of the concern those affected/involved including staff, the date of the concern, how the concern was responded/resolved, and any lessons learned.
	1. **Formal Complaints Procedure**
		1. Complaints are any verbal concerns and complaints not resolved within 1 working day and any concern or complaint made in writing or electronically.
		2. The formal complaints procedure must be followed for any verbal concerns that cannot be not resolved locally within 1 working day and for any complaint made in writing or electronically.
		3. On the same day as receiving feedback the person who received the complaint must make a written record of the issues raised. This must be completed via part “A” of the feedback vetting assessment document (Appendix 1) and via an entry into Carista Daily Dairy records using the Comment and Complaint type.
		4. All service types must forward formal complaints, including the feedback vetting assessment document, to the Corporate Compliance Officer on the day or on receipt of a formal complaint (*so within 48 hours of receipt of a minor concern that has become a complaint*) who will check that the complaint falls within the remit of AFG’s responsibilities and log the complaint. If it is unclear to CCO whether the matter falls under AFG’s responsibility or should be picked up by or within or as part of another process, for instance safeguarding. The CCO will discuss the matter with any relevant touch points (operational managers, Safeguarding and Mental Capacity Act Lead, Health and Safety Lead etc) and document the outcome of those discussions within Carista. If it does not, the person raising the concern or complaint is contacted by the CCO and an explanation and advice is given. This will be recorded on CARISTA and may be forwarded to the relevant department (e.g., Human Resources if a staff grievance) or organisation (e.g., the Housing Association if it was a property issue) where appropriate.
		5. The Corporate Compliance Officer on the same day as notification of a new complaint will assess the seriousness of the complaint to consider the impact on the people involved, risk to the organisation and the response required.
		6. The Corporate Compliance Officer on the same day as notification of a new complaint, will also complete a Claims check list within Carista.
		7. In cases where a potential claim is identified, the CCO will follow an escalation procedure, ensuring Executives and AFG’s Insurers are alerted to the risk with all necessary or relevant information shared with them. All completed forms are to be saved on Carista, under the unique complaint reference. Initially by the CCO on receipt of a new complaint, then by the Investigation Manager once the matter has been assigned to them.
		8. If at this stage a Significant Event or a Data Protection Breach is identified immediate action must be taken to inform the Executive Team, and the appropriate process followed as detailed within the Information Governance Policy and the Policy and Procedure for Reporting and Management of Significant Events.
		9. A brief risk assessment is completed at this stage, by the CCO and a risk rating assigned to the information as known at the time. The risk assessment is recorded within the complaint screening tab, within Carista.

Complaint Assessment Criteria

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| **Level**  | Criteria  |
| **Low** | Unsatisfactory service or experience not directly related to care. No impact or risk to provision of care. OR Unsatisfactory service or experience related to care, usually a single resolvable issue. Minimal impact and relative minimal risk to the provision of care or the service. No real risk of litigation. |
| **Medium** | Service or experience below reasonable expectations in several ways, but not causing lasting impact. Has potential to impact on service provision. Some potential for litigation. |
| **High** | Significant issues regarding standards, quality of care and safeguarding of or denial of rights. Complaints with clear quality assurance or risk management issues that may cause lasting problems for the organisation, and so require investigation. Possibility of litigation and adverse local publicity. OR Serious issues that may cause long-term damage, such as grossly substandard care, professional misconduct, or death. Will require immediate and in-depth investigation. May involve serious safety issues. A high probability of litigation and strong possibility of adverse national publicity.  |

* + 1. The Corporate Compliance Officer on the same day as notification of a new complaint, will liaise with the Head of Operations if the complaint appears to be a Joint Agency Concern/Complaint, Joint Complaints Process will be followed. Where a complaint relates to the actions of more than one organisation the Head of Operations should notify any other organisations involved. The complainant’s consent must be obtained before sharing the details of the complaint across organisations. In cases of this nature there is a need for co-operation and partnership between the relevant organisations in agreeing how best to approach the investigation and resolution of the complaint. It is possible that the various aspects of the complaint can be divided easily with each organisation able to respond to its own area of responsibility. The complainant must be kept informed and provided with advice about how each aspect of their complaint will be dealt with and by whom. The only circumstances in which a complainant’s lack of consent can be overridden is if the complaint includes information that needs to be passed on in accordance with Safeguarding Children or Protection of Vulnerable Adults procedures or other service user safety issues. In such cases, the complainant is entitled to a full written explanation about the organisation’s Duty of Care and its obligation to pass on the information.
		2. The Corporate Compliance Officer on the same working day as notification of a new complaint, will forward a copy to the relevant Head of Operations/Function and Executive Lead who will ensure that all complaints will be investigated by a person with sufficient seniority to resolve the issues. The Head of Operations / Function will, within three days of notification, appoint an investigating manager and send an acknowledgement letter to the complainant which will state the name of the Head of Operations/Function and the name and contact details of the person who will investigate the complaint.
* *Wherever possible, the investigating manager will be independent of the service being complained about.*
* *Where an individual is complaining about the behaviour of a medical practitioner or other healthcare professional which might call in to question his or her fitness to practice; the investigating manager should keep the individual informed and involved with regards to decisions relating to referrals to the relevant professional body.*
	+ 1. If at this stage a Significant Event or a Data Protection Breach is identified immediate action must be taken to inform the Executive Team, and the appropriate process followed as detailed within the Information Governance Policy and the Policy and Procedure for Reporting and Management of Significant Events.
		2. A brief risk assessment is completed at this stage, by the CCO and a risk rating assigned to the information as known at the time. The risk assessment is recorded within the complaint screening tab, within Carista.
		3. Where a complaint has been made on behalf of a person supported, the investigating manager will confirm that we have their permission to investigate the complaint (if evidence is not already provided – refer to Appendix 3c) on rare occasions, the mental capacity of the person concerned may be a factor when considering how to proceed with a complaint. In such circumstances, you **must** treat the complainant’s concern or complaint in exactly the same way you would any other concern or complaint but with reference to the MCA Policy G021.
		4. The investigating manager makes contact with the complainant within 3 working days of being appointed in order to discuss the nature of their complaint, how their complaint will be handled, to establish the outcome they are seeking. Section B of the Feedback Vetting Assessment Form (Appendix 1) will be completed by the investigation manager, shared with the complainant and uploaded to Carista.
		5. The investigating manager will complete the investigation within 28 working days (or in unusual circumstances, an agreed timeframe, such as complex matters, see paragraphs 7.2 and 7.3).
		6. In circumstances where the investigating manager considers it necessary. The investigating manager will make an offer to meet with the complainant to further explore the complaint and clarify any issues that have arisen the issues that require discussion.
		7. Investigating Manager is required to attend fortnightly meetings with the Governance, Risk and Compliance Team. The Investigating Manager will provide evidence of progress of the complaint at the meeting.
		8. During the course of investigating a complaint, the investigating manager must escalate any concerns regarding the potential for a claim which may arise. This should be documented in Carista using the complaint tabs and escalated to the CCO immediately.
		9. On completion of the investigation the final report (Investigation Report Template Appendix 3c) is completed. This report is forwarded to the Head of Operations / Function and to the Corporate Compliance Officer together with a draft conclusion letter (Appendix 3e), developed from the content of the report.
		10. The Head of Operations/ function will consider if the report is complete, relevant, logical, balanced and robust. They will also review the original risk rating in light of the findings to enable appropriate response when deciding upon methods of assurance which they will put in place to ensure that the agreed actions happen.
		11. When the Head of Operations / Function is satisfied with the final report a signed and dated response letter is sent by them to the complainant or their advocate. The response letter must explain how the complaint has been considered, what conclusions have been reached and what actions, if any, have or will be taken as a result. The letter should contain an apology where appropriate. It must also explain the right of the individual to either discuss points of clarification with the investigating manager and set out the process for doing so. As part of the response letter, complainants must also be provided with a feedback form.
		12. A copy of the conclusion letter, along with all other complaint documentation obtained or compiled during the investigation is uploaded by the investigation manager to the complaint documents in Carista.
		13. The investigating Manager and Head of Operations / Function are responsible for recording the agreed actions arising from the complaint investigation in Appendix 3f – Action Plan. This action plan will be tracked by the Governance, Risk and Compliance Team.
		14. Nurses, Team Leaders, and Area Managers will have access within Carista of all relevant data relating to the complaints including outcome information. Access however will be strictly in accordance with data protection legislation.
		15. If the investigation has highlighted concerns relating to regulated activity the relevant Registered Manager, or appropriate alternative, must inform the Care Quality Commission.
		16. If the investigation has highlighted unrelated concerns, these must be reported without delay to the Head of Operations/ Function and dealt with in accordance with the policy relevant to the circumstances.
		17. Lessons learnt identified through the investigation must be communicated to staff involved in, or relevant to a complaint. With clear documentary evidence of learning being shared, queried, and otherwise understood. Evidence of learning must be logged by the Head of Operations via Carista, using the lessons learnt feature in the complaint module.
	1. **Anonymous Concerns or Complaints**
	2. AFG will receive all concerns and complaints including anonymous information. Each will be logged and considered individually at Head of Operations/ Function level. Decisions made will be proportionate and reasonable and may include:
* If the information is sufficient in detail and includes matters of concern, then it is likely that the information will be investigated.
* However, if the Head of Operations / Function concludes that the complaint lacks credibility and due to the inability to obtain additional information If the information includes issues which align with other sources of concern, then investigation may occur.
* From the source it may be decided not to investigate or take follow-up action unless other confirmation of the claims becomes available.
	1. Complaining parties should, where possible, be informed that due to the withholding of their identity this may result in difficulties for AFG, namely of being able to respond to the information.
	2. Decisions made regarding the response to anonymous information must be made at Head of Operations / Function level and any decision not to respond must be recorded and the reason given.
1. **Timescales**
	1. AFG has a 28 working day timescale for complaints to be answered in full. Where a response to a compliment is pertinent this should be completed within 28 working days.
	2. In unusual circumstances, complaints may be very complex or depend on multi agency organisation. If a complaint is likely to take over 28 working, a timescale must be discussed with a) the complainant or their advocate, b) the Governance, Risk and Compliance Team at the first opportunity. The complainant or their advocate must receive an update on a weekly basis from the Investigating Manager, under these circumstances.
	3. Any delay in the agreed timescale must be communicated by the Investigating Manager to the complainant or their advocate in writing, giving the reasons for the delay.

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* 1. **Appeals Procedure**
	2. In circumstances where a complainant is dissatisfied with the way in which their complaint has been managed, or with the outcome, they may submit an appeal in writing stating the grounds for the appeal. This must be received at Alternative Futures Group Limited, Exchange Station, Tithebarn Street, Liverpool, L2 2QP or via email at feedback@agfgroup.org.uk within 28 working days of receiving the outcome letter.
	3. Dissatisfaction alone is not sufficient reason to appeal the outcome of a complaint investigation.
	4. For an appeal to be investigated and response provided, the complaint must be able to demonstrate one or more of the following criteria –
		1. a significant procedural irregularity in the investigation process;
		2. clear failure to investigate the nature and extent of the complaint as set out in the initial complaint correspondence by the complainant or their advocate; and/or,
		3. clear evidence of bias.
	5. The CCO will be notified of the request for an appeal at the point of receipt. This will be logged and forwarded to an appropriate Director or Executive Lead.
	6. The Director or Executive Lead, will consider whether the appeals criteria have been satisfied. If not, they will inform the CCO that no appeal will proceed. The CCO will advise the Complainant of the same within 2 working days of receipt.
	7. Where one of the above criteria have been satisfied the Director or Executive Lead that agreed the appeals criteria had been met, will confirm receipt of the appeal in writing within 2 working days, using Appendix 3h.
	8. The Director or Executive Lead will then consider the appeal and appoint an investigating manager. An outcome will be reached within 28 working daysand confirmed in writing to the complainant to uphold or overturn the appeal.
	9. The Director or Executive Lead that appointed the Investigating Manager, will communicate the appeal outcome using Appendix 3i.
	10. If the People We Support/their representatives remain dissatisfied with either the complaint response or the outcome of an appeal, they may refer the issue for independent review, as set out below.

For Community Services this would be requested from the **Local Government Ombudsman.**

Telephone: 0300 061 0614

Website: [www.lgo.org.uk/adult-social-care/](http://www.lgo.org.uk/adult-social-care/)

If your care is funded or arranged by your local authority, you may wish to raise your concerns directly with the relevant local authority.

Website: <https://www.nhs.uk/conditions/social-care-and-support-guide/>

For those with NHS funded care, if the complainant remains dissatisfied they can ask the **Parliamentary and Health Service Ombudsman** for further investigation.

**Tel: 0345 015 4033**

Email: phso.enquiries@ombudsman.org.uk

Website: [www.ombudsman.org.uk](http://www.ombudsman.org.uk)

The Care Quality Commission have powers to investigate complaints relating to people’s rights under the Mental Health Act. CQC have powers to investigate complaints (which have already been through the provider’s complaints process) from people whose rights are restricted under the Mental Health Act, or their representatives where the person is or has been:

Detained in a Recovery and Treatment Centre.

Subject to a Community Treatment Order.

Subject to guardianship.

Website: <https://www.nhs.uk/mental-health/social-care-and-your-rights/mental-health-and-the-law/mental-health-act/>

The Care Quality Commission (CQC) cannot look at individual complaints about providers which do not relate to the implementation of the Mental Health Act however CQC encourage people who are unhappy about service provision to provide feedback to them of these concerns. What CQC can do is consider this information when inspecting providers to ensure that providers are meeting the Fundamental Standards of Quality and Safety. AFG complaints leaflets provide details for reporting concerns to CQC.

**CQC Contact Details:**

Telephone: 0300 061 6161

Website: [www.cqc.org.uk/public/sharing-your-experience](http://www.cqc.org.uk/public/sharing-your-experience)

Email: enquiries@cqc.org.uk

Where people supported decide to exercise this right, then staff must support them as appropriate to access these services. This includes patients who are detained, under supervised community treatment or guardianship having statutory access to an Independent Mental Health Advocate (IMHA) for help and support to understand and exercise their legal rights.

1. **Media interest**

8.1 In cases where a complainant has or expresses their intention to contact the media, the Head of Learning and Organisational Development, or in their absence, a Director should be informed, who will take appropriate action regarding communication and media management. This should also be logged on Carista.

1. **Responding to unreasonably persistent complainants**
	1. Unreasonable and ‘unreasonably persistent’ complainants can be defined as those who, because of the frequency or nature of their contacts with the organisation, hinder the organisations consideration of their, or other people’s, complaints.

* 1. The decision to designate someone as unreasonably persistent can only be made by the Investigations & Compliance Manager with support of the Executive Directors. Before applying any restrictions, the complainant shall be given a warning in writing that if his/her actions continue, AFG may decide to treat him/her as an unreasonably persistent complainant with and explanation as to why.
	2. The precise nature of the action AFG decides to take shall be appropriate and proportionate to the nature and frequency of the complainant’s contacts with the AFG at that time.

# Compliance

10.1 AFG have a process in place to measure the effectiveness of policies to assess compliance to the controls identified and to assist the organisation in continuous learning and improvement. Namely, through progress meetings, audits, quarterly and annual reports.

# 11.0 Appendices

Appendix 1 Feedback Vetting Document

Appendix 2 Claims Check list

Appendix 3a Compliment Acknowledgement Letter template

Appendix 3b Concern/Complaint Acknowledgement letter template

Appendix 3c Investigation Report Template

Appendix 3d Statement of Authority

Appendix 3e Conclusion Letter template

Appendix 3f Action Plan template

Appendix 3g Concern/Complaint holding letter template

Appendix 3h Appeal acknowledgement letter template

Appendix 3i Appeal conclusion letter template

Appendix 4 Contact Details for support to make a complaint

Appendix 5 Complaint Process Flowchart

Appendix 6 Complaint Appeal Process Flowchart