POLICY TITLE:	**Complaints**
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Policy Owner:	Jane Stone, Director of Governance
Ratified by:	John Limer, Complaints Co Ordinator
Responsible Signatory:	Jane Stone, Director of Governance
Outcome:	This policy: • Aims to ensure that all Young Persons have access to an effective complaints process. • Gives details on how to deal with a complaint. • Sets out our responsibilities on dealing with complaints and provides information on the third-party organisations which Young Persons can contact to pursue complaints further.
Cross Reference:	AHR04.3 Grievance ALE03 Data Protection ALE03.1 Document and Data Retention ALE06 Confidentiality AOP03.1 Duty of Candour AOP04 Incident Management, Reporting and Investigation AOP05.2 MCA Deprivation of Liberty Safeguards (England and Wales) AOP06 Safeguarding Children AOP06.1 Child Protection (Scotland) AOP08 Safeguarding Adults AOP08.3 Adult Support and Protection (Scotland) AOP17 Advocacy AOP21 Whistleblowing (Protected Disclosure) Aspris Employee Handbook

EQUALITY AND DIVERSITY STATEMENT

Aspris is committed to the fair treatment of all in line with the Equality Act 2010. An equality impact assessment has been completed on this policy to ensure that it can be implemented consistently regardless of any protected characteristics and all will be treated with dignity and respect

In order to ensure that this policy is relevant and up to date, comments and suggestions for additions or amendments are sought from users of this document. To contribute towards the process of review, email AsprisGovernanceHelpdesk@Aspris.com.

COMPLAINTS

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1 INTRODUCTION

1.1 This policy applies to all complaints received by any service or department within Aspris and establishes a clear procedure for effective and efficient complaint management.

1.2 However, the policy does not prejudice the right of a complainant to take legal action and furthermore allows, in certain circumstances, for the making of a gesture of goodwill payment without acceptance of liability, if considered appropriate.

N.B. No statement accepting responsibility or admitting liability should be made by any member of colleagues without prior consultation with the Head of Legal or Divisional COO.

1.3 Complaint ownership remains with the service manager throughout the process. Complaints should be addressed and resolved at service level whenever possible.

1.4 A local resolution to complaints is always the preference of Aspris.

1.5 Colleagues will be provided with the necessary basic training and updates in communications and complaints handling in order to ensure that complaints are communicated and dealt with sensitively and courteously at all levels via the Aspris Learning Lounge; with service manager and senior managers also invited to attend internally provided Complaints Prevention and Management webinar training.

1.6 There may be rare occasions when a complainant is considered to be vexatious. When that is the case, this will be considered by the Aspris Head of Legal Services , The Divisional Chief Operating Officer and the Aspris Director of Governance and Risk. The outcome of that consideration will be documented and retained in the complaints files, with a written confirmation to the complainant to summarise this outcome.

2 OBJECTIVES

2.1 The objectives of this policy, processes and forms are:
(a) To provide ease of access for young person to the complaints process;
(b) To instil Young Person confidence in the way in which complaints are managed;

(c) To provide complainants young Person with information on how to make a complaint;
(d) To have an honest, open and thorough approach to all investigations;
(e) To address all legitimate concerns raised by the complainant or the authorised representative;
(f) To adopt a fair and consistent approach to the investigation of all complainants;
(g) To separate complaints from disciplinary/grievance procedures, where appropriate;
(h) To effectively record, audit and cross-reference complaint data to other quality and risk management processes;
(i) To extract lessons learned from complaints so as to continually improve the quality of services provided and reduce incidents and risk to the business;
(j) To identify any shortfalls and/or failings in personal or professional conduct;
(k) To initiate a corporate drive towards excellence in complaint management;
(l) To signpost complainants, wherever appropriate, to other organisations that may provide assistance and support in their pursuance of a complaint.

3 DEFINITIONS

3.1 A complaint is defined as 'an expression of dissatisfaction about a service that requires a response'. Any complaint, whether it is of minor concern to the Young Person or colleagues and can be dealt with immediately, or it is of more major concern to several parties, is an expression of dissatisfaction that requires a satisfactory and efficient resolution.

3.2 A young person, relative, visitor, funder, social worker, local authority regulatory body or any other interested party or stakeholder acting with the authority of a young person may raise a complaint.

3.3 Complaints may relate to any aspect of care, educational intervention, professional competencies or to any of the administrative or support services and may be made by telephone, in person, in writing or by email to any member of Aspris personnel.

3.4 A complaint by a young person representative will only be accepted in the following circumstances:
(a) Where the Young Person has consented, either verbally or in writing Young Person **AND**
(b) The representative is acting in the young persons best interests i.e. where the matter complained about, if found to be true, would be detrimental to the young person. This may also require the young person's lawful representative being informed and asked to approve the proposed further action.

4 KEY PRINCIPLES

4.1 **Accessibility and Simplicity -** The complaints process is well publicised, easily accessible and clearly understood by Young Persons, colleagues and the public. Complaint Notices, explaining how a Young Person is able to access the complaints process and register comments and compliments are prominently displayed in the reception area of all services. Young Persons should also be directed to this notice board for details about local advocacy services. (See AOP17 Advocacy).

4.1.1 The Complaints Policy is available on the Aspris website – www.Aspris.com. The Aspris website provides an online email link for registering comments, compliments and complaints regarding services provided – Complaints@Aspris.com together with contact telephone numbers should Young Persons wish to discuss their concerns directly with a member of the Legal and Compliance (Complaint) Team.

4.1.2 Supplementary and Young Person friendly complaint literature will also be made available within services (e.g. **AOP Form: 18** (Easy Read) complaint literature).

4.1.3 Information on how to make a complaint can be made available upon request in other languages and in other formats e.g. braille transcriptions, large print and voice recordings by Complaints@Aspris.com.

4.1.4 A copy of AOP03 Complaints is distributed to Commissioners with all contracts for care.

4.1.5 Aspris provides a separate process to enable colleagues to communicate any concerns that they may have about any practice or procedure. See AHR04.3 Grievance Policy and AOP21 Whistleblowing (Protected Disclosure).

4.2 **Communication** - There is early direct contact with the complainant and this continues throughout the complaints process. Effective communication is required within the organisation and with the complainant and all other interested parties, recognising and addressing, as a priority, any perceived difficulty that may be posed by barriers such as language, culture or disability.

4.3 **Record Keeping** - There is an effective complaint recording and feedback system that will enable continual service improvements to be made. All complaints will be recorded on the Datix feedback module within 48 hours of receipt and actioned in accordance with the process flowchart outlined in **Appendix 1**. Any action taken in dealing with a Young Persons' complaint must be recorded in the appropriate complaint records (but this must **not** form part of a Young Persons' personal Health, Care or Education record).

4.3.1 It is the responsibility of each Service Manager to have a clear oversight on all complaints received by a service at any given time, as well as knowing the stage at which a complaint investigation sits within Stage 1 complaint process. Whilst the Datix feedback module provides the primary complaint reporting functionality (with all complaints to be recorded on Datix within 48 hours of receipt), it is recommended that each site maintain a separate complaint log summary that will be completed on a day to day basis by the assigned site Complaint Administrator.

4.4 **Credibility** - The complaint process is closely managed and regularly reviewed in order to ensure that improvements and changes are identified and implemented for the benefit of all Young Persons and there is an effective quality assurance system in place to ensure that the complaints system and continual learning from it have a high profile across the Group.

4.5 **Accountability** - Complaint information is provided in a clear, concise and open way and is properly managed with regular follow-up to complaint investigation and resolution in order to ensure decisions are properly and promptly implemented. There is regular monitoring of the complaint process to ensure that timescales and Young Person expectations are met. The complaint process is periodically reviewed, updated and any changes communicated to Young Persons, Aspris colleagues and all interested parties.

4.6 **Timeliness** - Clear timeframes are set and effectively communicated to all interested parties in relation to all aspects of the complaint investigation process.

4.7 **Fairness and Impartiality** - Roles and responsibilities are clearly defined. All complaints are dealt with in an open-minded and impartial way, with responses being proportionate to the concerns because 'one size' does not fit all.

4.8 **Confidentiality** - Young Person confidentiality will be maintained at all times. See ALE06 Confidentiality.

4.9 **Improvement in quality** – Complaints provide an opportunity to closely review our services, care and clinical practices and to ensure promotion of a culture of continual quality improvement and risk reduction. The outcome of complaint investigations enables improvement opportunities to be identified and changes implemented across the service line or group through lessons learnt. Though not used to apportion blame, investigations may uncover information about serious matters that may indicate a need for disciplinary action.

4.10 **Consent** – Across Aspris, Young Persons' personal information is protected in line with the requirements of the EU General Data Protection Regulation and Caldicott principles. The Young Person to whom a complaint relates must give their consent before any information relating to

their own care and/or treatment is shared with a third party and whilst this should be in a written form (by completion of **AOP Form: 18D** Statement of Authority to Access Young Person Records), verbal consent is permitted so long as it is recorded and logged. The complainant and/or Young Person are entitled to a full explanation as to why consent is being sought. If the complaint is not being made by the Young Person, **AOP Form: 18C** Statement of Authority to take up a Complaint on behalf of a Young Person must be completed by the Young Person prior to the disclosure of any Young Person confidential information.

4.10.1 Consent may not be needed in situations where the Young Person is unable to consent, for example if they are too young (assuming the complainant has parental responsibility), too ill or have died. In the case of any Young Person who has capacity at times and not at others (fluctuating capacity), no confidential information will be given to a third party unless deemed to be in the 'best interest' of the Young Person at the time and fully documented using **AOP Form: 65** Mental Capacity Assessment and **AOP Form: 65A** Best Interests Decision.

4.11 In addition, refer to AOP03.1 Duty of Candour.

5 COMPLAINT PROCESS

5.1 The Aspris process for resolution of all complaints consists of three stages:
(a) **Stage 1** – Local resolution at service/site level

(b) **Stage 2** – Internal Review via the Group Complaints Manager

N.B. As Healthcare Improvement Scotland may be contacted at any time in the complaint process and review the complaint investigation and response, should the HIS outcome not be considered satisfactory, an external review could still be sought via the Ombudsman.

(c) **Stage 3** – External Review by the Ombudsman, Parliamentary Health Service Ombudsman (PHSO) or Adjudication by the Independent Sector Complaints Adjudication Service (ISCAS) for privately funded Healthcare Young Persons or by the Independent Complaint Panel convened in respect of the Education & Children's Services Division.

5.2 The three stages of resolution are described further in Sections 6 – 10 respectively.

6 STAGE 1 - LOCAL RESOLUTION AT SERVICE/SITE LEVEL (EXCLUDING WELSH REGULATED SERVICES)

6.1 Some complaints represent a minor concern for the complainant and these may include general comments, suggestions or criticisms about a service. Complaints falling into this category will normally be made verbally to 'front line colleagues' and will be seen as issues that can be 'fixed' either immediately or relatively quickly. Colleagues receiving such complaints should note the details on **AOP Form: 18G** Complaint Record and whilst ensuring that the Young Person's immediate health and care needs are being met attempt to address and resolve the concern.

6.2 If the colleague to whom the complaint is made is unable to resolve the problem immediately or feels unable to give the assurances that the complainant is looking for, then the site/service manager (or their deputy) will take responsibility to resolve the complaint, by the next working day, in an informal and conciliatory manner ('next working day' excludes weekends and bank holidays).

6.3 Should a site/service manager be unable to resolve the matter quickly and to the complainants' satisfaction, they must advise the complainant that their concerns will require further time to investigate fully prior to responding to the issues raised.

6.4 In such circumstances, colleagues should assist the complainant in putting their concerns in writing, if previously verbal, and advise them further on the complaint process. It should be noted, however, that failure to put a verbal complaint in writing, will not prevent a complaint from being investigated.

6.5 In cases where colleagues are able to satisfactorily address and resolve a minor concern by the next working day, the complainant should receive a full and positive response with the aim of assuring them that their concerns have been addressed and this should include an expression of regret and/or explanation for the earlier problem. The site/service manager will then 'sign off' the complaint, record brief details on the Datix feedback module (including details of resolution and any lessons learnt). If an **AOP Form: 18G** Complaint Record was completed, this should be signed by the complainant and retained as part of the complaint record in order to confirm that they are satisfied with the way in which the complaint was addressed and resolved. A copy of the completed form may be provided to the Young Person if requested.

6.6 Some concerns, be they verbal or written, will be viewed as more serious or complex and it will not be possible to address and resolve these by the next working day.

6.7 Colleagues receiving such a complaint either verbally or in writing (including email) must ensure that the date of receipt by the site/service is recorded and that it is passed **immediately** to the site/service manager for recording and investigation purposes.

6.8 Once the site/service manager is assured that the complaint can be investigated i.e. it is not deemed 'out of time' (refer to Section 6.20), full details of the complaint must be recorded on the Datix feedback module and a note made of the system generated Complaint Reference Number which will be unique to that service/site complaint. An investigating officer must also be assigned.

6.9 Any complaints from MP's and Officers of the Crown, complaints that may result in litigation, involve accidents and injury or that may involve a gesture of goodwill payment being made must be emailed to the Complaints Co-Ordinator and Group Risk Manager **immediately.**

6.10 Letters from solicitors should be faxed to the Aspris Legal Team, on the day of receipt, who will then liaise with the company loss adjusters regarding the response.

6.11 A case file should be created in which copies of all complaint investigation related documentation will be held throughout the investigation. **AOP Form: 18A -** Complaints Process Checklist is designed to assist in this matter.

6.12 A letter of acknowledgment **MUST** be sent to the complainant, by the site/service manager or delegated colleague **within two working days** of the date on which the complaint was received. A copy of the **signed** letter must be kept in the case file. **AOP Letter: 18A** – Complaint Acknowledgement Letter Template, published on the Hub, is to be completed and used for this purpose. This letter **MUST** offer the complainant the opportunity to 'meet' with the Investigating Officer to clarify their specific concerns and will state that we aim to respond fully to all complaints within 20 working days of the date of receipt.

6.13 Any meeting or discussion (if preferred) with the complainant should clarify the purpose and the desired outcome, be fully documented/ minuted and a copy of the record/minutes provided to the complainant as an accurate record of the discussions and making clear the agreed areas for investigation.

6.14 Should a complainant make subsequent contact (including via email or by telephone) following receipt of their original complaint, the site/service manager or delegated colleague **MUST** acknowledge this contact in writing **within two working days** of receipt. This will provide an assurance that we have received and noted any additional comments made or the issues raised and that these will be fully taken into account as part of the ongoing investigation.

6.15 If at working day 15, it is clear that the investigation and response will not be complete within the agreed 20 working day timeframe a further letter will be issued informing the complainant of the reason for the delay and advising on a revised timeframe. **AOP Letter: 18B** Holding Letter Template, published on the Intranet, is completed and used for this purpose.

6.16 The complaint investigation should be assigned to the investigating officer for their action, which requires production of an investigation report **(AOP Form: 18P)** and subsequent preparation of a draft response to the complainant. **AOP Form: 18B** Complaint Investigation Log is also available to assist in recording details of the investigation.

6.17 All investigation documentation should be placed in the complaint case file and copies uploaded to the Datix feedback module when updating the case record.

6.18 A formal and detailed response should be sent to the complainant within the agreed timescale. **AOP Letter: 18C** Complaint Final Response/Decision Letter Template and Guidance, published on the Intranet, is to be completed and used for this purpose. This letter **must** issue from the site/service manager (but may be signed in their absence) and signpost the complainant as to the course of action available to them should they remain dissatisfied with the outcome of the Stage 1 investigation.

6.19 In the event that a complainant remains dissatisfied with the outcome of the Stage 1 investigation, they have the right to request that their case be considered at Stage 2 – Internal Review by the Group Complaints Manager. It should be noted, however, that an expression of dissatisfaction will in itself not automatically warrant a review at Stage 2, since it may be more appropriate for the site/service manager to be offered a further opportunity for a discussion/meeting in order to attempt to reach satisfactory resolution.

6.20 We do take all complaints very seriously and will always thoroughly investigate any Young Persons' concerns in those circumstances in which it remains right and possible to do so despite the lapse of a period of time. However, it is generally felt that a complaint should be made as soon as possible after the matter that a Young Person is complaining about happened; with the time limit usually being:

(a) Six months from the date something happened, or
(b) Six months from the date that a Young Person first becomes aware of it.

6.20.1 We can and do extend the time limit in circumstances where it would be unreasonable to expect a Young Person to have complained within time so long as it remains possible for us to investigate the Young Persons' concerns. **AOP Letter: 18** Out of Time Complaint Template, published on the Intranet, is to be completed and used for the purpose of responding to those concerns deemed out of time.

6.20.2 We do not automatically refuse to consider 'out of time' concerns and each must be considered on a case by case basis.

6.20.3 Having dealt with a number of such concerns over recent years, we have gone some way towards providing an element of reassurance/support to former Young Persons whom, for one reason or another, may be experiencing a mental health crisis at the present time which it would be unprofessional and uncaring to simply ignore.

6.20.4 In all such cases and **WITHOUT** accepting into complaint process (which is vitally important), we have done one or more of the following (as a minimum):

(a) Accessed care records pertaining to their historic care/treatment
(b) Afforded the consultant (if relevant) an opportunity to consider and comment on the issues being raised
(c) Considered whether there are any safeguarding issues that may require consideration/action
(d) Decide whether there is a case for alerting Young Person GP/Community Mental Health team as to patient presentation and any immediate safety/wellbeing concerns that we may have
(e) In responding (using **AOP Letter: 18**), whilst explaining that we are unable to fully investigate the case due to the period of time since care/treatment was provided, nonetheless offer some reassurance/support and where possible clarification on the issues raised (based upon consultant comments and/or evidence provided through historic care records).

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6.20.5 Whilst the site/service will be best placed to determine the approach to be adopted in each case, advice/guidance is available from the Complaints Co-Ordinator if required.

7 STAGE 2 - INTERNAL REVIEW

7.1 If a complainant remains dissatisfied after **all** attempts to resolve a complaint locally have failed, then they may, within six months of the date of the Stage 1 formal response, request that their case be reviewed at Stage 2 of the Priory process. The request must be in writing and forwarded to:

Director of Governance
The Forge
43 Church Street North
Woking
GU21 6DB

7.2 The Aspris Complaints officer if satisfied that there is **NO** further potential for the complaint to be resolved at Stage 1 will, within two working days, formally acknowledge the complainants' request to refer the case to Stage 2 and will advise them of the review process. **N.B. See Section 7.8 for special arrangements in relation to Stage 2 requests that involve the Aspris Children's Services.**

7.3 Upon receipt of copies of all Stage 1 investigation documentation and access to Education/Care records (subject to appropriate consent being provided for access to records), the Aspris Complaints Officer will arrange for a review of the Stage 1 investigation, including a decision on whether or not there are grounds for any re-investigation of the earlier complaint.

7.4 The Aspris Complaints co-ordinator will arrange for an Independent Review Manager to be appointed and tasked to undertake the review of the earlier complaint.

7.5 The Aspris Complaint Co-ordinator will if necessary be consulted if there are any areas of concern that relate to risk and potential litigation.

7.6 Based upon the outcome of the review or following advice from the Independent Review Manager, the Aspris Complaints Co-ordinator will formally respond to the complainant, within **20 working days** of the original receipt of the Stage 2 request (or further extended periods if agreed), by either confirming the findings and actions as taken by the site/service manager at Stage 1 or, alternatively, by advising on a revised outcome.

7.7 Should a complainant remain dissatisfied with the Stage 2 decision, they will be advised in the formal response regarding recourse to Stage 3 of the Aspris Complaints process; Independent Complaint Panel (for Education & Children's Services Division complaints).

7.8 Requests for a Stage 2 review in relation to the Education & Children's Services Division will likewise be received, acknowledged and managed by the Aspris Complaints Co-Ordinator however the review will be undertaken by an Operations Director who has had no direct involvement in the handling of the complaint at Stage 1 of the complaint investigation process. The Operations Director will liaise with the Aspris Complaints Co-ordination the review findings and both will jointly agree the terms of response; this process fulfilling the requirements of The Education (Independent School Standards) Regulations 2014 (S.I. 2014/3283) or equivalent regulations applicable to colleges of further education – with regards to the manner in which complaints are handled.

8 STAGE 3 – INDEPENDENT COMPLAINT PANEL (EDUCATION & CHILDREN'S SERVICES)

8.1 Should a parent, carer or funding authority be dissatisfied with the outcome of the investigation at Stage 1 by the site/service manager and at Stage 2 following review at Operations Director level, the complainant can make a written request for the complaint to be heard by a panel;

thereby fulfilling the requirements of Schedule 1 (Part 7) of The Education (Independent School Standards) Regulations 2014 (S.I. 2014/3283) – with regards to the arrangements made in the event that a parent, carer or funding authority remains dissatisfied with the outcome of the school's earlier investigation and Operations Director review.

8.2 The Panel membership will comprise the following independent experts, all of whom are wholly independent of the management of the school:
(a) Director of Governance for Aspris
(b) Operations Director/ Manager Out of Area
(c) Safeguarding Lead for Aspris
(d) A suitably qualified and experienced Independent Person – not employed by Aspris, with a skill set commensurate with the nature of the complaint and associated issues
(e) The panel administrator will be identified from the EA colleagues within the organisation.

8.3 Arrangements will be made for the Panel to meet at a place, time and date that is mutually convenient to both the complainant and Panel members, with details being communicated in writing and with the parents/carers being invited to attend with a representative should they wish.

8.4 The Panel will make findings and recommendations, with copies of the findings being sent or given to the complainant and, where relevant, the person complained about and will also be made available for inspection on the college/school premises by a representative of Aspris as Proprietor.

9 CLAIMS ARISING FROM COMPLAINTS

9.1 Any claim arising from a complaint will be coordinated by the Head of Legal and Aspris Claims officer in consultation with Aspris's loss adjustors and Insurers. The Group Risk Manager will be responsible for collating information already available, coordinating further investigation, if required, and for liaising with the company lawyer.

10 COMPLAINTS RECEIVED OTHER THAN BY SERVICE/SITE

10.1 Complaints are on occasion sent directly to the complaints mailbox at Compliants@aspris.com; once received the Complaints Coordinator will add the details of the complaint to the central complaint register and forward on to the relevant service to commence the complaints process locally.

10.2 If it is clear that the complaint requires investigation at Stage 1, the correspondence will be immediately passed to the relevant site/service manager (or in complex or more serious cases, to the Operations Director requesting that:
(a) Details to be added to the Datix feedback module;
(b) An acknowledgement letter be issued within two working days of receipt;
(c) A meeting/discussion be offered with the complainant;
(d) A full investigation be undertaken;
(e) A formal response be issued.

10.3 The site/service manager may be asked to seek the approval of the OD prior to issuing a response and may also, if required, forward the investigation findings report and draft response to the Group Complaints Manager for final consideration prior to issue. If doing so, they must allow **AT LEAST five working days** for consideration and a holding letter (**AOP Letter: 18B**) must be issued if the timeframe for response is in any danger of being missed due to referral.

10.3.1 The service manager should also consider whether the case might benefit from discussion with the Aspris Complaint Officer.

10.3.2 Upon completion of **ALL** cases, a scanned copy of the signed letter of response must be forwarded to the Aspris Complaints Officer for recording purposes.

11 DEALING WITH UNACCEPTABLE BEHAVIOUR BY COMPLAINANTS

11.1 Services will, from time to time, come into contact with a small number of complainants who absorb a disproportionate amount of staffing resource in dealing with their complaints. It is important to identify those situations in which a complainant's behaviour might be considered to be unacceptable and to suggest ways of responding to those situations which are fair to both colleagues and complainant.

11.2 Dealing with unacceptable complainant behaviour places a great strain on time and resources and causes undue stress for the Young Person and colleagues who may need extra support. Such a complainant should be provided with a response to all their genuine grievances and be given details of independent advocacy.

11.3 Although colleagues are trained to respond with patience and empathy to the needs of all complainants, there can be times when there is nothing further which can reasonably be done to assist them or to rectify a real or perceived problem.

11.4 In determining arrangements for handling such complainants, colleagues are presented with the following key considerations:

(a) To ensure that the complaints process has been correctly implemented as far as possible and that no material element of a complaint is overlooked or inadequately addressed;
(b) To appreciate that complainants believe they have grievances which contain some genuine substance;
(c) To ensure a fair, reasonable and unbiased approach;
(d) To be able to identify the stage at which a complainant's behaviour has become unacceptable;
(e) To give very early consideration to implementing a management care plan for the handling of the Young Persons' concerns thereby affording the Young Person the opportunity to discuss their concerns in an agreed forum and at predetermined times; with colleagues better able to manage and address/resolve the issues without the associated problems posed by, for example, numerous emails/letters and with the Young Person being suitably and further reassured that we are taking their concerns seriously.

11.5 Complainant's behaviour (or anyone acting on their behalf) may be deemed to be unacceptable where previous or current contact with them shows that they meet at least **TWO** of the following criteria. Where complainants:

(a) Persist in pursuing a complaint where the complaints process has been fully and properly implemented and exhausted;
(b) Seek to prolong contact by changing the substance of a complaint or continually raising new issues and questions whilst the complaint is being addressed. (Care must be taken not to discard new issues which are significantly different from the original complaint. These might need to be addressed as separate complaints);
(c) Are unwilling to accept documented evidence of treatment given as being factual e.g. drug records, medical records, nursing notes;
(d) Deny receipt of an adequate response despite evidence of correspondence specifically answering their questions;
(e) Do not accept that facts can sometimes be difficult to verify when a long period of time has elapsed;
(f) Do not clearly identify the precise issues which they wish to be investigated, despite reasonable efforts by colleagues or independent advocacy, to help them specify their concerns, or where the concerns identified are not within the remit of the service to investigate;
(g) Focus on a trivial matter to an extent which is out of proportion to its significance and continue to focus on this point. (Determining what a 'trivial' matter is can be subjective and careful judgement must be used in applying this criteria);
(h) Have, in the course of addressing a registered complaint, had an excessive number of contacts with the service placing unreasonable demands on colleagues. (A contact may be in person or by telephone, letter, e-mail or fax. Discretion must be used in determining the precise

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number of "excessive contacts" applicable under this section using judgement based on the specific circumstances of each individual case);

(i) Are known to have recorded meetings or face to face/telephone conversations without the prior knowledge and consent of the other parties involved;

(j) Display unreasonable demands or expectations and fail to accept that these may be unreasonable (e.g. insist on responses to complaints or enquiries being provided more urgently than is reasonable or normal recognised practice);

(k) Have threatened or used actual physical violence towards colleagues or their families or associates at any time - this will in itself cause personal contact with the complainant or their representatives to be discontinued and the complaint will, thereafter, only be pursued through written communication;

(l) Have harassed or been personally abusive or verbally aggressive on more than one occasion towards colleagues dealing with their complaint or their families or associates. (Colleagues must recognise that complainants may sometimes act out of character at times of stress, anxiety or distress and should make reasonable allowances for this).

11.6 **Where a complaint investigation is ongoing -** The nominated site/service manager or Operations Director/Manager should firstly consider writing to the complainant setting parameters for a code of behaviour and the lines of communication. If these terms are contravened, consideration may then be given to implementing other action.

11.7 **Where a complaint investigation is complete -** At an appropriate stage, the site/service manager or Operations Director/Manager should write a letter informing the complainant that:

(a) They have responded fully to the points raised;
(b) Have tried to resolve the complaint;
(c) There is nothing more that can be added and therefore, the correspondence is now at an end;
(d) (optional) state that future letters will be acknowledged but not answered.

11.8 In extreme cases, the site/service manager or Operations Director/Manager should reserve the right to take legal action against the complainant; liaising in the first instance with the Group Complaints Manager and Group Risk Manager for advice and guidance.

11.9 **Withdrawing 'Unacceptable Behaviour' Status -** Once complainants have been viewed as behaving in an unacceptable manner, there needs to be a mechanism for withdrawing this status at a later date if, for example, a complainant subsequently demonstrates a more reasonable approach or if they submit a further complaint for which the normal complaints process would appear appropriate.

11.10 As colleagues used discretion in recommending that a complainant's unacceptable behaviour be treated in a particular way, discretion should similarly be used when recommending that this status be withdrawn.

12 ADDITIONAL INFORMATION FOR EDUCATION & CHILDREN'S SERVICES DIVISION

12.1 All students will receive information advising them how to raise a concern in a format that they can easily understand.

12.2 If a student feels unable to speak to any colleague, due perhaps to the nature of the complaint etc., he/she has the opportunity to register the complaint with parents/carers, the funding authority or an independent visitor, either by telephone or by requesting a visit.

12.3 Throughout the complaint process, the complainant (i.e. child and/or parent/carer) has the right to be accompanied by a supporter.

12.4 A register of complaints will be kept readily available for inspection as required. The Aspris Complaints Log can be printed from our internal electronic complaint record, the Datix feedback module.

12.5 This record will include all complaints made including those where parents are not satisfied with the outcome. The record will also detail whether they are resolved following a formal procedure, or proceed to a panel hearing; and action taken by the school as a result of those complaints (regardless of whether they are upheld). Statements and records relating to individual complaints will be kept confidential except where the Secretary of State or a body conducting an inspection under section 109 of the Education and Skills Act 2008 requests access to them.

12.6 The site/service manager will review the register on a quarterly basis and sign and date the register to confirm that this has been done.

12.7 The site/service manager will immediately notify the appropriate registration and inspection authority of any allegations or complaints involving police investigations or any allegations of Young Person abuse.

12.8 If the complainant continues to hold the view that Aspris Children's Services has not satisfactorily resolved the problem, the option is for the complainant to contact the registration and inspection authority.

13 REQUIREMENTS IN RESPECT OF ALL PRIORY SITES THAT PROVIDE A SERVICE IN ACCORDANCE WITH THE REQUIREMENTS OF THE CARE STANDARDS ACT 2000 AND THE CHILDREN ACT 1989 (REGULATORY REFORM AND COMPLAINTS) (WALES) REGULATIONS 2006 (2006; No.3251; (W.295)

13.1 Handling Complaints 23A

(1) The complaints procedure prepared under regulation 23 must be operated in accordance with the principle that the welfare of the Young Person is safeguarded and promoted and account must be taken of the ascertainable wishes and feelings of the Young Person.

(2) When a complaint is made, the registered person must advise the complainant of their right to at any time complain to the National Assembly or, where relevant, to the authority which has arranged for the accommodation of the Young Person at the care home.

(3) The registered person must inform the complainant of the availability of any advocacy services which the registered person believes may be of assistance to the complainant. Where relevant and the complainant is a child, the registered person must advise the complainant that a local authority receiving a complaint must provide information and assistance for complainants, and must in particular offer help in obtaining an advocate.

(4) The registered person can in any case where it is appropriate to do so, and with the agreement of the complainant, make arrangements for conciliation, mediation or other assistance for the purposes of resolving the complaint.

(5) The registered person must keep a written record of any complaint, the outcome of the investigation and any action taken in response.

(6) The registered person must supply to the appropriate office of the National Assembly at its request a statement containing a summary of the complaints made during the preceding twelve months and the action taken in response to each complaint.

13.2 Local Resolution 23B

(1) Complaints that are dealt with locally must be resolved by the registered person as soon as reasonably practicable and in any event within 14 days.

(2) Where the complaint is resolved under paragraph (1), the registered person must confirm in writing to the complainant the agreed resolution.

(3) The registered person must, at the request of the National Assembly or any authority who has arranged for the accommodation of a Young Person at the care home, confirm the local resolution of a complaint.

(4) The time limit in paragraph (1) may be extended for up to a further 14 days with the agreement of the complainant.

13.3 **Formal Consideration 23C**

(1) Complaints that are dealt with by way of formal consideration must be resolved as soon as reasonably practicable and in any event within 35 days of the request for formal consideration.

(2) The outcome of a formal consideration must be confirmed in writing by the registered person to the complainant and must summarise the nature and substance of the complaint, the conclusions and the action to be taken as a result.

(3) The registered person must send a copy of the written response to a complaint to the appropriate office of the National Assembly and any authority which has arranged for the accommodation of the Young Person at the care home.

(4) If the complaint has not been resolved within 35 days of the request for formal consideration, the registered person must notify the appropriate office of the National Assembly of the complaint and the reasons for the delay in resolution.

(5) The time limit in paragraph (1) may be extended with the agreement of the complainant.

(6) Where the complainant is a child the registered person must appoint an independent person who shall take part in any consideration of the complaint by the registered person.

13.4 **Complaints subject to concurrent consideration 23D**

(1) Where a complaint relates to any matter-

(a) About which the complainant has stated in writing that he or she intends to take proceedings in any court or tribunal, or

(b) About which the registered person is taking or is proposing to take disciplinary proceedings, or

(c) About which the registered person has been notified that an investigation is being conducted by any person or body in contemplation of criminal proceedings, or

(d) About which a meeting involving other bodies including the police has been convened to discuss issues relating to the protection of children or vulnerable adults, or

(e) About which the registered person has been notified that there are current investigations in contemplation of proceedings under section 59 of the Care Standards Act 2000, the registered person must consider, in consultation with the complainant and any other person or body which they consider appropriate to consult, how the complaint should be handled. Such complaints shall be referred to for the purposes of this regulation as "complaints subject to concurrent consideration".

(2) The consideration of complaints subject to concurrent consideration may be discontinued if at any time it appears to the registered person that to continue would compromise or prejudice the other consideration.

(3) Where the registered person decides to discontinue the consideration of a complaint under paragraph (2) the registered person must give notice of that decision to the complainant.

(4) Where the registered person discontinues the consideration of any complaint under paragraph (2), consideration can be resumed at any time.

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(5) Where the consideration of a complaint has been discontinued under paragraph (2) the registered person must ascertain the progress of the concurrent consideration and notify the complainant when it has been concluded.

(6) The registered person must resume consideration of any complaint where the concurrent consideration is discontinued or completed and the complainant requests that the complaint be considered under these Regulations."

14 REFERENCES AND USEFUL GUIDANCE DOCUMENTS

14.1 Legislation

Care Standards Act 2000
Care Act 2014
Children Act 2004
Children's Homes Regulations 2015
Data Protection Act 2018
Freedom of Information Act 2000
Education (Independent School Standards) Regulations 2014 (S.I. 2014/3283)
Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011
Independent Health Care (Wales) Regulations 2011
Independent Health Care Regulations (Northern Ireland) 2005
Local Authority Social Services and National Health Service Complaints (England) Regulations 2009
The Care Standards Act 2000 and the Children Act 1989 (Regulatory Reform and Complaints) (Wales) Regulations 2006 (S.I. 2006/3251 (W.295))

14.2 Guidance

CQC (2015) Residential Adult Social Care Services: Provider handbook
14) Guide to the Children's Homes Regulations including Quality Standards
DfE (2015) Residential Special Schools: National minimum standards
Scottish Government –
Health and Social Care Standards: My support, my life (2017)
(Supported by the following:
National Care Standards, Care Homes for Children and Young People (2005) (2007))
Welsh Assembly Government –
Parliamentary Health Service Ombudsman (2009) Principles of Good Complaint Handling
ISCAS (2017) A Code of Practice for the Management of Complaints in the Independent Healthcare Sector - for Subscribing Members of the Independent Sector Complaints Adjudication Service (ISCAS)

Associated Forms:

PRINTED DOCUMENTS: (available from the On-line Print Shop)
Complaints Log (PG04006) - for Education & Children's Services Division

FORMS: (Printable from the Intranet)
AOP Form: 18 (Easy Read) - Making a Complaint (England)
AOP Form: 18A - Complaint Process Checklist: Stage 1
AOP Form: 18B - Complaint Investigation Log
AOP Form: 18C - Statement of Authority - Taking Up Complaint on behalf of a Complainant
AOP Form: 18D - Statement of Authority to Access Young Person Records
AOP Form: 18F - Complaint Procedure Notice - England and Wales
AOP Form: 18G - Complaint Record

AOP Form: 18J (Easy Read) - Making a Complaint (Scotland)
AOP Form: 18K (Easy Read) - Making a Complaint (Wales)
AOP Form: 18L - Staff Information Flashcards - Complaints
AOP Form: 18M - Complaint Procedure Notice – Scotland
AOP Form: 18N (Easy Read) - Making a Complaint (England – Education & Children's Services)
AOP Form: 18P - Complaint Investigation Report
AOP Letter: 18 - Out of Time Complaint Letter Template
AOP Letter 18A - Complaint Acknowledgement Letter Template
AOP Letter 18B - Complaint Holding Letter Template
AOP Letter 18C - Complaint Final Response/Decision Letter Template and Guidance
AOP Letter 18D - Gesture of Goodwill Offer - Letter Template and Guidance
AOP Letter 18E (Easy Read) - Complaint Acknowledgement Letter Template
AOP Letter 18F (Easy Read) - Complaint Holding Letter Template

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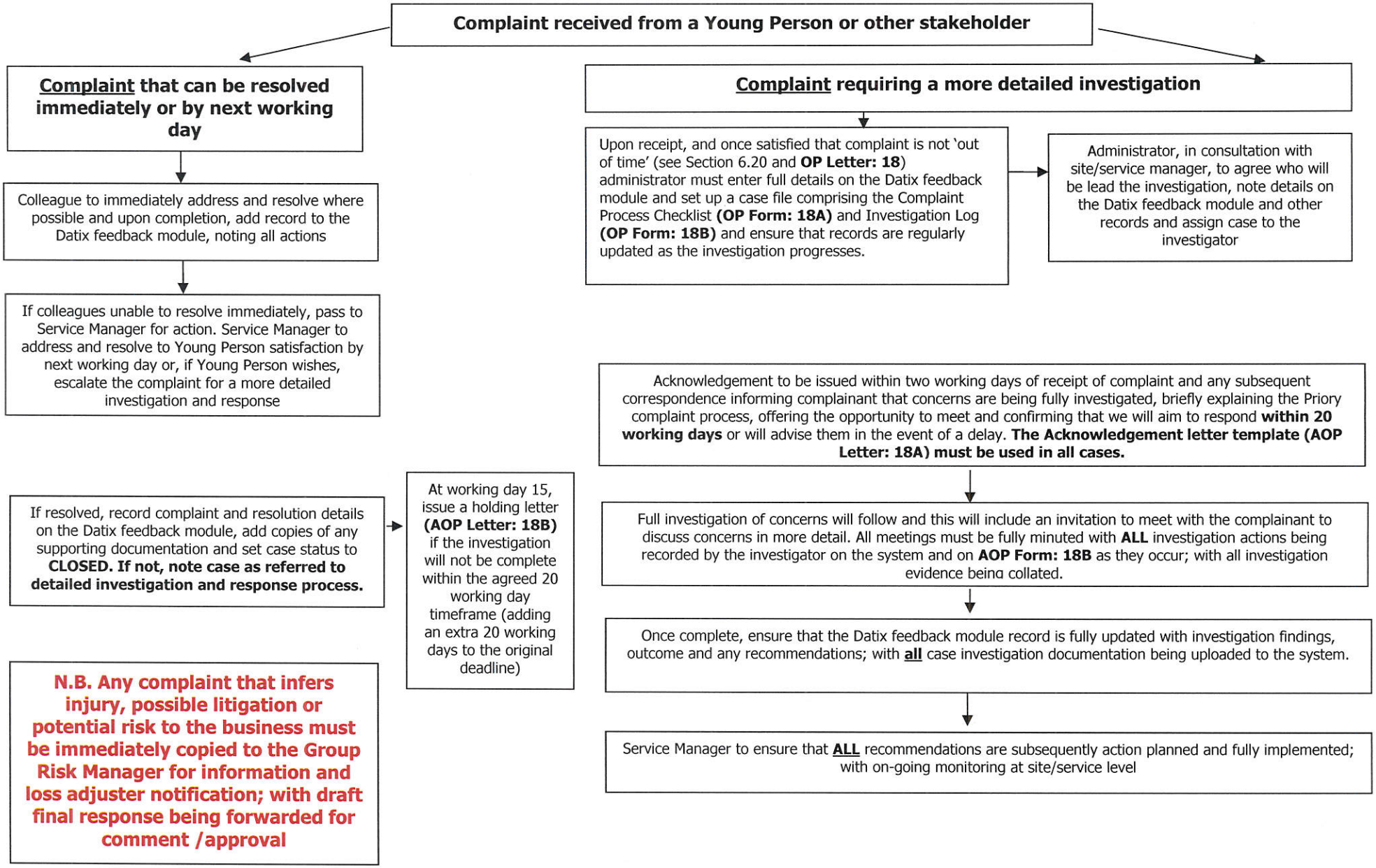
Appendix 1 – COMPLAINT PROCESS FLOWCHART – STAGE 1 (EXCLUDING WELSH ASSEMBLY GOVERNED SERVICES)



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Complaints Co-Ordinator to arrange for noting on Central complaint register and assign for investigation at Stage 1 by appropriate site/service manager or for an independent investigation by an OD/OM if appropriate.

N.B Any complaint that infers injury, possible litigation or potential risk to the business must be immediately copied to the Group Risk Manager for information and loss adjuster notification; with draft final response being forwarded for comment /approval

Acknowledgement **(AOP Letter: 18A)** to be issued by site/service manager within two working days of complaint receipt, informing the complainant that their concerns are being investigated, offering an invitation to meet with the complainant to discuss concerns in more detail, explaining the complaint process and confirming that Priory will aim to respond **within 20 working days** or advise them in the event of a delay. Full details of complaint to be added to the Datix feedback module; with investigation progress being monitored centrally.

At working day 15, issue a holding letter **(AOP Letter: 18B)** if the investigation and response will not be complete within the agreed 20 working day timeframe (adding an extra 20 working days maximum); remembering to clearly state the reason for delay.

Within 20 working days (or agreed extended period) – site/service manager or OD/OM to complete investigation report and draft response
(AOP Letter: 18C) based upon findings ready for issue. If required, forward to Complaints Co-Ordinator for case/response approval prior to issue (allowing at least 5 working days for feedback prior to letter issue).

Upon letter issue by site/service manager or OD/OM update resolution details on the Datix feedback module and ensure that all case documentation is uploaded.

Ensure that all recommendations are action planned and fully implemented; with ongoing monitoring at site/service level

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