

Title:	COMPLIMENTS AND COMPLAINTS
Type:	POLICY
Group:	COMPLIMENTS AND COMPLAINTS
For:	CHAILEY HERITAGE FOUNDATION

VERSION CONTROL:			
Version No	New document or reasons for revision	Agreed by	Date
1.0		Governors	13 th July 2015
1.1	Reviewed and updated, and references to the Fundraising Regulator added	OM3	15 th March 2019
2.0	Revised complaints procedure	Governors	Spring 2021

Lead:	Chief Executive
Support:	Headteacher
	Director of Social Care

Review Frequency:	3 years
Next Review Process to Start:	Spring 2024
This document will remain valid during the review process	

LINKED DOCUMENTS:
Non-Maintained Special School Regulations 2015 Children's Homes Regulations and Quality Standards 2015 CQC Fundamental Standards Concerns and Complaints Leaflet for Parents Fundraising Complaints Procedure Complaints Handling Guidance for Charities and Third Party Fundraising Organisations (Fundraising Regulator) Protocol for handling joint complaints – SCFT & CHF All Policies, Procedures, Guidelines, Protocols for Chailey Heritage Foundation



COMPLIMENTS AND COMPLAINTS POLICY FOR CHAILEY HERITAGE FOUNDATION

1. PURPOSE AND SCOPE

- 1.1 Chailey Heritage Foundation (CHF) strives to operate to the highest standards. We welcome feedback from individuals and organisations we work with, including parents and carers, stakeholders and from our neighbours in the local community. Such feedback is invaluable in helping us evaluate and improve our work.
- 1.2 CHF has a single Compliments and Complaints Policy that covers all of its activities and services, including Chailey Heritage School, Chailey Heritage Residential, Chailey Heritage Futures, the Life Skills Centre, the Hub, Pathways and Fundraising. This policy follows The Education (Non-Maintained Special Schools) (England) Regulations 2015.
- 1.3 There is leaflet for parents who wish to raise a concern or complaint. The Fundraising Team also has a separate Complaints leaflet providing information about the Foundation's Complaints process and also how complaints about fundraising can be raised directly with the Fundraising Regulator.
- 1.4 This policy does not relate to situations where CHF employees have a complaint or grievance. In these circumstances, staff should use to the internal grievance procedure.
- 1.5 Trustees and Governors who wish to make a complaint are expected to follow the procedure outlined in this policy and should, in the first instance, raise the issue with the Chair of their Board.
- 1.6 The objectives of the Compliments and Complaints Policy are to ensure that:
 - a) everyone knows how to provide feedback and specifically how a complaint will be handled;
 - b) complaints are dealt with consistently, fairly and within clear timeframes;
 - c) feedback is monitored and used to improve our services and celebrate our successes.
- 1.7 The Compliments and Complaints Policy will:
 - a) encourage resolution of concerns by informal means where appropriate.
 - b) be easily accessible and publicised.
 - c) be simple to understand and use;
 - d) be impartial and non-adversarial;
 - e) be fair, proportionate, and appropriate;
 - f) allow swift handling with established time-limits for action and keeping people informed of the progress;
 - g) respect confidentiality and data protection;

- h) provide information to CHF's Trustee Board, Governing Body and Senior Management Teams so that services can be improved;
 - i) collect positive feedback about services that support and encourages staff teams and demonstrates the impact of CHF's work.
- 1.8 For the purpose of this policy, a working day is considered to be Monday to Friday. However, for school related complaints, a working day is Monday to Friday during term time. (See also point 7.3 below).

2. WHO IS INVOLVED IN THE PROCESS?

- 2.1 The Foundation Administrator will act as the Complaints Co-ordinator and is responsible for ensuring that this policy is followed, and information is recorded properly.
- 2.2 Dependent on the nature of the complaint, an Investigating Officer will be appointed from within CHF's Leadership Teams to investigate a complaint if there are appropriate reasons for doing so. However, there may be circumstances where it is more appropriate to appoint an external investigator.
- 2.3 In the absence of the Complaints Co-ordinator, the Chief Executive will nominate an alternative Complaints Co-ordinator.
- 2.4 If the complaint concerns the Complaints Co-ordinator, the Chief Executive will nominate an alternative person to manage this complaint.
- 2.5 If a complaint concerns the Chief Executive, Chair of Governors or a Trustee, the Chair of Trustees will manage the complaints process.
- 2.6 If the complaint concerns a Governor, the Chair of Governors will manage the complaints process.
- 2.7 Compliments and complaints received anonymously will be recorded and considered but action may be limited if further information is required to ensure a full and fair investigation. All anonymous complaints will be directed to the Complaints Co-ordinator.

3. COMPLIMENTS PROCESS

- 3.1 It is the responsibility of all CHF staff to record verbal or written compliments in their service's compliments record and in the Central Record of Compliments held by the Complaints Co-ordinator. Managers are responsible for ensuring that the staff named within a compliment are informed and thanked. Feedback on compliments will be shared with staff and with the relevant Governor or Trustee Committee.

4. COMPLAINTS PROCESS

- 4.1 Individuals wishing to raise a concern or make a complaint should contact the service manager at the earliest opportunity. Alternatively, for formal complaints, they can write to the Complaints Co-ordinator.
- 4.2 The Board of Governors does not have any direct role in investigating complaints and, therefore, any complaints addressed to them will be forwarded to Senior Service Managers and the Complaints Co-ordinator.
- 4.3 If the complaint involves financial loss or the risk of compensation, the matter may be passed to CHF's Insurers who may communicate directly with the complainant. In such cases, the situation will be explained to the complainant and no further action taken until or unless the Insurers remit the case to CHF. Similar arrangements apply should a safeguarding issue be identified.
- 4.4 HANDLING ANONYMOUS COMPLAINTS
- 4.4.1 We value all complaints. This means we treat all complaints, including anonymous complaints, seriously and will take action to consider them further, wherever this is appropriate.
- 4.4.2 Generally, we will consider anonymous complaints if there is enough information in the complaint to enable us to make further enquiries. Any decision not to pursue an anonymous complaint must be authorised by a Senior Manager (or equivalent) and notified to the relevant Director/Head of Service.
- 4.4.3 If an anonymous complaint makes serious allegations, these should be dealt with in a timely manner under relevant procedures. This may not be as a complaint, but could instead be handled under separate child protection, adult protection or disciplinary procedures.
- 4.4.4 If we pursue an anonymous complaint further, we will record the issues as an anonymous complaint in the service's Complaints Log. This will help to ensure we take corrective action where appropriate.
- 4.5 There are three stages to CHF's complaints policy:
- Stage One Raising a concern – informal stage
 - Stage Two Making a formal complaint
 - Stage Three Appealing the outcome of a formal complaint

5. STAGE ONE - RAISING A CONCERN

- 5.1 CHF aims to resolve concerns quickly and satisfactorily. In some instances, it may be possible to resolve these informally by way of an apology or explanation, or by simply providing the information requested.

- 5.2 Where appropriate, the Service Manager¹ will ask the person raising a concern if they are content for this matter to be dealt with informally.
- 5.3 Where it is appropriate to deal with a concern informally, it is important that the relevant member of staff concerned has the first opportunity to resolve the matter quickly. It is their responsibility to inform the person who raised a concern of the action taken.
- 5.4 Trustees, Governors, and other CHF staff will not become involved in the matter at this stage as it may compromise their role if the concern proceeds to a later stage of the process.
- 5.5 Any concern regarding safeguarding or the welfare of a young person (YP) must be immediately reported to the Safeguarding Team who are listed on posters around the site and on the website: <https://www.chf.org.uk/safeguarding.html>
- 5.6 Any issue that may lead to disciplinary action will be notified to the HR Director.
- 5.7 All informal complaints will be recorded in a common format. A record will be kept of concerns raised and action taken. These records are reviewed regularly by senior managers. CHF encourages staff to reflect on concerns raised and record any changes that should be made on the "lessons learned" form and these will be reviewed with members of staff and with senior managers.
- 5.8 Where a concern cannot be resolved informally, or when it would be inappropriate to pursue an informal route, or the complainant wishes to make a formal complaint immediately, the member of staff should inform the Complaints Co-ordinator who will instigate the formal complaints process.

6. STAGE TWO - MAKING A FORMAL COMPLAINT

- 6.1 This stage deals with matters that could not be resolved informally or where it would be inappropriate to seek to resolve an issue through informal means.
- 6.2 Where the complaint process is triggered by a verbal complaint, the relevant Service Manager will capture the nature of the complaint and ensure that this information is recorded in the Complaints Log.
- 6.3 Verbal complaints, without written confirmation, will only be accepted as formal complaints in very limited circumstances, e.g. if the complainant has disabilities or special needs, in which case we would encourage an independent advocate to become involved.
- 6.4 There are two routes that a formal complaint may follow :

Route One is for complaints that can be investigated and responded to swiftly, by the Department/Home/Service Manager so that a response can be given to the complainant within a short timescale.

¹ e.g., Headteacher, Children's Home Registered Manager, Head of Social Care, Futures CQC Registered Manager, Estates Manager, or relevant Director

Route Two is for complaints that require further investigation or require input from Chailey Clinical Services or other third-party organisations. For this step, an Investigating Officer will be appointed and will be responsible for this part in the complaints process if there are appropriate reasons for doing so.

The Manager of the service involved will carry out a fact-finding exercise to assess the level at which a complaint needs to be investigated.

6.5 On receiving a formal complaint:

6.5.1 The senior manager or appropriate member of staff will contact the complainant within 48 hours wherever possible and advise the Complaints Co-ordinator accordingly.

6.5.2 They will advise the complainant whether the complaint can be dealt with locally (Route One) or whether further investigation is required (Route Two) e.g. if Chailey Clinical Services needs to be involved or the seriousness of the complaint requires an immediate investigation.

6.5.3 All formal complaints (both Route One and Route Two) will be recorded in the central log and a reference number allocated by the Complaints Co-ordinator.

6.6 For Route One Complaints:

6.6.1 The Service/Department Manager will acknowledge the complaint and will update the complainant as their local investigation progresses. The manager should ensure that the progress of the investigation and outcome is recorded and the relevant information, including any evidence, is sent to the Complaints Coordinator and recorded in the Complaints Log.

6.6.2 The Service/Department Manager will respond to the complainant at the conclusion of their local investigation with the outcome and any recommendations required. They will be responsible for ensuring recommendations are recorded and actioned via a Lessons Learned Form, if appropriate.

6.6.3 If a complainant is dissatisfied with the outcome of a Route 1 investigation, the outcome of the investigation may be referred to a senior manager - not previously involved with the complaint - who will review the outcomes and consider if escalating the complaint to Route Two for further investigation is appropriate.

6.6.4 The Complaints Co-ordinator will maintain a central record of formal complaints and will secure reports are received within the timescales set out in this policy.

6.7 For Route Two Complaints:

6.7.1 Complaints will be acknowledged within three working days, wherever possible, with a reference number, the name of the Investigating Officer and the name of the Complaints Co-ordinator. If a school related formal complaint is received after the end of term, every effort will be made to acknowledge the complaint within this timescale, but any investigation may have to wait until staff have returned.

- 6.7.2 The Investigating Officer will contact the complainant to introduce themselves and to offer a meeting to better understand their perspective.
- 6.7.3 The process starts when there is sufficient information to begin an investigation and would normally only commence after the complainant has made a complaint in writing. Clearly there are some circumstances where it would be inappropriate to wait for a complaint to be received in writing and the decision to proceed to an investigation is a matter for the relevant senior Service Manager in consultation with the Complaints Co-ordinator.
- 6.8 Complaints will usually be dealt with within 35 working days from receipt. However, some complaints may take longer to investigate than others. If a longer period is required, we will agree a longer timescale with the complainant as the complaint proceeds.
- 6.9 The Investigating Officer is responsible for investigating and will ensure that all information and evidence is captured and logged within the Complaints Log.
- 6.10 FOLLOWING AN INVESTIGATION
- 6.10.1 The Investigating Officer will provide a written response to the complainant that will confirm the outcome of the investigation, what action is being proposed as a result, and a Complaint Response Form. This response will come from the relevant senior manager, e.g. the Director of Social Care or Headteacher.
- 6.10.2 Where recommendations/actions are required, these should be entered on to a Lessons Learned form and shared with relevant staff, and a central copy logged with the Complaints Co-ordinator.
- 6.10.3 The complainant will be asked to complete and return the Complaint Response Form to indicate whether they are satisfied with the outcome or whether they wish to appeal the outcome.
- 6.10.4 Should a complainant wish to register an appeal, the Investigating Officer will invite the complainant to meet and go through the outcomes from the complaint to better understand their perspective.

7. STAGE THREE - AN APPEAL FOLLOWING THE OUTCOME OF A FORMAL COMPLAINT

- 7.1 If the complainant is dissatisfied with the outcome of a formal complaint and wishes to appeal, this must be done in writing within 15 days of receipt of the investigation response either by completing the Complaint Response Form or by letter addressed to the Chief Executive who is responsible for Stage 3 of the complaint process.
- 7.2 **If the complaint concerns Chailey Heritage School**, in accordance with the latest statutory regulations covering Non-Maintained Special Schools, the Chief Executive will ensure that:
- a) an investigation relating to an appeal against the outcome of a formal complaint relating to Chailey Heritage School will be undertaken by an independent person who:

- has not, at any time, been a Governor of, member of staff, or member of supply staff, at the school
 - is not the parent of a registered pupil, or former registered pupil, at the school
 - has not been directly involved in any matter detailed in the complaint.
- b) the complainant and Headteacher, and where relevant, any person named in the complaint, will be given a copy of any findings and recommendations.

This is the end of the complaints process for complaints relating to the school.

- 7.3 For all other complaints, the Chief Executive will respond, in writing within 5 working days, detailing the arrangements for an appeal.
- 7.4 Appeals Panel -
The composition of the Appeals Panel will depend on the nature of the complaint. If the complaint relates to Chailey Heritage School, the Chair of Governors will arrange for a panel of Governors to act as the Independent Review Panel.
- 7.5 Where an appeal relates to the Charity's fundraising activities/team, the Independent Appeals Panel will include Trustees.
- 7.6 The complainant will be given 10 working days' notice of the date of the appeal and must confirm their intention to either:
- a) attend in person to put their case; or
 - b) send written representations.
- 7.7 The complainant attending in person may be accompanied by a friend but may not be formally represented unless by an advocate for reason of disability.
- 7.8 The Appeals Panel will hear the arguments put forward by the complainant and any representations from CHF.
- 7.9 The Panel members may ask questions of either party and may request the presence of the independent investigator and/or seek advice from the Chief Executive or other competent person.
- 7.10 The decision of the Appeals Panel will be communicated to the complainant in writing within 5 working days of a decision being made. The Panel may decide:
- a) No further action is required, and the matter is deemed to be closed;
 - b) Overturn the Stage 2 decision and recommend specific actions.
- The Panel may also recommend changes to internal systems and processes to reduce the possibility of similar complaints in the future.
- 7.11 The decision of the Appeals Panel is final and absolute. This is the final stage of CHF's Complaints process. There is no further avenue for complaint.

- 7.12 The outcome of the appeal and the actions taken by the Appeals Panel will be reported to the Governing and Trustee Boards.

8. INDEPENDENT INVESTIGATION

- 8.1 This is an alternative process for a very serious formal complaint or a complaint with a wider implications for the Charity ². An independent external investigation will only be used in exceptional circumstances.
- 8.2 Complainants do not have an automatic right to an independent investigation. Such requests will be considered by the Chief Executive in consultation with the Chair of Governors and/or Chair of Trustees
- 8.3 The Chief Executive will appoint an independent person to undertake an investigation into the complaint and to make recommendations to the Governors and/or Trustees. The independent person appointed must not at any time have been:
- a Governor, Trustee, member of staff, or member of supply staff of CHF
 - a parent/carer of an individual who has received a service from CHF
 - involved directly in any matter detailed in the complaint.

However, they must have the knowledge and/or experience to complete the review.

- 8.4 The independent person will be given access to all relevant documentation and facilitated to talk with such staff as s/he reasonably identifies and with the complainant. They will prepare a report for the Chief Executive within an agreed timescale.
- 8.5 The Chief Executive will ensure that:
- the complainant, relevant manager and where relevant, the person complained about, receives a copy of any findings and recommendations;
 - action is taken to comply with the recommendations;
 - the outcome of the independent investigation and recommendations are reported to Governors and Trustees at their next Board meeting.

9. JOINT COMPLAINTS INVOLVING CHAILEY HERITAGE FOUNDATION AND CHAILEY CLINICAL SERVICES (CCS) – FURTHER ACTIONS TO BE TAKEN JOINTLY

² For example, where the Charity has made a serious incident report to the Charity Commission.

- 9.1 A protocol for handling joint complaints has been agreed with CCS, which links with Sussex Community NHS Foundation Trust's processes (see linked documents for full details).
- 9.2 Wherever possible, depending on the nature of the complaint and, if appropriate, the most relevant organisation will take the lead ensuring that the other organisation is kept fully up to date.
- 9.3 Each organisation will appoint an Investigating Officer and this information will be shared with each other within 3 working days. A letter of acknowledgement will be agreed between the two organisations and sent to complainant by the lead organisation.
- 9.4 Draft responses will be shared by both organisations in a timely manner and time will be allowed to comment on each other's responses.
- 9.5 Wherever possible, both organisations will agree final response and the lead organisation will send to complainant within 35 working days.
- 9.6 Should CHF or CCS not be able to meet the relevant timescales, then responses will be sent separately but will indicate that a further response will be forthcoming from the other organisation.
- 9.7 Both services will jointly check all actions have been implemented.

10. SERIAL AND UNREASONABLE COMPLAINTS

- 10.1 CHF is committed to dealing with all complaints fairly and impartially, and to providing a high-quality service to those who complain. We will not normally limit the contact complainants have with our organisation. However, we do not expect our staff to tolerate unacceptable behaviour and will take action to protect staff from that behaviour, including that which is abusive, offensive, or threatening.
- 10.2 CHF defines unreasonable behaviour as that which hinders our consideration of complaints because of the frequency or nature of the complainant's contact with the organisation, such as if the complainant:
 - a) refuses to articulate the complaint or specify the grounds of a complaint or the outcomes sought by raising the complaint, despite offers of assistance
 - b) refuses to co-operate with the complaints investigation process
 - c) refuses to accept that certain issues are not within the scope of the complaints procedure
 - d) insists on the complaint being dealt with in ways which are incompatible with the complaints procedure or with good practice
 - e) introduces trivial or irrelevant information which they expect to be considered and commented on
 - f) raises large numbers of detailed but minor questions and insists they are fully answered, often immediately and to their own timescales

- g) makes unjustified complaints about staff who are trying to deal with the issues, and seeks to have them replaced
 - h) changes the basis of the complaint as the investigation proceeds
 - i) repeatedly makes the same complaint (despite previous investigations or responses concluding that the complaint is groundless or has been addressed)
 - j) refuses to accept the findings of the investigation into that complaint where the organisation's complaint procedure has been fully and properly implemented and completed
 - k) seeks unrealistic outcomes
 - l) makes excessive demands on the organisation by frequent, lengthy, and complicated contact with staff regarding the complaint in person, in writing, by email and by telephone while the complaint is being dealt with
 - m) uses threats to intimidate
 - n) uses abusive, offensive, or discriminatory language or violence
 - o) knowingly provides falsified information
 - p) publishes unacceptable information on social media or other public forums.
- 10.3 Complainants should try to limit their communication with the organisation that relates to their complaint, while the complaint is being progressed. It is not helpful if repeated correspondence is sent (either by letter, phone, email, or text), as it could delay the outcome being reached.
- 10.4 Whenever possible, the Service Manager or Senior Manager will discuss any concerns with the complainant informally before applying an 'unreasonable' marking.
- 10.5 If the behaviour continues, the Service Manager will write to the complainant explaining that their behaviour is unreasonable and ask them to change it. For complainants who excessively contact the organisation 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.
- 10.6 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 barring an individual from CHF.

11. INTERNAL REPORTING OF COMPLIMENTS AND COMPLAINTS

- 11.1 The Chair of Governors will be kept informed of serious complaints and, should they arise, individuals making serial complaints.
- 11.2 Compliments and complaints information will be considered on a regular basis by the Operational Management Group (OM3) and reports will be provided to the full Governing and Trustee Boards at their meetings or as requested by Trustees and Governors.