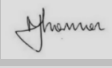


| Compliments and Complaints Procedure                |  |                                     |
|---|--|-------------------------------------|
| <b>Originator:</b><br>Chief Executive               | <b>Approved by:</b><br>CEO   | <b>Approval Date:</b><br>15/12/2021 |
| <b>Responsible Manager:</b><br>Senior Admin Officer | <b>Signed:</b>  | <b>Review Date:</b><br>15/12/2023   |

### PURPOSE

To provide a compliments and complaints system which will always be seen as a learning opportunity that:

- Allows the organisation to build on its successes and learn from its mistakes
- Provides an easy to access system
- Ensures the organisation listens and responds to feedback from the public, volunteers and staff, as well as families

### SCOPE

This procedure applies to all internal and external customers and covers all activities and products produced by, or on behalf of Options for Life.

### RESPONSIBILITY

|  |   |
|--|---|
| <b>Chief Executive Officer (CEO)</b> – Document Originator and has ultimate responsibility and accountability for the Policy and Procedure |   |
| <b>Senior Leadership Team</b><br><br>Head of Ops (HoO)<br>Head of Finance (HoF)  | Ensure policy is fit for purpose and take on board any recommendations for change from Central management. Ensure any Legislation is reflected in the policies and ensure compliance across the organisation. May potentially deal with any breaches/noncompliance through disciplinaries. Ensure Policy and Procedure is signed off at SLT Meetings and Board Committee Meetings when appropriate. |
| <b>Senior Admin Officer</b>  | Document Originator and responsible for review and/or amendments as needed  |
| <b>Central Management Team</b><br><br>Business Support Manager<br>Service Delivery Manager   | Ensure Middle Management understand policy and procedure to enable to update their teams and provide any support and identify any training needs. Ensuring policy and procedure is implemented across all levels of the organisation and to act on or report any breaches/noncompliance.  |
| <b>Middle Management Team</b><br><br>Support Team Managers   | Ensuring procedure is implemented across the organisation and adhered to on a daily basis. Ensure all support staff have signed paperwork to state they have read and understood. Ensure regular reviews take place   |

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|                                 |  |
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|                                 | for all staff and report any breaches/ noncompliance to Central/Senior Management Team.  |
| <b>All staff and Volunteers</b> | Ensuring Policy is read, and procedures are followed. Report to middle/central management any breaches/ non-compliance of this policy and its procedures |

**FORMS/SUPPORTING DOCUMENTS**

|  |            |
|--|------------|
| Compliments, Comments and Complaints Leaflet           | AD-Form-1a |
| Compliments & Complaints Poster – Easy read            | AD-Form-1b |
| Principles of Good Complaint Handling                  | AD-Form-1c |
| Compliments/Comments and Complaints Form               | AD-Form-2  |
| Complaints Form – Easy Read                            | AD-Form-2a |
| Compliments and Comments Form – Easy Read              | AD-Form-2b |
| Complaints - Generic Acknowledgement Letter            | AD-Form-3  |
| Complaints Feedback Generic Response Letter            | AD-Form-4  |
| Customer Satisfaction Feedback Questionnaire           | AD-Form-5  |
| Internal Complaint Investigation Plan                  | AD-Form-6  |
| Mobile Phone, Internet, Email & Social Media Procedure |            |

**Compliments and Complaints**

**PROCEDURE**

A compliment or complaint is considered to have been made when a customer confirms to a member of staff that they want to make that compliment or complaint.

**Definitions:**

The British Standard (BS8600) defines a complaint as “An expression of dissatisfaction whether justified or not”.

A compliment is when someone congratulates or praises another for exceeding expectations, and is a deliberate and/or specific action, for example, a thank you card, letter.

If this issue is relating to a compliment or complaint, at this point, the member of staff will explain the process and standards to the customer and offer them a copy of the Compliments & Complaints Leaflet

Compliments, complaints or comments may be written or verbal, but they must be entered onto the Compliments/ Complaints leaflet by the ‘customer’ or a member of staff on their behalf. Customers are encouraged to identify themselves.

If a written complaint has been received, it will be attached to the leaflet. If a verbal complaint has been received, it will be written/typed onto the Compliments & Complaints Monitoring Form.

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**Complaints**

In the case of a complaint, the details should be immediately passed to the Line Manager who forwards the information via telephone or e-mail to the Senior Admin Officer for them to be logged and recorded.

Completed Compliments/Complaints leaflets, letters and evidence must be forwarded to the Senior Admin Officer \* immediately in an envelope marked Confidential.

The complaint will be logged on the Complaints Monitoring spreadsheet and passed to the CEO.

The CEO will consider the level of risk and decide on the method of investigation for complaints, who may:

- Refer to the Line Manager (the ‘Appointed Person’)
- Refer to the Manager responsible for the relevant area of work (the ‘Appointed Person’)
- Investigate the issue personally (and become the ‘Appointed Person’)
- Request someone outside of the department to investigate (the ‘Appointed Person’)

**Within 3 working days of the complaint being received:**

- The CEO will acknowledge the complaint using the generic acknowledgement letter (AD-Form-3)

**Within 5 working days of the complaint being received:**

- The Appointed Person will document planned discussions and actions to investigate the complaint on the Internal Complaint Investigation Form (AD-Form-6)

The CEO’s PA is responsible for ensuring that deadlines are diarised to ensure that they are met by the appointed person.

The appointed person will thoroughly and fairly investigate the complaint within 20 working days from receipt of the complaint, including completion of the Internal Complaint Investigation Form (AD-Form-6)

The appointed person will prepare a detailed response to the complainant which gives evidenced based reasons for decisions taken, using the Complaints – Generic Response Letter (AD-Form-4).

Responses to complaints will be signed by the Chief Executive.

**Within 7 working days of the response being despatched, the appointed person must:**

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- Complete the outcome section of AD-Form-6 (Monitoring form)
- Raise a non-compliance/corrective action form if required
- Submit a procedure change form if required
- Ensure an action plan with learning outcomes is communicated to all relevant parties

The CEO will review completed complaints to ensure action is undertaken by the timescales specified in the standards and all documentation evidencing completion of the complaint has been forwarded. On completion of the review the CEO will initial and date the complaint as finally complete.

A letter and questionnaire (AD-Form-4 and AD-Form-5) will be sent out by the CEO's PA requesting feedback on any complaint made within one month of the complaint response. Any suggestions will be discussed at SLT performance meetings.

An annual report for Trustees is produced and submitted to the Board of Trustees.

## Appeals

Any complainant may lodge an appeal in writing within 20 working days of receipt of the response to the complaint. An appeal must be in writing, stating the reasons why they wish to appeal.

An Appeals Panel will consist of a member of the Board of Trustees, plus one Senior Manager or appropriate delegated person, not previously involved. Members of the Appeals Panel will be approached according to their relevant expertise and availability to hear the appeal on a timely basis.

If the complaint has not been resolved to the satisfaction of the complainant a meeting of the Appeals Panel will be convened and all documentation related to the case will be passed on.

The Appeals Panel will review all evidence and if necessary, conduct a further investigation.

The Appeals Panel decision will be notified, in writing, to the complainant within 20 working days of receipt of the written appeal.

If the complainant is not satisfied with the outcome, details of external bodies can be found in AD-Form-1a for further action.

## Compliments

Compliments should be recorded on the Compliments/Complaints Leaflet and forwarded to the Senior Admin Officer by the Line Manager.

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Compliments will be logged on the Compliments Monitoring spreadsheet by the Senior Admin Officer and allocated a reference number.

The CEO will personally contact the member of staff or volunteer to thank them.

**Monitoring and Review**

**Key Performance Indicators**

1. Number of Compliments and Complaints notified to the organisation annually.
2. Level & nature of compliments and complaints will be monitored monthly.

**Evaluation**

1. Suggestions from the questionnaire (AD-Form-5) will be discussed at SLT, the complainant will be notified of any outcomes to their feedback.
2. This procedure will be evaluated annually as part of the Internal Audit schedule.
3. A report on Compliments and Complaints will be produced CEO for discussion with Trustees.

**Review**

1. Annual analysis of type, number and dispersal of compliments and complaints will be produced for review by the Board of Trustees.

**Standards**

- In the case of a complaint, the complainant will receive an acknowledgement within 3 working days
- The complaint will be investigated and responded to within 20 working days from receipt
- Appeals will be reviewed within 10 working days following receipt
- Compliments & Complaints leaflets will be displayed across all locations
- All complaints will be handled according to the relevant regulatory body's standards, e.g. Fundraising Standards Board, Care Quality Commission
- All documentation concerning compliments and complaints will be considered a quality record and will be retained for the specified periods
- Reports will be provided to Core Clinical Governance, Care Committee and Trustee Board

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