Complaints Policy

Principles of Complaints Handling

Clients, their representatives and supporters are always made aware of how to complain, for example, by having a complaints notice displayed prominently in public areas,having copies of the complaints procedure included in the information given to clients, and having the procedure available in alternative formats in line with users' communication needs.

Clients, their representatives and supporters are always made aware that PPVCprovides easy-to-use opportunities for them to register their complaints.

1. A named person is always responsible for the administration of the procedure.
2. Every written complaint is acknowledged within two working days.
3. Investigations into written complaints are held within 28 days.
4. All complaints are responded to in writing by PPVC.
5. Complaints are dealt with promptly, fairly and sensitively with due regard to the upsetand worry that they can cause to clients and those against whom the complaint has been made.
6. PPVC recognises national guidance on the handling of complaints which uses a three-stage (two stages for some self-funding clients) model of:
    - local resolution
    - complaints review
    - independent external adjudication by Local Government Ombudsman, Health Service Ombudsman or through the Independent Healthcare Advisory Services (IHAS).

COMPLAINTS PROCEDURE

Stage one: local resolution

PPVC works on the basis that wherever possible, complaints are best dealt with directly with the clients by its staff and management, who will arrange for the appropriate enquiries tobe made in line with the nature of the complaint. This can involve using an independent investigator as appropriate or if the complaint raises a safeguarding matter a referral to the local safeguarding authority.

Stage two: complaints review

PPVC recognises that if the complaint is still not resolved, thecomplainant has a right to take their complaint to the body responsible for the commissioning of the service, e.g. local authority and/or health service (again depending onthe nature of the complaint and type of service involved).

Stage three: independent external adjudication

If complainants are still dissatisfied with the management and outcome of their complaint, PPVC is aware that they can refer the matter to the LGO/ Charity Commission for external independent adjudication.

Safeguarding issues

In the event of the complaint involving alleged abuse or a suspicion that abuse has occurred, the support service refers the matter immediately to the local safeguarding adults authority, which will usually call a strategy meeting to decide on the actions to be taken next. This could entail an assessment of the allegation by a client of the Safeguarding Authority team. (See the Safeguarding Clients from Abuse or Harm Policy.)

PPVC will also notify the CQC under the (revised) Support Quality Commission (Registration) Regulations 2009, Regulation 18(e) Notification of Other Incidents of “any abuse or allegationof abuse in relation to a client”.

Verbal Complaints

PPVC adopts the following procedures for responding to complaints and concerns madeverbally to staff or to managers.

1. All verbal complaints, no matter how seemingly unimportant, are taken seriously and are immediately acknowledged as concerns.

2. Staff who receive a verbal complaint are instructed to address the problem straight away.

3. If staff cannot solve the problem immediately they should offer to get the manager to deal with the problem.

4. All contact with the complainant should be polite, courteous and sympathetic. Thereis nothing to be gained by staff adopting a defensive or aggressive attitude.

5. At all times staff should remain calm and respectful.

6. Staff should not make excuses or blame other staff.

7. If the complaint is being made on behalf of the client by an advocate it must first be verified that the person has permission to speak for the client, especially if confidentialinformation is involved. It is very easy to assume that the advocate has the right or power toact for the client when they may not. If in doubt it should be assumed that the client's explicit permission is needed prior to discussing the complaint with the advocate.

8. After talking the problem through, the manager or the client of staff dealing with the complaint will suggest a course of action to resolve the complaint. If this course of actionis acceptable then the client of staff will clarify the agreement with the complainant and agree a way in which the results of the complaint will be communicated to the complainant (ie through another meeting or by letter).

9. If the suggested plan of action is not acceptable to the complainant then the client of staff or manager will ask the complainant to put their complaint in writing andgive them a copy of the complaints procedure.

10. Details of all verbal complaints are recorded in the complaints book by the staff & managers who receive the complaint and on the individual's support records with information on how a specific matter was addressed.

Written Complaints

PPVC adopts the following procedures for responding to written complaints.

Preliminary steps

1. When a complaint is received in writing it is passed on to a named person, eg the manager/complaints manager who records it in the complaints book and sends an acknowledgment letter within two working days, which describes the procedure to be followed.

2. The complaints manager/named person is responsible for dealing with the complaintthroughout the process, including for any investigations carried out by an independent person, who will report to the named person/complaints manager.

3. If necessary, further details are obtained from the complainant by the person carryingout the investigation. If the complaint is not made by the client but on the client's behalf, then consent of the client, wherever practical in writing, is obtained from the complainant to provide that information.

4. If the complaint raises potentially serious matters, advice will be sought from a legaladvisor. If legal action is taken at this stage any investigation under the complaints procedure should cease immediately pending the outcome of the legal intervention.

5. A complainant, who is not prepared to have the investigation conducted by PPVC oris dissatisfied with the response to the complaint is advised to contact the organisation or organisations responsible for commissioning their services (local authority / health service) for a review of their complaint.

6. The complainant then has the option of taking the matter to independent external adjudication with the Charity Commission

7. If the complaint involves safeguarding issues requiring an alert to the local safeguarding authority, PPVC will follow the safeguarding procedures, carrying out anyinternal investigation in line with any plan agreed with the safeguarding staff

Investigation of a complaint (other than safeguarding)

1. Immediately on receipt of a written complaint, PPVC will launch an investigation and aims within 28 days to provide a full explanation to the complainant, either in writing or by arranging a meeting with the individuals concerned.

2. If the issues are too complex to complete the investigation within 28 days, the complainant will be informed of any delay and the reason for the delay.

3. If a meeting is arranged the complainant is advised that they may, if they wish, bring afriend or relative or a representative such as an advocate.

4. At the meeting a detailed explanation of the results of the investigation is given and an apology if it is deemed appropriate (apologising for what has happened need not be anadmission of liability).

5. Such a meeting gives the organisation the opportunity to show the complainant that the matter has been taken seriously and has been thoroughly investigated.

Follow-up action

1. After the meeting, or if the complainant does not want a meeting, a written accountof the investigation is sent to the complainant.

2. This includes details of how to take the complaint to the next stage if the complainantis not satisfied with the outcome.

3. The outcomes of the investigation and the meeting are recorded and anyshortcomings in procedures are identified and acted upon.

4. The management reviews all complaints to determine what can be learned from them. It regularly reviews the complaints procedure to make sure it is working properly and is legally compliant.

TRAINING

All staff are trained to respond correctly to complaints of any kind. Complaints policy training is included in the induction training for all new staff and updated as indicated by any changes in the policy and procedures and in the light of experience of addressing complaints.