

COMPLAINTS AND COMPLIMENTS POLICY

1. AIM

- 1.1. Cygnet Health Care is committed to providing an: accessible, fair, and effective means of communicating any compliments and complaints regarding Cygnet's services.
- 1.2. For Cygnet it provides a valuable tool for improving our services.
- 1.3. It is the personal responsibility of every individual referring to this policy to ensure that they are viewing the latest version; this will always be published on Cygnet's Mypoint/ Sharepoint/Knowledge.

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2. SCOPE

- 2.1. This policy applies to all Cygnet services.
- 2.2. This policy applies to all staff.
- 2.3. It is the agreed policy and any deviation by staff from following this policy and supporting procedures and documents may be subject to disciplinary procedures.
- 2.4. Links to supporting policy, documents and references are in **Section 15**.

3. LEGISLATION

- 3.1. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- 3.2. National Minimum Standards for Independent Health Care Services in Wales
- 3.3. Mental Health Act 1983 - Code of Practice
- 3.4. Mental Health (Care and Treatment) (Scotland) Act 2003
- 3.5. Children's Homes (England) Regulations (2015) and amendments (2018)
- 3.6. The Children's Act (1989) and amendments (2004)

4. POLICY

- 4.1. This policy aims to ensure any verbal or written feedback be it complaint or compliment about Cygnet services is managed according to best practice.
- 4.2. Cygnet aims to provide responsive high quality service by actively seeking the views of those using the services.
- 4.3. Cygnet will ensure that services are service user focused; that they act to put things right where there are any complaints and that service users and relatives are encouraged to speak openly, freely and with confidence that their treatment or care will not be prejudiced.
- 4.4. Cygnet recognises that there may be occasions when individuals or those related to them may be unhappy with the care or treatment that they have received. We also recognise the importance of feedback from others external to the company (regulators, care co-ordinators, commissioners, insurers, legal representatives, other interested parties acting with authority of the service user and the general public for example). Cygnet will ensure all complaints or expressions of dissatisfaction are pursued with lessons being learned, changes made and an apology offered if necessary.

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Our approach to complaints

- 4.5. The following key principles underpin our approach to complaints:
- Ensure all service users or those acting on their behalf understand their rights with regard to making complaints.
 - Ensure that the process of making a complaint or providing feedback is provided in a format and style appropriate to a person's needs and their ability to understand.
 - Ensure all service users and persons acting on their behalf are supported in raising a complaint or concern.
 - Ensure outcomes from complaints are cascaded to staff and discussed during governance meetings for improvement purposes.
 - Ensure complaints that require investigation are investigated as far as reasonably practicable and achieve a fair resolution.
 - Minimise risks, inform organisational learning and continuous improvement.
 - Promote an open culture and rational attitude amongst individuals and staff towards complaints.

Information about complaints

- 4.6. On admission, the **Compliments and Complaints Leaflet for Service Users, Families and Friends** will be made available for all individuals. Accessible versions of information about the complaints procedure will be made available to individuals in a format and style appropriate to their needs. Deaf services have an established system for managing complaints via translators. External agencies e.g. funders will also be provided information about the complaints process as requested.
- 4.7. A summary of the formal complaint processes for staff are set out in the **Formal Complaints Process – For Staff poster**

5. PROCEDURE FOR RAISING COMPLAINTS

Time limits for formal complaints

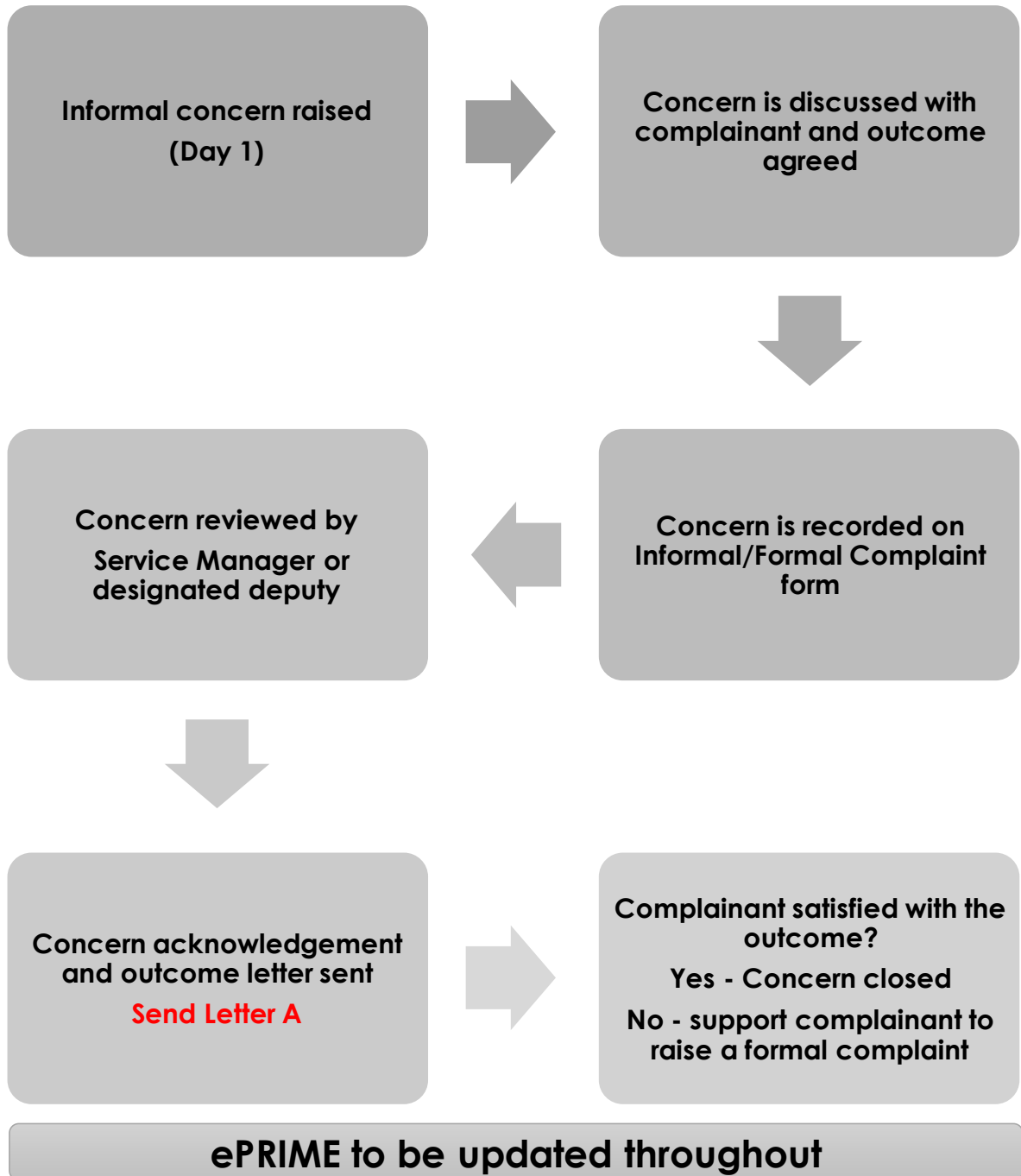
- 5.1. Complaints must be made within 12 months of the event complained about or within 12 months of the complainant becoming aware of the issues. Cygnet has discretion to investigate complaints outside of this timeframe.
- 5.2. Complaints are classified at Cygnet in two ways, informal or formal complaints, described below is the process for both types of complaints.

Raising and dealing with an informal complaint (concern)

- 5.3. An informal complaint is usually a minor **verbal** concern expressed by the individual that demonstrates that they are not happy with some aspect of their care or environment. Staff are encouraged and expected to work with the service user to seek a speedy resolution without the need to progress further through the formal complaints process.
- 5.4. Informal complaints should be documented on **Informal/Formal Complaints** form. Services should aim to record the concerns raised and the agreed outcome on ePRIME and **Template Letter A** letter sent. If a service user is not happy with the outcome they will be supported to raise a formal complaint.

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Figure 1 – The Informal Complaints (Concerns) Process



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Raising a formal complaint

- 5.5. Individuals wishing to make a formal complaint can raise this either verbally or in writing. All complaints should be documented on the **Informal/Formal Complaint Form**.
- 5.6. In the case of young people making a complaint; young people do not actively have to state that they are making a complaint. Should employees feel young people are dissatisfied with an area of care being provided, employees should write these up on behalf of young people where appropriate. These occasions should be openly discussed with the Service Manager.
- 5.7. Individuals may also raise formal complaints regarding our services other agencies including regulators, commissioners, local authority, these will be dealt with in line with our complaints policy.
- 5.8. Figure 2: Table setting out 3 stage formal complaints process for adult services and Children, Adolescent Mental Health Services (CAMHS) and Children's Homes

Service	Stage 1	Stage 2	Stage 3
Healthcare/ Social Care (Adult and CAMHS Services)	Local Service Local resolution at site level Service Manager sign off	Operations Director Cygnet investigating officer external to site appointed Operations Director sign off	Director of Nursing Regional investigating officer appointed Director of Nursing sign off
Children's Homes	Local Service Local resolution at site level Home Manager sign off	Home Manager Unit Manager – with referral to social worker/advocate if appropriate Home Manager	*Responsible Individual* Independent review and response Responsible Individual sign off

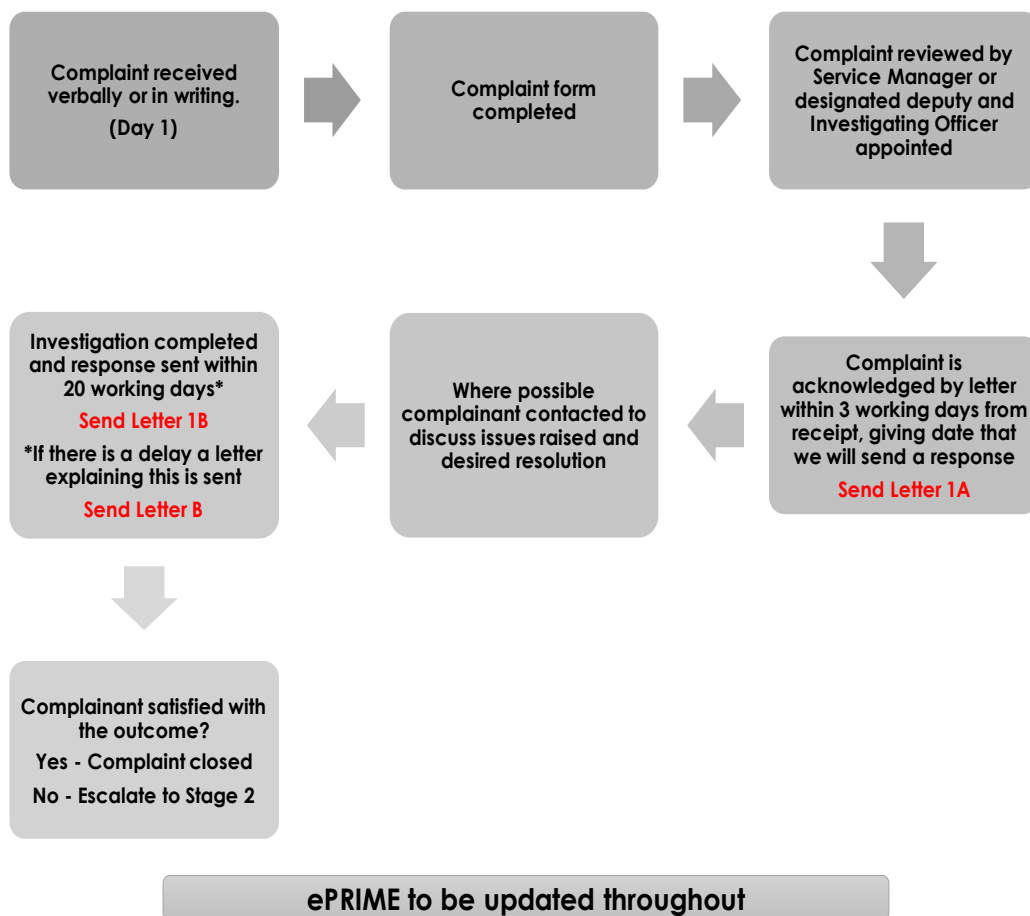
The 3 stage process for dealing with formal complaints

- 5.9. Set out below are the processes for each of the 3 stages of the formal complaints process.

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Stage 1 – Local Service Internal Review

Figure 3: Stage 1



Notes to support Stage 1 of the formal complaints process

- 5.10. When a complaint is reviewed by the service manager consideration should be given as to the seriousness of the complaint and whether internal (Risk Manager, Operations Directors) or external parties (regulators, safeguarding, insurers) for example need to be notified. Examples of these types of complaints include allegations of all types of abuse of a serious nature, complaints that have a reputational impact.

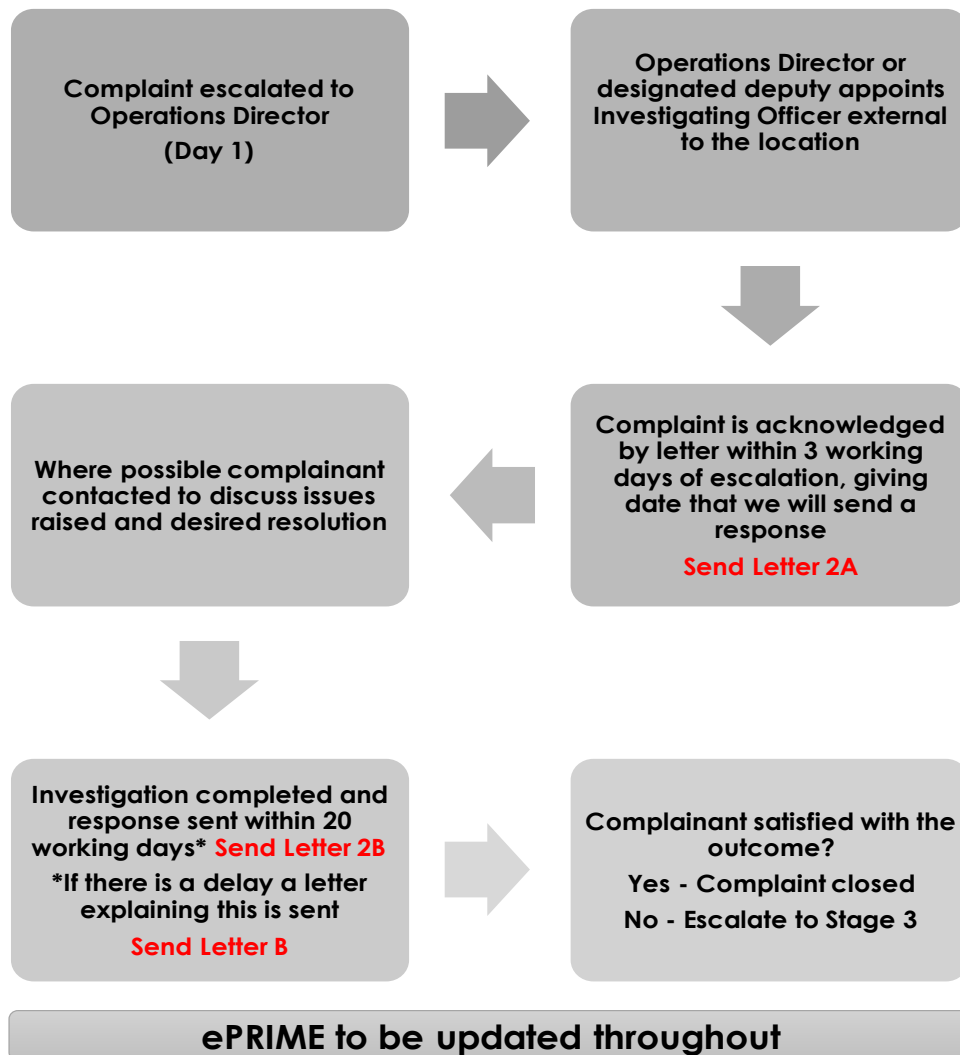
Children's Homes

- 5.11. The table set out in section 5.8 describes the process for adult services, CAMHS and Children's Homes. The process for Children's Homes at Stage 1 follows the same timescales and process as shown above in Figure 3 above. However the following should be noted:
- 5.12. Where a young person has made a complaint, a formal meeting may not be suitable and findings and outcomes may be discussed more casually and completed by the most appropriate person at that time depending on the needs of the young person. This will be at the discretion of the Registered Manager or person with overall responsibility for the home at the time.

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Stage 2 – Operations Director – External Review

Figure 4: Stage 2



Notes to support Stage 2 of the Complaints Process

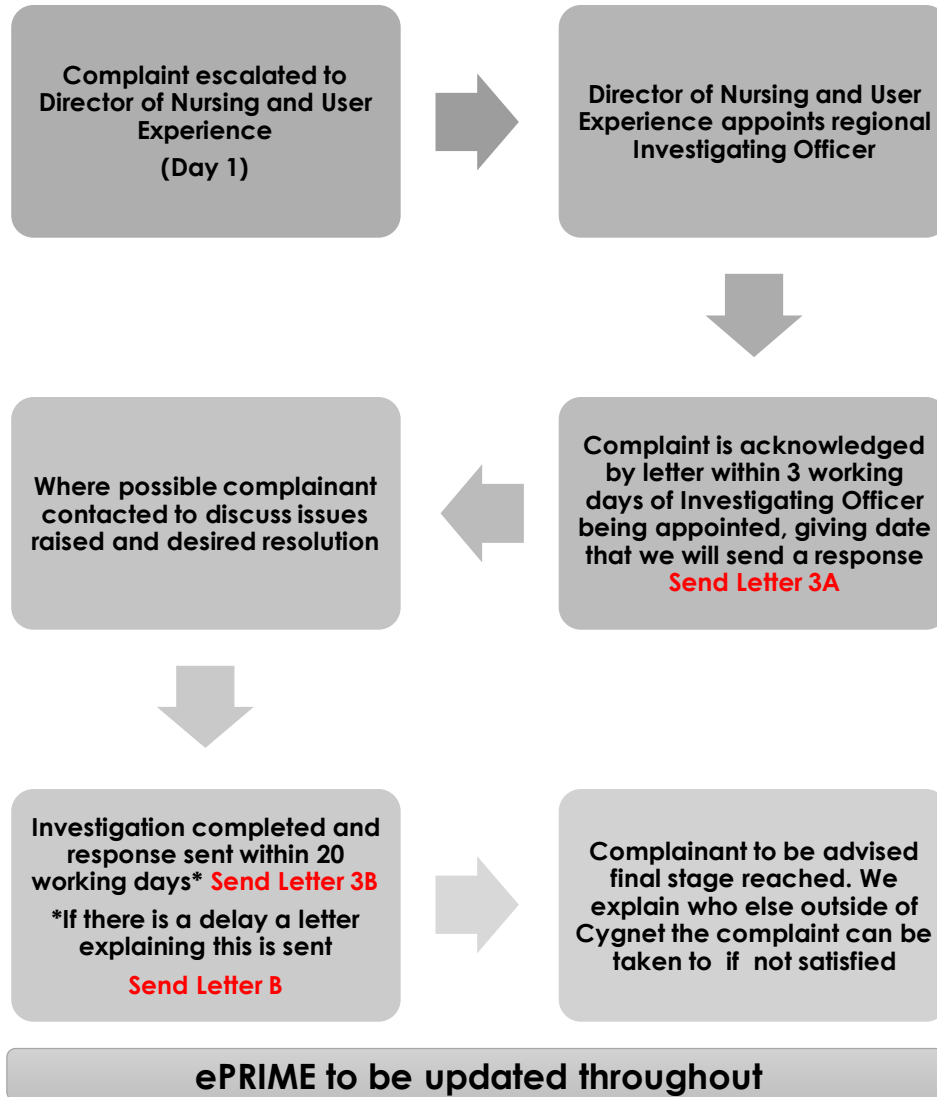
Children’s Homes

- 5.13. The table set out in section 5.8 describes the process for adult services, CAMHS and Children’s Homes. The Stage 2 process for complaints that relate to Children Homes follow the same process and timescales as shown above at Figure 4, however the following should be noted:
- 5.14. Where the complainant is not satisfied with the investigation outcome the manager will discuss this with the young person and will examine their feedback and reasons why. On some occasions it is not appropriate to progress this complaint further in the home and a discussion will then be held with the young person’s social worker and those with parental responsibility where appropriate. An independent advocate may be assigned/requested for young people or accessed at this point.

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Stage 3 – Director of Nursing Review

Figure 5. Stage 3



Notes to support Stage 3 of the Complaints Process

Children’s Homes

- 5.15. The table set out in section 5.8 describes the process for adult, CAMHS and Children’s Homes. The Stage 3 process for complaints that relate to Children’s Homes is as shown above however the following should be noted:
- 5.16. After completing stages 1 and 2 of the complaints handling procedure, where the complainant feels the matter has not been resolved to their satisfaction, the complainant may exercise their right to request a review by the Responsible Individual. They will independently review the complaint response and communicate accordingly to the complainant.

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Complaint responses – template letters for informal and formal complaints

- 5.17. Letter templates are provided for:
- **informal** complaints (concerns)
 - each of the 3 stages of the **formal** complaints process
 - the **Unreasonable Complainant Behaviour Procedure**

The template letters must be used for all responses, the guidance on letter structure and outcomes must be followed.

- 5.18. The templates contain suggested text that may be amended if necessary.

Letter templates available are listed below:

Letter A	Informal complaint (concern) – acknowledgement and outcome letter
Letter 1A	Stage 1 – Service Manager review acknowledgement letter
Letter 1B	Stage 1– Service Manager review outcome letter
Letter 2A	Stage 2 – Operations Director review acknowledgement letter
Letter 2B	Stage 2 – Operations Director review outcome letter
Letter 3A	Stage 3 – Director of Nursing review acknowledgement letter
Letter 3B	Stage 3 – Director of Nursing review outcome letter
Letter B	Extension letter
Letter C	Notification of unreasonable complainant behaviour letter
Letter D	Notice that Unreasonable Complainant Procedure has been applied

Appeals

- 5.19. The complainant has a right to appeal the outcome of the complaint. Cygnet operates a three stage internal appeal process as documented above.
- 5.20. If a complainant remains dissatisfied having progressed through all three stages of the complaints process they should be informed of the appropriate external organisation to raise their complaints with. The table below sets out the appropriate external organisations for adults and young people's services.

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Adult and CAMHS Services	Organisation
England (NHS funded services)	The Parliamentary and Health Service Ombudsman (PHSO) Millbank Tower Millbank London, SW1P 4QP Tel: 0345 015 4033 www.ombudsman.org.uk
England (Local Government social care funded services)	Local Government Ombudsman (LGO) PO Box 4771 Coventry, CV4 0EH Tel: 03000 610 614 www.lgo.org.uk
Wales	Public Services Ombudsman for Wales (PSOW) 1 Ffordd yr Hen Gae Pencoed CF35 5LJ Tel: 0300 790 0203 www.ombudsman-wales.org.uk
Scotland	Scottish Public Services Ombudsman (SPSO) FREEPOST SPSO Tel: 0800 377 7330 www.spsso.org.uk
Regulators for England, Scotland and Wales	
England	Care Quality Commission (CQC) Tel: 03000 616 161 www.cqc.org.uk
Wales	Healthcare Inspectorate Wales (HIW) Tel: 0300 062 8163 www.hiw.org.uk
Scotland	Care Inspectorate Tel: 0345 600 9527 www.careinspectorate.com
	Healthcare Improvements Scotland Tel: 0131 623 4342, www.healthcareimprovementscotland.org
Children's Homes	
Option 1 - make a formal complaint to the placing authority/social worker/head of service for external investigation	
Option 2 – Contact Regulators: Ofsted (England and Wales) Ofsted Piccadilly Gate Store Street Manchester M1 2WD Tel: 0300 123 1231 www.gov.uk/government/organisations/ofsted	

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6. REQUIRED PRACTICE FOR INVESTIGATING AND RESPONDING TO COMPLAINTS

Consent

- **Adult Services** - Where a complaint is received from a third party written consent should be obtained from the service user/patient prior to responding, this includes for example families and friends and Members of Parliament amongst others. See **Complaints Made by a Third Party - Consent Form**.
- Where an individual lacks capacity we will need to assess whether the person making the complaint is an appropriate representative and is acting in the best interests of the person on whose behalf the complaint is made. Where capacity is uncertain a clinician's view must be sought before any personal information is disclosed.
- **CAMHS/Children's Homes** – Parents/guardians have a right to complain and the organisation has a legal obligation to consider the complaint received and deal with it as they would any other complaint. Consent of the young person is not required before a response is given. However, in the majority of cases, it is good practice to encourage the parents/guardians to be open with the young person about complaints raised, professional judgement should be applied.

Complaint process

- The investigating officer should make contact with the complainant prior to completing the investigation and response. It is recognised that there may be circumstances where this is not possible. Examples include service user has left the service or is unwell, unreasonable or vexatious complainant.
- When contacting the complainant the investigating officer should confirm points to be investigated and what outcome the complainant is seeking.
- Every element of the complaint should be reviewed and responded to, in circumstances where a large number of issues relate to a particular theme it is acceptable to group these issues together and respond accordingly. Where this happens it should be referred to in the response.
- The **Complaints Investigation Report** is to be completed for complaint investigations.
- Any actions that impact service delivery must be recorded on the location's Overarching Local Action Plan (OLAP).

The response

- The tone of the response should reflect the fact that we value feedback and are sorry when the complainant feels unhappy with aspects of their care or environment.
- It should be clear from the response whether each issue is fully, partially or not upheld. **See Letter Templates**.
- The response should set out clearly what action (if any) will be taken as a result of the complaint and these actions must be completed.
- The response should encourage the complainant to contact the responder if they want to discuss the complaint further.
- The response should give contact details for the next stage of complaints process in the event that the complainant is not satisfied with the response.

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Review and sign off

- All complaint responses must be **reviewed** and **signed** by the appropriate manager prior to issue:
 - Stage 1 Service Manager
 - Stage 2 Operations Director
 - Stage 3 Director of Nursing and User Experience
- Review and sign off for the above stages can only be delegated when the relevant manager is absent from the work place.
- In the rare situations where the Service Manager and Operations Director are one in the same, review and sign off of Stage 1 responses can be delegated to a senior manager.
- Operations Directors must have oversight of all complaints for their locations including Stage 1 complaints.

Timeframes

- Key time frames are complaints acknowledged within 3 working days and responded to within 20 working days – see process charts above.
- When a complaint is made by a third party, written consent is required from the service user/resident – in these cases the 20 working days start from the date that the written consent is received.
- Where the investigation is complex and the 20 working days time frame cannot be met we will extend the time frame by up to a further 20 working days. A letter must be sent to the complainant informing them of the delay, the Operations Director must be informed.
- In exceptional circumstances further extensions of up to 20 can be applied, this should be agreed with the Operation Director.

7. OTHER METHODS OF FEEDBACK

- 7.1. All services will hold regular meetings with the individuals in their care for example Community Meetings and People's Council Meetings. The minutes of these meetings will reflect the nature of discussions and issues raised at such meetings.
- 7.2. Suggestion boxes and the Compliments, Comments and Suggestion Form may be used and are an avenue for individuals to give feedback. These routes form an integral part of feedback gathering and will be used to inform and improve services.

Compliments

- 7.3. Cygnet welcomes complimentary remarks from individuals, relatives, the general public and other professionals. Compliments reflect the positive work of all staff and positive feedback should be shared with staff at an appropriate setting and minuted. See **Compliments Form**.
- 7.4. Compliments can be given to all staff members in a variety of formats. All compliments and complaints should be recorded on ePRIME.
- 7.5. Compliments will be shared at local governance meetings and also provide useful evidence for regulators; Ofsted, Regulation 44 Inspection, Social Care, Healthcare Improvement Scotland and Care Inspectorate.

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Advocacy

- 7.6. An advocacy service is available to individuals who currently reside in our services. This independent service is available to support individuals in our services. Individuals should be encouraged to contact advocacy services if they feel unable to articulate a complaint/concern for submission. Verbal complaints will be managed the same as written ones but if advocacy services are involved the complaint should be presented in writing and advocacy services will be available to assist with this.

Staff/ non-patient complaints

- 7.7. Staff wishing to make a complaint are to follow the Grievance Policy or the Whistle Blowing Policy or contact the Freedom to Speak Up Guardian as appropriate. Where a person not employed by the company wishes to complain about recruitment process, or is a member of staff who have left employment then these persons are to follow the Cygnet complaint procedure.

Cygnet's web page contact site

- 7.8. Feedback can be left at Cygnet's web page contact site, which may be in the form of a complaint or compliment. This can be accessed at <https://www.cygnethealth.co.uk/service-users-carers/feedback/>

Complaints or compliments left through this channel will be triaged by the Risk Department and directed to the most relevant service/person to investigate and respond directly using the complaint or compliments procedure.

- 7.9. Complaints received by members of the Executive Management Board or from external bodies for example; regulators and Members of Parliament, should be forwarded to the Group Quality Standards Lead. They will be logged on a database and monitored, they will then be dealt with through the normal complaints process. Services must ensure that these complaints are logged on ePRIME and that ePRIME is updated as appropriate.

8. RECORDING COMPLAINTS

- 8.1. Where the Service Manager identifies it as appropriate, a copy of the complaint and response may be kept in the individual's record to understand and trace decisions concerning the path of care regarding this. In the case of Children's Homes complaint information will be held with incident records and documented in line with the Children's Homes regulations and held as part of the young person's case file.
- 8.2. When a complaint is received a confidential record of the complaint is to be documented on ePRIME. Services are to transcribe the **Informal/Formal Complaints Form** onto ePRIME and update ePRIME by the 1st day of the following month. This system acts as an overarching complaint and compliment log. ePRIME is to be regularly updated throughout the lifecycle of the complaint.

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9. COMPLAINTS OF A SERIOUS NATURE

9.1. In the event that a complaint is received that is of a serious nature additional considerations are needed, see below.

Complaints relating to other investigations, part of disciplinary processes, professional misconduct or criminal offences

9.2. Any complaint received by Cygnet which indicates a need for referral to any of the following will be overseen by the service manager:

- Investigation under disciplinary procedure.
- A professional regulatory body.
- An independent inquiry into a serious incident.
- An investigation as to a criminal offence.
- An investigation where any fraud is an issue.
- A safeguarding authority.

Complaints relating to serious incidents, safeguarding concerns or insurance claims.

9.3. In the case of a serious incident investigation, the complaints process will be held in abeyance until any investigation is completed. The complainant should be informed that this is the case and advised to await the outcome of the investigation.

9.4. Complaints that are received that raise issues in relation to safeguarding young people or adults should be reported as an incident and local safeguarding informed.

9.5. Complaints that are received that raise issues of abuse, or allegations of abuse should be reported to CQC as a notifiable incident.

9.6. Where a complaint has the potential to give rise to an insurance claim the Cygnet's insurers should be notified. Complaints of this nature can include, physical injury, alleged neglect, loss of possessions, and breach of the Human Rights Act.

9.7. Where a complaint is made from a child or young person in relation to a serious incident and or safeguarding concern the Registered Manager should ensure where appropriate that a notification to Ofsted is complete and that the placing authority and or person with parental responsibility is also immediately informed in line with the homes incident procedures and current legislation

10. LEARNING OUTCOMES

10.1 Managers or those responsible for the service are responsible for reviewing their own complaints regularly through internal governance meetings in order to identify any trends and opportunities to improve service users' experience. The learning outcomes from complaints, will also be shared at staff meetings.

10.2 The opinions of those who use and access our services provides valuable insight and an opportunity to review practices as part of continual improvement. Any recommendations that have been highlighted as part of the investigation should be linked to the actions to prevent recurrence. If there are wider

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implications to the service, then these recommendations should be considered as part of the location's Overarching Local Action Plan or for Children's Homes the Development Plan to promote learning and improvement.

- 10.3 Complaints across the organisation are reviewed at corporate level with a view of monitoring external complaints and identifying learning themes from all complaints.

11. COMPLAINTS ABOUT AN INDEPENDENT SCHOOL.

- 11.1. This section meets the requirements set out in part 7 of the schedule to **the Education (Independent School Standards) Regulations 2014**, which states that we must have and make available a written procedure to deal with complaints from parents and carers of pupils at the school. Parents or carers who wish to complain about a Cygnet independent school, should follow the procedure outlined below.

Stage 1 - Informal.

- 11.2. Parents or carers concerned about anything at our schools should, in the first instance, discuss the matter with the child's class teacher or the school education officer. Most matters of concern can be dealt with in this way.
- 11.3. We always want to know if there is a problem, so that we can take action before the problem seriously affects the pupil's welfare and/or progress.
- 11.4. After hearing the concern we shall act as quickly as we can, however, it should be recognised that any action we may take will take time to be effective. The complainant may be able to see the education officer or teacher straight away but usually it is better to make an appointment to talk things through. This process will be completed as soon as possible, and within a maximum of two school days.

Stage 2 - Formal.

- 11.5. If the complainant is still unhappy they will be required to make a formal written complaint to the head teacher of the school. The complainant must provide details such as relevant dates, times, the names of witnesses of events, alongside copies of any relevant documents and what they feel would resolve the complaint.
- 11.6. The complaint will be acknowledged within 3 school days from receipt and where possible, the complainant will be contacted to discuss the issues raised and any desired resolution. The investigation will be completed and a response sent, within 20 school days.

Stage 3 - Panel.

- 11.7. If having followed stage 1 & 2 the complainant is still unsatisfied with the resolution offered, it can be escalated to our complaints panel. The complainant must send a written complaint to the head of education, who will then appoint a panel consisting of at least three people who were not directly involved in matters detailed in the complaint. Furthermore, at least one of the panel members will be independent of the management and running of the school.

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- 11.8. The complaints panel will consider all written complaints within 20 school days of receipt. The panel will arrange a meeting to discuss the complaint, and will invite the complainant to attend the meeting, so that the complaint can be explained in more detail. The complainant is welcome to be accompanied by a family member or friend to the meeting. The school will always give the complainant at least 5 days' notice of the meeting.
- 11.9. After hearing all the evidence, the complaints panel will consider their decision and inform the complainant, and where relevant the person complained about. The key findings and recommendations will be provided in writing within two school days of the hearing. The complaints panel will do all they can at this stage to resolve the complaint to the complainant's satisfaction.
- 11.10. A copy of the findings and recommendations will be made available for inspection at the school by the head teacher and head of education.

Recording of complaints about an independent school

- 11.11. Details of all complaints are recorded, including informal complaints (stage 1), as is whether the complaint is resolved at the informal stage, formal stage, or proceeds to panel. Any actions taken by the school as a result of a complaint (regardless of whether the complaint has been upheld or not) are also recorded on this log. In addition to this log complaint details are recorded on ePRIME. All information (e.g. correspondence, statements, records) related to all individual complaints are kept confidentially, accessed only by the head teacher and head of education except where the Secretary of State or a body conducting an inspection under section 109 of the 2008 Act, requests access to them.

12. REPORTING TO REGULATORS AND GOVERNING BODIES

- 12.1. Regulators and governing bodies will usually ask individuals to raise complaints direct with the service provider in the first instance. Individuals can contact regulators and governing bodies where they believe that the service is not meeting required standards. Further information on the role of these bodies in relation to complaints can be found on their individual websites.

Other Regulators

- 12.2. **Ofsted** – Ofsted advises that complaints should be raised with the school, service or provider by completing their full complaints procedure and that complaints may not be accepted if the complainant has not done this first and foremost.
- 12.3. **Social Services** – Local Authorities across the UK vary in the procedures and protocols. For complaints to or about an authority that particular authority's individual procedure should be consulted. In situations where a child wishes to use these the home and those with responsibility for the home should assist the child or young person to access and follow these procedures and support them to do so.
- 12.4. **Independent schools** - The Department for Education (DfE) cannot investigate individual complaints about private schools. It recommends complainants go

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through the service's complaints process. However it has certain powers as a regulator if the school is not meeting standards set by Department of Education.

13. ACCOUNTABILITY

- 13.1. Service Managers have day-to-day operational responsibility for this policy, and must ensure that all staff who may deal with concerns, complaints or investigations under this policy receive regular and appropriate guidance on its use.
- 13.2. The Service Manager is responsible for the thorough investigation of all complaints and should take responsibility for ensuring that investigations undertaken by others are in line with the best practice standards required.
- 13.3. Complaint responses must be approved and signed off as completed by the Service Manager.
- 13.4. Service Managers must include the Operations Director who must review all responses to complaints on a regular basis. In the case of Children's Homes, Registered Managers are responsible for the regular review of all complaints in relation to the home; both internal and external.
- 13.5. Any complaints raised by regulators or other external agencies and providers that have the potential of impacting greatly on the quality, commercial, reputation or regulatory ability of Cygnet Health Care; or highlight serious concerns about staff, or suggest criminal offence, must be copied to the Regional Manager (if the location has one), Operational Director and Risk Department for their immediate attention.
- 13.6. Managers are responsible for ensuring that ePRIME is updated on a regular basis to ensure data is as up to date and as accurate as can be.
- 13.7. Staff have a responsibility to familiarise and follow this policy and local procedure

14. PROCEDURE FOR UNREASONABLE AND PERSISTENT COMPLAINANTS

- 14.1. There are occasions when the organisation experiences unreasonably persistent complainants, which represent a particular problem in the resolution of complaints. Managing and responding to such complainants places a significant strain in time and resources and can be demoralising for staff.
- 14.2. In cases where individuals, staff or the company as a whole suffer adversely from persons making repeated, frivolous or persistent complaints or who do so in a threatening, abusive or difficult way our procedure for Unreasonable and Persistent Complainants will be applied.
- 14.3. For the purpose of this procedure the company has adopted the definition of 'unreasonable' and 'unreasonably persistent' complainants as those who, because of the frequency or nature of their contacts with the company, hinder the company's consideration of their, or other people's, complaints.

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Unreasonably persistent complainant behaviour

- 14.4. Examples of unreasonably persistent complaint behaviour include:
- Introduction of trivial or irrelevant new information and expecting it to be taken into account and commented on, or raising large numbers of detailed but unimportant questions and insisting they are all fully answered.
 - Adoption of a 'scattergun' approach – pursuing a complaint with the company and, at the same time, with the local authority and / or with other parties e.g. MPs, councillors, solicitors etc.
 - Making excessive demands on the time and resources of staff whilst the complaint is being investigated e.g. excessive telephoning or sending e-mails to staff, writing lengthy complex letters every few days and expecting an immediate response.
 - Submission of repeat complaints, after the complaints process has been completed, essentially about the same issue but with additions / variations which the complainant insists make these 'new' complaints which he/she wants to be put through the full complaints procedure.
 - Refusal to accept the decision reached on the complaint, repeatedly arguing the point and complaint about the decision.
 - This list is not exhaustive and unreasonably persistent complainant behaviour is not limited to one, or a combination of any, of the above.

Unreasonable complainant behaviour

- 14.5. Unreasonable complainant behaviour can come about when the situation between the company and a complainant escalates and the complainant's behaviour becomes unacceptable e.g. abusive, offensive, or threatening. Examples of unreasonable complainant behaviour include:
- Refusal by complainant to co-operate with the complaints process, yet still wanting his / her complaint to be resolved.
 - Refusal by complainant to specify the grounds of a complaint, despite offers of assistance from the service manager.
 - Refusal to accept that issues raised are not within the remit of the complaints procedure.
 - Insistence that the complaint be dealt with in ways which are incompatible with the company adopted complaints procedure.
 - Making apparently groundless complaints about staff dealing with the complaint and seeking to have those staff removed / replaced.
 - Changing the basis of the complaint as the investigation proceeds and / or denying statements he / she made at an earlier stage.
 - Electronically recording meetings and conversations without the prior knowledge and consent of the other persons involved.
 - This list is not exhaustive and unreasonable complainant behaviour is not limited to one, or a combination of any of the above.

How we will respond

- 14.6. When we believe a complainant to be unreasonably persistent, we will tell them why and ask them to change their behaviour. If their behaviour continues, we will take action to restrict the complainant's contact with the service. Any such restrictions will be evidence based, appropriate and proportionate. Any decision to take action will be taken by:

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- The relevant Operations Director and,
- The Director of Nursing and User Experience.

See Template Letters C and D

- 14.7. The most likely options will be;
- Putting in place contact in a particular form (e.g. by letter only).
 - Requiring contact to take place with a single named member of staff.
 - Restricting telephone calls to specific days and times.
 - Limiting the duration of telephone calls.
 - Asking the complainant to enter into an agreement about their contact.
 - Seeking external mediation.
 - Closing the complaint.
- 14.8. In extreme cases excessive or abusive calls may be deemed to be harassment, which, after consultation with the senior staff may be reported to the police.
- 14.9. In cases where this becomes necessary, we will write to the complainant why we believe their behaviour is unacceptable, what action we are taking and its planned duration. We will also tell them that we will review the arrangement after six months.
- 14.10. In taking the action described above, it must be emphasised that this part of the policy should be used as a last resort and after all other reasonable measures have been taken to resolve complaints or complainant behaviour.
- 14.11. Judgement and discretion will be applied to ensure that contact from the complainant about other matters other than the complaint are not ignored, resulting in potential failures to respond to a request for service or an emergency.

15. STANDARD FORMS, LETTERS AND REFERENCES

This policy

Document name	Document references*		
	Sharepoint	Mypoint	Knowledge Drive
Informal/Formal Complaint Form	CPF 6.04.1	59.01	C-G-155
Complaint Letter Templates	CPF 6.04.2	59.02	C-G-156
Formal Complaints Process – Staff Guide	CPF 6.04.3	59.03	C-G-157
Compliments, Concerns & Suggestions Form	CPF 6.04.4	59.04	C-G-158
Compliments, Concerns & Suggestions Form EASYREAD	CPF 6.04.5	59.05	C-G-159
Complaint Investigation Report	CPF 6.04.6	59.06	C-G-160
Complaints Made by Third Party – Consent Form	CPF 6.04.7	59.07	C-G-161
Compliments Form	CPF 6.04.8	59.08	C-G-162

Linked Policy

- 13.24 Policy for Patient Safety: Incident Reporting and Management RCA Guidance
- 13.25 Grievance Policy
- 13.26 Whistleblowing Policy

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- 13.27 Duty of Candour Policy
- 13.28 Advocacy
- 15.1. Allegations against professionals process/policy