

Complaints policy & procedure

Health & Wellbeing Services Central Services

This policy applies to:

Chipchase House

Ferndene ISL

Hedley's Horizons

Leybourne

Tyne House

Wansbeck House

Central Service functions

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Policy Control/Monitoring

Approved by: (Position in Organisation)	Head of Service
Date (dd/mm/yyyy):	10 TH December 2025
Accountability: (Position in Organisation)	Corporate Quality Manager
Revision Cycle:	Every 2 years
Brief details of amendments made	Policy split to create two operational policies within the Foundation and include Central services

Version Control Tracker

Version Number	Date
1.0	October 2024
2.0	October 2025
3.0	December 2025

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1. Introduction

The Foundation aims to meet its statutory obligations when responding to complaints from service users, students, pupils, parents, families and others.

This policy has due regard to statutory legislation, including but not limited to the following:

- the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Regulation 16: Receiving and Acting on Complaints.
- the Quality Statement, “Listening to and Involving People”.

The guiding principles in place are:

- We make it easy for people to share feedback and ideas or raise complaints about their care, treatment and support. We involve them in decisions about their care and tell them what’s changed as a result.
- We have an effective system to identify, receive, handle and respond appropriately to complaints and comments made by people who use the service, or persons acting on their behalf, and others involved with the service.
- Any complaint received must be investigated and necessary and proportionate action must be taken in response to any failure identified by the complaint or investigation.
- We operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by people who use the service and other persons in relation to the carrying on of the regulated activity.

2. Purpose

When responding to complaints, we aim to:

- Be impartial and non-adversarial
- Facilitate a full and fair investigation by an independent person or panel, where necessary
- Address all the points at issue and provide an effective and prompt response
- Respect complainants’ desire for confidentiality
- Treat complainants with respect and courtesy

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- Make sure that any decisions we make are lawful, rational, reasonable, fair and proportionate, in line with the principles of administrative law
- Keep complainants informed of the progress of the complaints process
- Consider how the complaint can feed into Foundation improvement evaluation processes

We try to resolve concerns or complaints by informal means wherever possible. Where this is not possible, formal procedures will be followed.

The Foundation will aim to give the complainant the opportunity to complete the complaints procedure in full.

To support this, we will make sure we publicise the existence of this policy and make it available on the Foundation website.

Throughout the process, we will be sensitive to the needs of all parties involved, and make any reasonable adjustments needed to accommodate individuals.

3. Scope

The Foundation intends to resolve complaints informally where possible, at the earliest possible stage.

There may be occasions when complainants would like to raise their concerns formally. This policy outlines the procedure relating to handling such complaints.

This policy should be read and used in relation to other policies on:

- Quality Assurance
- Duty of Candour
- Admissions
- Safeguarding
- Whistleblowing
- Staff grievances
- Staff discipline

Please see the separate policies and procedures.

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4. Roles and responsibilities

4.1 The complainant

The complainant will get a more effective and timely response to their complaint if they:

- Follow these procedures
- Co-operate with the Foundation throughout the process, and respond to deadlines and communication promptly
- Ask for assistance as needed
- Treat all those involved with respect
- Do not publish details about the complaint on social media

4.2 The investigator

An individual will be appointed to look into the complaint and establish the facts. They will:

- Interview all relevant parties, keeping notes
- Consider records and any written evidence and keep these securely
- Prepare a comprehensive report to the headteacher or complaints committee, which includes the facts and potential solutions

4.3 The complaints co-ordinator

The complaints co-ordinator can be:

- Executive Director
- Head of Service
- Any other Foundation staff member providing administrative support
- The complaints co-ordinator will:
 - Keep the complainant up to date at each stage in the procedure
 - Make sure the process runs smoothly by liaising with staff members, the Head of Service/Executive Director
- Be aware of issues relating to:
 - Sharing third-party information
 - Additional support needed by complainants, for example, interpretation support
- Keep records

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5. Definitions

Government guidance explains the difference between a concern and a complaint:

- A **concern** is defined as “an expression of worry or doubt over an issue considered to be important for which reassurances are sought”
- A **complaint** is defined as “an expression of dissatisfaction however made, about actions taken or a lack of action”

6. Principles

When investigating a complaint, we will try to clarify:

- What has happened
- Who was involved
- What the complainant feels would put things right

6.1 Timescales

The complainant must raise the complaint within 3 months of the incident. If the complaint is about a series of related incidents, they must raise the complaint within 3 months of the last incident.

We will consider exceptions to this timeframe in circumstances where there were valid reasons for not making a complaint at that time and the complaint can still be investigated in a fair manner for all involved.

If at any point we cannot meet the timescales we have set out in this policy, we will:

- Set new time limits with the complainant
- Send the complainant details of the new deadline and explain the delay

6.2 Types of complaint

Verbal

PHF adopts the following procedure for responding to verbal complaints/concerns made verbally to staff or to managers. All verbal complaints/concerns raised, no matter how seemingly unimportant, are taken seriously and are immediately acknowledged.

Written

PHF adopts the following procedure for responding to written complaints, which might be made by letter or e-mail or on a form which the service makes available.

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7. Stages of dealing with a written complaint

7.1 Stage 1: informal

The Foundation takes concerns seriously and will make every effort to resolve the matter quickly. It may be the case that the provision or clarification of information will resolve the issue. The service will work on the basis that wherever possible; complaints are best dealt with directly between the people who use the service and local management who will arrange for the appropriate enquiries to be made in line with the nature of the complaint.

The complainant should raise the complaint as soon as possible with the relevant member of staff or Registered Manager as appropriate, either in person or by telephone or email. The Registered Manager will assign someone to investigate.

If the complainant is unclear who to contact or how to contact them, they should contact the Foundation at complaints@percyhedley.org.uk

Front-line staff who receive a verbal complaint are instructed to address the problem straight away, wherever possible. If staff cannot solve the problem immediately, they should offer to get a manager to deal with the problem.

All contact with the complainant should be polite, courteous and sympathetic. The Foundation will take such concerns seriously and make every effort to resolve the matter quickly. It may be the case that the provision or clarification of information will resolve the issue.

If the complaint or concern is being raised on behalf of the person who uses the service, ie by an advocate, it must first be verified that the person has permission to speak for the person who uses the service, especially if confidential information is involved. If in doubt it should be assumed that the person's explicit permission is needed prior to discussing the complaint with the advocate.

After discussion (with the member of staff dealing with the complaint) a course of action to resolve the complaint will be suggested. If this course of action is acceptable then the member of staff will clarify the agreement with the complainant and agree a way in which the results of the complaint/concern will be communicated to the complainant (ie through a meeting or by letter). If the suggested plan of action is not acceptable to the complainant then the member of staff or manager will ask the complainant to put their complaint/concern in writing and give them a copy of the complaints procedure and complaints form. If the complaint is not resolved informally, it will be escalated to a stage 2 formal complaint once the formal complaint has been received.

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Details of all verbal complaints are recorded by the manager with information on how a specific matter was addressed.

7.2 Stage 2: formal

Formal complaints can be raised:

- By letter or email
- Over the phone
- In person
- By a third party acting on behalf of the complainant

The complainant should provide details such as relevant dates, times, and the names of witnesses of events, alongside copies of any relevant documents, and what they feel would resolve the complaint.

If complainants need assistance raising a formal complaint, they can contact the Foundation complaints@percyhedley.org.uk

The Registered Manager (or Complaint Co-Ordinator) will record the date the complaint is received and will acknowledge receipt of the complaint in writing (either by letter or email) within 2 working days.

Upon escalation to Stage 2 the investigator will differ to that involved at stage 1. It will usually be the Manager/Head of Service or another designated Investigating Manager who will call a meeting to clarify concerns and seek a resolution. The complainant may be accompanied to this meeting and should inform the Foundation of the identity of their companion in advance.

In certain circumstances, the Foundation may need to refuse a request for a particular individual to attend any such meeting – for example, if there is a conflict of interest. If this is the case, the Foundation will notify the complainant as soon as they are aware, so that the complainant has the opportunity to arrange alternative accompaniment.

The Registered Manager (or Investigating Manager) will then conduct their own investigation. The written conclusion of this investigation will be sent to the complainant within 28 working days.

This will include details of how to take the complaint to the next stage if the complainant is not satisfied with the outcome.

Following completion of stage 2, if the complainant wishes to proceed to the next stage of the procedure, they should inform the Registered Manager within 5 days.

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Requests received outside of this timeframe will only be considered in exceptional circumstances.

7.3 Stage 3

Stage 2 complaints can be escalated to the Operational Director/Nominated Individual by contacting the Registered Manager or Head of Service:

- By letter or email
- Over the phone
- In person
- Through a third party acting on behalf of the complainant

Details of the complaint as set out above will be required, as well as details from the complainant on how they feel the previous stages of the procedure has not addressed their complaint sufficiently, and what they feel would resolve the complaint.

The Manager will acknowledge receipt of the request within 2 working days and refer the matter to the Director/Nominated Individual who will then contact the Complainant and confirm next steps agreed to try and resolve the complaint.

8. Referring complaints on completion of the Foundation's procedure

8.1 Role of local commissioners and Regulators

In line with national guidance, the Foundation recognises that if the complaint is still not resolved following stage 3, the complainant has a right to take their complaint to a body responsible for the service that is the subject of the complaint.

For Health & Wellbeing services, the complainant also has the option of taking the matter, if appropriate, to independent external adjudication and will be referred to the information provided by the CQC in its leaflet How to Complain About a Health or Care Service (February 2014).

8.2 Role of the Care Quality Commission

The Care Quality Commission (CQC) does not investigate any complaint directly, but it welcomes hearing about any concerns. PHF sends to the CQC any information about complaints requested or required as part of CQC's compliance reviewing policy.

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9. Safeguarding issues

In the event of the complaint involving alleged abuse or a suspicion that abuse has occurred, PHF will refer 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 member of the Safeguarding Authority team.

PHF will also notify the CQC under the (revised) Care Quality Commission (Registration) Regulations 2009, Regulation 18(e) Notification of Other Incidents of "any abuse or allegation of abuse in relation to a service user".

10. Complaints against the Trustees, CEO or Executive Management

Any complaint made against a member of staff will be initially dealt with by the Head of Service in the first instance with escalation through the Executive Director and CEO if required.

Any complaint made against the Head of Service shall be initially dealt with by the Executive Director and then by the CEO.

Any complaint made against Executive Directors, or the CEO should be made in writing to the Chair of Trustees who will then determine the most appropriate course of action, depending on the nature of the complaint. This action may involve sourcing an independent investigator to initially deal with the complaint and then getting the complaint to be heard by a co-opted panel of Trustees.

Any complaint made against Trustees should be made in writing to the Company Secretary who will then determine the most appropriate course of action, depending on the nature of the complaint.

11. Persistent complaints

11.1 Unreasonably persistent complaints

Most complaints raised will be valid, and therefore we will treat them seriously. However, a complaint may become unreasonable if the person:

- Has made the same complaint before, and it's already been resolved by following the Foundation's complaints procedure
- Makes a complaint that is obsessive, persistent, harassing, prolific, defamatory or repetitive

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- Insists on pursuing a complaint that is unfounded, or out of scope of the complaints procedure, beyond all reason
- Pursues a valid complaint, but in an unreasonable manner, e.g. refuses to articulate the complaint, refuses to co-operate with this complaints procedure, or insists that the complaint is dealt with in ways that are incompatible with this procedure and the timeframes it sets out
- Makes a complaint designed to cause disruption, annoyance or excessive demands on Foundation time
- Seeks unrealistic outcomes, or a solution that lacks any serious purpose or value

Steps we will take

We will take every reasonable step to address the complainant's concerns, and give them a clear statement of our position and their options. We will maintain our role as an objective arbiter throughout the process, including when we meet with individuals. We will follow our complaints procedure as normal (as outlined above) wherever possible.

If the complainant continues to contact the Foundation in a disruptive way, we may put communications strategies in place. We may:

- Give the complainant a single point of contact via an email address
- Limit the number of times the complainant can make contact, such as a fixed number per term
- Ask the complainant to engage a third party to act on their behalf, such as [Citizens Advice](#)
- Put any other strategy in place as necessary

Stopping responding

We may stop responding to the complainant when all of these factors are met:

- We believe we have taken all reasonable steps to help address their concerns
- We have provided a clear statement of our position and their options
- The complainant contacts us repeatedly, and we believe their intention is to cause disruption or inconvenience

Where we stop responding, we will inform the individual that we intend to do so. We will also explain that we will still consider any new complaints they make.

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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 our Foundation site.

11.2 Duplicate complaints

If we have resolved a complaint under this procedure and receive a duplicate complaint on the same subject from a partner, family member or other individual, we will assess whether there are aspects that we hadn't previously considered, or any new information we need to take into account.

If we are satisfied that there are no new aspects, we will:

- Tell the new complainant that we have already investigated and responded to this issue, and that the local process is complete
- Direct them to the DfE if they are dissatisfied with our original handling of the complaint

If there are new aspects, we will follow this procedure again.

11.3 Complaint campaigns

Where the Foundation receives a large volume of complaints about the same topic or subject, especially if these come from complainants unconnected with the Foundation, the Foundation may respond to these complaints by:

- Publishing a single response on the Foundation website
- Sending a template response to all the complainants

If complainants are not satisfied with the Foundation's response, or wish to pursue the complaint further, the normal procedures will apply.

12. Record keeping and confidentiality

The Foundation will record the progress of all complaints, including information about actions taken at all stages, the stage at which the complaint was resolved, and the outcome. The records will also include copies of letters and emails, and notes relating to meetings and phone calls.

This material will be treated as confidential and stored securely and will be viewed only by those involved in investigating the complaint or on the review panel.

This is except where the secretary of state (or someone acting on their behalf) or the complainant requests access to records of a complaint through a freedom of information (FOI) request or through a subject access request under the terms of the

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Data Protection Act, or where the material must be made available during a Foundation inspection.

Records of complaints will be kept securely, only for as long as necessary and in line with data protection law, our privacy notices and records management policy/record retention schedule.

We will provide to the CQC, when requested to do so and by no later than 28 days beginning on the day after receipt of the request, a summary of:

- complaints made under such complaints system.
- responses made by the registered person to such complaints and any further correspondence with the complainants in relation to such complaints
- any other relevant information in relation to such complaints as the Commission may request.

13. Learning lessons

This care service works on the principle that if a person who uses the service or anyone who acts in their best interests wishes to make a complaint or register a concern, they should find it easy to do so. It is the care service's policy to welcome complaints and look upon them as an opportunity to learn, adapt, improve and provide better services. This policy ensures that complaints are dealt with properly and that all complaints or comments by individuals and their relatives and carers are taken seriously.

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

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

The outcomes of the investigation and the meeting are recorded in the complaints book and any shortcomings in procedures are identified and acted upon.

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.

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14. Monitoring and Compliance

All PHF Health & Wellbeing 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.

The Foundation will monitor the effectiveness of the complaints procedure in making sure that complaints are handled properly. The team will track the number and nature of complaints, and review underlying issues.

This policy will be reviewed every 2 years.

At each review, the policy will be approved by the Quality and Standards Committee

15. Associated Policies & References

Policies dealing with other forms of complaints include:

- Safeguarding policy and procedures
- Admissions policy
- Staff grievance procedures
- Staff disciplinary procedures
- Privacy notices

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