


<h1>CS002 The Children's Trust Complaints Policy & Procedures</h1>	 <p>The Children's Trust For children with brain injury</p>
<p>Lead: Director of Clinical Services</p>	<p>Date Reviewed March 2016</p>
<p>Critical Readers: Clinical Governance Monthly Meeting Head of Nursing & Care Parents of long term children</p>	<p>Date Read April 2018</p>
<p>Final Approval: Clinical Governance & Safeguarding Committee</p> <p><i>Mr Charles Edwards</i></p>	<p>Date Approved: April 2018</p>
<p>Next Review: April 2021</p>	<p>Issue Date April 2018</p>

CS002 Complaints Policy & Procedures

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CS002 Complaints Policy & Procedures

1. Purpose

The Children's Trust is committed to providing consistently high standards of service. All complaints must be handled thoroughly without delay and with the aim of satisfying the complainant, learning from the issues raised whilst being fair and open with those involved. There is a need to view complaints positively as a valuable contribution to improving services. The Children's Trust is committed to identifying lessons learnt so services can be improved.

2. Scope

The policy applies to all complaints received (with exception of Fundraising complaints) either verbally or in writing received and relating to The Children's Trust and its services.

3. Statement

Principles of Good Practice

- Getting it right
- Being customer focused
- Being open and accountable
- Acting fairly and proportionately
- Putting things right
- Seeking continuous improvement
- Being transparent

- 3.1 To ensure that all complaints are fully investigated to the satisfaction of the person making the complaint.
- 3.2 To ensure that all staff have a clear complaints procedure to follow and receive appropriate training to successfully manage complaints.
- 3.3 To ensure that complaints and feedback are used as a learning process to improve the quality of services.
- 3.5 To meet the requirements of the Care Standards Act 2000, National Minimum Standard 16 and the Health & Social Care Act 2008.

3. Responsibilities

The Chief Executive has overall responsibility for complaints and compliance with this policy.

The Director leading the department has responsibility for ensuring all complaints are fully investigated and responded to within the agreed time frame. The Director is also responsible for ensuring learning takes place alongside the monitoring the implementation of any action plans for their area.

The appointed investigator is responsible for fully exploring the issues raised in the complaint, feeding back the findings in person or on rare occasions drafting a written response. The investigator is also responsible for identifying learning from the complaint and recommending actions.

All staff have a responsibility to understand this policy and its impact on their area of work.

4. Definitions

4.1 A complaint can be defined as an expression of dissatisfaction with the care, services or facilities provided by The Children's Trust. The Children's Trust will seek to distinguish between requests for assistance in resolving a problem quickly to the satisfaction of family and those complaints that require further exploration in order to identify learning from the issues raised.

4.2 Throughout this policy the term "child" will refer to children and young people.

5. Training

Staff will receive training on how to respond to complaints via the advanced communication study day. Investigators officers will complete root cause analysis training.

6. The Complaints Procedure

Informal Verbal Complaints

Many matters that give cause for concern should be dealt with as they arise e.g. issues about care on a house, therapy session, meals or transport arrangements can often be cleared up at the time they occur. Most complaints of this type are dealt with by the line manager or departmental staff. **The line manager should ensure the verbal complaint is recorded on the IRAR system.** Any themes and action plans should be fed back to team meetings and clinical governance monthly meeting. Verbal complaints should be responded to in general within 2 working days unless a more detailed investigation is required.

Written Complaints

Stage 1

Written complaints should be sent to the Director leading the department. The Director will ensure an impartial investigator is appointed. The investigator should contact the complainant within 2 working days by telephone or e-mail to ask if they would like to meet to discuss their complaint. This should then be followed by a letter or e-mail confirming the agreed arrangements (see standard template appendix 2)

The investigator should ensure that they understand the nature of the complaint and all of the issues by meeting with the complainant if possible and identify satisfactory outcomes with them. The investigator has 28 working days for a complaint to be explored using root cause analysis (appendix 3 and 4). The root cause analysis and recommendations reviewed and agreed by the Director. The investigator should establish with the complainant how they would like to be updated on progress with their complaint. The investigator or the Head of Department should meet with the complainant and discuss the findings and learning from the investigation. Any amendments or further exploration of the issues can be agreed at this time. If after exploring all of the issues and the learning the complainant is not satisfied, the complaint should proceed to Stage 2 of the Complaints Procedure.

Each complaint should be logged on the IRAR system and risk assessed. The root cause analysis and risk assessments will inform the departmental and corporate risk register.

Stage 2

The Director will contact the complainant within 2 working days to discuss the outstanding issues and arrange a meeting if possible or agree further actions by telephone or e mail. The meeting should identify those issues which remain unresolved and establish what actions need to be taken to ensure the complainant is satisfied. If for any reason the complainant does not wish to meet then all unresolved issues will need to be responded to in writing. The draft

response should be agreed by an appropriate member of the Board of Trustees to ensure there has been appropriate exploration and learning from the issues raised.

Stage 3

If the complainant remains unhappy with the outcome, the Chief Executive will call together an independent panel to meet with the complainant and consider the complaint. The complainant should receive a response within a minimum of 28 working days of the complaint being escalated to level 3.

If a complainant is still not satisfied for Clinical Services contact can be made with:

- The responsible commissioner funding the child/young person's placement,
- The child's local Social Services Department – details from www.direct.gov.uk,
- NHS – www.ombudsman.org.uk.

If the complainant is still not satisfied about an issue which effects the whole of The Children's Trust School, rather than an individual child a complaint may be made to Ofsted: Tel no: 0300 123 1231 <https://contact.ofsted.gov.uk/onlinecomplaints>

An information leaflet "Compliments and Complaints" will be sent to all children and their families in the welcome pack prior to them attending the Trust. It explains how to make a comment, suggestion or complaint. Further copies are available by 'You Said We Did' points across the Trust.

Children Who Want to Complain

Whenever a child indicates that they wish to make a complaint they will be supported by their Key Worker or an advocate. The complaints procedure should be followed with consideration for the child's wishes.

The child may need help to make a complaint and they should also be aware that they can complain via their placing authority and should be assisted by a Children's Trust Social Worker to do this or by an advocate from Jigsaw 4U.

Documentation

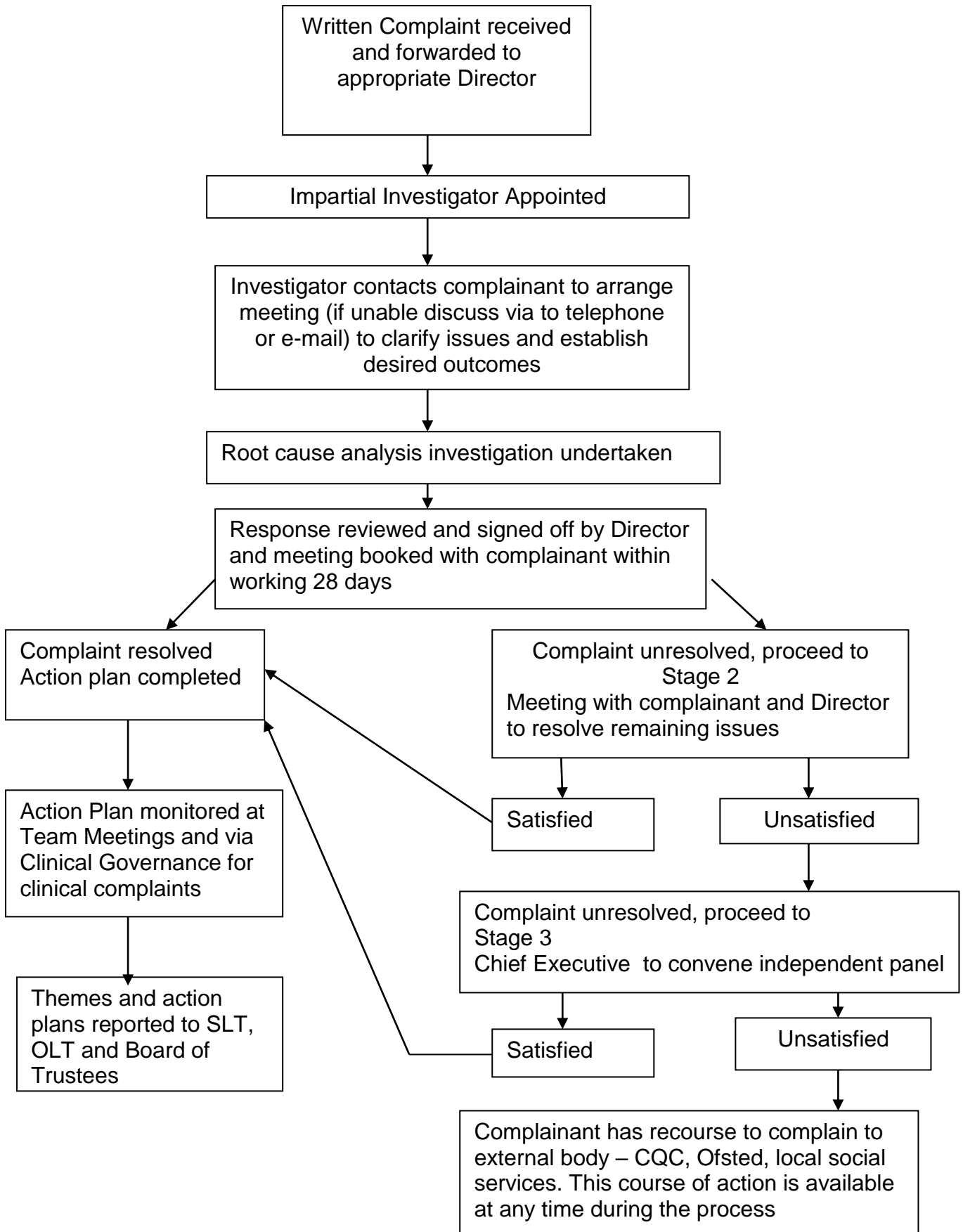
Written and verbal complaints must be documented on IRAR and risk assessed.

The Registered Manager will keep a copy of documentation relating to a complaint within their area for scrutiny by Ofsted or CQC.

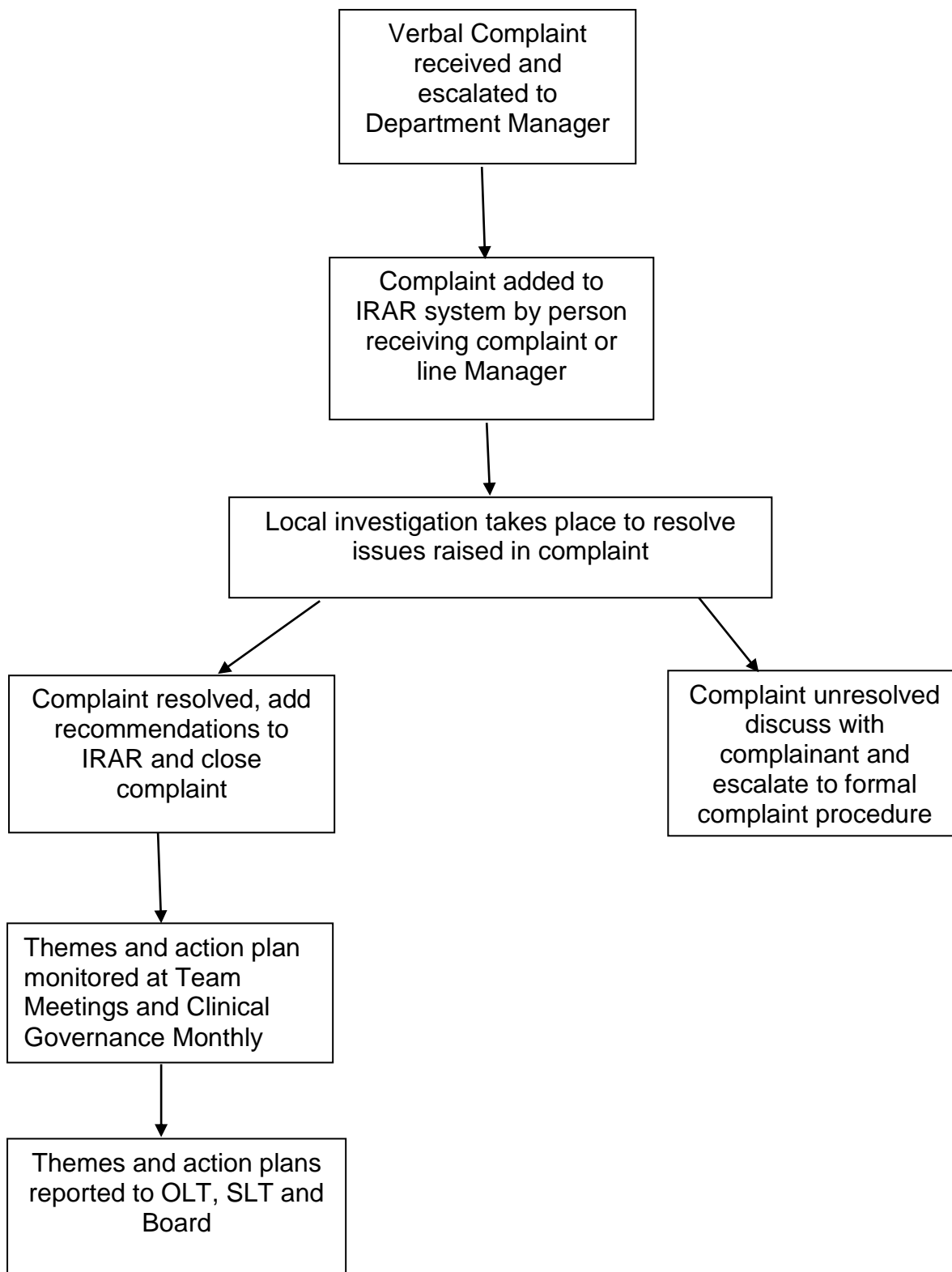
Quality Assurance – Monitoring

Themes from complaints and their outcomes are reported to the Senior Leadership Team, the monthly Clinical Governance Meeting and the Quarterly Clinical Governance & Safeguarding Committee which reports to the Board of Trustees. Themes from complaints are also discussed at the Operational Leadership Team meeting to ensure site wide learning. An annual report will outline complaints received and outcomes will be presented to the Board of Trustees.

Written Complaints Procedure Flow Chart



Verbal Complaints Flow Chart



Date

Address

Dear

Thank you for your letter dated . I am very sorry that you have had to raise these concerns and I would like to fully cooperate with you to resolve the issues you have outlined. **(Person heading investigation)** will be conducting a full investigation. In order to ensure a comprehensive investigation is carried out into the issues you have raised it may take me up to a maximum of 28 working days to respond. If at any time you wish to discuss any aspect of your complaint in person or by telephone please do not hesitate to contact me or **(insert the name of the investigating officer and their contact details)**.

At the Trust we take complaints or adverse comments about the service that we provide very seriously and wish to learn from your comments and act to solve any problems. However if you felt that you needed an outside body to look at your concerns, you can contact the Trust's registration bodies Ofsted or Care Quality Commission – the details are on the enclosed leaflet together with details of our complaints process.

Yours sincerely

Name

Role

Direct line/email 01737 36

[@thechildrenstrust.org.uk](mailto:thechildrenstrust.org.uk)

Encs

Appendix 3

Investigation Process

A root cause analysis approach will be used for investigations. This is a structured investigation process which utilises tools and techniques to identify the true causes of an incident or problem, by understanding what, why and how a system failed. Analysis of system failures and true causes enables targeted and, where possible, failsafe actions to be developed and implemented which demonstrate significantly reduced likelihood of recurrence.

Scope of Root Cause Analysis

Concise investigation – used for complaints. Commonly involves completion of a one page structure template. Conducted by one person not involved in the complaint

Investigation Management

Investigations should take a maximum of 28 days

Fact find – 60% of time spent gathering data

Analysis – Only once all the facts have been gathered

Conclusion – Develop targeted failsafe solutions/recommendations

Gather Documentation

Incident report

Health records

Guidelines, policies and procedures

List of key staff involved, staff rotas

Training and supervision records

Medical equipment maintenance records

How to gather information from people

Review entries in record

Speak with those involved

Ask staff who cannot meet in person to forward written details

Equipment

Check any equipment which may have been involved

Timelines

Draft a standard timeline

Identify Care or Service Delivery Problems

Only once the data has been gathered can you begin to identify problems

What are care or service delivery problems:

Every point where something happened that shouldn't have

Or

Something that should have happened didn't

Care Delivery Problem

Problems that arise in the process of care or therapy, usually actions or omissions by staff

Service Delivery Problem

Acts or omissions identified during the analysis of the incident, but not associated with direct care provision

Identify any contributing factors

Contributing factors are influencing or causal factors that contributed to the incident

The factors may be:

Child

Staff

Task

Communication

Team and social

Education and training

Equipment and resource

Working conditions or environmental

Organisational and strategic

Find the root cause

The root cause is the fundamental contributory factor. The one which had the greatest impact on the system failure. One which if resolved will minimise the likelihood of recurrence both locally and across the organisation.

Find the lessons learned

Sometimes investigations show no root causes. However the investigation may still identify

Primary influencing factors

Variations to acceptable practice which had a bearing on but did not cause the incident

Significant unrelated safety issues

The investigation may still identify unrelated issues for action or research

Root Cause Analysis Investigation Report (concise)

Incident Description and Consequences
Incident Description:
Incident Date:
Incident Type:
Actual effect on child/person or other (property, reputation):
Actual severity of the incident:
Involvement and Support of child and parents/staff/visitors
Findings:
Detection of Incident:
Care and/or service delivery problems
Contributory Factors
Root cause
Lessons learned

Conclusions:
Recommendations:
Arrangements for shared learning:
Author and job title:
Report date:

Chronology (timeline) of events	
Date and time	Event

Name of affected person			Incident No	Date of incident	Investigation closed date
Outline of incident					
Number	Recommendation	Actions progress/ comments	Deadline Date	Actions completed	Lead

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Related Policies
Services for Children Policy Statement
CS003 Safeguarding Children & Young People
CS004 Confidentiality
CS007 Record Keeping
CS008 Admissions
HR105 Public Interest Disclosures (Whistleblowing)
References / Recommended Reading
Royal College of Nursing (1995) <i>Issues in Health & Nursing 12: Dealing with Complaints: Guidance for Good Practice</i>. London: RCN
The Children Act Section 26
The Children Act Statutory Guidance
Adoption & Children Act Section 119
Care Standards Act
Children’s Homes Regulations
National Minimum Standards for Children’s Homes – Standard 16
The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 (the Regulations 2009)
Department of Health: Listening, Improving, Responding NHS Constitution
Principles of Good Complaint Handling, Parliamentary and Health Service Ombudsman
Making Experiences Count – A New Approach to Responding to Complaints
Supporting Staff, Improving Services – Guidance to support implementation of the National Health Service (Complaints) Amendment Regulations 2006 (1/9/06)
NHSLA Risk Management Standards Regulations 2012/13 Criterion 2.3

Version	Date	Author	Changes
13	January 2015	M Clancy	Description of new process
14	May 2016	M Clancy	Change of timeline to 28 days Root cause analysis paperwork added
15	April 2018	M Clancy	Added verbal complaints to IRAR Risk assessment Reporting to OLT