

# COMPLAINTS POLICY AND PROCEDURE

## SECTION ONE – POLICY

### 1. Introduction

1.1 Age UK Wigan Borough (AUK WB) aims to provide services of the highest standard possible. When this is not achieved, we aim to ensure that there is an easy and effective way for service users to make comments or formally complain and to ensure that lessons are learned from any complaints.

1.2 This procedure is intended to ensure that complaints are dealt with properly and taken seriously. It covers any complaints which are received.

1.3 Nothing in this policy will contravene the effective implementation of the Equality, Diversity and Inclusion Policy (P14/08) of AUK WB. The organisation will seek to implement all relevant legislation and develop best practice in equality and diversity and other organisation policies will support this objective.

### 2. Scope

2.1 All AUK WB employees (permanent and temporary staff working under a contract of service), volunteers, all job applicants, agency staff, contractors and consultants are covered by this policy and expected to fully comply with it.

### 3. Definitions

3.1 In this document, the term 'service user' covers anyone who comes into contact with our services. Within the organisation, they may be known as 'customers', 'service users' 'clients' or 'members' of Bright Days activities.

### 4. Complaints Policy Statement

4.1 AUK WB is a responsive organisation which aims to put older people at the heart of the services we provide. We welcome comments and complaints and are committed to dealing with them fairly and effectively. Whilst we aim to get it right first time, complaints can be a valuable part of quality improvement. AUK WB sets high standards and we want to know if we fall short of achieving them.

4.2 AUK WB will:

- Welcome complaints as a valuable means of quality improvement and improving service delivery.
- Make a distinction between informal complaints, where we can resolve the issue quickly and formal complaints which need to be investigated.
- Deal with all complaints fairly and effectively, providing explanations and resolutions.
- If a complaint is upheld, put preventative action in place so that the issue does not recur.
- Promote the complaints policy and encourage the people who use our services to

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- use it.
- Ensure that staff are familiar with the policy and can explain it to people who wish to make a complaint.
- Review the policy and procedure on a regular basis.

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#### 5. Informal Complaints

5.1 If comments, queries or concerns are made about a service which indicate dissatisfaction with the service they should in most instances initially be dealt with by the front-line staff member or volunteer. If a volunteer picks up on a complaint, they must inform a staff member as soon as possible and complete the complaint template. Such comments, queries or concerns will be regarded as informal complaints. If the matter cannot be resolved, the service user should be advised that they may make a formal complaint.

5.2 When staff and volunteers receive a complaint, they should remain polite, courteous and sympathetic. They should not accept blame, make excuses or blame other staff.

5.3 If the complaint is being made on behalf of a service user by an advocate, it should be verified that the person has permission to speak for the service user, especially if confidential information is involved. It is easy to assume that the advocate has the right to speak for the service user when they may not. If in doubt, it should be assumed that the service user's explicit permission is needed prior to discussing the complaint with the advocate.

5.4 After discussion with the service user, the member of staff/volunteer should suggest a course of action to resolve the complaint and check that this is acceptable to the service user. If the proposed plan is not acceptable, the member of staff/volunteer will ask the service user to put their complaint in writing to the service Team Leader or Manager and a copy of the complaints procedure given to the service user.

5.5 The appropriate staff member/volunteer is to keep a record of these informal complaints and details passed to the Central Services Assistant to keep a record of all informal complaints. These will be reviewed by the Senior Management Team to support continued improvement of services.

5.6 When a complaint is received, it is possible, in some circumstances, for this to be considered as an informal complaint. The service Team Leader or Manager will decide in consultation with the service user whether or not a complaint is dealt with informally or formally. If it is to be dealt with informally then the service Team Leader or Manager will notify the complainant of this decision and deal with the complaint within 28 days.

5.7 Some complaints should never be viewed as informal. These include complaints where a serious allegation is made such as safeguarding or unacceptable behaviour that could be considered as gross misconduct.

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### 6. Formal Complaints

#### *a. How to complain*

6.1 If required, the complaints policy will be made available to service users to explain how to make a complaint, and what will happen to that complaint. Complainants will be encouraged to make a written complaint, but do not have to do so. A formal complaint may be accepted in any form.

6.2 Anyone may choose to make a direct formal complaint without reference to front line staff/volunteers.

6.3 All complaints should be addressed to Age UK Wigan Borough, 74-80 Hallgate, Wigan WN1 1HP and marked 'complaint'

6.4 Anonymous complaints are discouraged because this makes it difficult to investigate properly and impossible to respond to the person making the complaint. Anonymous complaints should be considered but on a more limited basis than one with a named complainant.

6.5 Generally complaints made later than 12 months after the event occurred are not dealt with, unless there is a good reason for not complaining earlier and it is still possible to investigate the complaint fairly and effectively. Complaints which are judged to be vexatious will not be considered. These may include repeated complaints. If this is the case, then the CEO and a trustee will make this decision on a case-by-case basis with clear reasons why and the complainant will be informed of the decision not to consider the complaint. Complaints which are subject to legal matters may need to be deferred until after any legal proceedings are concluded and will then be considered in terms of if and how practice should be changed.

#### *b. Registration of Complaint*

6.6 In most circumstances the service Team Leader or Manager will deal with complaints. If the complaint is about a Team Leader or Manager, a member of the Senior Management Team will be asked to deal with the complaint.

6.7 Upon receiving a complaint, the Team Leader or Manager will normally contact the complainant directly within seven days and advise the complainant of how the complaint is being dealt with and the timescale involved. A record will be made of the complaint in the Complaints Register, which is available in the shared X drive SMT folder.

6.8 At this stage the Team Leader or Manager will decide whether the complaint should be investigated. A complaint cannot be deemed inappropriate by virtue of the staff member/volunteer involved.

6.9 The Team Leader or Manager will normally ensure that a copy of the complaint is sent to any staff member/ volunteer named in it so that they have the opportunity to respond to the complaint.

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6.10 Should the Team Leader or Manager consider it is necessary to halt or suspend a particular service in respect of the case pending investigation, a member of the Senior Management Team should be consulted.

6.11 If the complainant raises potentially serious matters such as safeguarding or serious misconduct, discussion should be had with a member of the Senior Management Team. It may be appropriate for legal advice to be sought before proceeding to the investigation. If legal action is taken, any investigation under the complaints procedure will cease.

### *c. The Investigation*

6.12 The Team Leader/Manager will conduct an investigation, interviewing the complainant and others as appropriate. If required, support will be given by a member of the Senior Management Team.

6.13 Assistance to identify independent advocacy support for complainants can be given if required.

6.14 An offer of a meeting to discuss the issues with the complainant may be made. The complainant should be advised that they may bring a friend, relative or representative such as an advocate to the meeting.

6.15 During the investigation, the Team Leader/Manager should consult with a member of the Senior Management Team if it is felt that the involvement of the police is required.

6.16 Staff/volunteers need to be aware that it may be necessary to undertake an investigation when a complaint has been made. It is, therefore, important that staff/volunteers co-operate with the investigation and provide information to the Team Leader/Manager as required.

### *d. Action Following Investigation*

6.17 Upon completion of the investigation, when appropriate, the Team Leader/Manager will decide what action should be implemented. An outcome letter, along with any agreed actions, will be sent to the complainant within 28 days. If this is not possible then the Team Leader/Manager needs to agree a timescale for extension with the complainant. In any event this extension would not normally exceed a full response to the complainant within three months unless there are exceptional circumstances.

6.18 The complainant should be advised of the Review procedure in the outcome letter.

6.19 The outcome of the complaint should be documented in the Complaints Register, which is reviewed at Senior Management Team meetings.

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### e. *Reviews*

6.20 If the complainant is dissatisfied with the outcome of their complaint, they may ask for the response to be reviewed within 14 days of receipt of the outcome letter. Such a review must be undertaken by a Review Panel.

6.21 The Review Panel should meet within 28 calendar days of the request for a review being received. It must be made up of 3 people as follows:

- a. An independent person who will act as Chair of the panel. This person will be selected by the Chief Executive Officer or Chair and have relevant experience. He/she will not be an employee, a trustee or a spouse/partner of an employee or trustee.
- b. One member of the Board of Trustees;
- c. The Chief Executive Officer.

If the Chief Executive Officer has had involvement in the initial investigation, then two trustees should be involved.

6.22 The Panel's recommendations should be recorded in writing within 24 hours of the completion of their deliberations.

6.23 A member of the panel (normally the Chief Executive Officer) will write to make the decisions known to the complainant within 14 days, explaining the decision and reasons for it.

6.24 In terms of AUK WB complaints procedures there is no further action that the complainant can take.