

COMPLAINTS POLICY

If, as a Response staff member, you require assistance in order to read or understand this policy, please let your manager or HR know as translation, interpretation, Braille or a signing service can be made available. For non-Response staff, if assistance is required, please email info@response.org.uk

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Lead Officer:	Louise Packer, Head of Governance and Compliance		
Approved by:	Performance Committee		
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Change History

Version	Issue Date	Originator/Modifier	Reason for Change
1	30.08.2022		Review
2	22.02.2023	Jen Healey	Review of appeal process
3			
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Policy Statement, Aims and Principles

In line with our organisational values the aim of this policy is to underpin the process for dealing with complaints to ensure the process is fair, equitable, open and transparent and completed within set time frames.

Complaints are an opportunity to learn, adapt, improve and provide better services. They also demonstrate and assure accountability. The policy is not designed to apportion blame, to consider the possibility of negligence or to provide compensation.

Definitions

A **complaint** is an expression of dissatisfaction about standards of service, actions or lack of actions by the organisation or those acting on its behalf. Anyone can make a complaint either for themselves or on behalf of somebody else as an advocate.

Safeguarding concerns about an individual's right to live in safety, free from abuse and neglect will take precedent over this policy and are covered in the Safeguarding Policies.

Accident or Incidents which may result in damage, harm or injury will take precedent over this policy and are covered in the Accident and Incident Policy and Procedures.

Other concerns are an expression of worry or doubt over an issue considered to be important for which reassurances are sought. This is not covered by this policy.

A **grievance** is a complaint made by an employee about any matter relating to their contract of employment or about the conduct of another employee. Such matters should be addressed through the Grievance Policy.

A **disciplinary matter** is an issue which is being formally addressed with an employee by the organisation in relation to a potential breach of their contract of employment. Such matters should be addressed through the Disciplinary Policy.

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A **whistleblowing matter** is an issue raised by an employee or other stakeholder where there is a perception of serious wrongdoing by the organisation which is in the public interest to be reported. Such matters should be addressed through the Whistleblowing Policy.

An **Anti-social Behaviour issue** is behavior that is impacting on the wellbeing of another person. Such matters should be addressed through the Managing Anti-Social Behaviour Policy and Procedure.

A **Maintenance Issue** is a concern relating to a Response property and its upkeep. Such matters should be addressed through the maintenance reporting process.

A **Client-to-client complaint** is an issue raised by one client concerning another client and should be dealt with initially at a local level.

The complaints process should only be used if these matters are not satisfactorily resolved via the routes highlighted above.

Most complaints, if dealt with early, openly and honestly, can be resolved at a local level between the complainant and the organisation. Failure to address or resolve a complaint may result in a failure to operate according to our organisational values and may lead to an exacerbation of problems, poor customer experience, stakeholder dissatisfaction, risk and even litigation.

Scope

The policy provides guidance for anyone wishing to make a complaint and for employees receiving a complaint. It outlines the process and timescales for employees investigating complaints and the appeals process should a resolution to a complaint not be accepted by a complainant.

Compliance

Care Standards Act Regulations 2015
Complaints Regulations (UK Government) 2009
Equality Act 2010
Housing Ombudsman Scheme 2020
Protection from Harassment Regulations 1997
The Children Act 2004 (Safeguarding)
The Safeguarding Vulnerable Group Act 2006
Code of Fundraising Practice 2025

Related Policies, Procedures and Guidelines

Accident and Incident Policy
Advocacy Policy
Confidentiality Policy
Disciplinary Policy
Duty of Candour Policy
GDPR Policy
Grievance Policy
Management of Anti-Social Behaviour Policy
Safeguarding and Protection from Abuse (Adults)
Safeguarding and Protection from Abuse (Children)
Whistleblowing Policy
Fundraising Policy

Responsibility, Delegation and Accountability

The Governance and Compliance team are accountable for:

- Ensuring this policy and associated procedure are upheld.
- Receiving, documenting, monitoring and reporting on all complaints and concerns.
- Delegate responsibility for investigation to appropriate members of the management team, including the executive.
- Ensuring timescales for responding to complaints are upheld.
- Ensuring recommendations from complaints are shared across the organisation as appropriate.
- Keeping the CEO and Director of Corporate Governance and Compliance updated and drawing to their attention any concerns should they arise.
- Apprising the Performance Committee and Board with key findings, themes and actions.

Investigating Managers are responsible for:

- Undertaking investigations as outlined in the procedure.
- Ensuring statutory requirements and organisational values are upheld.
- Providing an outcome to the complainant.
- Providing a Duty of Candour letter if the outcome from the investigation meets the policy requirements.
- Sharing the learning relating to a complaint with the relevant department who is subject to the complaint.
- Ensuring the Governance and Compliance team are kept informed throughout the investigation and provided with a copy of the outcome letter/report.

Managers and management teams have delegated responsibility for:

- Forwarding complaints received to the complaints email address (see Governance and Compliance team details at the end of the policy)
- Sharing and discussing this policy at team, one-to-one and other appropriate meetings
- Allocation of complaint to a member of their team who will act as the investigation officer
- Supporting any investigation by providing the investigating manager with required information and time to meet with any staff member, client or other stakeholder as needed
- Monitoring investigations within their department to ensure adherence to policy including the need to extend timeframes
- Reporting any other issues that relate to the disclosure that may increase risk or potentially hinder an investigation
- Disseminating learning as a result of the outcome of an investigation.
- Providing teams and clients with support and/or referrals to other support networks and agencies if needed or seek guidance from the Human Resources department.

Sharing Information

During the investigation, should issues arise that need to be escalated to appropriate third parties for reasons of managing risk and safety, we will do this openly and transparently. This decision will normally be shared with the complainant while adhering to confidentiality and data protection regulations unless there are compelling reasons of safety or risk not to do so. The decision and how it is communicated to the complainant will be made by the investigating manager, communicated internally to the Head of Service and CEO and shared with the Head of or the Director of Corporate Governance and Compliance.

Training and Staff Support

Staff identified as being responsible for investigating complaints and reporting will be provided with the appropriate training and ongoing development which may also include coaching and mentoring.

Process

Through all stages in the complaint's process, support is provided by the investigating officer to the complainant. The Governance and Compliance team offer guidance, information and signposting to the investigating officer. To ensure neutrality is upheld and accessibility issues are resolved, advice from the Governance and Compliance team or Managers can be sought with advocacy available via:

Pohwer, a charity and the advocacy, information and advice services that provide a free, independent and confidential service:

<https://www.pohwer.net/>

If a complaint involves a partner organisation, this will usually be shared in line with GDPR. In such cases investigation, in line with the process, will normally be carried out jointly.

Although any request for anonymity or non-sharing of personal information will usually be upheld, this may impact on the investigation process and potential outcome. Such requests need to be expressed at the start of the complaint. It should be noted that Response cannot guarantee anonymity where there are issues of risk, safeguarding or legal obligation. We will usually seek the permission of the complainant before disclosing their information in this instance where it is safe to do so.

Informal Stage (Concerns)

A concern raised orally is not usually considered a complaint until it is in writing.

1. Concerns should be escalated to the relevant Manager. If they are serious, the CEO and relevant Director must be informed.
2. Concerns should, where possible, be resolved at this stage, outcomes will be logged at a local level and provided to the individual.
3. If an advocate is involved, verification that the person has permission to speak on behalf of someone else is required unless the advocate is making a complaint on their own behalf.
4. If agreement cannot be reached with the individual concerned on the outcome, the advice to them will be to put the concern in writing to trigger the formal complaints procedure.

Formal Stage

Preliminary Steps

1. A complaint received by the Governance and Compliance Team will be recorded on the complaints log with an acknowledgment letter sent to the complainant within two working days. If a complaint is instead sent to any other Response directorate, it will be forwarded to the Governance and Compliance Team to be actioned.
2. The complaint will be allocated by the Governance and Compliance Team to the appropriate directorate management team, who will assign to a staff member within the team, for investigation.

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Usually, only posts at Manager level or above within that directorate may be nominated to undertake investigations. Exceptions must be suggested in writing for consideration and approval by either the Head of or the Director of Governance and Compliance. Complaints involving a member of staff must be investigated by someone holding a more senior role.

3. There may be occasions where the Governance and Compliance Team considers it appropriate that a complaint is investigated by a directorate not directly associated with the complaint. Such a decision should be authorised by the Head of or the Director of Corporate Governance with the directorate that is subject to the complaint being informed of the reasons for this.

Investigation

1. Contact must be made with the complainant within 3 working days of being nominated as the investigating officer as an introductory measure and to ensure there is full understanding of the nature of the complaint.
2. A formal fact-finding investigation will be undertaken to gather relevant information and will include meeting with the complainant, key employees and other stakeholders and viewing relevant communications and documents.
3. The written outcome of the investigation will be sent to the complainant and copied to the Governance and Compliance Team within 28 days from receipt of the complaint. If we, Response, are at fault we will apologise and take learning from the investigation to reduce the risk of issues reoccurring.
4. A meeting to discuss the outcome can be held prior to the letter being sent or an offer of a follow-up meeting once the outcome letter has been received. Where a meeting is requested by the complainant, they should be advised about their right to be accompanied by a friend, relative or a representative such as an advocate. Meetings should be held in suitable and safe environments such as Response offices.
5. If the issues are too complex to complete the investigation within 28 days, the complainant and the Governance and Compliance Team are informed of any extension necessary and the reasons.
6. Complainants have the right to raise their concerns at any stage to an appropriate external body, for example the relevant contract holder or, in the case of CQC registered services, to the Care Quality Commission.

The Governance and compliance team will:

- contact the investigation officer/team at the mid-way point as a way of 'checking in' and offering ongoing guidance if needed and ensure timeframes agreed can be met; and
- at the end of the investigation to have assurance that replies are shared with the complainant and the G&C team and begin a process of learning and development if needed.

Appeals

An appeal is the process in which cases are reviewed, following a request from the complainant to change a complaint outcome decision. Appeals function both as a process for error correction as well as a way of clarifying and interpreting outcomes.

First Appeal

1. Appeals must be submitted in writing to the Governance and Compliance Team within 14 days of the notification of the outcome from the original investigation. The appeal must state which part(s) of

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the outcome the complainant does not agree with and provide further evidence to support their appeal.

2. An appeal received by the Governance and Compliance Team will be recorded on the complaints log with an acknowledgment letter sent to the complainant within two working days. If an appeal is instead sent to any other Response directorate, it will be forwarded to the Governance and Compliance Team to be actioned.
3. The first appeal investigation will be carried out by a member of the senior management team as directed by the Head of or Director of Corporate Governance and Compliance.
4. The appeal outcome will be provided within 28 days of receipt of appeal.

Second Appeal

5. If the complainant remains dissatisfied with the outcome of the first appeal, they may then submit a second and final appeal to a member of the Executive Team. In instances where the complaint is deemed to be of a serious nature the investigating officer will liaise with a member of the Board of Trustees.
6. This appeal must be submitted in writing to the Governance and Compliance Team within 14 days of the notification of the outcome from the first appeal. The appeal must state which part(s) of the outcome the complainant does not agree with and provide further evidence to support their appeal. If new evidence cannot be provided, we may be unable to move forward with the appeals process.
7. The appeal outcome will be provided within 28 days of receipt of the appeal.
8. Together with the outcome of the appeal, the complainant will be informed in writing that at this stage the internal process has been exhausted but that they have the right to raise their concerns to an appropriate external body, for example the relevant contract holder or, in the case of CQC registered services, to the Care Quality Commission.

NB: The CEO will be informed of all appeal stages and the nominated investigating officer by the Governance and Compliance Team.

Complaints that may not be taken forward

Response will endeavour to address complaints in a way that reflects our values and so it can improve its services. Rarely, however, there are complaints that we are unable to take forward. The decision to do this will be held by the Director of Corporate Governance and Compliance, or in their absence by the Head of Corporate Governance and Compliance in consultation with the CEO.

In these cases, the complainant will be written to by either the Head of or Director of Corporate Governance or Compliance to explain the decision with the CEO copied in. They will have the right to appeal directly to the Chair of the Board of Trustees using the process described above for a final appeal.

The reasons why some complaints may not be taken forward include:

1. When there is no reasonable end in sight because no further action can be reasonably taken.
2. The issues raised are outside of the control of the organisation. In this case we will seek to offer advice on how the complainant might raise these externally.
3. The complaint or precise problem is not clearly identified despite reasonable efforts made to clarify the situation.

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4. Where the substance of a complaint is frequently and seemingly unreasonably being changed whilst it is being dealt with. In this case we would seek to address the primary cause for concern for the complainant.
5. Continuous and unreasonable raising of further concerns or questions by a complainant.
6. The complainant persistently chooses not to adhere to reasonable standards of behaviour or other contact agreements with the organisation.

Please note that further complaints from the same complainant will be considered on an individual basis and investigated in a fair and equitable manner unless they are deemed to fulfil the same criteria as above.

Alternative Investigations

Issues related to the areas described above under “What is not covered by this Policy” may arise during the investigation of a complaint. The complaint investigation may need to be paused if these issues might compromise or prejudice any other investigation. This decision will be made by the CEO in consultation with the Head of or the Director of Corporate Governance and Compliance.

The decision will be communicated to the complainant outlining that the complaint investigation has been paused whilst another process e.g., Serious Incident or Human Resources investigation is undertaken. The complainant will be communicated with during this paused period but without breaching confidentiality requirements. Once the other process has been completed either the complainant will be informed that the investigation has re-started or they will be informed of the conclusion of the other investigation if this is appropriate. To ensure confidentiality the outcome of Human Resource investigations will not be shared with the complainant.

During the investigation, should issues arise that need to be escalated to third parties for reasons of managing risk and safety, we will do this openly and transparently. This will normally be shared with the complainant while adhering to confidentiality and data protection regulations. This decision will be communicated internally to the CEO and shared with the Head of or the Director of Corporate Governance and Compliance.

Timescales For making a complaint:

Complaints are usually made in writing to reduce the likelihood of misinterpretation. If support is required for a written submission, the potential complainant will be signposted to an advocacy service.

Complaints must be made no later than:

- Twelve months after the date on which the matter which is the subject of the complaint occurred.
- or
- Twelve months after the date on which the matter which is the subject of the complaint came to the notice of the complainant.

For responding to a complaint:

Formal acknowledgement will take place within two working days of receipt of complaint.

- The complainant will receive a resolution within 28 days following an investigation, either in writing or by arranging a meeting.
- If the issues are too complex to complete the investigation within 28 days, the complainant will be informed of any extension necessary and the reasons. Completion of investigations must be achieved within a defensible period.

Escalation:

Should a complaint not receive an outcome within any agreed period the following escalation route will apply:

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- 3 working days overdue will be escalated to the Manager of Governance and Compliance who will raise with the appropriate manager of the investigation officer/team
- 6 working days overdue will be escalated to the Head of Governance and Compliance who will raise with appropriate senior manager for the investigation officer/team
- 9 working days overdue will be escalated to the Director of Corporate Governance and Compliance who will raise with the executive where necessary

Reporting

An outcome letter is compiled by the investigating officer, recommendations are approved by the investigating officer's manager prior to it being sent to the complainant. Recommendations or concerns arising from the investigation are reported to the Governance and Compliance Team setting out the nature of each complaint, its path and outcome. These are logged and shared accordingly. Tracking of trends and themes will be carried out by the Governance and Compliance Team which will be reported to Directors and Performance Committee to support monitoring and learning. This will include tracking of any complaints that cannot be taken forward.

Governance and Compliance Team

The dedicated contact details for submission of enquiries are:

Governance and Compliance Team
AG Palmer House
Morrell Crescent
Littlemore
Oxford
OX4 4SU

Complaints@response.org.uk
Telephone: 01865 397 940

Equality, Diversity and Human Rights

Response recognises some people experience disadvantage due to their socio-economic circumstance, employment status, class, appearance, responsibility for dependents, unrelated criminal activities, being HIV positive or with AIDS, or any other matter which causes a person to be treated with injustice.

Response is committed to ensuring that no person or group of persons will be treated less favourably than another person or group of persons and will carry out our duty with positive regard for the following strands of equality; Age, Disability, Gender, Race, Gender-reassignment, sexual orientation, Religion and/or Belief, Civil Partnership and Marriage, Pregnancy and Maternity.

Response will also ensure that all services and actions are delivered within the context of Human Rights legislation. Staff and others with whom Response works with, will adhere to the central principles of the Human Rights Act (1998)

GDPR Statement

Response Organisation manages all of the data referred to in this policy and supporting documents in accordance with the General Data Protection Regulations 2018. For more information on how we handle information, please see our Privacy Policy on our website.

Review

The effectiveness of this Policy is regularly monitored by the Directorate to determine whether any improvements are needed and is reviewed 3-yearly.

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Appendix 1: Complaints Procedure Flowchart

