

Kisimul

Q07 | Complaints

Policy and Procedure

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Equality, Diversity & Inclusion Statement

No person or group should suffer oppression or lack of opportunity because of a protected characteristic. Kisimul Group opposes all forms of unlawful discrimination, and we are committed to encouraging equality, diversity, fairness and inclusion in the application of our policies so that everyone has equal access and feels welcome and at ease. To achieve this aim, the application and accessibility of our policies, and the decisions and outcomes arising from our policies, may be monitored to ensure their use is fair, equal and consistent irrespective of any characteristic as may be defined by the Equality Act 2010. This is to ensure that we are listening to people and appropriately understanding their needs, and are tailoring the way we interact and publish or act on our policies to ensure we are promoting equal access and opportunity at all times.

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1. Introduction

1.1.1 Kisimul Group is committed to responding quickly, openly and sensitively to complainants, and aims to support spirit of candour and a culture of openness and honesty as we seek to resolve concerns, learn lessons from mistakes that may have occurred, and improve the quality of services we provide.

1.1.2 This policy sets out a framework for the management of complaints from the people we support, or their significant others, regarding care or support provided by the Kisimul Group. The schools and college each have their own complaints policy (see [Section 11.1](#)).

1.1.3 The aim of the policy is to outline the procedure to enable resolution of complaints, both formal and informal, as quickly as possible, either through local resolution by front-line colleagues, through colleagues who are empowered to deal with complaints as they arise in an open and non-defensive way, or through subsequent investigation and conciliation.

1.2 Purpose

1.2.1 The policy is designed to ensure that the Group provides a timely and effective service to resolve complainants' concerns, support complainants and colleagues throughout the process, deliver a consistent approach across the Group, and have sound systems for learning lessons from complaints.

1.2.2 We are committed to respecting the human rights of service users and their circle of support, the principles of fairness, respect, equality, dignity and autonomy will be taken into account when receiving, monitoring and reviewing complaints.

1.2.3 The purpose of the Complaints policy is to ensure that:

- The complaints procedure will be accessible and well publicised to people we support, and other potential complainants.
- The Group will respond in a prompt and sensitive way to the complaints it receives.
- The Group response to complaints will be open and transparent.
- The complaints procedure will be supportive for those who may find it difficult to complain.
- The procedure will be accessible to all regardless of age, disability, sex, ethnicity, belief or sexual orientation.
- The procedure will be fair to people we support, other complainants, and colleagues.
- The lessons learned in complaints resolution will be used to improve services for people we support, and to inform colleagues professional development.
- People we support and their circle of support should be able to complain without fear of being discriminated against or adversely impacted as a result of making a complaint.

1.3 Legal Basis

1.3.1 This policy is underpinned by the duty of candour. This requires colleagues to be open and honest in their communication with people we support and their nearest relatives. Being open involves explaining what happened after an event, acknowledging and apologising for mistakes, and putting things right.

1.3.2 This policy sets out a framework for the management of complaints in line with best practice and the expectations of the Local Government and Social Care Ombudsman, the Care Quality Commission and Ofsted. It fulfils the current provisions of the *Local Authority, Social Services and NHS Complaints Regulations 2009* and the *Children's Home Regulations 2015*. In line with these requirements, the complaints procedure provides for concerns to be dealt with through local resolution at Group level. Any complainant who remains dissatisfied following the conclusion of Local Resolution has the right to request an Independent Review from the Local Government and Social Care Ombudsman.

2. Definitions

2.1 Complaint

A complaint is an expression of dissatisfaction, however made, about the standard of service, or actions, or omissions, by the colleagues of Kisimul Group, in the performance of their duties. Any complaint, regardless of level of formality, will be taken seriously and dealt with in a swift manner, according to the guidelines set out in the complaint's procedure. All complaints will be treated as confidential, in line with *Data Protection Act 2018*.

2.2 Informal complaint

People we support, and other potential complainants, are encouraged to verbally or informally voice any concerns they have at a very early stage, so these can be resolved before the issue escalates, and the individual's dissatisfaction increases. Complaints raised in this way are referred to in this policy as **informal complaints**. This includes any concern that is raised by a person we support during key worker meetings, or other communications process. Where this occurs, the colleague concerned should feed this concern into the informal complaints process, and record it as such.

2.3 Formal complaint

We view any complaints as an opportunity to identify anything that is going wrong in our organisation and would hope to resolve them quickly and informally. However, where issues cannot be resolved at informal, verbal stage, the complaint should be submitted to the Group in writing and this would then constitute a **formal complaint**.

3. Scope

3.1 Who can complain?

3.1.1 Complaints may be made by people who use, or have used, our services, their relatives, or representatives acting on their behalf, about issues affecting those we support, with their consent.

3.1.2 A complaint may also be made by a representative acting on behalf of an existing or former service user where that person:

- Is unable by reason of physical or mental incapacity (within the meaning of the *Mental Capacity Act 2005*) to make the complaint him/herself; or
- Has requested the representative to act on his/her behalf
- Is a child
- Has died
- Has been asked to do so by the person we support

3.1.3 If the complainant is not the person we support, and the person we support has capacity to make complaints themselves, the consent of the person we support should be sought before disclosing any personal information to a third party.

3.1.4 In the case of a child, the representative must be a parent, guardian or other adult who has care of the child. Where the child is in the care of the local authority, the representative must be a person authorised by that body.

3.1.5 Children can make a complaint in their own right where it is deemed they have the capacity to do so.

3.2 Complaints which fall outside of this procedure

3.2.1 Complaints which have already been investigated in accordance with Group Formal Complaints Procedure. These will not be re-investigated, and the complainant will be reminded of their right to refer their concern to the Local Government and Social Care Ombudsman for a Stage 2 review.

3.2.2 Complaints made for the first time regarding an issue or concern that arose over 12 months prior to the complaint being made.

3.2.3 The complaint is being or has already been investigated by the Local Government and Social Care Ombudsman.

3.2.4 A complaint that was raised orally and resolved to the complainant's satisfaction by the next working day.

3.2.5 Anonymous complaints. However, where an anonymous complaint raises serious concerns of a safeguarding nature, the anonymous complaint will be dealt with via ***HR05 Speak Up Arrangements*** or ***HR09 Whistleblowing Policy and Procedure***.

3.2.6 The complaint relates to matters that should be dealt with under other proceedings such as grievance, whistle-blowing or bullying and harassment.

3.2.7 This Complaints procedure is not for colleagues. Colleagues who have complaints about other colleagues, support given to a person we support, Group services, or their own employment, should take forward their concerns through the relevant procedures:

- Grievance (***HR04 Grievance Policy and Procedure***)
- Bullying and Harassment (***HR10 Bullying and Harassment Policy and Procedure***)
- Whistle-Blowing (***HR05 Speak Up Arrangements*** or ***HR09 Whistleblowing Policy and Procedure***).

4. Roles and Responsibilities

4.1 The Chief Executive Officer

The Chief Executive is accountable for the Group complaints arrangements, and delegates this responsibility to the Director of Operational and Practice Performance.

4.2 The Director of Operational and Practice Performance

Is responsible for:

4.2.1 Being the executive strategic lead for complaints management.

4.2.2 Ensuring effective systems are in place for the management of complaints in line with national standards.

4.2.3 Monitoring complaints response timescales, and themes and trends from complaints are reviewed within the formal governance structures, to ensure learning is captured and acted upon as appropriate.

4.2.4 Working with the Director of Adult/Children's services to convene a panel review in the event of a complainant being dissatisfied with a written response to a formal complaint.

4.2.5 Escalating concerns to appropriate parties and the Board.

4.3 Heads of Adult/Children's Services

Are responsible for:

4.3.1 Putting effective systems in place for the management of complaints, in line with national standards, within their service area

4.3.2 Providing supervision and oversight to Area Managers with regards to complaints management, and quality of responses.

4.3.3 Meeting with the complainant(s), where direct involvement may help in the investigation and resolution of the complaint.

4.3.4 Convening a panel review in the event of a complainant being dissatisfied with a written response to a formal complaint.

4.4 Area Managers/Operations Leads

Are responsible for:

4.4.1 Effective complaints management within their area

4.4.2 Ensuring all complaints received are investigated in accordance with the Duty of Candour, and that investigation and responses are provided within agreed timescales.

4.4.3 Identifying individual responsibilities for complaints, ensuring that the Investigating Officer has the appropriate seniority and knowledge, and is suitably independent of the events that gave rise to the complaint.

4.4.4 Signing off complaint responses before they are sent to the complainant

4.4.5 Meeting with the complainant(s), where direct involvement may help in the investigation and resolution of the complaint

4.4.6 Agreeing action plans arising from complaints, and ensuring these are implemented and changes in practice take place.

4.4.7 Coordinating and overseeing reports submitted to the Ombudsman to ensure they are clear and factually correct.

4.5 Home/Setting Managers

Are responsible for:

4.5.1 Ensuring all complaints are recorded on the Radar system.

4.5.2 Ensuring complaints are investigated, acknowledged and responded to in line with this procedure.

4.5.3 Immediately referring any complaints that pertain to their own practice to their Line Manager.

4.5.4 Maintaining ongoing dialogue with complainants and ensure they are kept informed of progress.

4.5.5 Ensuring our Duty of Candour is followed and the complaints are investigated and responded to in the spirit of openness and learning.

4.5.6 Keeping robust records and complaint files within the service, including completion of the Complaints Logs that are appended to this policy.

4.5.7 Reporting very serious complaints to the Executive Team via **Q10 Incident Management, Reporting and Investigation Policy**.

4.5.8 Sharing draft final responses with the relevant Area Manager/Operations Lead, and gaining their approval of final responses prior to sending.

4.5.9 Uploading all correspondence to the Radar system.

4.5.10 Ensuring that accessible information is available for people we support, letting them know how to make a complaint (see [Appendix 3](#)).

5. Serious Complaints

5.1.1 If an allegation or suspicion of any of the following areas is received:

- Any form of abuse or neglect related to a child or adult
- Financial misconduct
- Criminal offence
- Safeguarding issues

it should immediately be reported as a Serious Incident under **Q10 Incident Management, Reporting and Investigation Policy** (in all cases of or suspected or actual safeguarding issues) and investigated as a formal complaint, and further referred to the appropriate agency as required.

5.1.2 If the complaint is referred to an appropriate agency for more serious investigation (i.e. police, Local Authority Designated Officer/Safeguarding Team, etc.), the complaints process may not necessarily be the most appropriate route of investigation, and a decision will be made as to whether the complaint should be investigated.

5.1.3 Where the allegation or suspicion is in relation to a professional in a position of trust who is working with people at risk, a referral will be made to the Local Authority Designated Officer/Safeguarding Team immediately.

6. Stage 1 - Local Resolution

Kisimul Group is committed to responding to complaints quickly and sensitively. The majority of complaints will be resolved through local resolution. The primary objective of local resolution is to provide the fullest possible opportunity for investigation, fact-finding and resolution of the complaint, as quickly as possible, with the aim of satisfying the complainant whilst being fair to colleagues.

6.1 Procedure for informal complaints

6.1.1 Those who use our services have an absolute right to use the formal complaints process about any aspect of our work. Nevertheless, there may be opportunities to resolve issues less formally, which should be explored where possible with a view to responding to concerns as they arise, and are informally raised, and resolving these immediately.

6.1.2 Those raising issues should be encouraged to speak openly about their concerns and reassured that what their feedback will be treated with appropriate confidence and will not affect any support given. Any comments or expressions of dissatisfaction should be listened to sympathetically. It should always be the aim of colleagues to resolve concerns promptly so that the experience of those who we support is not diminished.

6.1.3 Colleagues who are unable to resolve the matter themselves should refer them to the most senior member of colleagues on duty. This is the most appropriate route for concerns and issues that do not indicate serious misconduct/negligence or raise concerns in relation to safeguarding children or vulnerable adults. Where colleagues are unable to resolve the complaint, the complaint is very serious, with risk identified, or the complainant wishes it to be dealt with in a more formal manner, the complaint should be dealt with under the formal complaints process.

6.1.4 It is the responsibility of the Home/Setting Manager to maintain a log of all informal complaints made, which will include the following:

- Name of complainant
- Date received
- Issue of concern
- Actions taken to resolve
- Details of feedback given to the complainant
- Date of feedback given to the complainant
- Details regarding their response/level of satisfaction

6.1.5 A template is provided at [Appendix 1](#). A copy of this will be held at the home/setting and made available for the analysis of themes and trends within the company governance structures when required.

6.1.6 Feedback of the action taken and outcome will be given within 7 days from the date it was received. Where this is not possible, the complainant should be notified in writing of progress, and the reasons for any delays.

6.1.7 Following this, if the matter is felt not to have been resolved satisfactorily, a **formal complaint** can be made, by the complainant, to the Group.

6.2 Procedure for formal complaints

6.2.1 Where possible, complainants should be encouraged to make formal complaints in writing. However, if they are not able to do this, or the matter needs more urgent resolution, then formal complaints can be taken verbally from complainants, by colleagues, with an account of the concerns agreed with the complainant, and summarised in writing by a member of colleagues.

6.2.2 Where the person we support or other complainant needs or wants objective/confidential support to do this, from outside of the Group, they should be provided with details of an external advocacy service, who can support them with making a formal complaint, and supported to access this, if needed.

6.2.3 Formal complaints are recorded in a formal complaints log (see [Appendix 2](#)), which is stored confidentially at the site concerned, in a complaints file, that holds copies of the original complaint and all subsequent correspondence. This will include the following:

- Name of complainant
- Copy of the complaint
- Copy of acknowledgement letter (template letter can be seen at appendix 3)
- Copy of any relevant investigation information
- Copy of the response to the complaint
- Any subsequent correspondence from the complainant

6.2.4 All records, complaint register, correspondence and statements etc. relating to individual complaints are stored confidentially in line with *Data Protection Act 2018* and the *Working Together to Safeguard Children 2023* guidelines, except where the Secretary of State or a body requesting an inspection makes a written request for access to the information.

6.2.5 All formal complaints, acknowledgement letters and final responses will be uploaded to the Radar system and copies forwarded to the relevant Area Manager or Operational Leads for Children's and Adult Services, at the point of receipt/completion.

6.2.6 The Director of Quality will maintain a central log of all complaints, and monitor themes, trends, lessons learned and timescales for completion.

6.2.7 Nobody who is the subject of a formal complaint will be involved in investigating it.

6.3 Timescales

Day 0 - Complaint received

The Home/Setting Manager will:

- Forward a copy of the complaint to the relevant Area Manager or Operational Lead.
- Record the complaint on the Radar system.
- Arrange to meet with the complainant, where appropriate.

By working day 3

The Home/Setting Manager will:

- Acknowledge the complaint by letter.
- Send a copy of the complaints acknowledgement letter to the relevant Area Manager or Operational Lead.
- Upload a copy of the complaints acknowledgement onto the Radar system.
- Seek the consent of the individual concerned (where the complaint relates to the care and treatment of a person we support who has capacity).
- Determine the proposed plan for investigation and resolution, and set this in motion.

By working day 20

A draft complaints response should be sent by the Home/Setting Manager to the relevant Area Manager or Operational Lead for review and agreement.

By working day 25

The Home/Setting Manager should send the final response to the complainant, and upload it to the Radar system.

6.4 Procedure for complainants unhappy with original written response

6.4.1 Where the complainant is unhappy with the written response, the Head of Adult/Children's Services and the Director of Operational and Practice Performance will be informed and copied in to any relevant correspondence, who will then liaise to consider, where appropriate:

- Further investigation be carried out by another manager not connected with the initial investigation into the complaint.
- Arranging mediation.
- Convening a panel review on behalf of the Group, which will consist of at least three people who were not directly involved in the matters detailed in the complaint. Panel reviews will:
 - Allow for the complainant to attend and be accompanied at a panel hearing if they wish.

- Make findings, recommendations and detail action taken.
- Provide these to the complainant and, where relevant, the person complained about; and are available for inspection on the premises, by the Group and Home/Setting Manager.

6.4.2 Where this is unsuccessful and the complainant remains dissatisfied, they will be reminded of their right to progress to Stage 2 Independent Review by the Local Government and Social Care Ombudsman. Details of Stage 2 of the complaints process will be included in final complaints responses.

7. Stage 2 – Independent Review by Local Government and Social Care Ombudsman

7.1.1 Once a complaint has been fully dealt with by Kisimul Group, and the complainant is not satisfied with the outcome, they can refer their complaint to the Local Government and Social Care Ombudsman (LGSCO) and ask for it to be reviewed. The LGSCO provides a free, independent service and can be contacted for information and advice, or to register a complaint:

- on 0300 061 0614
- via www.lgo.org.uk/adult-social-care/
- in writing to The Local Government and Social Care Ombudsman, PO Box 4771, Coventry CV4 0EH

7.1.2 The LGSCO will not usually investigate a complaint until the provider has had an opportunity to respond and resolve matters.

8. Regulators

In addition, complainants can contact the appropriate regulator as follows;

8.1 Adult Services

Care Quality Commission National Correspondence
Citygate
Gallowgate
Newcastle upon Tyne NE1 4PA
Tel: 03000 61 61 61
Web: www.cqc.org.uk

8.2 Children's Services

Ofsted National Business Unit
Piccadilly Gate
Store Street
Manchester
M1 2WD

Tel: 0300 123 1231

Web: www.ofsted.gov.uk

9. Other Bodies

9.1 Disability Rights Commission

Where there is deemed to have been a breach of the *Equality Act 2010*.

9.2 Commissioning Authorities

Complaints may be made directly at any time to the relevant commissioning authority.

10. Governance and Learning from Complaints

10.1.1 The complaints process aims to ensure that learning from feedback is used to improve the quality of services provided by the Group. The timely and appropriate dissemination of learning from complaints is essential to ensuring participation in the learning process and improved care.

10.1.2 Complainants satisfaction regarding the quality of the response, the efficacy of how their complaint was handled, and subsequent action taken to alleviate the matter regarding which they were concerned, is subject to annual audit.

10.1.3 Data with regard to complaints, and how they have been handled and responded to, will be reviewed within the Practice Effectiveness and Safeguarding Committees, and the Quality Board. This will include:

- Outcomes of annual complaints audit, and the implementation of the findings.
- Details of complaints (number and type) received in the quarter.
- Due and overdue investigations.
- Outcomes of investigations in the quarter.
- Themes and hotspots.
- Actions taken and lessons learned from the themes.
- Action implementation delays.
- Complaints referred to the Ombudsman and subsequent outcome.
- Any serious or contentious issues of concern.

10.1.4 The Practice Effectiveness and Safeguarding Committees are responsible for providing oversight of complaints, adequacy of complaints handling, and ensuring local lessons are applied, and shared Group wide as required. A summary of activity, and any risks, themes or trends identified, together with details of any themes that need addressing proactively, at organisational level, will then be escalated to the Board of Directors, via the Quality Board.

11. Linked Documents

11.1 Kisimul Policies

11.1.1 HR04 Grievance Policy and Procedure

11.1.2 HR05 Speak Up Arrangements

11.1.3 HR09 Whistleblowing Policy and Procedure

11.1.4 HR10 Bullying and Harassment Policy and Procedure

11.1.5 Q10 Incident Management, Reporting and Investigation Policy

11.2 Legislation and Guidance

11.2.1 Children's Home Regulations 2015

11.2.2 Equality Act 2010

11.2.3 Local Authority, Social Services and NHS Complaints Regulations 2009

11.2.4 Mental Capacity Act 2005

11.2.5 Working together to Safeguard Children 2023

Appendix 1 – Informal Complaints Log Template

Available to Kisimul colleagues on SharePoint via this link:

<https://kisimul.sharepoint.com/:x:/s/Policies/ESMhR7a6S1ZNoDbja-dZFHoBdlGe9503ZkihrCAjtYPctA?e=ytIAK0>

Appendix 2 – Formal Complaints Log Template

Available to Kisimul colleagues on SharePoint via this link:

<https://kisimul.sharepoint.com/:x:/s/Policies/EQlwB6rjdOhEraZnjsaEK-UBw2S2Wq1ekOL-hMEzzig5xw?e=DHVgR7>

Appendix 3 - Accessible Information Resources

Various files are available to Kisimul colleagues to help the people we support share their experiences, via the SharePoint links below:

Sharing a Complaint about my Care

<https://kisimul.sharepoint.com/:b:/s/Policies/EWV6ErqadbBArDgoxyyF9TYBO9FDwzYQBipb7xwqyHCQDA?e=WPLafX>

Sharing a Compliment about my Care

<https://kisimul.sharepoint.com/:b:/s/Policies/ETTKG6og7sNCvHPzBahxrcgBdTzyJRKXJ3gwPaLSIMfauw?e=dss8hu>

Sharing my Experience

<https://kisimul.sharepoint.com/:b:/s/Policies/ERYhupTQ8vRAgpRmn2q8JEABZHgUC1IPprAx3OI4bnoZgQ?e=XrZ9Eq>

