

Standard for Complaints Procedure

Last Reviewed: April 2022

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Introduction

Cardiomyopathy UK strives to ensure that its services, staff and volunteers offer the highest calibre of support and information to our service users, funders and communities. We acknowledge that sometimes we are not able to meet expectations and that sometimes things go wrong. This Standard aims to define a simple framework within which all complaints from service users, funders, other organisations and members of the public are quickly, fairly and effectively dealt with in a clear and transparent manner.

This Standard should be followed by all staff and volunteers in Cardiomyopathy UK who receive a complaint. It does not apply to staff members / volunteers wishing to make a complaint, when the Grievance Procedure should be followed.

Definition

For the purpose of this Standard, a complaint can be taken to mean an expression of discontent to which a response is required. Generally, people dislike complaining to a charity which offers its services for free, they may say that they have a problem, worry or concern rather than specifically use the term “complaint”. There are a variety of ways in which people can complain without wanting to call it a complaint, but their concern is of importance to Cardiomyopathy UK. We can be most effective by being open to this possibility and identifying complaints however made.

“It isn’t for the organisation to decide whether the person has a complaint. If I’m the service user or the consumer and I think I’m complaining, I undoubtedly am...” (Charity Commission’s Independent Complaints Reviewer, 2006).

Aims and Underlying Principles

The complaints process put forward within this Standard aims to:

- Ensure that a structure exists which respects the right of people to be heard, to make complaints and to offer suggestions.
- Provide a consistent approach to complaints throughout the charity.
- Encourage organisational learning and development to prevent similar complaints in the future.

- Enhance Cardiomyopathy UK's reputation by helping communication, showing a caring approach, helping to foster a good reputation for service delivery and confirming our commitment to excellence

This complaints process has the following underlying principles:

- Openness and accessibility – we are flexible about the ways in which people can complain and offer effective support for people wishing to do so
- Fairness and transparency – our emphasis is on early, informal resolution where possible, minimising the strain and distress for all involved
- Responsiveness – we attempt to provide appropriate and proportionate responses to upheld complaints
- Independence from vested interests – no one who may be implicated, or who is a relative or friend of someone who may be implicated, if the complaint is upheld, should have responsibility for investigation or decision making in relation to the complaint

Process

Any person who is making or wishes to make a complaint should be granted access to a copy of this Standard. The complainant may choose to withdraw the complaint or terminate the process at any stage.

i). Initiating a Complaint

There are a variety of ways in which complaints can be made. The matter of importance is that the complaint is listened to and followed up appropriately. People may complain:

- Via the helpline, email, closed Facebook group, or website forum.
- In person at an information day, support group meeting, fundraising event or during a conference.
- To a staff member, trustee or other volunteer.
- By calling or writing to the organisation's office.
- Via an evaluation form or survey.
- To the Charity Commission.

Whilst it is difficult to be prescriptive about the timescale in which a person may make a complaint, it is reasonable to suggest that if a complaint is to be followed up and investigated, then the matter in question should have taken place no more than three months previously unless the circumstances are exceptional or relate to the abuse of a child, young person or vulnerable adult. The Board of Trustees and / or the CEO will determine what constitutes exceptional.

All complaints should be recorded in writing and held at the charity's office in Amersham. Such records should include brief details of the nature of the complaint and the action to be taken. The Head of Services will be responsible for all complaint follow ups to ensure due process has been followed. All records of complaints will be held in a Complaints Register based at the charity's Amersham office. Where complainant identifier details are included in the complaint record the Cardiomyopathy UK Data Protection Policy will be invoked.

ii). Dealing with a Complaint

1. Communication

It is good practice to acknowledge a complaint in writing, but this may not always be necessary. If a complaint is taken to Stage 2 or 3, however, acknowledgment and communication of the result must be in writing, unless the special needs of the complainant require an alternative method of communication. In every instance a copy of the written communication should be filed within the Complaints Register.

2. Identifying potentially serious complaints

Complaints involving grave allegations, particularly those of a criminal nature, require specific actions to be taken in order to safeguard service users, members of the wider public and the reputation of Cardiomyopathy UK. Examples might be allegations involving:

- Abuse of any kind.
- A criminal offence.
- An inappropriate relationship which could cause the charity's reputation and integrity harm.
- Instances which could give rise to civil action for damages (breach of confidentiality with serious consequences to the service user, allegations of assault, etc).
- The potential for damaging media reports, damage to Cardiomyopathy UK's reputation, withdrawal of funding, etc.

Any complaint which appears likely to fall into the above category must immediately be reported to the CEO and / or Head of Services.

Complainants making any allegation of a criminal offence should be advised to report the matter to the police and should be assured that Cardiomyopathy UK will conduct an internal investigation. It is accepted that any such internal investigation will not commence until any police investigation has concluded.

Additionally:

- Help may be required in handling the media; local support groups, volunteers, helpline operators, etc should not respond to media comments and questions without consulting the CEO / Head of Services first.

- Cardiomyopathy UK is required to report all potentially serious complaints to our professional indemnity insurer, as soon as the matter becomes apparent.
- Serious complaints must be reported annually on our Charity Commission return.

In the case of a serious complaint against a staff member / volunteer it may be necessary to suspend the subject of the complaint without prejudice until the investigation of the complaint is completed and a decision about whether to uphold the complaint has been reached.

3. Other complaints

STAGE 1 – Informal Resolution

- a. By whatever method a complaint is made, every effort should be taken to resolve it promptly and informally wherever possible. Key to the resolution of complaints is listening to and understanding the complaint (irrespective of your personal thoughts and views), acknowledging the importance of the complaint and responding appropriately. All complaints, even if resolved informally, should be noted in the Complaints Register.
- b. If it is not possible to resolve a complaint at the time it is made, or should the person in receipt of the complaint not be able to resolve it her/himself, then the complainant should be advised that the complaint will be passed on to the most appropriate staff member (for example if the complaint pertains to a support group the complaint should be passed to the Support Group Manager), who will ensure the matter is followed up and will contact the complainant within due course. All complaints reaching this point should be acknowledged to the complainant in writing.
- c. The Head of Services is accountable for the handling of complaints pertaining to staff members and volunteers and any complaints regarding these should be passed to her/him. In instances where a complaint has been made regarding a volunteer the Head of Services may opt to delegate the investigation to the relevant manager. The Head of Services / delegated manager should contact the complainant to clarify the complaint and the expectations of the complainant and set a reasonable timescale for looking into and responding further to the complaint.
- d. Attempts to resolve the matter informally at Stage 1 should take no longer than 15 working days and should be recorded within the Complaints Register. If the complaint is so serious that resolution is not possible or the complainant clearly expresses his /her wish to proceed to a formal investigation and resolution the complaint is then moved to Stage 2.

STAGE 2 – Formal Investigation and Resolution

- a. The CEO / Head of Services or Chair commences to undertake a formal investigation.
- b. The CEO / Head of Services or Chair meets with the complainant, clarifies the specifics of the complaint, assesses why the complainant remains unsatisfied, what resolution is being sought, investigates matters and interviews other parties if appropriate.

- c. The Head of Services/delegated manager completes a report with recommendations for actions to be taken which is agreed by the CEO before it is sent to the complainant both via email and via post.
- d. Attempts to resolve the complaint at Stage 2 should take no more than an additional 30 working days. If resolution is not possible or the complainant remains unsatisfied then the complaint is referred to the third and final stage.

STAGE 3 – Formal Complaint Consideration by CEO and the Board

- a. The complaint is finally referred to the CEO and two trustees at the Chair's delegation. This panel of three receives all details pertaining to the complaint, reviews the process so far and has sight of any reports or relevant documents and may request further information if necessary. The CEO or one of the delegated trustees communicates their findings to the complainant. This decision is final.
- b. Attempts to resolve the complaint at Stage 3 should take no more than an additional 40 working days.

4. Further information

a. Complaints affecting Cardiomyopathy UK staff and volunteers

People making complaints may need support even if they are not evidently vulnerable, because making a complaint can be embarrassing, stressful and tiring. If the complaint is about an individual in Cardiomyopathy UK, that person will also need support, as being the focus of a complaint can also be stressful. Where in the process of the complaint investigation it is necessary to interview a staff member or volunteer, they are entitled to nominate a support person within Cardiomyopathy UK who may accompany them whilst they are being interviewed. The support person must not be a qualified or practising solicitor. As stated previously, it might be necessary to suspend the subject of the complaint without prejudice until the complaint is resolved. In circumstances where the complaint is upheld and further action is taken against the staff member/volunteer, the complainant is only entitled to know that the matter will be dealt with under the Disciplinary Policy.

b. Third party complaints and people with special needs

Where possible, complaints should be progressed through direct contact with complainant. There are, however, occasions where an advocate or third party may complain by proxy. Examples of these occasions include where the complainant is deeply distressed, is a child or young person, does not speak English as a first language, has communication difficulties or has a learning disability. In these circumstances, the same process should be used as standard, but every effort made to explain and conduct the process in a manner that best reflects the complainants needs, e.g. in a way that is appropriate to the age and cognitive level of understanding of a child/young person, or with the help of a key worker or interpreter. This principle extends to other people who may require an advocate or third party representative, or additional support to ensure that their complaint is heard.

c. Possible abuse or serious harm to the service user or other person

If a complaint alleges the abuse of/risk of abuse to a child or vulnerable adult the relevant Cardiomyopathy UK Safeguarding Policies and Procedures must be followed. In serious cases the need to prevent or mitigate serious harm may override the normal duty of confidentiality. This may involve asking the complainant to provide additional contact details, supporting them to contact other relevant agencies and providing information about immediate or additional sources of help.

d. Serious complaints against other agencies

It might occur that Cardiomyopathy UK receives from a service user a very serious complaint about another agency. In such cases Cardiomyopathy UK should generally take responsibility for supporting the complainant through the necessary process of complaining about the other agency. This may involve Cardiomyopathy UK locating the name and contact details of responsible officials, assessing whether the complainant feels able to participate in any necessary enquiries and providing support accordingly until a satisfactory resolution has been achieved. Where the complaint raises a policy issue the Head of Services must follow this up with the other agency.

e. Redress

There are various forms of redress that can be made in the event of a complaint being upheld or in some cases where it isn't. The most helpful form of redress is normally acknowledging when mistakes have been made or distress unintentionally caused and apologising. Other forms of redress might include:

- Rectifying the problem where possible.
- Making a commitment to ensure that whatever went wrong does not recur.
- Providing tangible evidence of this; possibly sending the complainant information about action taken.
- Sending a letter of apology from an appropriate person.

Whatever form of redress is given to the complainant, it should be as far as possible a fair and appropriate remedy.

f. Vexatious complaints

It is important to know when and how to stop an unjustified complaint. This Standard sets out the process through which a complaint should be dealt with, at which time Cardiomyopathy UK will have taken all reasonable steps to deal with the complaint fairly and will be justified in taking no further action.

g. Confidentiality

Complaints processes are confidential with only those staff / volunteers involved who have a need to know this includes individuals who have the right to hear the nature of complaint/s made against them. In the event that a service user (current or previous) makes unjustified criticisms of Cardiomyopathy UK in the press, Cardiomyopathy UK reserves the right to issue a statement. Service

user confidentiality will be observed as far as possible, but if already broken by the service user, may be become one of a number of issues Cardiomyopathy UK will need to consider pre-statement release.

5. Administering and monitoring complaints

a. Storage of the Complaints Register

The Complaints Register and related documents should be stored securely as they will usually contain confidential information including names and addresses. Records may be confidentially destroyed 3 years after the date of the last contact with the service user, unless:

- The record contains details of an incident where either the Safeguarding Children and Young People Policy or the Safeguarding Vulnerable Adults Policy have been invoked in which case all information recorded must be retained for 6 years from the date of the last contact with the service user.
- The issue has been the subject of a formal complaint (has reached Stage 2 of the process), in which case all information recorded must be retained for 6 years from the date of the ruling (final decision is communicated to complainant) on the complaint.

b. Use of the Complaints Register

Examples of real complaints may be used for Cardiomyopathy UK staff and volunteer training purposes but all identifying details must be removed in the first instance.

c. Monitoring complaints

By monitoring the number and nature of complaints, Cardiomyopathy UK can continually improve its practice and its services.