

COMPLIMENTS, CONCERNS AND FORMAL COMPLAINTS POLICY	
Purpose	To provide clear guidelines on how the Cranstoun Group will deal with compliments, concerns and formal complaints
Applies to	All employees, relief workers, volunteers and peer mentors working or otherwise providing services within the Cranstoun Group (together “team members”)
Date first implemented	July 2018 (Cranstoun Group Version No. 1)
Author	Rianne Wolstencroft, Care Quality Senior Practitioner
Technical/clinical approval by	Dr Steve Brinksmann, Medical Director
Executive approval date	May 2021
Next revision due	July 2024
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CONSEQUENTIAL AMENDMENTS (made prior to full policy revision)		
Amendment date	Nature of Amendment	Revised by
October 2019	Information added regarding sharing of learning from complaints	Incident and Policy Manager
September 2020	Section 13.7 Involvement of Marcomms Team Appendix A addition of Local Authority Complaints Team	Director of Care, Quality and Governance

VERSION HISTORY			
Revision date	Version no.	Revised by	Approved by
May 2021	2	Care, Quality and Governance Manager	SLT

CURRENT POLICY REVISION	
Date revised	May 2021
Revised by	Rianne Wolstencroft, Care, Quality and Governance Manager
Executive approval date	May 2021
Next revision due	July 2024

1 Policy Statement

- 1.1 The Cranstoun Group (“Cranstoun”) is committed to providing high quality services. To achieve this we’ll encourage everyone to tell us their views and concerns.

1.2 We encourage feedback on what we do well and what we could do differently, and will exercise our Duty of Candour. This policy outlines how we will handle compliments, concerns and formal complaints.

2 Policy principles

2.1 People have the right to make a complaint or raise a concern about anything which they find unsatisfactory, unjust, offensive or discriminatory. This may concern the behaviour of a service user, a team member, a visitor or any incident or situation that disturbs or upsets them including the quality and standards of their care.

2.2 A complainant is entitled at any stage, to use an advocate to help them to discuss their problem with Cranstoun. The advocate may accompany the complainant to any necessary meetings. The advocate may be a friend, a relative, another service user, or a professional advisor (e.g. Citizens Advice Bureau).

2.3 Cranstoun will respond to any concerns or complaints raised by its service users (including their families and carers), commissioners and others purchasing our services, in a positive way and try to resolve them as quickly and efficiently as possible.

2.4 All team members will wear identification badges so that service users know who they are addressing. Team members and services will ensure that people are aware of how they can make a complaint, provide clarification on the process and offer support and assistance to service users in voicing their concerns. We'll provide details of how to give feedback on our services on our website, in our welcome pack and on our leaflets. All services will display the procedure for making a complaint in a visible and accessible location.

2.5 Concerns and formal complaints can be received in any way the individual is comfortable in using e.g. orally, in writing, by fax, email, social media, text message or via a third party who is authorised to represent the complainant in making the complaint. Complainants will receive, as far as possible, assistance to help them understand the complaints investigation process and advice on where to get independent / impartial assistance (e.g. Citizens Advice Bureau).

2.6 All complainants will be treated with respect and courtesy. We will keep in touch with complainants to let them know what is happening and they will receive a timely and appropriate response.

2.7 We'll keep a record of compliments, concerns and formal complaints on Datix so that we can learn from them and make improvements to our services. We always try to reach a satisfactory and reasonable solution within our resources and keeping to the policies we must follow.

2.8 Where partially or fully upheld, learning and corrective actions will be implemented from the review of all concerns and formal complaints. Complainants will be told the

outcome of the investigation of their concern or formal complaint and what actions have been or will be taken, if any.

- 2.9 Where any concern or formal complaint made relates to the safeguarding of any adult, young person or child, the concern or formal complaint will be reviewed alongside Cranstoun's suite of Safeguarding Policies and guidelines.

3 Exceptions – concerns or formal complaints not covered by this policy

- 3.1 Where any concern or formal complaint is raised by a team member in relation to any disciplinary conduct or sanction, that concern or formal complaint should be addressed under the Disciplinary Policy and not under this policy.
- 3.2 Where any concern or formal complaint is raised by a team member in relation to the conduct of any other team member, that concern or formal complaint should be addressed under the Grievance Policy and not under this policy.
- 3.3 Where any concern or formal complaint is raised by a service user regarding the conduct or behaviour of another service user, that concern or formal complaint should be dealt with under the Incident Reporting and Investigation Policy and not under this policy.

4 Definitions

- 4.1 A **compliment** is an expression of satisfaction or happiness with the service provided by Cranstoun. It may be given by a service user or a representative acting on their behalf.
- 4.2 A **concern** is a written or oral expression of dissatisfaction with the service provided (or not provided) by Cranstoun or the circumstances associated with its provision, which can be resolved within five working days of the concern being made, without the need for formal investigation or formal correspondence.
- 4.3 A **formal complaint** is a written or oral expression of dissatisfaction which requires a formal investigation and response. It can be in relation to any element of Cranstoun's service provision, conduct of team members or any other issue which an individual may want to draw our attention to.
- 4.4 A **Complaint Manager** is the team member allocated to handling and investigating an individual complaint (where it is a formal complaint that requires investigation) by the manager operationally responsible for the Cranstoun site concerned. The Complaint Manager should be a team member with appropriate experience and knowledge of the subject of the complaint independent from the service involved.
- 4.5 A **complainant** is any person to whom Cranstoun has provided services, or anyone who claims to have suffered or potentially suffered detriment as a result of the services Cranstoun provides, who expresses dissatisfaction with any element of Cranstoun

services. A complainant may authorise another individual to bring the complaint on the complainant's behalf.

5 Procedure

5.1 Compliments, concerns and formal complaints can be received in any way the individual is comfortable in using e.g. verbally, in writing or electronically.

5.2 Anonymous complaints will be recorded in the same way as other complaints. The anonymity does not in itself justify a decision not to investigate nor should it rule out referral to other procedures as appropriate.

5.3 Consent

5.3.1 In some circumstances it will be a representative of the complainant (such as a friend, relative, carer, advocate or other professional working with the individual) that raises the concern or formal complaint on the complainant's behalf. Where this is the case, it is essential that written consent is sought from the service user for the third party to act on their behalf (subject to the exceptions highlighted below).

5.3.2 Where a service user lacks capacity and is unable to consent, a representative within the meaning of the Mental Capacity Act 2005 who makes a complaint, can be accepted as the service users representative by Cranstoun, provided that Cranstoun is satisfied that the person is conducting the complaint in the best interests of the service user. The representative can be, for example, a family member, friend, solicitor or advocate or member of the Care Quality Commission. Decisions for consent will be determined by the Medical Director, with advice from the Senior Safeguarding Officer where required, based on the individual circumstances of the service user and in accordance with the Mental Capacity Act 2005. Cranstoun has the discretion to decide whether or not the person is suitable to act as a representative in the service user's best interests. Reference should also be made to the Capacity to Consent to Treatment (Adults, Children and Young Persons) Policy.

5.3.3 MPs may complain on behalf of their constituent without written consent, where the complainant has directly contacted the MP. If a third party (e.g. a friend or relative of the complainant) has approached the MP, written consent from the complainant is required.

5.3.4 A solicitor may complain on behalf of the complainant. A check should be performed to ensure that the solicitor is registered with the Law Society. This may be undertaken using the [Law Society website](#). If so, we may deal with the solicitor acting for the complainant without obtaining the written consent of the complainant.

5.3.5 If the individual who would have been entitled to raise the concern or formal complaint has died, or is otherwise unable to act for themselves, the concern or formal complaint can be accepted from a close relative, carer, friend, organisation or individual suitable

to represent the deceased. Where the case record provides details of a next of kin, consent should be sought from the person named.

- 5.3.6 **If the service user is a child** – 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 a Local Authority or a voluntary agency, the representative must be someone authorised by that agency. Consent to deal with a representative will be sought from service users who are aged 16 and over.

5.4 Coroner cases

- 5.4.1 The fact that a death has been referred to the Coroner's Office, does not mean that all investigations into the concern or formal complaint need to be suspended. In these cases a member of the Care, Quality and Governance Team will request permission from the Coroner's Office to proceed with the investigation.

5.5 Time limitations for initiating complaints

- 5.5.1 Advice and information published about raising a concern or formal complaint will encourage persons wishing to raise an issue to provide their feedback as quickly as possible, and in any event the concern or formal complaint should be raised within 12 months from the incident that caused dissatisfaction.
- 5.5.2 There is discretion to extend this time limit where there are reasonable grounds for why the concern or formal complaint was not raised within the time limitation and it is still possible to investigate the facts of the case. Discretion will lie with the Assistant Director of Services responsible for the service in which the complaint was raised.
- 5.5.3 If it is not possible to investigate a complaint due to the passage of time, the details of the complaint should still be logged on the Datix system and the reasons for not investigating explained to the complainant or their representative.

5.6 Action upon receipt of a compliment

- 5.6.1 Compliments may be received in many forms and include verbal compliments, letters, cards and other tokens of thanks. Upon receipt of a compliment from a service user, a friend or relative of a service user, or their representative, the team member will complete a feedback form on the Datix electronic recording system.
- 5.6.2 The compliment should be reviewed by the line manager of the team member reporting and shared with any other team members e.g. Service Manager, Assistant Director of Services, Business Development Team, as required.
- 5.6.3 Trends and themes of compliments will be monitored by the Care, Quality and Governance Team and reported to the Strategic Leadership Team as required.

5.7 Action upon receipt of a concern or formal complaint made orally

- 5.7.1 Where the concern or formal complaint is made orally, it is important that the team member receiving the complaint listens to the complainant and obtains a full picture of the issue or concern and that they check with the complainant that their understanding of the issue or concern is correct.
 - 5.7.2 The team member receiving the concern or formal complaint should determine if it can be addressed immediately and whether they are the appropriate person to handle it. An apology may be all that is required by the complainant, together with an explanation of what happened and why.
 - 5.7.3 If a concern can be addressed immediately but the complaint is about the team member receiving it, the team member must inform their line manager immediately so that a decision can be made by the line manager whether the team member or the line manager is the appropriate person to handle it. There should be an immediate response from the team member or the line manager in an attempt to address the concern, and the team member or the line manager must confirm with the complainant as to whether it has been resolved to their satisfaction.
 - 5.7.4 Details of the concern and immediate actions taken to resolve it must then be recorded on the feedback module of Datix by the team member who received it, including whether the complainant was happy with the resolution and the date the concern was closed.
 - 5.7.5 If the complainant feels that the issue or concern has not been resolved they will be given the opportunity to raise a formal complaint.
 - 5.7.6 Where the complainant confirms that the complaint has not been resolved to their satisfaction, the concern will be escalated to a formal complaint on Datix.
- 5.8 **Action upon receipt of a concern or complaint made in writing**
- 5.8.1 Where the complaint is made in writing, the concern or complaint must be recorded on Datix and scanned copy of the correspondence attached to the form. The Team Leader / Service Manager should then make an assessment as to whether the complaint should immediately be treated as a formal complaint or whether it is possible to resolve the complaint within five working days as a concern.
 - 5.8.2 If the Team Leader / Service Manager believes they can resolve the issue within five working days, they should contact the complainant to acknowledge receipt of the correspondence and attempt to resolve the issue. The Datix record must be updated with all actions taken to address the issue(s) raised by the complainant and the date the concern was closed.
 - 5.8.3 If the complainant wishes the matter to be dealt with formally the formal complaint procedure should be followed.

5.9 Addressing a formal complaint

5.9.1 If the complainant states that they wish to make a formal complaint, or the concern is not resolved within five working days of the complaint being made or the Team Leader/Service Manager determines that the complaint should be investigated as a formal complaint, an appropriate Complaint Manager will be appointed by the Service Manager.

5.9.2 It is the Complaint Manager's responsibility to update Datix with their allocation as Lead Investigator and ensure that the entry for the complaint is kept up to date throughout the process.

5.9.3 The Complaint Manager will contact the complainant to acknowledge receipt of the complaint within two working days. This should be via telephone where possible.

5.9.4 At the time of acknowledging the complaint, the Complaint Manager must apologise to the complainant for the fact that they have felt the need to complain about the services Cranstoun provides and must offer the complainant an opportunity to meet and discuss:

- The action plan for handling the complaint
- When the investigation is likely to be completed
- What reasonable outcome is desired
- When the response is likely to be sent
- Advocacy services available to support them

5.9.5 If the complainant does not take up the offer of a discussion or cannot be reached by phone the Complaint Manager should determine the response period and notify the complainant of that in writing, along with the agreed action plan and timescales.

5.10 Investigation of complaint

5.10.1 The investigation into the complaint will be dealt with speedily and efficiently, and in a manner proportionate to the seriousness of the complaint.

5.10.2 During the investigation, the Complaint Manager will:

- Establish what happened, what should have happened and who was involved and make written records of the investigation and any written statements. These will be uploaded and attached to the Datix record to ensure there is a seamless record of the action taken
- Apologise to the complainant for their dissatisfaction with the service they have received
- Identify what actions can be implemented to ensure that there is no recurrence and address any training issues and learning points

- Write a report addressing the issues raised by the complainant and comment on what action is being taken to prevent recurrence in the future, if required. This will be attached to the Datix record

5.10.3 The team members named in the complaint:

- should be made aware of the complaint and asked to prepare written accounts as part of the investigation
- should make themselves available for interview by the Complaint Manager if required
- are required to co-operate fully with the complaint procedure

5.10.4 Where a team member refuses to give a written account or interview without reasonable grounds, this should be considered and dealt with as a disciplinary matter.

5.10.5 Where the complaint relates to a clinical matter, a written report from the relevant health professional(s) may be obtained. This report can potentially be disclosed to the complainant and should therefore be written in plain English without jargon.

5.10.6 It is important that complaints are resolved as quickly as possible whilst allowing for thorough investigations to take place. Investigations should take no longer than 28 days, other than in exceptional circumstances.

5.10.7 The complainant will be kept updated at regular intervals either by letter or telephone, according to their preference, where the investigation is taking longer than expected. The frequency of these updates will be agreed between the complainant and Complaint Manager.

5.11 Response

5.11.1 Once the investigation has been completed, a written response should be drafted by the Complaint Manager. This response should:

- Address all of the issues raised by the complainant
- Provide explanations and apologies where appropriate
- Indicate any organisational learning as a result of the complaint
- Include what steps have been taken to prevent a reoccurrence, if required
- Offer a meeting to discuss the written response
- Outline what options are available if the complainant is not satisfied including the appeal process and contact details of the Care Quality Commission (CQC) or other relevant regulatory body such as the local commissioner

5.11.2 Upon completion of the written response, it will be sent for review by the Service Manager and any other team members as appropriate, to ensure that the investigation and response is satisfactory. The response will be approved by the Service Manager

(who may delegate the approval of the report to another team member where appropriate).

5.11.3 If the complaint is about the Service Manager, the response will be sent to (and approved by) the relevant Assistant Director of Services or an independent Assistant Director of Services designated by them in their absence.

5.11.4 The response should be sent to the complainant by the Complaints Manager within two working days of its approval. A copy should then be uploaded to the Datix record for the complaint.

6 Complaints involving more than one organisation

6.1 If a complaint relates to services provided by other organisations, in addition to Cranstoun, an approach of cooperation will be adopted. Cranstoun will co-operate with the other organisations in handling the complaint to make sure that the complainant receives a co-ordinated response. Cranstoun will provide the other organisation(s) with relevant information and attend any meetings which are reasonably required.

7 Appeal process

7.1 The complainant must be informed that they have 14 days to appeal the written response if they are dissatisfied with the outcome. Appeals should be addressed to the Assistant Director of Services who will review the investigation and decisions (or who may delegate the review of the investigation and decision to another team member where appropriate). In the event the complaint concerns the Assistant Director of Services, the Strategic Leadership Team will be notified and allocate the investigation of the appeal accordingly.

7.2 This review may involve:

- Re-interviewing all parties involved, if required, including the Complaint Manager
- Conducting a review of the investigation process undertaken
- Making a decision on whether, based on the evidence, the original decisions were correct
- Making any additional recommendations or findings

7.3 Appeals should take no longer than 28 days to complete, other than in exceptional circumstances.

7.4 The complainant will be kept updated either by telephone or letter, according to their preference, at regular intervals where the appeal is taking longer than expected. The frequency of these updates will be agreed between the complainant and the team member handling the appeal.

7.5 Upon completion of the appeal review, a written response will be sent to the complainant within two working days outlining the findings of the appeal and what options are available if the complainant is not satisfied.

7.6 If the complainant is unhappy with the result of their appeal they will be given the contact details of the Care Quality Commission (CQC), commissioners or other relevant regulatory body for them to proceed further with their complaint. The complaint will then be closed on Datix.

7.7 If no appeal is received, the complaint will be closed and Datix updated.

8 Withdrawal of complaints

8.1 The complainant has the right to withdraw their complaint at any point during the process. However, the Complaint Manager may decide that the matter still warrants formal examination and continue internal investigations.

9 Sharing learning from complaints

9.1 Services should have measures in place to share learning relevant to local processes and practices through forums such as supervision, team meetings and local partnership meetings.

9.2 Organisational themes and trends from upheld concerns and complaints will be disseminated to team members via the quarterly Lessons Learnt Bulletin. Data relating to common subjects of concerns and formal complaints will also be reported to the Strategic Leadership Team as required.

9.3 Serious upheld formal complaints with organisational learning will be raised through the Serious Incident Review Group (SIRG) by the Assistant Director of Services for the relevant service. The Assistant Director of Services, in consultation with the Care, Quality and Governance Team, where required, is responsible for deciding whether a complaint requires escalation to the SIRG.

9.4 The Assistant Director of Services is also responsible for highlighting any serious formal complaints to the Strategic Leadership Team and keeping them informed of progress. The Strategic Leadership Team may decide to notify the Board of Trustees of formal complaints that are likely to have a significant organisational impact, including those likely to involve litigation.

10 Complaints relating to an incident

10.1 There may be occasions where a complaint is related to an incident that has occurred. Where this is the case the complaint and the incident should be reported separately on Datix and the records will be linked and may be investigated jointly. The decision whether to conduct separate or joint investigations will be made by the Service Manager in consultation with the Care, Quality and Governance Team.

11 Registering compliments, concerns and formal complaints and record keeping

- 11.1 A record of all compliments, concerns and formal complaints will be kept on Datix and retained for 8 years from the date on which the formal complaint response letter or the appeal response letter (whichever date is later) was sent.
- 11.2 If the complainant is a service user, no formal reference to the complaint made should be kept on their case file to avoid prejudice of their case. All details of the complaint will be held only on Datix.
- 11.3 Records relating to the investigation of concerns and formal complaints will be subject to disclosure as part of a Subject Access Request (SAR) made by a service user.

12 Support for team members who are the subject of a complaint

- 12.1 Cranstoun is committed to supporting team members who are the subject of a complaint. It is acknowledged that team members are doing their best to carry out their duties in a safe and effective manner to benefit service users and the wider community, and being involved in a complaint can be very stressful.
- 12.2 The Complaint Manager should keep the team member informed throughout the investigation to minimise anxiety.
- 12.3 Support is available to the team member through their line manager, supervisor, the Employment Assistance Programme (EAP), and trade unions (where the team member is a member of a trade union).
- 12.4 Team members who are the subject of a complaint will be offered a 'buddy' to support them through this process. This should be a manager from another service who can offer support to the team member and advocate on their behalf if they feel they are not being treated well during the process.
- 12.5 Once the investigation report has been approved by the Service Manager, Assistant Director of Services or a member of the Strategic Leadership Team, the findings should be shared with the team member as soon as possible. This should be conducted face-to-face where possible, by the Complaints Manager. However, this can be done via telephone with prior agreement of the team member to ensure timely feedback.
- 12.6 The team member should refer to Cranstoun's Grievance Policy for guidance on how to proceed if they are unhappy with any element of how the complaint investigation was conducted or the outcome.

13 Persistent complainants

- 13.1 Cranstoun is committed to dealing with all complaints fairly and impartially and it would not normally limit contact complainants have with its team members. However, sometimes complainants can, due to the frequency of their contact, hinder the consideration of complaints. It is important for team members to distinguish between

people who make a number of complaints because things have gone wrong and people who make unreasonably persistent complaints.

13.2 Although team members are encouraged to respond to all complainants in an open and professional manner, it is recognised that occasionally nothing further can be done to assist the complainant or solve their problem.

13.3 The decision to declare someone a 'persistent complainant' must be taken jointly by the relevant Assistant Director of Services and, where appropriate, the Director of Care, Quality and Governance.

13.4 Persistent complainants are those that raise the same or similar issues repeatedly, despite having received a full response to all of the issues they have raised. This would include complainants that:

- Refuse to accept the remit of the process as explained to them
- Request actions that are not possible under the process or place unreasonable demands on team members
- Make excessive telephone calls or send excessive numbers of emails or letters to team members
- Submit concerns or complaints about the same issues as have previously been appropriately and fully considered and responded to
- Do not engage with team members in an appropriate manner e.g. use abusive language, not adhering to agreed plans and communication means or behaving in an otherwise threatening or abusive manner on more than one occasion, having been warned previously
- Will not accept documented evidence as fact

13.5 Once a complainant has been declared a 'persistent complainant', the Assistant Director of Services will write to them informing them that Cranstoun have responded as fully as possible to the issues raised and there is nothing further which can be achieved.

13.6 An action plan for any further communication from the 'persistent complainant' will be developed by the Assistant Director of Services and, where appropriate the Director of Care, Quality and Governance, and communicated to all relevant parties through their line manager.

13.7 Some possible courses of action that may help to manage complainants who have been deemed persistent are:

- Placing time limits on contacts and telephone contacts in relation to the complaint
- Restricting the number of calls that will be taken in relation to the complaint
- Requiring contact only be made through a named team member

- Requiring contact be made through a third party, such as an advocate
- Limiting the complainant to one mode of contact e.g. letter or email
- Requiring any contact be undertaken in the presence of a witness
- Refusing to investigate future complaints regarding the same issue
- Asking the complainant to enter into a contract regarding their behaviour
- If appropriate inform the Marcomms Team for proactive monitoring of contact via or comments on social media

13.8 Any further communication on the same subject will be recorded on Datix but will not be acknowledged. This should be communicated to the complainant and to all team members to ensure a consistent approach throughout the organisation.

13.9 It must be emphasised that declaring an individual as a 'persistent complainant', doesn't mean that any new issues raised by the complainant will not be dealt with through the normal process.

13.10 Appeals against declaring an individual as a 'persistent complainant' should be addressed to the Strategic Leadership Team.

14 Responsibility

14.1 The Assistant Director of Services

14.1.1 The Assistant Director of Services is responsible for:

- Hearing appeals relevant to their services
- Escalating serious complaints with organisational learning to the SIRG and Strategic Leadership Team
- Making decisions in relation to 'persistent complainants'

14.2 Service Manager

14.2.1 The Service Manager is responsible for:

- Assigning responsibility for investigating formal complaints to an appropriate Complaints Manager
- Reviewing and approving formal complaint response letters

14.3 Complaints Manager

14.3.1 The Complaints Manager is responsible for:

- Recording the complaint and outcome on Datix
- Communicating with the person who complained
- Investigating the complaint
- Deciding if and how the complaint can be resolved
- Implementing any actions

- Reporting the outcome to the Medical Director, Assistant Director of Services and appropriate members of the Care, Quality and Governance Team where required
- Maintaining a comprehensive record of the complaint and actions taken on Datix

14.4 Line managers

14.4.1 Line managers are responsible for:

- Providing an initial assessment of the complaint when first made
- Attempting to resolve the complaint where it is classified as a concern at the time it is made
- Escalating the concern to formal complaint where required or requested by the complainant

14.5 Team members

14.5.1 All team members are responsible for:

- Having a thorough understanding of this procedure to be able to explain the process for complaining when required
- Seeking feedback from service users on a regular basis
- Reporting on Datix without delay any compliments, concerns or formal complaints they receive about the service, in the course of their work
- Where permitted by the terms of this procedure, attempting to resolve the complaint where it is classified as a concern at the time it is made

15 Implementation

15.1 All team members will be made aware of this policy (and its associated procedure) when they join as part of their induction process.

15.2 Any changes to this policy (and/or its associated procedure) will be communicated to team members.

15.3 All team members this policy applies to will be required to read it, and confirm that they've done so.

16 Other policies

16.1 This policy should be read in conjunction with:

- Being Open and the Duty of Candour Policy
- Equality Handbook
- Governance Framework
- Guidelines on Conducting Investigations
- Incident Reporting and Investigation Policy
- Service User Rights Policy

17 Policy review and compliance monitoring

17.1 This policy will be reviewed periodically in accordance with the Cranstoun Group Document Control Policy (QP01).

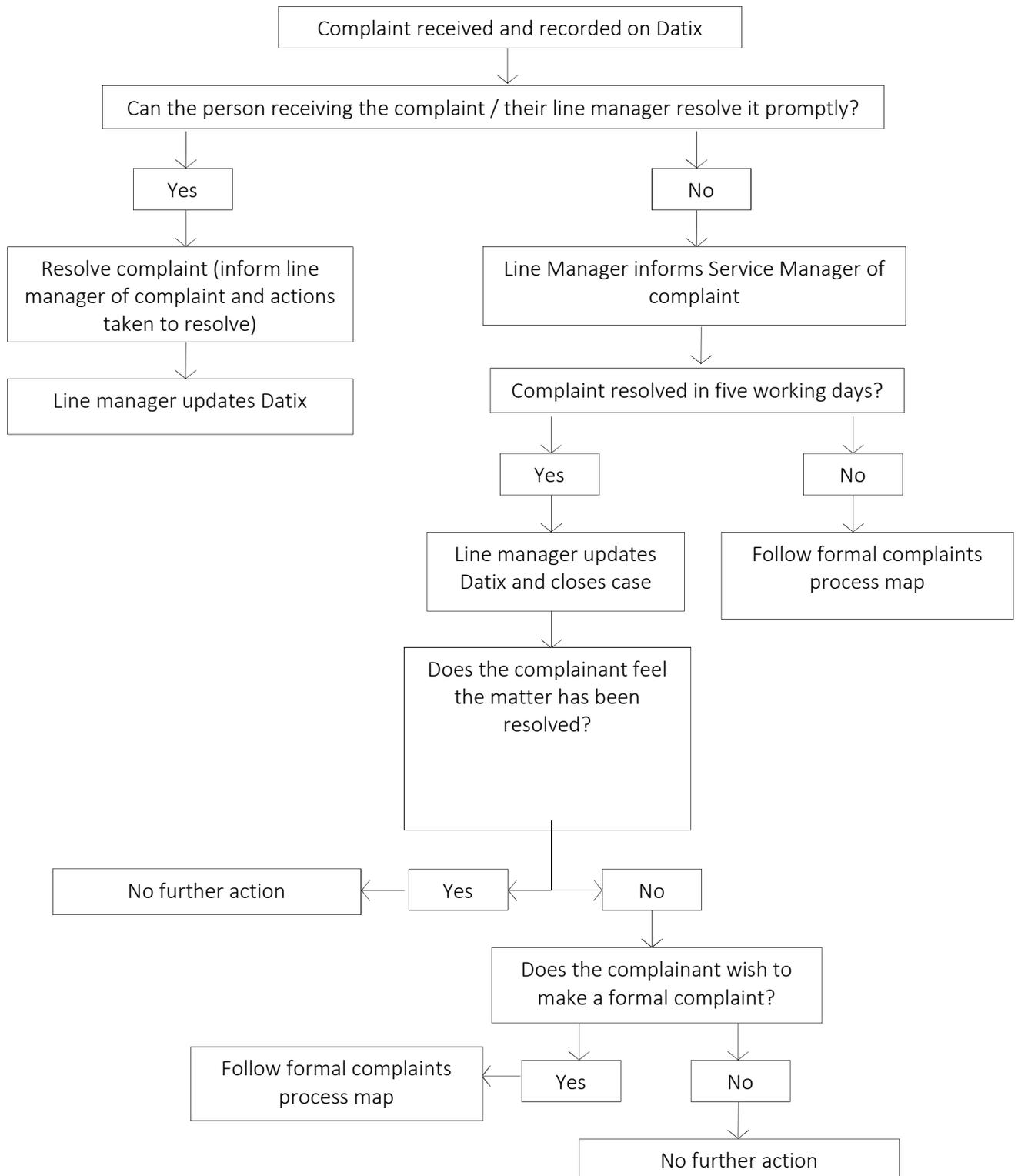
17.2 Team member compliance monitoring and policy effectiveness audits will be conducted periodically under the Cranstoun Group Quality Governance Framework.

18 Breach of the policy

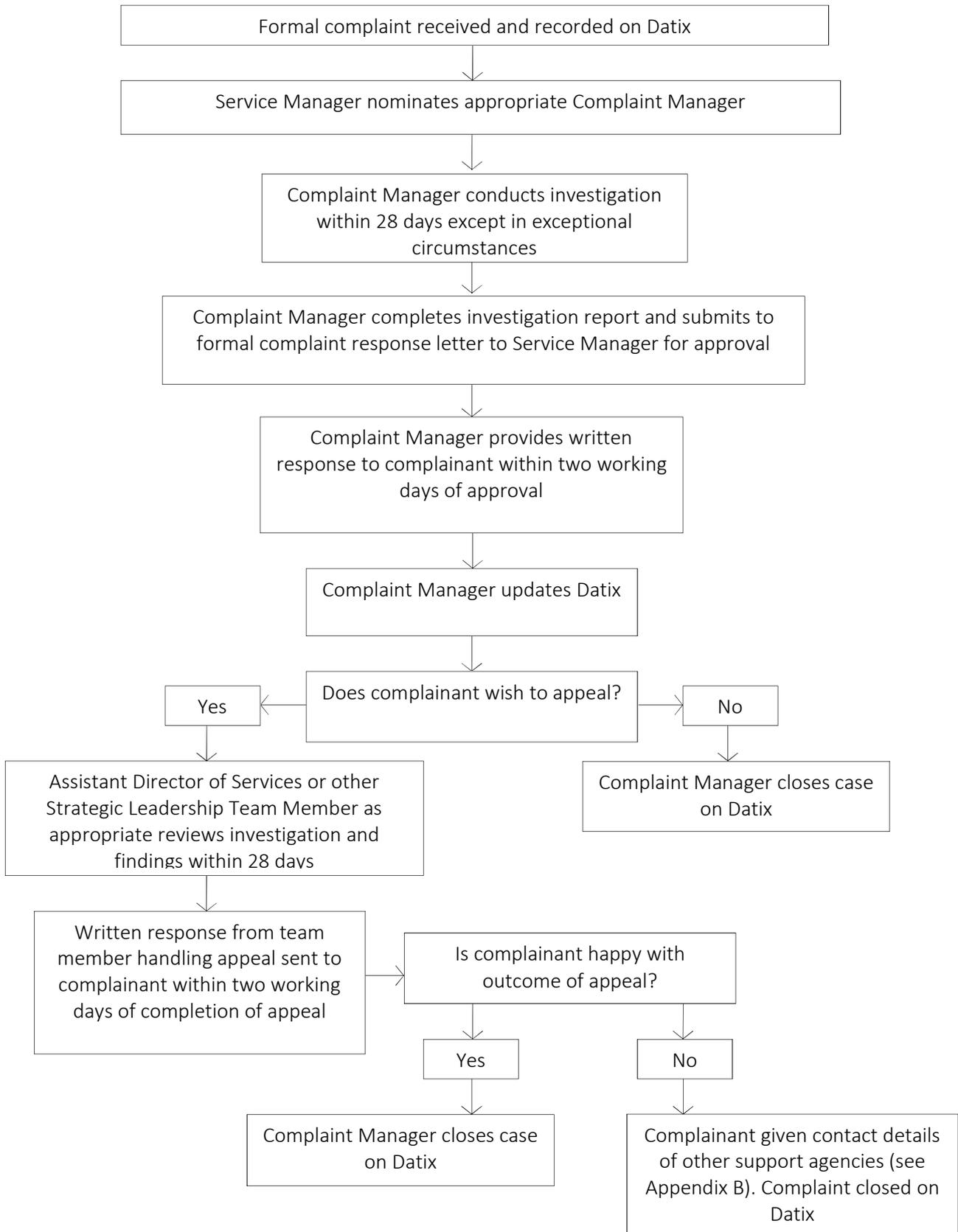
18.1 Disciplinary action may be taken if a team member is found to be in breach of this policy and/or its associated procedure.

APPENDIX A: PROCESS MAPS

Concerns



Formal complaints



APPENDIX B: SOME USEFUL EXTERNAL AGENCIES

Care Quality Commission (CQC)

CQC National Customer Service Centre
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Tel: 03000 616161
Website: www.cqc.org.uk
E-mail: enquiries@cqc.org.uk

All Cranstoun residential rehabilitation and treatment services are registered with the CQC. CQC are the independent regulators of all health and social care services in England. Their job is to make sure that care provided by services meets national standards of quality and safety.

They register care services that meet standards, inspect them to check that they continue to do so, and take action when they don't.

CQC also protect the rights of people being treated under the Mental Health Act.

Parliamentary and Health Service Ombudsman (for NHS services only)

Parliamentary and Health Service
Ombudsman
Millbank Tower, Millbank
London, SW1P 4QP

Tel: 0345 015 4033
Website: www.ombudsman.org.uk
E-mail: phso.enquiries@ombudsman.org.uk

If you are not happy with the outcome of your complaint or how it was dealt with, you can ask the Health Service Ombudsman to investigate it. The Health Service Ombudsman is a free, independent complaints service. If they decide that the NHS has got things wrong, they can make recommendations to put things right.

Healthwatch

Find your local Healthwatch at
www.healthwatch.co.uk

Tel: 03000 683 000
Website: www.healthwatch.co.uk
E-mail: enquiries@healthwatch.co.uk

There is a local Healthwatch in every area of England. They are independent organisations who listen to your views and share them with those with the power to make local services better.

Ofsted (for Young People's services only)

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POhWER

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B6 9BL

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POhWER are a charity that provides free and independent information, advocacy and advice services across England, offering direct and local support via Professionals and Volunteers.

Other External Advocacy Services

You may also consider contacting your:

- Local Service User Group
- Local Authority/Local Authority Complaints Team
- Local Citizens Advice
- Local Member of Parliament