

Complaint Policy - Internal Guidance



Complaints Policy – Internal Guidance

Investigate Once, Investigate Well

Revision history

Amendments made	Date
Amending wording around the sharing of the early resolution outcome letter with the subject of the complaint to make this clearer. (page 8, para 2)	March 2024
Added that the relevant Head of Team must approve any actions/recommendations made within the early resolution closure letter prior to it being issued. (page 8, para 3)	March 2024
The Gatekeeping, Quality Assurance, and Process Review sections have been updated. Under the new process, the report will be reviewed by the subject of the complaint after QA is completed by the Head of Support Services or the Senior Manager for Support Services. (page 9, 10 & 11)	April 2025

Introduction

The organisational procedure for handling and investigating complaints made about the organisation and/or its staff is detailed in the complaints flow chart (Appendix 3), which outlines the operational requirements of Care Inspectorate Wales (CIW). This supporting document provides guidance to staff on the implementation of this procedure. Both documents must be implemented in conjunction with the Care Inspectorate Wales (CIW) Complaints Policy – A guide to making a complaint (Appendix 1).

This procedure will work in conjunction with the Quality Assurance Framework enabling any themes arising from complaints to be captured and shared with the Executive Leadership Team to support continuous improvement.

CIW is committed to dealing with complaints about the standard of the service provided by the organisation and/or its staff as quickly and as effectively as possible in a manner which is fair, open and transparent and ensures an appropriate level of support to staff who are the subject of a complaint. All members of staff involved in handling a complaint are expected to adhere to these internal procedures and guidance in full in order to ensure that, as an organisation, we fulfil this commitment.

1. Providing support to staff who are the subject of a complaint

- Providing support to a member of staff who is the subject of a complaint is essential and is the responsibility of the individual's line manager. (See Appendix 4 on support arrangements).
- The direct line manager of the member of staff has no involvement in the handling or investigation of a complaint against the individual they manage. This role is undertaken by a manager who is operationally independent of the member of staff who is the subject of the complaint.
- It is the responsibility of the Complaints team (who has responsibility for managing the complaints process within the Support Services Team) to keep the subject of the complaint's line manager informed when a complaint has been received and of all actions taken at each stage of the process, as outlined in the procedural flow chart.
- It is the responsibility of the direct line manager to inform the individual who is subject of a complaint that a complaint has been received. To do this, the line manager must arrange to meet with the member of staff as soon as possible after being advised a complaint has been received.

- It is the responsibility of the direct line manager to inform the member of staff of all actions taken during the process of handling and investigating the complaint. This should be done as soon as possible after each update is received from the Complaints team.
- It is the line manager's responsibility throughout the process to provide support to the member of staff who is the subject of the complaint.
- At the first and subsequent meetings with the member of staff, the line manager must explore and agree the level of support required. This will include advising the member of staff they may access the following as additional sources of support over and above that provided by the line manager:
 - Advice and support from the relevant HR Business Partner.
 - Consideration of a possible referral to the Welsh Government Occupational Health service where this is felt to be required or appropriate.
 - Provision of advice about accessing the Welsh Government's Employee Assistance Programme (EAP) for further support.
 - Advising the subject of the complaint of their entitlement to access further support and advice from their nominated Trade Union representative.
- It is the line manager's responsibility to review the level of support provided to and required by the member of staff at each stage of the process.

2. Guidance on dealing with unreasonable, persistent complainants.

- The CIW Complaints Policy provides a statement outlining what the organisation can expect from a complainant, which is to be polite and courteous in their dealings with CIW.
- Unreasonable, aggressive or abusive behaviour, unreasonable demands or unreasonable persistence, such as a vexatious complainant, will not be tolerated.
- Should such behaviour by a complainant be experienced during the course of receiving, handling or investigating a complaint, the Welsh Government People Policy and Procedure and Guidance Note on '**Dealing with Unacceptable Customer Behaviour**' must be implemented immediately.

- When encountering behaviour of this nature (as defined within the Complaints Policy and the WG Guidance Note), the relevant Head of Service must be informed.

3. Keeping a record of all complaints received

- A complete log of all complaints received will be kept and monitored by the Complaints team throughout the complaint, noting activities at each stage and recording the final outcome of the complaint.
- An iShare file plan structure will be set up by the Complaints team with appropriate permissions to ensure that only those who need to have access to complaints files will do so. Copy correspondence will be kept within the iShare file and hold contact details of the complainant as appropriate.
- Each case file will hold the necessary documentation to include copies of the complaint response plan, investigation findings report, response to findings and any other correspondence in relation to the case.
- If a complaint has been dealt with under the early resolution process this will be recorded on file using the appropriate template.

4. Appointing an Investigating Officer

- The Head of Service, relevant line manager and the subject of the complaint must be made aware that a complaint has been received. This is the responsibility of the Complaints team.
- The Complaints team will keep a rota of managers at all levels available to undertake investigations into complaints. The rota must be agreed with Heads of Service before it is implemented and reviewed on a six-monthly basis at SLT meetings.
- The rota will be applied to ensure equity of work distribution in relation to complaint investigations.
- An Investigating Officer (IO) must be appointed within the timescales specified in the procedural flowchart.

- Only a manager who has had **no** operational involvement in the issue being complained about can undertake the role of IO.
- Before allocating an investigation to an IO, the Complaints team will check Microsoft Outlook calendars to ensure there are no annual leave commitments or absence from the office. If it is decided that the first available person on the rota is unable to take the investigation (e.g. because they are already dealing with a complaint, or other capacity issues), the complaint will be allocated to the next manager on the list.
- **If the proposed IO is unable to investigate the complaint for any reason they must discuss this with their Head of Service and notify the Complaints team immediately.** If the Complaints team is having difficulty in allocating a complaint investigation, then this will need to be raised with the appropriate Head of Service.
- The IO must adhere to the process and timescales outlined in the procedural flow chart when undertaking an investigation into a complaint.

5. Early Resolution

- The IO must make contact with the complainant as soon as practically possible to discuss the complaint and seek to secure an early resolution to the issues raised.
- During the discussion the IO should listen carefully to the complainant's issues and concerns, and if appropriate manage their expectations and explain what can and cannot be considered under the complaints policy.
- The IO must confirm what outcome the complainant wishes to achieve and determine if the issues can be resolved straight away.
- If the complaint is about a member of staff, the IO must contact and meet with the subject of the complaint and where necessary, the line manager, to set out the complaint issues.
- Using the early resolution file record at Annex 6, the IO must record the defined agreed issues and whether the complaint is resolved or not resolved i.e. requires a formal investigation.

- If the complaint is about a member of staff, the IO must notify the subject of the complaint and the subject's line manager of the outcome before issuing any response to the complainant.
- Where an early resolution has been agreed, the Complaints team will work with the IO to draft a closure letter (Annex 7). The Complaints team will send a copy of the letter to the Head of Support Services for review and sign-off and send a copy to the subject of the complaint, as appropriate, for their information.
- Where any actions or recommendations are made within the closure letter, the relevant Head of Team must agree these prior to the letter being issued.
- The Complaints team will send the closure letter to the complainant within the agreed timescales as set out in the procedural flowchart and send a copy to the relevant Head of Service and Head of Support Services. Responses to complaints about staff conduct will also be sent to the subject of the complaint, their line manager and senior manager.

6. Formal Investigations

- Where possible and practical the IO to arrange to meet with the complainant (in accordance with the procedural flow chart) to discuss and clarify the issues of the complaint to be formally investigated.
- If a face to face / virtual meeting is not possible or practical the issues must be discussed by telephone with the complainant.
- The IO should clearly define and record issues which can or cannot be investigated as outlined in the complaints policy.
- The IO is responsible for preparing the Complaint Response Plan using the appropriate template (attached at Annex 1).
- In defining the complaint, the IO will:
 - Clarify and record all issues which can be dealt with under the complaints policy;
 - Clarify and record all issues which cannot be dealt with under the complaints policy and explain why this is the case;
 - Ensure that matters outside the remit of the complaints policy are appropriately directed;
 - Record issues appropriately within the complaint response plan.

- The Head of Support Services will review the complaint response plan prior to issue.
- The complainant has 2 working days to confirm their acceptance of the complaint response plan in accordance with the detail outlined in the procedural flowchart. If a response is not received within this timeframe, the investigation will proceed as outlined in the complaints response plan.
- Delays in completing the complaint response plan must be avoided wherever possible, but where there are unavoidable delays the complainant must be kept informed and provided with reasons for the delay. Continued communication throughout the complaint is essential.
- The agreed complaint response plan must be shared with the subject of the complaint and their line manager.

7. Undertaking the investigation and writing the investigation findings report

- The IO is responsible for ensuring there is a written record of their investigation (including meetings and/or conversations with the complainant and subject of the complaint) on the relevant complaint case file.
- The IO must undertake whatever enquiries are necessary, which are proportionate to the seriousness, sensitivity and complexity of the complaint, to address the issues. This must always include and where possible hold an interview with the subject of the complaint, and where necessary their line manager.
- The IO must address each element of the agreed and defined issues of the complaint as outlined in the complaint response plan.
- The investigation report must be written on the agreed template (attached at Annex 2).
- Each of the agreed issues outlined in the complaint response plan must include one of the following conclusions:

Upheld: Where an element or all of the complaint is upheld

Not upheld: No element of the complaint is upheld

- If the complainant is unable to provide sufficient evidence, and there is no evidence emerging from the investigation/enquiries, then the complaint cannot be upheld.
- The investigation report is the written response to the complaint. The report must not include recommendations or opinions which have an organisational implication.
- The procedural flowchart outlines the process which an IO should follow if they have a recommendation/suggestion the organisation should consider as a result of the findings of their investigation. These recommendations / suggestions and any subsequent actions will be considered and agreed by ELT.

8. Gatekeeping, Quality Assurance and Process Review

- Once the complaint investigation findings report has been drafted by the IO, it should be sent to the CIW Complaints mailbox. The Complaints team conducts an initial review of the report before forwarding it to the Head of Support Services or Senior Manager Support Services to undertake the quality assurance gatekeeping exercise.
- The template and criteria for quality assurance gatekeeping should be followed and completed. The template can be found at Annex 4.
- The report is returned to the IO to address any issues or comments identified during the QA process
- It is the responsibility of the IO to share their written response and findings of the investigation with the subject of the complaint, so they have the opportunity to comment on factual accuracy, but not on the findings of the IO. The line manager of the subject of the complaint is to be copied in.
- The IO will address any matters of factual accuracy, finalise the report, and send it to the CIW Complaints mailbox, noting any changes made following the review by the subject of the complaint.
- The Complaints team will undertake the complaint process review using the template and criteria found at Annex 5 and ensure that the document complies with the required formatting guidelines. The purpose of the process review is to monitor whether the investigation has/has not met all targets.

9. Finalising the investigation and closing the complaint

- Once the complaint investigation report has been finalised, the Complaints team will draft an organisational response letter using the appropriate letter template (Annex 3).
- The organisational response letter will accompany the complaint investigation findings report and be sent to the Head of Support Services or Deputy Chief inspector for final review and sign-off, along with the Quality Assurance and Process Review checklists.
- The letter and investigation findings report will be issued to the complainant within the time scale specified in the procedural flow chart.
- Copies of the report and letter will be sent for information to the subject of the complaint, their line Manager, Senior Manager, Head of Service, Deputy Chief Inspectors and the IO. A copy of the report will also be sent to the Welsh Government Complaints team.

10. Lessons Learned

Any lessons learnt from the complaints process will be captured as part of the work on quality assurance and continuous improvement to capture any themes or organisational lessons learnt to support future learning. The IO will record any lessons or themes identified during their investigation using Annex 8. Quarterly monitoring of these themes will be reviewed by ELT.

11. Monitoring Reports to ELT

Provision of quarterly reports via a Complaints Dashboard will be provided to the Executive Leadership Team (ELT) outlining:

- The number of complaints received during the quarter.
- Total number of ongoing complaints.
- Progress on all ongoing complaints.
- Total number of complaints closed during period within and outside the set timescale.
- Number of ongoing PSOW complaints.
- Reasons for failure to resolve complaints within the set timescale.
- Any potential risks/issues identified which could become problematic.

- General overview of the complaints process for reporting period.
- An analysis of complaints where the investigation has resulted in elements of the complaint being upheld and the reasons for this.
- Categorise complaints and identify trends where possible.
- Quarterly reports on lessons learned to ELT where required actions can be agreed.

12. The Public Services Ombudsman for Wales

- It is the responsibility of the manager responsible for complaints to maintain effective working links with the office of the Public Services Ombudsman for Wales (PSOW) on matters related to individual complaints.
- All correspondence from the PSOW's office will, on receipt, be immediately shared with the Chief Inspector, Deputy Chief Inspectors and the Head of Support Services. In the case of staff conduct complaints, the Head of Service, relevant line manager and the subject of the complaint must also be made aware that correspondence has been received.
- Responsibility for co-ordinating a prompt response where required to be sent to the PSOW's office rests with the Complaints team.
- All requests for information in relation to investigations or general queries will be dealt with within the timeframes set by the PSOW.