



## **Project 17**

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## **Complaints Policy and Procedure**

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### **Background**

Project 17 aims to provide services that are of a standard that is acceptable to all our users. If we fail to do this, we want to know about it. This will enable us not only to deal with the specific problem, but also to avoid it happening again and to improve our service in the future.

Project 17 is committed to encouraging service users and stakeholders to come forward with any complaints and comments about the services delivered in order to make sure that quality is protected and service users' needs are appropriately met. Project 17 will aim to deal with any complaints promptly, fairly, openly and effectively. A complaint may be identified in a letter, telephone call, e-mail, or in the course of a face to face conversation.

### **General Considerations**

This policy and procedure explains what Project 17 will do when we receive a complaint from a service user, an organisation or a member of the public. It does not address complaints made by staff or volunteers (dealt with through our Grievance and Disciplinary Policy) nor job applicants (dealt with through our Recruitment Policy).

Complaints are likely to be in one or more of the following areas:

- dissatisfaction with our service, such as inadequate work, problems with casework, unacceptable delay or failure to deliver a service, problems with accessing a service;
- disputes between service users and the Project 17 regarding policy, procedures or activities;
- discourtesy or unhelpfulness on the part of staff.

Project 17 undertakes to monitor all comments and complaints to ensure that they are used to improve the range and quality of service delivery on a continuous basis. The Board of Trustees will receive an annual report on complaints received and actions taken.

Project 17 will ensure that all service users and stakeholders have access to clear information on how to voice complaints and comments. Service users will be sent a client care letter following their first appointment, which will include information on how to complain about the service.

The procedure does not deal with anything that happened over a year ago, unless the service user/stakeholder has only recently become aware of the situation.

## **Procedure**

All staff and volunteers should have access to the Complaints Policy and Procedure. It is also explained to clients in the initial appointment and client care letter, and is available upon request. When someone wishes to make a complaint, the following procedure should be adopted. Where the complaint is against the Director, the same procedure will be followed, but with the Trustees substituting for the Director's role at all stages.

### **Preliminary stage**

The complaint can be received either in writing or verbally. The Director should be made aware of all complaints and should record them in the Complaints Log. It may be possible for the person receiving the complaint to resolve the matter informally, for instance by apologising. However, the Director should still be informed and the complaint should still be recorded in the Complaints Log even if it is deemed that no further action or investigation is required.

It may not be appropriate to engage the full complaints process if doing so would create a conflict of interest (*see Conflict of Interest Policy*) or prejudice one of our clients. For example, where our client is the victim of domestic abuse and the perpetrator complains that we are providing support, it will not be appropriate to deal with the perpetrator's complaint following the procedure below. Doing so could endanger our client and breach confidentiality. Any decision not to progress a complaint should be discussed with the Director and recorded in the Complaints Log.

### **Stage 1**

If the complaint cannot be resolved informally, or after it has been reported to the Director it is decided that further investigation is required, the complainant should be invited to discuss the complaint with the Director. This can be done in person or by phone, whichever is most appropriate. The Director should keep a record of the conversation in the Complaints Log. If the complaint involves a member of staff or volunteer, they should be offered the opportunity to put forward their account in a written statement.

The Director will investigate and endeavour to resolve the matter.

The Director will acknowledge the complaint within five working days of its receipt and ensure that a full written response is sent within 15 working days. This written response will summarise what investigations have been carried out and what action, if any, is proposed to resolve the matter. If a response by letter is unsuitable, the complainant will be offered a meeting with the Director to provide the response verbally. This meeting should be held within 15 working days, as before. A written record of this interview will be kept and shared with the complainant.

If the complainant is not satisfied at this stage, the Director should explain Stage 2 of the complaints procedure and offer for the matter to be escalated to this stage.

## **Stage 2**

Where the matter is not resolved in Stage 1, the Director should immediately refer the complaint to the Board of Trustees, providing copies of all written correspondence.

The Complaints Panel will be made up of the Chair and two other Trustees.

The Panel will review the investigations, decisions and actions made at Stage 1 and may seek further clarification from any of the parties involved. The Panel must look at:

- Whether the Director has followed the organisational procedures.
- Have all points of the complaint been fairly addressed?
- Was the investigation carried out in a fair and transparent fashion?
- Were the conclusions reached fair and reasonable and is there sufficient evidence to support them?

The Panel will notify the complainant of its conclusions and reasons within 15 working days of having received notice of the complaint. The Panel's decision will be final, recorded in writing, and stored in the complaints log folder and communicated to the Director.

At the next board meeting the Trustee Board will be responsible for deciding whether, and how, their findings need to be communicated to the wider organisation.

In some cases it may be necessary for conduct of the client's matter to be temporarily transferred to another adviser whilst an investigation takes place.

If the situation cannot be resolved and, for example, a client and adviser cannot work together any more, we will aim to close the matter as quickly as possible and refer the client to another adviser, either within the organisation or externally, depending on our capacity and the client's wishes.

Following the conclusion of the complaint investigation, the relevant staff member and the Director will evaluate the problems that the complaint may have identified and look for ways to ensure that they are not repeated.

Should a client consider taking legal action against Project 17, we confirm we have Professional Indemnity Insurance to meet any relevant claims.

## **Recording and Monitoring Complaints**

All complaints, and correspondence pertaining to complaints, will be recorded and kept in the Complaints Folder, including those which were resolved without being put in writing. The Complaints Log shall be used to do this. All complaints shall be treated with regard to the *Confidentiality Policy*.

The Director will make a report once a year to the Board summarising the nature of complaints received and how they were resolved.

### **Publicising the Procedure**

The Advice Supervisor is responsible for ensuring that copies of this procedure are available to service users electronically or in paper format as requested.

### **Ensuring the Effectiveness of the Procedure**

All Board members will receive a copy of this policy.

Existing and new workers will be introduced to the Complaints Policy and Procedure via induction and training.