**Complaints Policy**

**20.Complaints & allegations Policy**

*At Shekinah Support. We ensure service users are aware of their right to make a complaint against any form of issues that affect them, be it with service standards, staff inappropriate behaviour, whistle blowing, issues with the accommodation or the residents as well as a complaint about external stakeholders. The process of complaint and what to expect is drafted in clear detail within the service user handbook.*

In the event of a young person making an allegation of abuse against a member of staff, the following procedure will be followed:

● All complaints made by young people must be treated as legitimate and, as such, acted upon. The welfare of the young person is the primary concern. The young person will be listened to and made to feel safe and secure.

● The member of staff who receives the allegation will contact the manager who will, in turn, contact the Director. The manager will agree to the immediate steps to protect the young person. (The member of staff will contact the director directly if the manager is the subject of the complaint. The person on shift will contact the manager if the director is the subject of the complaint). This action will be recorded.

The paramount concern will be to agree on any immediate steps that need to be taken to:

● Protect the young person from further abuse.

● Minimize the risk to other young people from the alleged perpetrator. This will include consideration as to whether and in what capacity the alleged perpetrator can remain in Shekinah Support.

● The manager will meet with the member of staff against whom the allegation has been made if the member of staff is on shift. If not on shift, the Manager will call the member of staff to Head Office at the earliest opportunity. The Manager will inform the member of staff of the allegations against him/her.

● The member of staff will be informed that their account will be heard.

● This meeting will be recorded.

The director, in consultation with the Local Authority Designated Officer

(LADO), will decide whether the member of staff will be suspended on full pay

● until the facts are investigated. This decision will be recorded.

● The member of staff will be told that suspension does not imply guilt but, in fact, protects their own best interests by eliminating any further difficulties at work during the investigation.

● The Manager will contact the director of Shekinah Support, the local Child Protection Team to apprise them of the allegation(s) and the actions taken thus far.

● A Strategy Meeting will be convened by the young person's placing authority to make a

The Manager of the Shekinah Support Units will need to decide and communicate to the staff team:

● How the young person can be supported through the investigation.

● How the member of staff can best be facilitated in their return to work.

Shekinah Support has the right and responsibility to conduct a separate internal investigation into the conduct of the member of staff. If disciplinary action is to be considered because of this investigation, this measure will be secondary to the needs of the young person.

Staff that are subject to investigation are entitled to representation in the form of Trade Union support or "workplace colleague" support.

Where it appears to a member of staff employed by Shekinah Support that allegations or suspicions of abuse of a young person by a member of staff has not been adequately investigated and appropriately referred to outside social services. Their professional responsibility is to communicate their feelings to the Director of Shekinah Support. Staff in this position should read Shekinah Support policy on Whistle blowing.

The Manager will take immediate steps to ensure the matter is properly investigated and, if appropriate, refer the matter outside to the appropriate Local Authorities Designation Officer (LADO). It is the responsibility of the Manager to formally record this meeting and provide notes for the member of staff.

This Policy summarises the procedures to be followed to process complaints received from Service Users regarding the quality of the care delivered by Shekinah Support.

1. Complaints may originate from children / young people, their family / relatives, either   
   directly or through the commissioning care authority, and even from Shekinah Support’ own Staff. Complaints may be received both verbally and/or in writing.
2. Each instance of a complaint must be reported/routed to the Unit Area Manager. Upon receipt of the complaint, the Manager will complete the appropriate sections of a Complaints Record Form for appropriate action.
3. Every effort will be made to resolve the complaint and to provide a full response to the complainant within 7 working days. A letter or email will be sent to update the complainant if we are unable to resolve the issue within the 7-day timescale.

1. If the Manager is unable to satisfactorily resolve the complaint within 7 working days then the complainant has the right to refer the complaint to the responsible care authority. The complainant also has the right to report the issue directly to the care authority connected to the child if they feel this is necessary.
2. A written response will always be sent that concludes the response or result of the enquiry in order to close the complaint. Any further documentation received will be stored within the complaint documentation.

1. Once the complaint has been resolved the Manager will complete the relevant sections of the Complaints Record Form, which will then be signed-off and approved by the general manager.
2. The Manager is responsible for maintaining all records relating to a complaint, using an appropriate Complaints Record Form as the basis for monitoring the progress made in resolving the complaint. The report would also be saved within the complainant’s digital profile files on the care management system which will include all written complaints received, and copies of all statements from relevant parties.
3. Completed Complaints Record Forms will be kept centrally and reviewed on a regular basis for apparent adverse trends in service quality as part of the policies on quality assurance.,