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## COMPLAINTS POLICY

There are a number of reasons why the advocacy scheme believes it is essential to have a complaints procedure. The values embodied by the Mental Health Advocacy Scheme suggest that one of the most important values a service should demonstrate is that its users have a right to services that meets their individual needs. It follows from this that service users have a right to complain when these services are not up to scratch or do not meet their needs.

The NHS and Community Care Act 1990, stresses the need although does not make it a requirement, for voluntary organizations to have a complaints procedure.

We believe that people who have experienced discrimination as a result of having been in mental distress may be unwilling or reticent about using a complaints procedure. It is important to make sure that efforts are made which take this into account. In addition, for an advocacy agency to be in a position to question and challenge the way statutory services or other services are run, it is necessary for that agency to be seen to be implementing good practice in relation to complaints procedures.

We also realise that there may be times when things go wrong or where the service may not meet peoples' expectations.

We endeavour to try to keep the complaints procedure as simple and straight forward as possible

## THE COMPLAINTS PROCEDURE

The Mental Health Advocacy Scheme believes it is essential that users of services have a clear, effective and easily understandable procedure through which any complaint can be dealt with.

The Mental Health Advocacy Scheme will not be defensive when complaints are made but will ensure that a fair hearing is given to the complaint and that any member of staff or volunteer is also given the fullest opportunity to answer any criticisms made.

Certain principles will be followed during all stages of this procedure:

**1 Confidentiality is protected. That will include the confidentiality for both the person making the complaint and any volunteer or staff member.**

**2 Independent investigation. Where an investigation is required, to ensure that it is fair it is vital that it is carried out by someone who was not involved in any way with any incident related to the complaint.**

**3 Support. People making a complaint may be represented by someone of their choice to help them at any stage of the procedure. The MHAS will arrange for independent support for complainants if required and within available resources.**

**It is obviously best to try and resolve any problem as soon as possible with the person concerned. If it is necessary to take this matter further this will be done in line with timescales detailed below.**

**At each stage everyone concerned with the complaint will be kept fully informed. Apart from Stage 1 there will be a written report on the findings and opinions and this report will be available at any later stage of the procedure.**

**1st stage: Informal discussion with the person concerned. This stage may be by-passed if the person concerned wishes.**

**2nd stage: Formal complaint registered, either verbally or in writing. Where the complaint is about an advocate (paid or volunteer) or any other member of staff the complaint should be addressed to the Scheme Manager. If the complaint is about the Scheme Manager the complaint should be addressed to the Chair of the Mental Health Advocacy Scheme.**

**The person dealing with the complaint will carry out an investigation within two weeks and report the results to the complainant and to the relevant volunteer or member of staff. If the complainant is unhappy with the results of this they can then ask the matter to be referred to the 3rd stage**

**3rd stage: If the complainant remains unhappy with the decision, they will have the final right of appeal to the Mental Health Advocacy Board of Directors. The Board of Directors will convene an ad hoc committee (membership to be determined by the Board of Directors) who will report on the matter.**

**4th stage: All complainants have the right to by-pass these four stages and go direct to an external adjudicator (UNLLAIS) if they wish. The judgement of this outside body is final.**

## **IMHA Service**

### **Complaints regarding the IMHA Service**

**If the complaint relates to the IMHA service complaints will be dealt with within the service. However, if the complainant is not satisfied with the result of their complaint, or the way it was handled they will have the right to refer their complaint to BCUHB.**

### **Complaints about the services provided by the Healthcare Provider**

**Advocates will assist qualifying patients to make complaints about any part of the service provided by the Health Care provider through appropriate channels.**

**If the patient is unhappy with any part of the care or treatment they are receiving then the advocates will provide information on the options available to have the patient's concerns addressed.**

**The IMHA service may become aware of issues that relate to more than one patient. In these cases the advocacy service will bring these, via the advocacy service manager, to the attention of the health care provider. If the matter cannot be satisfactorily resolved, the IMHA service may bring the matter to the attention of the lead Commissioner.**

## **MANAGING THE COMPLAINTS PROCEDURE**

**The Board of Directors of the advocacy scheme will regularly review the complaints procedure as agenda item every 6 months. The types of complaints will be looked at and at what stage of the procedure the complaints were finally dealt with.**

**The Mental Health Advocacy Scheme will ensure that every user of the service is aware that this complaints procedure exists. A copy of the complaints procedure will be displayed at all scheme bases.**

**It needs to be made clear to clients wishing to make a complaint that it may be impossible to follow up a complaint if for example the complainant is unwilling to reveal their name, or if they are unwilling to give an indication of whom they are complaining about. There may also be other issues to consider, for example if someone is abused by a worker/volunteer, it may be impossible to keep confidentiality, as this would have implications for other clients.**

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