innermost HEALTHCARE

POLICY DOCUMENT

Complaints and Compliments

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For Review – 3 Years

Complaints and Compliments Policy and Procedure

1. Introduction

1.1. The purpose of this document is to set out the framework for the management of complaints and compliments, in accordance with the Care Standards Act and associated legislation, to ensure that such feedback is dealt with comprehensively, efficiently and effectively.

1.2. The guidance also takes account of regulations in the Care Standards Act 2000 and the Children Act 1989 (Regulatory Reform and Complaints) (Wales) Regulations 2006, which came into force January 2007.

1.3. Innermost Healthcare. is committed to providing the highest quality of care, facilities and services to patients and staff, and views the proper management of complaints as a vital tool in this process.

1.4. Comments and complaints will be viewed positively as an opportunity for patients to express their views and challenge decisions. This will assist all staff and contractors to develop a service that responds flexibly and sensitively to the needs of patients and their families.

1.5. All complaints will be carefully investigated and the opportunity will be taken to review practices. If it is shown to be necessary, changes will be made to those practices. All compliments will be shared with the staff concerned and built into wider staff training.

1.6. The document applies to all staff employed and contracted services within the clinic, as well as patients and their families. Innermost Healthcare. will only investigate and answer complaints received by, or on behalf of patients, who receive services commissioned, contracted or provided by them.

2. Definition of a Complaint

2.1. A complaint may be generally defined as “an expression of dissatisfaction or disquiet about the actions, decisions or apparent failings of the provision of services, which requires a response.” This definition will include staff performance or patient care; the environment or treatment facilities; systems or processes, and may be raised by a patient, relative, member of staff; representative group or member of the public.

2.2. Consideration should also be given to whether the complaint meets the criteria for referral under the Child or Adult Protection Policies and procedures.

2.3. If it is identified at the outset that a complaint falls outside the remit of this policy and procedure, the complainant must be given appropriate advice about where to raise the matter.

3. Guiding Principles for Managing Complaints and Compliments

3.1 The following principles guide how complaints will be managed:

- the welfare of the patient is safeguarded and promoted;
- compliance with statutory requirements;
- provision of clear information on handling of complaints and compliments to all staff to promote a culture of resolving complaints at the most local level in a timely way;
- patients and members of the public will have clear, easily accessed information about how to make complaints and compliments;

- complaints handling will be given a high profile within the clinic;
- senior staff will promote a culture of openness and honesty when responding to complaints;
- a culture of welcoming feedback from patients in order to gather information which can be used to inform staff training and improvements to service delivery;
- good working relationships with Healthcare Inspectorate Wales, to seek advice wherever appropriate to assist resolution of complaints;
- all complaints are properly monitored, recorded and investigated and the appropriate reports are submitted as required;
- all complaints are dealt with as they arise - the Clinic Manager will be responsible for arranging a detailed investigation and response from the Director, Dr Bryan Beattie.

3.2 All those involved in the management of complaints will have due regard to confidentiality of information and the requirements of the Data Protection Act 1998 and then the General Data Protection Regulations. They must also adhere to the principles of equal opportunity.

4. Staff Support

4.1. Staff and contractors will be supported throughout any investigation process. They will not be unfairly exposed to disciplinary action or any threat to their registration. They will have access to support throughout the investigation of a complaint.

4.2. Any issues highlighted by an investigation about treatment, clinical practice or disciplinary matters will be dealt with in full consultation with the Director, the Clinic Manager and any staff involved.

4.3. Within the confines of confidentiality, staff may seek the assistance of their professional association or trade union.

4.4. Where there is reason to believe a criminal act has been committed, the Director will follow the Disciplinary Policy.

5. Vexatious Complaints

5.1. If upon receipt of a complaint, it is identified that the complainant is vexatious or abusive in intention, or if an individual makes persistent complaints, the Director, in consultation with the patient's clinical lead, will consider the appropriate steps to take. Staff should be aware that a vexatious or persistent complainant may have justifiable grounds to have one or more of their complaints investigated.

6. Right to Complain to Healthcare Inspectorate Wales (HIW)

6.1 When a complaint is made, the complainant must be advised of their right to complain at any time to HIW.

6.2 The contact details for HIW are:

Healthcare Inspectorate Wales

Welsh Government

Rhydycar Business Park

Merthyr Tydfil

CF48 1UZ

Tel: 029 2092 8917

Fax: 029 2092 8877

Email: hiw@wales.gsi.gov.uk

7. Procedure for Making a Complaint

7.1 There are 3 stages to the complaints process and these are outlined below.

7.2 Stage 1: Local Resolution

Not all problems that arise in the day to day running of the clinic should become a formal complaint. Attempts should be made wherever possible to resolve the complaint though local resolution.

All services regulated by HIW are required to operate within their own robust complaint procedures, which should always allow for local resolution wherever appropriate. Every attempt will be made to resolve the complaint as close as possible to the point of service delivery and as quickly as possible.

Time and effort should be invested in resolving complaints at this stage. This is the point where staff and patients should discuss the issue, exchange information and thinking behind decisions, negotiate where possible and agree a way forward. It may be appropriate to consider if the involvement of a mediator would be helpful, with the agreement of the complainant.

If the allegation being made is of alleged abuse to a vulnerable adult or child, the investigation of the complaint must be suspended, and a referral made in line with the procedure for the Protection of Vulnerable Adults or Child Protection Procedures. Otherwise, this local resolution stage should be bypassed only where it is inappropriate to resolve the complaint locally or where the complainant is not prepared to allow this to happen.

7.3 Stage 2: Formal Complaint

If a complaint cannot be resolved at the local resolution stage, or a patient does not wish to undertake local resolution, it will be investigated by the Clinic Manager and the Director as a formal complaint.

Formal complaints must be made in writing, either by letter or e-mail, addressed to the Clinic Manager, Innermost Healthcare. and sent to Ash Tree Clinic, Cardiff Gate Business Park, CF23 8RW.

Where a complaint is made on behalf of a patient, the person receiving the complaint must establish in writing whether the subject of the complaint supports the complaint.

All complaints will be acknowledged within 2 working days of the date of receipt.

All complaints will be concluded as soon as reasonably practicable, and in any event within 4 working weeks (20 working days) This time limit may be extended for up to a further 14 days with the agreement of the complainant.

A formal complaints report will be issued in response. This report will evidence:

- the nature of the complaint;
- the desired outcome;
- how the investigation was carried out;
- the content of interviews undertaken;
- the outcome of the complaint; and
- actions taken in response.

The Director will also confirm in writing to the complainant the agreed resolution. The details will set out the reasons for the decision/outcome, any recommendations and an apology if appropriate.

7.4 Stage 3: Complaint to HIW

If a patient remains unhappy with the outcome of Stage 2, they are able to raise their complaint with HIW. The contact details for HIW are:

Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ
Tel: 029 2092 8917
Fax: 029 2092 8877
Email: hiw@wales.gsi.gov.uk

7.5 If requested, the Director must confirm the resolution of a complaint with HIW.

7.6 Anonymous complaints must be processed in the same way i.e. fully investigated and recorded. A response to the complainant is clearly not possible but the outcome should be recorded in the complaints file.

7.7 It is a requirement that a record of all complaints must be kept and made available for inspection by HIW.

8. Procedure for Making a Compliment

8.1 Compliments should also be made in writing if possible, addressed to the Clinic Manager, Innermost Healthcare. and sent to the contact details on page 1 of this document. This will ensure that a copy of the feedback can be placed on the individual's personnel file if appropriate to do so.

9. Feeding Back to Staff

9.1 *Compliments*
The Director, Dr Bryan Beattie, will ensure that all compliments are fed back to the individual concerned, and where appropriate that copies are placed on the individual's personnel file. Compliments will be also be used in wider staff training to inform practice.

9.2 *Complaints and Concerns*
The Director will feed back to the individual concerned, explaining the outcome of each complaint and concern. If appropriate, a copy of the complaint and its outcome report will be placed in the personnel file. Again, this will be discussed with the individual concerned. Complaints and concerns will also be used in wider staff training to inform practice.

10. Training

10.1 Training on complaints handling is available to all members of staff and contractors, as it is possible for patients to express opinions or dissatisfaction to any member of staff at any time.

10.2 Complaints training is included in the induction training for all new staff and contractors.

For further information about this policy and its implementation, please contact the Clinic Manager.