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Complaints Policy

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Target Audience:	All staff

This is a controlled document.

Please be advised that the Clinic discourages the retention of hard copies of policies and can only guarantee that the policy on the Communitas Clinics Ltd network drive is the most up-to-date version.

Contents

1. PURPOSE

The purpose of this complaints' procedure is as follows:-

- To offer an open, honest, candid, fair and equitable system, which is non-discriminatory and accessible to people of all backgrounds, by which people who are dissatisfied with the service they have received from the Organisation have the opportunity to express their views and to receive an appropriate response to their concerns;
- To ensure that the organisation uses information from complaints and other feedback to improve its services and where possible prevent a recurrence of the factors giving rise to a given complaint;
- To ensure Communitas Clinics Ltd maintains data regarding its performance in relation to complaints, and provides such data to those bodies which have a legitimate interest in it;
- To ensure that the concerns and complaints service offered by the clinic is consistent with all relevant legislation and best practice guidance.

2. INTRODUCTION

Patients, relatives and carers can bring enquiries and concerns to the attention of any member of staff. Best practice is to attempt to diffuse the situation at the earliest opportunity by listening to the concerns raised in an appropriate and empathetic manner and to resolve the issues if possible or offer to refer them to a senior member of staff or manager. This will work to provide patients will the earliest resolution and prevent an unnecessary formal process and lengthy investigation.

The fundamental standards referenced by the Care Quality Commission (CQC) also introduced a new duty of candour. This came into force 2014 in NHS bodies and will apply to other sectors from April 2015. This is what the clinic aim to adhere to.

It aims to ensure that providers are open and honest with people who use services if things go wrong with their care and treatment. To meet the requirements of the regulation, a provider has to:

- Make sure it has an open and honest culture across and at all levels within its organisation.
- Tell people in a timely manner when particular incidents have occurred.
- Provide in writing, a truthful account of the incident and an explanation about the enquiries and investigations that it will carry out.
- Offer an apology in writing.
- Provide reasonable support after the incident.

The Parliamentary and Health Service Ombudsman, the Local Government Ombudsman and Healthwatch England, have set out universal expectations of good complaints handling. This procedure is written to ensure Communitas Clinics Ltd take all concerns and complaints seriously and the organisation regard this as an opportunity to review and improve service provision and stakeholder experience.

Our aim is that the process should:

- Be easily accessible and well publicised (the complaints procedure is clearly shown on the company website)
- Be simple to understand and use
- Allow speedy handling, within established time frames for action, and keep people informed of progress
- Ensure a full and fair investigation
- Protect personal information and respect confidentiality
- Address all the points at issue, and provide an effective response and appropriate redress
- Provide information to management
- Continually improve services provided

3. SCOPE

This policy and procedure identifies the process of making a complaint and the roles and responsibilities of those involved in dealing with complaints.

The policy applies to all groups of staff and anyone using the clinic services. Anyone who uses the clinic services may make a complaint, including:

- The patient
- Someone acting on behalf of the patient, and with their written consent. (e.g. an advocate, relative, Member of Parliament);
- Parents or legal guardians of children;
- Someone acting on behalf of a patient, who is able to represent his or her own interests, provided this does not conflict with the patient's right to confidentiality or a previously expressed wish of the patient.

4. DEFINITIONS

Complaint: Any expression of dissatisfaction, which requires a response.

Complainant: The person making the complaint, whether on behalf of themselves or another.

Subject: The person about whom the complaint is made, or the process/ system about which the complaint is made.

5. RESPONSIBILITES

Chief Executive Officer: is responsible for ensuring that an effective and appropriate complaints' system exists.

Operations Manager: is responsible for overseeing the complaint process ensuring connectivity with incidents, claims, inquests, and safeguarding process. If complaint is not of a clinical nature they are responsible for writing the formal responses and investigating the complaint.

Quality Assurance Co-ordinator: Is responsible for logging complaints, ensure the complaints process is being adhered to, inform the relevant staff members involved in the incident and where required, gain input and response from the Clinical Director. They will monitor the progress of the investigation and ensure any corrective/preventative actions (CAPAs) are logged and actioned to close out the case.

Clinical Director: where required, this staff member is responsible for investigating and formally responding to the complainant. This will be the case for all complaints of a clinical nature and as Caldicott Guardian; complaints in relation to safeguarding incidents or concerns.

All staff: are required to adhere to the guidelines and process detailed within this policy. All staff are required report any complaints received to the Quality Assurance Department for formal logging.

This includes:-

- Co-operating fully with the investigation of each complaint, and ensuring that any staff for which they have responsibility respond to investigations in a timely and appropriate manner;
- Ensuring that assigned action is taken and action plan implemented, following any complaint which gives rise to the need for wider scale implementation of change;
- Enabling the processes of organisational learning following a complaint;
- Ensuring that complaints are responded to within the agreed timetable;
- Releasing staff for relevant training events.

All staff members have a role to play in reducing the numbers of complaints received by ensuring that:-

- As far as possible, their attitude, approach or behaviour does not give service users cause for complaint,
- They deal with any issues courteously and efficiently,
- They keep good quality records,
- They refer complaints onto an appropriate officer if the limits of their authority or experience are exceeded or if a complainant requests such.

6. PROCEDURE

Complaints can be received via email, letter and verbal communications. The Quality Assurance (QA) Department should be made aware of all complaints regardless of the method of receipt.

The case will be logged by QA onto the complaints register, issued with a case number and any related documentation will be filed accordingly. Each complaint will be graded by the department and this will determine the level of investigation. If it is deemed as a Serious Incident (SI) the Clinical Director will be informed and raised as a Significant Event. Please refer to Incident and Near Miss Policy (IG05) and Serious Untoward Incident Policy (IG05) for further information.

The investigation is initiated and where required the Clinical Director is informed of the event. A formal initial response to the complainant will be sent within 3 workings days as below:

Clinical cases - Clinical Director
Non clinical cases - Operations Manager

All complaints will be managed with Openess, transparency and Candour. Please refer to CC-CG10-Duty of Candour Policy

The normal time limit whereby people can raise their complaint is 12 months after the event. Communitas Clinics Ltd will maintain its long standing commitment to respond to all complaints, irrespective of the time elapsed since the event(s) in question occurred; if there is a reasonable chance of being able to investigate and respond.

6.1 MEETING A COMPLAINANT

Should the complainant be dissatisfied with the response to the complaint they should be offered a meeting with senior staff who are able to address the further issues. The meeting will be organised and attended by a member of the Quality Assurance Team whose role will be to take meeting notes carefully listing the concerns raised at the meeting and ensuring that a satisfactory response is given; following the meeting, the notes should be shared with the complainant.

The Quality Department will ensure that explanations offered during the meeting have been understood by the complainant and/or their representatives and that the complainant has had the opportunity to put all questions to the meeting. If all issues have been resolved a letter of closure to the complaint should be offered to the complainant.

6.2 CLOSURE OF COMPLAINTS

Once the investigation has been completed, a formal response is made to the complainant within 20 working days. Any actions arising from the case will be recorded and assigned by Quality Assurance if required, responsible persons will be informed and actions should be closed by the agreed deadline to fully close out the complaint. Any learning arising from the complaint will be disseminated to staff during weekly traction meetings.

It may not be possible to resolve a complaint where the complainant's expectations of the outcome are unrealistic or a matter of opinion. However, complaints should only be re-opened where evidence can be provided that the original issues raised have not been addressed. In this case the complaint is referred to as a 'further' complaint and should be investigated as soon as possible and the investigation and letter should follow the process flow as for the original complaint. The expectation of the Trust is that the response should be sent as soon after receipt of the further letter but should aim to give a timescale based upon the level of further investigation detail, though further extension may be needed depending on the further issues.

If the Complainant remains dissatisfied and continues to make complaints. Provided the Complainant has been informed of his/her rights to request an Independent Review from the Ombudsman, a decision will be taken by the Chief Executive. The Chief Executive will write to the complainant informing them of this decision and that no further action will be taken by the clinic on their complaint, but reiterating the alternatives open to the complainant.

6.3 PARLIAMENTARY AND HEALTH SERVICE OMBUDSMAN

Complainants have the right to approach the Parliamentary and Health Service Ombudsman, if they are dissatisfied with the way their complaints are dealt with or if they feel their complaint is of a very serious nature. Patients also have the right to approach the Ombudsman if they feel that this patient guide is inaccurate or misleading. Advice on how to contact the Ombudsman is enclosed in the final response letter that is sent following investigation.

6.4 WHEN THE COMPLAINANT REQUESTS ACCESS TO HEALTH RECORDS

The clinic is to provide a 'Subject Access Request Form' to the complainant. This can be found within the appendices in the *SOP CC-IG-11 Subject Access Request.*

6.5 COMPLAINTS GIVING RISE TO ISSUES WHICH ARE THE CONCERN OF OTHER AGENCIES

Complaints giving rise to issues which are the concern of other agencies. Occasionally, concerns may arise from complaints which need to be referred to other agencies (e.g. the police, professional regulatory bodies, the Coroner, or the Child or Safeguarding Adult protection structures). In such cases, the advice of the IG Lead/Senior Management should be sought.

6.6 STORAGE OF COMPLAINT FILES

Complaint files are stored electronically and are retained by the clinic as per guidance set out by the Information Governance Alliance (IGA). The retention period for complaint files is 10 years from the date upon which the complaint was closed.

The complaint file will be kept separate from the healthcare record. Should any material from the complaint be discovered within the healthcare file of the patient, it will be removed and reconciled with the complaint file.

6.7 MONITORING

Complaints and concerns are discussed within Management and Board meetings to meet ISO9001 standards and to reflect best practice guidelines.

7. INTERNAL AND EXTERNAL REFERENCES

7.1 INTERNAL REFERENCES

CC-HR-20 *Whistleblowing Policy*
CC-HR-05 *Disciplinary Procedure*
CC-IG-11 *Subject Access Request*
CC-IG07 *Records Management Policy*

7.2 EXTERNAL REFERENCES

Care Quality Commission (CQC). Complaints Matter. 2014
Retrieved from: http://www.cqc.org.uk/sites/default/files/20141208_complaints_matter_report.pdf

Care Quality Commission (CQC). Publishing of the new fundamental standards. Nov 2014
Retrieved from: http://www.cqc.org.uk/content/publishing-new-fundamental-standards

8. Review/Version History Table

Version Number	Review Date	Comments
1.0	20/03/2018	Reviewed. Appendix 1 removed from policy and published as appendix CC-QA-03-Appendix 1_Complaints Procedure. Reissued as 1.1
1.1	02/04/2019	Complaints procedure reviewed in line with NHS E guidance – timescales up to date. Complaints contacts updated to include BHR and Herts Valleys. Communitas contact details updated to QAO. Procedure reissued as v1.1
1.1	23/04/2020	Policy reviewed. Complaints procedure reviewed and updated; Croydon complaint contact updated to SWL merger, Greenwich complaint contact details second email address removed. Bexley web form added to contacts. SMS contact added for surrey downs. BHR address updated to new CCG building. Complaint leaflets created for all services and added as appendices 2-9. Procedure reissued as v1.2

CC-QA-03-Appendix 1 – Complaints Procedure

Can be found at: N:\Communitas Clinics\Operations\Operating Policies\20150119_Communitas_Operating policies\Appendices\Appendices_Published. This is also published on the company website.

CC-QA-03-Appendix 2 – Complaints leaflet Croydon

CC-QA-03-Appendix 3 – Complaints leaflet Greenwich

CC-QA-03-Appendix 4 – Complaints leaflet Bexley

CC-QA-03-Appendix 5 – Complaints leaflet Sussex

CC-QA-03-Appendix 6 – Complaints leaflet Surrey Downs

CC-QA-03-Appendix 7 – Complaints leaflet BHR

CC-QA-03-Appendix 8 – Complaints leaflet Herts Valleys

CC-QA-03-Appendix 9 – Complaints leaflet City and Hackney