

Complaint Policy

Version 1.1

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Applicability

All services and staff

Purpose

Handling complaints well can lead to greater satisfaction and improved services for patients. The purpose of the complaint's procedure is to resolve complaints at company level as this is considered to be in everyone's best interest.

Confidentiality

Both the person who complains and the member of staff who is complained about should receive assurance that, even within the practice, only those who need to know will learn of the complaint. Equally, patients should be assured that personal information about them will not be shared with anyone outside the company unless they have given express permission for this to happen.

Policy Summary

The aim of the policy is to provide an effective method by which the users of the service can make a complaint or express their concerns regarding their care and treatment, and have those reviewed and resolved.

This Policy explains the means by which a patient or their representative can make a complaint. It also outlines the responsibilities of the staff and departments and offers guidance on good practice at each stage of the process. Complaints are one way of identifying the users' perspective of the services provided and can provide valuable insight into where improvements may be required.

The policy provides an operational strategy to facilitate the management of complaints to meet the statutory requirements of the Care Quality Commission.

Complaints may be made by existing or former patients or anyone acting on the behalf of the patient with their consent. If the patient is unable to act, consent should be sought from the next of kin. This must be done before confidential, or information of a sensitive nature, is released to a third party. All staff are empowered to resolve complaints at a local level whenever possible and this proactive approach is encouraged

Complaints can be a mechanism for identifying where improvements in service provision can be made. When used in this way, they are a positive tool for promoting organisational and individual learning thereby reducing risk to patients, staff and the organisation. The complaints procedure is

designed to develop a just and not a '*blaming*' culture within the organisation.

Introduction

Divergence places a high priority upon the handling of complaints and recognises that suggestions, constructive criticisms and complaints can be valuable aids to improving services. The primary objective of this procedure is to provide the fullest opportunity for investigation and resolution of the complaint, aiming to satisfy the complainant that his/her concerns have been addressed, whilst being fair to staff and the complainant alike.

Therefore, we aim to ensure that:

1. Making a complaint is as easy and transparent as possible.
2. That we deal with complaints appropriately and within the agreed time frame.
3. We treat a complaint as any clear expression of dissatisfaction with our service, or organisation as a whole, which calls for a response.
4. We respond in the right way – for example, with an explanation or an apology where we have got things wrong and if relevant and appropriate information on any action taken.
5. We have the right to refuse to accept a complaint where the complaint is clearly vexatious, malicious or motivated by racist, sexist, homophobic or other discriminatory attitudes, or where the complaint threatens or abuses divergence staff. The decision as to whether a complaint is vexatious will be taken by Director of Operations Officer and Clinical Director. Divergence UK defines a vexatious complainant as someone who persists in making a complaint or demand when all reasonable attempts to resolve their concerns have been made.
6. When a complaint identifies that something has gone wrong or has fallen below standards it is seen as an opportunity to improve and avoid a recurrence and it can allow for systems, policies, practices or procedures to be amended or put in place as appropriate.

Once a complaint has been made, the complainant has the right to have his/her concerns investigated; all complaints are made in confidence and will not affect current or future provision of treatment.

Complaints will be managed in accordance with Outcome 17 of the CQC's Essential Standards of Quality and Safety. The Director of Operations will monitor the implementation of this policy, collect information about required improvements, and will report all complaints and outcomes in monthly management meetings and also to the Board of Designated Members on a regular basis.

General Information

Who may make a complaint?

- Existing or former users of services provided by Divergence UK may complain. Other people may complain on behalf of existing or former users where divergence accepts them as a suitable representative and where consent has been obtained.

- Any person who is affected by or likely to be affected by the action, omission or decision of divergence.

When is a complaint not a complaint?

A general rule of thumb is that a matter should be considered to be a complaint when:

- The person raising the matter has expressly stated that they want to make a complaint.
- The manager considers that serious issues have been brought to his/her attention.
- The manager considers that he/she is unable to investigate the matter adequately or independently.
- The manager considers that he/she cannot give the assurances being sought by the patient, client, carer or resident.

Time Limits for making a complaint

It is in everyone's interest to make and respond to a complaint as soon as possible after the event.

A complaint should be made as soon as possible after the event complained of. Normally a complaint should be made within six months of the event complained of, or within six months of the complainant first becoming aware of the problem. Divergence has the discretion to investigate complaints after this time if there is a good reason why the complaint could not be made sooner.

Confidentiality

All complaints will be kept confidential to the parties concerned unless a concern is raised in relation to a safeguarding matter or in relation to serious criminality in which case, we reserve the right to escalate the matter to relevant authorities. However, the complaint will normally be made known to the Director of Operations and Clinical Director who will discuss the matter with Board of Designated Members where necessary.

Patient Authorisation

Divergence will not undertake an investigation of any complaint verbal or informal until the appropriate patient/next of kin authorisation has been received. Patient authorisation is required whenever personal information, including medical records, is consulted as part of Divergence investigation.

Patient

The patient needs to confirm that Divergence can have access to personal information as part of the investigation process. If the patient is unable to give their consent, consent should be sought from the next of kin, especially when information from medical records will be required to answer the complaint.

Third party

Authorisation is almost always required before confidential information of a sensitive nature is released to a third party. This is particularly relevant where the complaint is made on behalf of a patient for example spouses, relatives, friends. However, in the case of MPs, there is 'assumed consent' and therefore confirmation of authorisation is not required, unless the MP is also representing a third party.

Children

The representative must be a parent, guardian, or other adult person who has care of the child; where the child is in the care of the local authority or voluntary organisation, the representative must be a person authorised by the local authority or voluntary organisation.

Deceased or incapable person

The representative must be a relative or other person who, in the opinion of the Complaints Manager, has a sufficient interest in their welfare and is a suitable person to act as a representative. If the Complaints Manager is of the opinion that a representative does not have a sufficient interest in the person's welfare or is unsuitable to act as a representative, divergence will notify the person in writing, stating the reasons.

Procedure and response timescales

The procedure covers complaints about the services that the organisation provides to the public, and complaints about the staff and volunteers involved in delivering those services. Complaints regarding discrimination and victimisation will also be investigated under this complaints procedure.

Wherever possible we will try to respond and resolve the situation at an informal level. The matter will go no further unless the injured party is still dissatisfied, at which point the formal process will then begin.

Verbal complaints should whenever possible be responded to at the time of the complaint. If an error has occurred an apology and full explanation should be offered. An apology does not constitute an

admission of liability. In some cases, the complainant may have expressed a preference for a telephone discussion regarding the outcome. However, this will always be followed up by a written response so that both parties have a written record of the outcome.

Written complaints should be acknowledged within three days of receipt.

Within five days of receipt an investigating partner will be appointed to review the case. A written response to the complainant should be provided with 15 working days of the receipt of the complaint.

Written responses should include a summary of the complaint, a description of the process of enquiry undertaken and a description of any action taken as a result of the complaint.

Data Breaches

All data breaches must be reported to the ICO (Information Commissioners' Office) within 72 hours of being received. ALL data breaches must be passed to the Registered Manager immediately upon receipt.

All other complaints

Stage One

First Contact Whilst the Registered Manager will be responsible for administering the complaints system, any member of the company may be the first point of contact for someone who wishes to make a complaint. All members of staff should be familiar with the content of the Complaints Information Leaflet (Appendix A). If the Registered Manager is available at the time of making the complaint it may be best to refer the complainant direct to them. If not the member of staff may have to deal with the first contact stage.

Dealing with people who are distressed or angry is not easy- first contact in these situations is very important. Points to remember are:

Do not investigate the complaint yourself any further. Any subsequent queries about the complaint, from the person complaining, should be referred to the Registered Manager.

Untoward Incident In some circumstances there may have been a problem that could have resulted in a complaint however the patient did not complain. It is important that these situations are noted by staff and reported into the complaint process.

Stage Two

Acknowledgment

The Registered Manager will send a written acknowledgment of the complaint within 2 working days.

Investigation

The Registered Manager will then make contact with the person complaining within 3 days of making the complaint and offer them the opportunity to discuss and agree a plan of action detailing how the complaint will be taken forward which should discuss what the patient's expectations are and what outcome they would like to achieve, and negotiating a timescale within which they will get a response to their complaint.

The Registered Manager will investigate the complaint fully, arranging a meeting with those involved, if appropriate. They will then send a response to the person complaining within 10 working days. Interviews with patients or members of staff can be recorded on a Record of Interview form (Appendix D).

If the Registered Manager is unable to send a full explanation within 10 working days, they will send a letter explaining why and when they expect to be able to reply, e.g. clinician may be on holiday.

Stage Three

If the person making the complaint is still not satisfied, the Registered Manager may arrange a meeting to discuss the matter further.

Stage Four

Review of Complaints All complaints will be individually reviewed, and annually collectively reviewed, at a team meeting to ensure the company learns from them and to minimise the chances of a reoccurrence.

Records of Complaints All records concerning complaints should be kept for a minimum of 10 years.

When investigating complaints, the investigating partner will ensure that:

- The complaint is fully understood – this may require meeting with or talking to the complainant
- There is an understanding of the response of staff or the situation in which the problem arose.
 - This may involve interviewing or speaking to staff, or reviewing any written information
- When interviewing complainants or staff, they should be offered the opportunity to bring someone with them

As a result of the investigation actions may include:

- Specific improvements to service
- Bringing together parties to mediate the dispute
- Recommendations on staff training

Record keeping

- All complaints will be recorded on the incidents/complaints/safeguarding log and will include the following information
 - date reported
 - date of incident
 - name of reporter
 - whether it is a formal complaint, and if so whether it was upheld
 - whether it related to GDPR
 - whether it is a SIRI
 - Summary
 - action
 - learning points
 - whether the patient has responded to our request for feedback on the complaints process

Supporting complaints where there are additional Communication Needs

Should a client be unable to access the complaints form via the internet, or wish to make their complaint by another means they do have the following options to raise their comments or concerns:

Telephone

Should a client make contact by telephone to raise a complaint or comment this will be addressed by the Practice Manager or suitable delegate of the Practice Manager, who will support the client to provide the information and document this on their behalf into the company complaints process.

Email

Should a client send a complaint by email this will be forwarded to the Practice Manager who will ensure that the information is transferred accurately and completely into the company complaint process. Should further information be required to do so the practice manager may contact the client for those further details.

In person

All divergence staff have a responsibility to take an initial complaint and initiate the complaints process. Should the client request to give their complaint to another member of the team this is to be supported and should be passed to the staff line manager in the first instance who will ensure that the complaint policy is upheld and ensure that the complaint is registered into the company system. We do not ordinarily make appointments to take a complaint in person and such a request should be made to a director of the company in writing in the first instance to ensure that the complaint is logged, even if only to take the most basic of details.

Via a Pathfinder

Where a client is unable to access the above means of raising a complaint, comment or compliment a Pathfinder will be allocated to enable the client to make their views known. This will be offered without charge. The Pathfinder will not address the issue but will support the client to access the processes for having the issue investigated and then if required relay the information back to the client.

Whilst the complaint policy is freely available on the internet, should a person request a copy of this document it can be provided by post or discussed verbally with the practice manager by telephone.

Appendix A: Making a Complaint – Information Leaflet

Our company has a system for dealing with complaints that complies with the requirements of the NHS complaints procedure. This leaflet explains how it works and what to do if you want to make a complaint.

The Purpose

We believe that handling complaints well can lead to greater satisfaction and improved service for patients. The purpose of our complaints procedure is to resolve complaints at company level as this is considered to be in everyone's best interest. The objectives of the company's system are:

- To enable patients to express comments, suggestions and complaints to the practice when they feel dissatisfied with the service provided;
- To provide patients with an explanation of what has happened; where appropriate an apology; and an assurance that we have taken steps to prevent the problem recurring where this is possible.

Confidentiality

Both the person who complains and the member of staff who is complained about will receive assurance that, even within the company, only those who need to know will learn of the complaint. Equally, patients should be assured that personal information about you will not be shared with anyone outside the practice unless you have given express permission for this to happen.

Complaining on Behalf on Someone Else

All staff are bound by the same rules of confidentiality. If you are complaining on behalf of someone else you will need to provide a note from the patient giving us the authority to disclose information to you.

Time limits

It is in everyone's interest to make and respond to a complaint as soon as possible after the event:

- Within 6 months of the date of the incident that caused the problem; or
- Within 6 months of the date of discovering the problem, provided that is within 12 months of the incident.

Stage One

Complaints Administrator The person who will deal with your complaint is our Registered Manager or their Deputy. You can either telephone or make an appointment to see the complaints administrator to discuss your complaint. If the complaints administrator is not available, then one of our staff can take down the details of your complaint and pass them on. Or, if you prefer you may write to us

or complete the attached Complaints Form (or use the online version on our website) and sent it to us.

Stage Two

If the complaints administrator cannot give you a full explanation immediately, you will receive an acknowledgement of your complaint within 2 working days.

The complaints administrator will then investigate your complaint and will let you have a full explanation within 10 working days. If this is not possible you will be advised of when they expect to be able to provide this information.

Stage Three

If the person making the complaint is still not satisfied, the Registered Manager may arrange a meeting to discuss the matter further.

You may also at any stage contact the Independent Sector Complaints Adjudication Service (ISCAS) for independent advice.

Please see www.iscas.cedr.com

Appendix B: Complaints Form

Complainant's Details

(NOTE: if representing patient you must have their written consent)

Name: _____ Tel: _____

Address: _____

Patient's Details

Name: _____ Tel: _____

Address: _____

Date of Birth _____

Usual Doctor _____

Details of complaint (including date(s) of events and persons involved)

Signature

Date

Continue overleaf if necessary

Appendix C: Problem Report

Use this form to report any incident identified by either a member of staff or attached staff that could have, or may in the future, result in a complaint.

Problem reported by:

Date:

Details of problem including dates of events and persons involved:

Appendix D: Interview Sheet

Use this sheet to make a note of any interviews with staff or patients

Date:

Name of person interviewed:

Address:

Name of interviewer:

Comments:

Content agreed with person interviewed

Signed:

(interviewee)

Date: