



**INTEGRO**

Medical Clinics

INT17 - COMPLAINTS POLICY

## INTEGRO POLICY PROCEDURE

<b>SUMMARY</b>	This Policy sets out the requirements as specified by The Health and Social Care Act 2008 the Care Quality Commission (CQC) (Regulation (2014) Regulation 16: “Complaints”). This Policy specifies how Integro Medical Clinics Ltd can ensure that all complaints are handled with compliance to the aforementioned regulation.	<b>KEY WORDS</b>	Complaints, Resolution, Feedback
<b>TARGET AUDIENCE</b>	All Board members, employees or contract staff of the clinic	<b>DATE OF NEXT REVIEW</b>	01/05/2023
<b>AUTHOR</b>	Registered Manager	<b>DATE ISSUED</b>	10/06/2020
<b>APPROVE BY (NAME &amp; POSITION)</b>	Board of Directors	<b>DATE APPROVED</b>	10/06/2020

## VERSION CONTROL

VERSION HISTORY				
VERSION	APPROVED BY	REVISION DATE	DESCRIPTION OF CHANGE	AUTHOR
1	Board of Directors	10/06/2020	New Policy Written	Registered manager
		Click or tap to enter a date.		
		Click or tap to enter a date.		
		Click or tap to enter a date.		

## COMPLAINTS POLICY TABLE OF CONTENTS

<b>INTEGRO POLICY PROCEDURE</b> .....	<b>2</b>
<b>VERSION CONTROL</b> .....	<b>3</b>
<b>POLICY INTRODUCTION</b> .....	<b>6</b>
1. INTRODUCTION.....	6
2. WHO THIS POLICY APPLIES TO.....	6
3. DEFINITIONS .....	6
4. DUTIES AND RESPONSIBILITIES.....	6
<b>POLICY STATEMENT</b> .....	<i>Error! Bookmark not defined.</i>
5. POLICY STATEMENT.....	7
6. OUR COMPLAINTS PRINCIPLES .....	7
7. MANAGING COMPLAINTS .....	8
8. RESOLUTION .....	8
9. IF THE COMPLAINT IS NOT RESOLVED.....	8
10. PROMOTING FEEDBACK .....	9
11. RISK ASSESSMENT .....	9
12. TIME FRAMES.....	9
13. RECORDS AND PRIVACY .....	9
14. OPEN DISCLOSURE AND FAIRNESS .....	9
15. INVESTIGATION AND RESOLUTION .....	9
16. COMPLAINTS AND INDIVIDUALS.....	10
17. REPORTING AND RECORDING COMPLAINTS .....	10
<b>TRAINING</b> .....	<b>11</b>
18. TRAINING.....	11
<b>MONITORING COMPLIANCE AND POLICY REVIEW</b> .....	<b>11</b>
19. MONITORING COMPLIANCE TABLE .....	11
20. POLICY REVIEW DETAILS .....	12
<b>ADDITIONAL INFORMATION</b> .....	<b>12</b>
21. ASSOCIATED COMPANY DOCUMENTS.....	12

## COMPLAINTS POLICY

## POLICY INTRODUCTION

### 1. INTRODUCTION

- 1.1. This policy outlines procedures and responsibilities within Integro Medical Clinics Limited for handling any concerns, issues or complaints that may arise.
- 1.2. The purpose of this policy is to ensure that any complaints or concerns by patients are correctly investigated and managed.
- 1.3. Integro Medical Clinics Limited, although an independent body aspires to meet the principles set out in the NHS Constitution which are:
  - The right to have any complaint made about our services dealt with efficiently and to have it properly investigated;
  - The right to know the outcome of any investigation into a complaint
  - The right to take a complaint to independent review if the complainant is not satisfied with the way their complaint has been dealt with by us
  - The commitment to ensure patients are treated with courtesy and receive appropriate support throughout the handling of a complaint; and the fact that they have complained will not adversely affect their future treatment.
  - When mistakes happen, they shall be acknowledged; an apology made; an explanation given of what went wrong; and the problem rectified quickly and effectively.
  - Demonstrating a commitment to ensure that the organisation learns lessons from complaints and claims and uses these to improve our services.
- 1.4. This policy serves to indicate how issues concerning patient concerns or complaints should be managed within the organisation

### 2. WHO THIS POLICY APPLIES TO

- 2.1. This policy applies to all staff of Integro Medical Clinics Limited.

### 3. DEFINITIONS

- 3.1. **Complaint:** A complaint is a statement that something is unsatisfactory or unacceptable
- 3.2. **Formal complaint:** A formal complaint occurs when a complaint is received in writing, or the complaint is not able to be resolved at the time it is brought up.
- 3.3. **Resolution:** The process through which a complaint is addressed

### 4. DUTIES AND RESPONSIBILITIES

- 4.1. The CQC Registered Manager holds overall responsibility for ensuring the development, implementation and operation of this policy regarding complaints.
- 4.2. The CQC Registered Manager will also lead and oversee the process of the implementation of this policy, as well as monitoring its compliance and effectiveness.
- 4.3. The Registered Manager will be:
  - Responsible for managing the procedures for handling and considering complaints;
  - Ensuring that replies are drafted and signed by the CQC Registered Manager or other authorised person;
  - Responsible for ensuring that action is taken if necessary in the light of the outcome of a complaint or investigation;
  - Responsible for the effective management of the complaint's procedure.

## COMPLAINTS POLICY

### 5. POLICY STATEMENT

- 5.1. Everyone has the right to expect a positive experience and a good treatment outcome. In the event of concern or complaint, patients have a right to be listened to and to be treated with respect.
- 5.2. Integro Medical Clinics Limited will manage complaints properly so patient concerns are dealt with appropriately. Good complaint handling is an important way of ensuring our patients receive the service they are entitled to expect.
- 5.3. Complaints are also a valuable source of feedback. They provide an audit trail and can be an early warning of failures in service delivery. When handled well, complaints provide an opportunity to improve service and reputation.
- 5.4. Our aims and objectives:
  - We aim to provide a service that meets the needs of our patients and we strive for a high standard of care;
  - We welcome suggestions from patients and from our staff about the safety and quality of service, treatment and care we provide;
  - We are committed to an effective and fair complaints system; and
  - We support a culture of openness and willingness to learn from incidents, including complaints.

### 6. OUR COMPLAINTS PRINCIPLES

- 6.1. Patients are encouraged to provide suggestions, compliments, concerns and complaints and we offer a range of ways to do this.
- 6.2. All complainants are treated with respect, sensitivity and confidentiality.
- 6.3. All complaints are handled without prejudice or assumptions about how minor or serious they are. The emphasis is on resolving the problem.
- 6.4. Patients and staff can make complaints on a confidential basis or anonymously if they wish and be assured that their identity will be protected.
- 6.5. Patients will not to be discriminated against or suffer any unjust adverse consequences as a result of making a complaint about standards of care and service.

## **7. MANAGING COMPLAINTS**

- 7.1. All staff are expected to encourage patients to provide feedback about the service, including complaints, concerns, suggestions and compliments.
- 7.2. Staff are expected to attempt resolution of complaints and concerns at the point of service, wherever possible and within the scope of their role and responsibility.

## **8. RESOLUTION**

- 8.1. The process of resolving the problem will include:
  - an expression of regret to the patient for any harm or distress suffered;
  - an explanation or information about what is known, without speculating or blaming others; considering the problem and the outcome the patient is seeking and proposing a solution; and confirming that the patient is satisfied with the proposed solution.
- 8.2. Our staff will consult with their manager if addressing the problem is beyond their responsibilities.

## **9. IF THE COMPLAINT IS NOT RESOLVED**

- 9.1. If the complaint is not resolved at the point of service, staff are expected to provide the complainant with the complaints policy.
- 9.2. Complaints that are not resolved at the point of service are regarded as Formal Complaints. Formal complaints also include complaints that are received in writing to [clinicmanager@integroclinics.com](mailto:clinicmanager@integroclinics.com) Formal complaints require follow up in accordance with this policy;
- 9.3. The Registered Manager will investigate the complaint within 28 days and keep the complainant informed throughout the process;

9.4. Our Registered Manager coordinates resolution of formal complaints in close liaison with the staff who are directly involved.

## **10. PROMOTING FEEDBACK**

10.1. Information is provided about the complaints policy on our website.

## **11. RISK ASSESSMENT**

11.1. After receiving a formal complaint, our Registered Manager reviews the issues in consultation with relevant staff in order to decide what action should be taken, consistent with the risk management policy.

## **12. TIME FRAMES**

12.1. Formal complaints are acknowledged in writing or in person within 48 hours.

12.2. The acknowledgment provides contact details for the person who is handling the complaint, how the complaint will be dealt with and how long it is expected to take

12.3. It is our aim wherever possible to ensure formal complaints are investigated and resolved within 28 days. If this period is to be exceeded a written explanation will be sent to the complainant.

## **13. RECORDS AND PRIVACY**

13.1. The Registered Manager will maintain a complaint register. Personal information for individual complaints is kept confidential and is only made available to those who need it to deal with the complaint.

13.2. Complainants are given notice about how their personal information is likely to be used during the investigation of a complaint.

13.3. Individual complaint files are kept in a secure filing cabinet in the Registered Manager's office and in a restricted access section of the computer system's file server.

13.4. Patients will be provided with access to their medical records in accordance with its data storage policy.

## **14. OPEN DISCLOSURE AND FAIRNESS**

14.1. Complainants are initially provided with an explanation of what happened, based on the known facts.

14.2. At the conclusion of an inquiry or investigation, the complainant and relevant staff are provided with all established facts, the factors contributing to the incident and any recommendations to improve the service, and the reasons for these decisions.

## **15. INVESTIGATION AND RESOLUTION**

15.1. The Registered Manager carries out investigations of complaints to identify what happened, the underlying causes of the complaint and preventative strategies. Information is gathered from:

- Talking to staff directly involved;
- Listening to the complainant's views;
- Reviewing medical records and other records; and
- Reviewing relevant policies, standards or guidelines.

## **16. COMPLAINTS AND INDIVIDUALS**

16.1. Where an individual staff member has been mentioned specifically by a complainant, the matter will be investigated by the relevant manager or supervisor, who will:

- Inform the staff member of the complaint made against them;
- Ensure that if possible, the member of staff does not have any contact with the complainant during the investigation period, or afterwards if deemed appropriate;
- Ensure fairness and confidentiality is maintained during the investigation; and
- Encourage the staff member to seek advice from their professional association/body, if desired.

16.2. The staff members will be asked to provide a factual report of the incident, identify systems issues that may have contributed to the incident and suggest possible preventive measures.

16.3. Where the investigation of a complaint results in findings and recommendations about individual staff members, the issues are addressed through the disciplinary or other appropriate process.

## **17. REPORTING AND RECORDING COMPLAINTS**

17.1. The Registered Manager will prepare regular reports on the number and type of complaints, the outcomes of complaints, recommendations for change and any subsequent action that has been taken. The reports are provided to staff and senior management, and if appropriate will be raised with the relevant individual as part of the ongoing management process

17.2. Complaints reports will be considered and discussed at monthly Clinical Governance Board meetings and Directors' meetings.

17.3. An annual quality improvement report will be published that includes information on:

- The number and main types of complaints received, common outcomes and how complaints have resulted in changes;

- How complaints were managed—how the complaints system was promoted, how long it took to resolve complaints (and whether this is consistent with the policy) and whether complainants and staff were satisfied with the process and outcomes; and
- The results of any patient satisfaction survey.

## TRAINING

### 18. TRAINING

18.1. In order to provide a quality service, Integro Medical Clinics Limited requires staff to be suitably trained, supervised and supported. In particular, the CQC Registered Manager will support the following:

- Each member of staff will have a personal development plan/portfolio in which their training needs are identified and a plan made as to how such needs will be met
- Each member of staff will be offered training to meet regulation and relevant National Standards.

## MONITORING COMPLIANCE AND POLICY REVIEW

### 19. MONITORING COMPLIANCE TABLE

ELEMENT TO BE MONITORED	LEAD	TOOL	FREQUENCY	REPORTING ARRANGEMENTS
Formal Complaints are acknowledged within 48 hours	Registered Manager	Audit	MONTHLY	Clinical Governance Board
Formal complaints investigated within 28 days	Registered Manager	Audit	ANNUAL	Clinical Governance Board
Complaints management system is live and up to date to evaluate if the complaints policy is being complied with and how it measures up against best practice guidelines. As part of the evaluation, patients and staff will be asked to comment on their awareness of the policy and how well it works in practice.	Registered Manager	Patient Satisfaction Survey	ANNUAL	Operations Committee
Annual quality improvement report	Registered Manager	Audit	ANNUAL	Board of Directors

## **20. POLICY REVIEW DETAILS**

20.1. This policy will be reviewed in three years however this will be sooner if regulations change.

## **ADDITIONAL INFORMATION**

### **21. ASSOCIATED COMPANY DOCUMENTS**

- 21.1. Risk Management Policy
- 21.2. Incident Management Policy
- 21.3. Duty of Candour Policy