

Complaints Policy

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Name of originator / author:

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**Complaints Policy**

# Policy Statement

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| **Background**  | This policy details how Skin Solutions Aesthetic Clinic Ltd (SACLtd) will deal with any concerns or complaints we receive |
| **Statement**  | We are committed to a compassionate approach with our patients and when we fall short we expect to be held to account. It is important to listen carefully to what people tell us, and it is imperative that we remain open, honest and transparent when responding to concerns or complaints. We do all we can to resolve concerns and complaints in a timely way and to learn from our mistakes, put things right for the future, and improve the services and care we provide. Complaints are a vital source of valuable feedback. Lessons learned will be shared across the organisation in order to rectify mistakes and improve the quality of services for the future.  |
| **Responsibilities**  | It is our responsibility to ensure all concerns and complaints are fully investigated and dealt with efficiently in an open and honest manner. It is our responsibility that a timely and appropriate response is provided to the complainant in response to their complaint. We must ensure complainants are treated with dignity and are assured that their complaint will be taken seriously. Complainants are assured that their care and service provision will not be affected by the fact they have made a complaint. We are responsible for having in place strong internal structures for the investigation of complaints, ensuring the complainant is told the outcome of any action and be advised of the instigation of any actions arising from the outcome of their complaint. SSACLtd will monitor the effectiveness of the actions, supporting practitioners and maximising complainants’ satisfaction, which is fundamental to effective complaints handling.  |
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**Complaints Policy**

# Introduction and legal framework

We are required by the Care Quality Commission to investigate complaints effectively and ensure we learn from them, and this is consistent with our organisational values

# Scope and aims of this policy

2.1 This policy aims to ensure that we will

* Explain the steps we will take to manage and try to resolve complaints when we receive them;
* Provide a full, open and honest response when a complaint is raised;
* Thoroughly and objectively investigate complaints, giving confidence to the complainant that we have responded appropriately;
* Support staff through the process of a complaint investigation;
* Learn lessons and share experiences to improve our services;
* Monitor the impact of actions and ensure they are embedded throughout service lines.
	1. We will apply this policy when a complaint is about the services we provide
	2. This policy will specifically not apply to the following:
* Complaints made by a responsible body or an employee of SSACLtd.
* Complaints relating to any employment matters;
* Matters where there are known to be active or imminent legal proceedings that would make it inappropriate to separately run an investigation.
	1. This policy is not designed for professionals from other agencies to make complaints about the level of service. Such complaints should be addressed to SSACLrd. However, the same standards of rigour, investigation, openness and learning will be applied.
	2. Further preclusions are detailed within the section on complaints or complainants deemed to be vexatious.

# Roles and responsibilities

3.1 The Director of SSACLtd is ultimately the ‘responsible person’ for complaints received and is responsible for complaints management and for treating complaints seriously and as a matter of priority.

# Complainants, consent and interested parties

4.1 A complainant may be either a person who receives or has received services from SSACLtd, or a person who is affected, or likely to be affected, by the services we provide, subject to the scope of this policy detailed in section 2.

4.2 A complaint may be made on behalf of another person when the person identified at 4.1 above:

a) Has died;

1. Is under the age of 18;
2. Is unable to make the complaint themselves due to physical incapacity,
3. Is unable to make the complaint due to a lack of capacity under the Mental Health Act

2005(a) and the person complaining on their behalf is authorised to do so;

1. Has requested the representative act on their behalf.
	1. Where 4.2(a) applies, there will be a need to clarify who the next of kin is or whether any other person has been identified by the patient prior to their death as being eligible to receive information on their behalf.
	2. Where 4.2(d) applies, although it is unlikely that SSACLtd will provide treatments to any person deemed to have lack of capacity, in the event that this situation arises, consideration needs to be given to any instructions the patient may have made when they had capacity with regard to disclosure of information. If they have appointed an Attorney with a Health and Welfare - Lasting Power of Attorney, a copy of this will need be obtained and retained on the complaint file.
	3. Where 4.2(e) applies, the patient’s consent must be obtained before any details are discussed or any information is disclosed, and before the patients records can be accessed. Consent could be obtained in writing or verbally and recorded.
	4. If it is considered the complainant is an ‘interested party’ in a patient’s life and care, information disclosed must be focused on the complaint and not involve issues outside of the scope of the complaint in order to maintain patient confidentiality as much as possible. Any response to the complainant will not include any personal details relating to the patient of which the complainant is not already aware.
	5. If the complainant is raising issues about events they personally witnessed, then consent should not be an issue, as confidential information of this nature would not be included in the complaint.

# Confidentiality

The requirement to maintain confidentiality during the complaints procedure is absolute and all complaints, whether verbal or written, will be treated in the strictest confidence. Measures to ensure this include: • Complaint records will be kept separate from the service user’s health and social care records,

Confidential complaint information, findings, recommendations, conclusions, and actions will not be available to unauthorised persons or organisations;

* Patient identification will be protected in reports submitted to the Trust Board through the use of anonymised information;
* Records will be kept in a secure environment and will be accessible only to those directly responsible for investigating and responding to the complaint.

Such records are, however, subject to Data Protection regulations and must be treated with the same rules of confidentiality as normal client records, and would be open to disclosure in legal proceedings.

# Process for dealing with concerns

It is of critical importance that concerns are dealt with swiftly and will:

Contact the individual and advise we will seek to resolve by the end of the following day

Investigate the matter

Contact the individual and seek to resolve the situation to the complainant’s satisfaction

Where the complainant is satisfied with the outcome, the investigator will make any necessary internal arrangements to respond to the concern, including any learning. The investigator may arrange with the complainant to have a follow-up conversation to assure them of the actions taken.

Where the complainant is dissatisfied with the outcome by 5pm on the working day following submission of the issue, the matter cannot be treated as a concern and must progress to the formal complaint process

# Process for dealing with formal complaints

This section applies in all of the following circumstances:

* The complainant has made their complaint in writing, including via email, and so must be subject to the formal procedures in accordance with the 2009 regulations;
* complainant has made their complaint orally but has informed the Complaints Team that they wish the matter to be treated as a formal complaint;
* The complainant has made their complaint orally, an attempt has been made to resolve as a concern, but this has not been achieved to the complainant’s satisfaction by 5pm on the working day following submission of the concern;
* For any other reason, including missed telephone calls, it has not been possible to resolve the matter to the complainant’s satisfaction by 5pm on the working day following submission of the concern.

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By 5pm on the third working day following receipt of the complaint, the Director will issue a letter of acknowledgement to the complainant.

By 5pm on the fifth working day following receipt of the complaint, the Director/investigator will:

Make contact with the complainant to agree a Complaints Plan;

The investigator will undertake an investigation which will be concluded within 30 working days of the complaint being received

The director will finalise a response to the complainant

The complainant will be notified in the response letter that the complaint will be closed 14 calendar days after the date of the response letter.

# Response

In line with NHS Resolution (2019), SSACLtd will ensure that the complaint response will:

• be professional, well thought out and sympathetic;

• Deal fully with all of the complainant’s complaints;

• Include a factual chronology of events which sets out and describes every relevant consultation or telephone contact, referring to the clinical notes as required;

• Set out what details are based on memory, contemporaneous notes or normal practice;

• Explain any medical terminology in a way in which the complainant will understand; and

• Contain an apology, offer of treatment or other redress if something has gone wrong. The response should also highlight what the practice has done, or intends to do, to remedy the concerns identified to ensure that the problem does not happen again.

If you have any concerns about a medical or aesthetic practice, salon, clinic or individual practitioner you should contact your Environmental Health Department at your local Council (Boston Borough Council).

If your practitioner is a registered health care professional (such as a nurse, doctor or dentist) then you can also seek advice from their professional regulator (i.e., the [General Medical Council](https://www.gmc-uk.org/) etc). The director and Advanced Practitioner within SSACLtd is on the Nursing and Midwifery Council Professional Registers (pin number 13H4708E)

Additional Documents

 