

COMPLAINTS POLICY

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1. Introduction

Frailty Care Ltd is committed to providing a high standard of patient care and places a high priority upon the handling of complaints. The organisation recognises that suggestions, feedback and complaints are valuable aids to improve services.

This policy is to provide clear guidance and standards for the handling of complaints relating to all services provided by Frailty Care.

This policy has been formulated to ensure all staff respond to complaints in a satisfactory manner, in line with the complaints resolution process set out by the Centre for Effective Dispute Resolution (CEDR). Frailty Care is a subscriber to CEDR.

2. Purpose

This policy and procedure seeks to ensure that all services being provided by Frailty Care meet good practice in complaint handling as set out in ICSAS' Principles of Effective Complaint Handling, focusing on:

- ☐ Promoting a just and learning culture
- ☐ Welcoming complaints in a positive way
- ☐ Being thorough and fair
- ☐ Giving fair and accountable responses

3. Definitions

3.1. Complaint

The NHS Executive has suggested that one definition of a complaint is:

“An expression of dissatisfaction that requires a response”

Such expressions of dissatisfaction may be made in a variety of ways; verbally, in person, by telephone, in writing, including electronically by email.

Examples of complaints include concerns about the quality of service provided, the following of standard procedures and good practice, poor communication and the attitude or behaviour of a member of staff.

The decision as to whether a matter is dealt with informally as a concern or as a formal complaint will depend on whether an immediate response can be given or whether further investigation is required.

Frailty Care will seek to distinguish between concerns – i.e. requests for assistance in resolving a perceived problem and an actual complaint.

If the complainant is happy for their concerns to be logged and resolved informally, it will be logged as a **concern**. If the complainant is expecting a full investigation followed by written reply within policy timeframes, then the concern will be pursued as a **complaint**.

The final decision as to whether a matter is dealt with as a **concern** or as a **complaint** should be made by the complainant. In order for the complainant to make an informed choice, information should be provided by Frailty Care Staff i.e. complaints policy explained, options given.

It should be noted that any informal complaint may escalate to become a formal complaint.

Any person, who is dissatisfied with the preliminary response to a matter which has been dealt with outside of the complaints process, will be advised of their right to pursue the matter through the complaints procedure and offered support through independent advocacy.

3.2 Incident

An **Incident** is an event or circumstance that could have resulted, or did result, in unnecessary damage, loss or harm such as physical or mental injury to a patient, staff, visitors, or members of the public. Where the incident is of a clinical nature or involves any delay to a care pathway the relevant clinician will need to assess the impact on the patient. Logging, assessment and notification of incidents should be completed within 21 days.

4. Receiving Complaints

Complaints can be received:

- Orally (telephone, visit, meeting)
- In writing (letter or email)

Where a complaint has been received the details should be recorded on Frailty Care Complaints Log; a Patient Feedback Form should be filled out and emailed to the

Line Manager so that she/he will contact the person making the complaint.

When receiving a complaint, the staff member concerned must resolve any minor problems immediately, ensuring that the patient's immediate health care needs are being met.

Upon receiving a complaint, we shall send an acknowledgement of the complaint within 3 working days of receipt of a complaint or a request for its escalation. This acknowledgement should contain:

- The name of the person responsible for managing that stage of the complaint and their contact details.
- A brief summary of the actions to be taken by the subscriber at that stage of the complaint.
- An assurance that either a full response or a progress update will be sent to the complainant within 20 working days.
- An assurance that the aim is to complete each stage of the complaints process as swiftly as possible and, in any event, within three months.

We shall make arrangements for any outstanding amounts due from the complainant (either to the subscriber or to individual clinicians) to be put on hold during the complaints process and ensure that there is no referral to debt collection agencies while the complaints process is ongoing. Frailty Care may seek to recover any outstanding amounts that remain due at the end of the three-stage complaints process.

Frailty Care will respond to any substantive correspondence relating to a complaint within 5 working days of receipt.

5. Recording a complaint

All complaints, including those resolved informally on the spot, must be recorded in Frailty Care Complaints log for monitoring purposes. This will demonstrate that Frailty Care is responsive to comments, complaints, concerns and compliments and will provide management information for monitoring the current quality of service provision and to inform future service changes and developments.

Compliments are as important to Frailty Care as complaints and should be seen as a means of learning how things have gone well. All compliments should be recorded for monitoring and learning purposes.

6. Timescales

A complaint must be made within 6 months of the subject of complaint or within 6 months of the subject of the complaint coming to light. If it is still possible to investigate the facts discretion should be used to extend the time limit in extenuating circumstances.

7. Consent requirements

The person eligible to make a complaint is the person who received the service i.e. the patient. Another person can pursue the complaint on behalf of the patient, but in order to do this the consent of the patient must first be obtained.

Where the patient requires additional support to make the decision as to whether to consent to the complaint being pursued the service should make sure support needs are met and ensure that the patient has a full understanding of what he/she is consenting to. An example of this maybe the use of an interpreter for people who do not speak English to discuss the issues involved.

There may be circumstances where patient consent is not required to pass on information, for example:

- When not revealing such information would be breaking the law.
- When the patient reveals any matter which Frailty Care considers may constitute a criminal offence.
- Where there is clear indication that a serious crime has been or is about to be committed.
- Where there is a risk of harm to an individual or themselves.
- Information is requested by H.M. Coroner, a court or a tribunal.
- There are reasonable grounds to suspect abuse of a child or vulnerable adult.

8. Safeguarding children and protection of vulnerable adults

If a complaint is received which raises child protection issues or concerns the protection of vulnerable adults the responsibility for highlighting this through safeguarding processes lies with the person who has received the concern. If there is any doubt about how an issue should be handled then the person should contact the Practice Manager. If there is any immediate risk of harm then advice should be sought urgently. The safety of the child and vulnerable adult must always be paramount.

For allegations against Frailty Care staff or Frailty Care contractors the Managing Director should be contacted.

9. Joint complaints with other organisations

There is now a duty within the complaints regulations for co-operation between organisational bodies involved in a complaints process so that, wherever possible, the person making the complaint should receive a joint response. In these circumstances, Frailty Care will seek the complainant's consent to share information with any other organisation involved in the complaints process and in order to deliver a joint response. However, if no consent for the sharing of information is forthcoming then Frailty Care and any other organisation implicated will be required to respond independently.

10. Investigating complaints

Frailty Care will carry out a robust and thorough investigation into the events giving rise to the complaint that includes:

- An agreed summary of the issues to be investigated. These issues will form the basis of the heads of complaint upon which the adjudication will be based.
- A review of all correspondence.
- A review of all clinical records.
- A review of the record(s) of meeting(s) with the complainant.
- A review of statements provided by clinicians and other relevant parties who have been involved in the events complained about, including consultants with practising privileges.
- A summary of actions to be taken and learning points arising from the complaint, where relevant.

11. Responding to complainants

- We shall provide the complainant with a full written response (sent either via post or email) within 20 working days or, where the investigation or review is still ongoing, send a written update to the complainant explaining the reason for the delay at a minimum of every 20 working days.
- We shall complete each stage of the complaints process within three months, unless in exceptional circumstances, and provide complainants with an explanation regarding the need for a longer timescale.
- In the response letter, we shall signpost complainants to the next stage of the complaints process in the event that they remain dissatisfied. This means providing an explanation of the option to proceed to the next stage, details of how to do so, and advising complainants that the escalation request must be made in writing within six months of the final response to their complaint, unless there are exceptional circumstances.
- We shall inform complainants about their right to seek independent legal advice where any aspects of their complaint might give rise to a clinical negligence claim.

12. Responsibility and Accountability

12.1. All Frailty Care staff and contractors

- All staff have a responsibility to respond to any concern or complaint raised to them.
- All staff are responsible for ensuring that they are familiar with and follow the Complaints Procedure knowing where to access the complaints policy, CEDR guidance and form, and other relevant information (e.g. from Line manager, Frailty Care MS Teams channel).
- All staff have a responsibility to direct patients and carers to appropriate information regarding how to give feedback and how to raise a concern or complaint.

12.2. Frailty Care Director with responsibility for complaints

Dr Quigley is responsible for ensuring that the appropriate support and advice is provided by Frailty Care to fulfil the Policy. He will also be responsible for reviewing all complaints investigation reports and deciding whether on the balance of probability the complaint has been substantiated.

Dr Quigley's 'signed off' findings will be formally communicated to the parties concerned. Dr Quigley will send details of how the complainant can take the matter further, sending details of CEDR, including CEDR's Guidance on Mediation for Customers and the CEDR Complaints form.

13. Second Stage – complainant is dissatisfied with the response

Patients who are dissatisfied with the First Stage response, have the right to take the complaint to CEDR at:

CEDR, 3rd Floor
100 St. Paul's Churchyard
London
EC4M 8BU
Telephone: **020 7520 3800**

<https://www.cedr.com>

The complainant will need to complete the application form. Once the completed form has been received, both parties will be contacted by the mediator to arrange a mediation date. This mediation will be a 3-hour call with Frailty Care, the complainant and mediator. The mediator supports and facilitates the parties to work together during this call to reach a resolution that they agree on.

14. Support for staff

Staff who are the subject of a complaint

Frailty Care appreciate the negative associations of complaints - that they happen when something has gone wrong or is perceived to have gone wrong. Frailty Care will, as far as possible, resist apportioning blame. Frailty Care will not be intolerant of mistakes, which are handled openly with appropriate action taken. Staff will be informed of the details of any complaint made against them, have the opportunity to answer the complaint, and be kept informed of the progress of the complaint and its outcome by their manager. Information and learning from the complaint will be shared with staff in an open and honest way.

Staff working in services where public expectations are higher than actual resources may find that even with the most positive attitude a higher number of complaints are received; it is not easy to be on the receiving end of relentless complaints and remain motivated. Frailty Care will give full commitment to supporting such staff in any way possible.

Frailty Care does not expect staff to tolerate any form of abuse from patients or

others.

Disciplinary procedures

The Complaints Procedure is only concerned with resolving complaints and not with investigating disciplinary matters. The two procedures are entirely separate.

Complaints can occasionally reveal the need for further investigation under the Disciplinary Procedure. Advice from Human Resources should be sought before invoking any disciplinary process. The complaint and disciplinary process can run alongside each other, however if it was found that this may prejudice the disciplinary process then the complaint will be closed and the complainant informed that the matter is now being investigated under HR processes rather than complaints process.

Paperwork relating to complaints investigation may be used in any disciplinary investigation. The outcome of any disciplinary process will remain confidential.

It must be noted that supervision is not part of the disciplinary process and as such will not affect the complaints process.

15. Complaints and litigation

If the complaint relates to a case already going through a legal process and it was established that an investigation under the complaints process would prejudice this legal process then the complaints procedure would cease. Paperwork relating to the complaints investigation can be used in a Court of Law or as part of any Health and Safety investigations.

16. Duty of confidentiality

Care must be taken at all times throughout the complaints procedure to ensure that any information disclosed about the patient is confined to that which is relevant to the investigation of the complaint. Information should only be disclosed to those people who have a demonstrable need to know it for the purpose of investigating the complaint or ensuring that the complaints procedure is followed. It is good practice to explain to the patient that information from his/her health records may need to be disclosed to staff involved in managing the complaint and any independent review. If the patient objects to this then the effect on the investigation will be explained.

17. Record keeping

All complaints information must:

- Be legible
- Have a date
- Contain patient identification

- Be accurate (no blank spaces; no unapproved abbreviations or jargon; any errors scored out with a single line, initialled and dated and timed)
- Be complete, including records of the facts and circumstances relevant to the case.
- Be contemporaneous
- Record fact and circumstances relevant to the particular case
- Identify type of contact, i.e. telephone, face to face, e-mail

18. Storage and retention of complaint records

Complaint records should be stored in accordance with records management and data protection legislation and regulation.

19. Conflict of interest

If there is any conflict of interest which would prevent an impartial resolution to the complaint raised then the member of staff should state that they would not be able to deal with the complaint and that they will need to pass this to a different member of staff. The initial staff member will be excluded from all discussion about the issue. For example, a clear conflict of interest would be the person named in the concern being a relative or a friend.

20. Support for complainants

It should be noted that Frailty Care actively encourages feedback, positive and negative, from patients, carers, family and residential homes so that we can learn and improve the quality of services provided. People who complain often find the process difficult and confusing; we must try to support complainants through this process to ensure that it is easier for them and that the process has positive outcomes for all.

Where appropriate, specialist advocacy services (such as with learning disabilities or for children) may be able to offer clients help and support.

Complainants will be given support to overcome any communication or other difficulties to enable them to make a complaint e.g. provision of interpreters.

The investigating officer must ensure that patients, relatives and carers etc. are not adversely affected as a consequence of having made a complaint.