



Complaints Policy and Procedure

Introduction

The purpose of this policy is to ensure that all patients (or their representatives) who have the cause to complain about their care or treatment can have freely available access to the process and can expect a truthful, full and complete response and an apology where appropriate. Complainants have the right not to be discriminated against as the result of making a complaint and to have the outcome fully explained to them. The process adopted in AC Medical Services Ltd. is fully compliant with the relevant NHS Regulations (2009) and guidance available from defence organisations, doctors' representative bodies and the Care Quality Commission. Everyone in the organisation is expected to be aware of the process and to remember that everything they do and say may present a poor impression of the organisation and may prompt a complaint or even legal action.

Definition of a Complaint

A complaint or concern is an expression of dissatisfaction about an act, omission, or decision, either verbally, or in writing, and whether justified or not, which requires a response.

There is no difference between a 'formal' or 'informal' complaint. Both are expressions of dissatisfaction.

Procedure

Availability of Information

AC Medical Services Ltd. will ensure that there are notices advising on the complaints process conspicuously displayed in all reception/waiting areas and that leaflets containing sufficient details for anyone to make a complaint are available without the need to ask. The organisation website and any other public material (organisation Leaflet etc.) will similarly provide this information.

Complainant Options

The complainant, or their representative, can complain about any aspect of care or treatment they received at this organisation to:

- a. AC Medical Ltd's Business Manager
- b. Parliamentary and Health Service Ombudsman, Citygate, Mosley Street, Manchester, M2 3HQ or visit the 'Making a complaint page' at <http://www.ombudsman.org.uk/make-a-complaint>
- c. the PHSO Customer Helpline on 0345 015 4033 from 8:30am to 5:30pm, Monday to Friday or send a text to their 'call back' service: 07624 813 005

Who is Responsible at AC Medical Services Ltd. for Dealing with Complaints?

The organisations "Responsible Person" is the Business Manager. They are charged with ensuring complaints are handled in accordance with the regulations, that lessons learned are fully implemented, and that no Complainant is discriminated against for making a complaint

The organisations "Complaints Manager" is the Business Manager. They have been delegated responsibility for managing complaints and ensuring adequate investigations are carried out.

Timescale for Making Complaints

The period for making a complaint is normally:

- (a) 12 months from the date on which the event which is the subject of the complaint occurred; or
- (b) 12 months from the date on which the event which is the subject of the complaint comes to the complainant's notice.

The organisation has the discretion to extend these limits if there is good reason to do so and it is still possible to carry out a proper investigation. The collection or recollection of evidence, clinical guidelines or other resources relating to the time when the complaint event arose may also be difficult to establish or obtain. These factors may be considered as suitable reasons for declining a time limit extension, however, that decision should be able to stand up to scrutiny.

Responding to a Concern

Should the complaints manager become aware that a patient, or the patient's representative, wishes to discuss a concern, there is no 'hard and fast' rule as to timescales to discuss the matter with them.

Points that should be considered are that:

- Should the patient be on the premises, then there will need to be a degree of interaction sooner than if it was a telephone call or email

- Many of the concerns raised are not a true complaint, simply a point to note or a 'grumble'. Although there is no official guidance on this matter, by discussing the concern with the complainant soonest, there is a potential that this could reduce any escalation to a more formalised complaint
- All facts need to be ascertained prior to any conversation
- Should an angry complainant be contacted too soon, this may inflame the situation further if they not receive the outcome that they desire
- Consider any potential precedence that may be established and will any future concern be expected to always be dealt with immediately should any response be given too soon
- Time management always needs to be considered

Whilst each concern will warrant its own response, generally at AC Medical Services Ltd. our procedure is below and ensures that the best response is always provided.

Action Upon Receipt of a Complaint

A) Verbal Complaints: It is always better to try and deal with the complaint at the earliest opportunity and often it can be concluded at that point. A simple explanation and apology by staff at the time may be all that is required.

A verbal complaint need not be responded to in writing for the purposes of the Regulations if it is dealt with to the satisfaction of the complainant by the end of the next working day, neither does it need to be included in the annual Complaints Return. The practice/organisation will however record them for the purposes of monitoring trends or for Clinical Governance and that record will be kept and monitored by the Business Manager. Verbal complaints are to be logged on a verbal complaints form to assist in identifying trends or issues that need to be addressed and at least annually, with minutes of those discussions kept.

If resolution is not possible, the Business Manager will set down the details of the verbal complaint in writing and provide a copy to the complainant within three working days. This ensures that each side is well aware of the issues for resolution. The process followed will be the same as for written complaints.

B) Written Complaints: On receipt, acknowledgement will be sent within three working days which offers the opportunity for a discussion (face-to-face or by telephone) on the matter. The complaint will be added to the complaints Register. This is the opportunity to gain an indication of the outcome the complainant expects and also for the details of the complaint to be clarified. In the event that this is not practical or appropriate, the initial response should give some indication of the anticipated timescale for investigations to be concluded and an indication of when the outcome can be expected.

It may be that other bodies may need to be contacted to provide evidence. If that is the case, then a patient consent form will need to be obtained at the start of the process and a pro-forma consent form included with the initial acknowledgement for return.

If it is not possible to conclude any investigations within the advised timescale (40 working days), then the complainant must be updated with progress and revised time scales on a regular basis (Every 10 working days). In most cases these should be completed within six months unless all parties agree to an extension.

[..\Policies and Documents\Complaints Form.doc](#)

Who Can Make a Complaint?

A complaint can be made by or, with consent, on behalf of a patient (i.e. as a representative); a former patient, who is receiving or has received treatment at the organisation; or someone who may be affected by any decision, act or omission of the practice/organisation.

A Representative may also be

- by either parent or, in the absence of both parents, the guardian or other adult who has care of the child; by a person duly authorised by a local authority to whose care the child has been committed under the provisions of the Children Act 1989; or by a person duly authorised by a voluntary organisation by which the child is being accommodated
- someone acting on behalf of a patient/ former patient who lacks capacity under the Mental Capacity Act 2005 (i.e. who has Power of Attorney etc.) or physical capacity to make a complaint and they are acting in the interests of their welfare
- someone acting for the relatives of a deceased patient/former patient

In all cases where a representative makes a complaint in the absence of patient consent, the organisation will consider whether they are acting in the best interests of the patient and, in the case of a child, whether there are reasonable grounds for the child not making the complaint on their own behalf. In the event a complaint from a representative is not accepted, the grounds upon which this decision was based must be advised to them in writing.

AC Medical Services Ltd. will ensure that the complaint is investigated in a manner that is appropriate to resolve it speedily and effectively and proportionate to the degree of seriousness that is involved.

This organisation will adhere to the following standards when addressing complaints:

1. The complainant has a single point of contact in the organisation and is placed at the centre of the process. The nature of their complaint and the outcome they are seeking are established at the outset.
2. The complaint undergoes initial assessment, and any necessary immediate action is taken. A lead investigator is identified.

3. Investigations are thorough, where appropriate obtain independent evidence and opinion, and are carried out in accordance with local procedures, national guidance and within legal frameworks.
4. The investigator reviews, organises and evaluates the investigative findings.
5. The judgement reached by the decision maker is transparent, reasonable and based on the evidence available.
6. The complaint documentation is accurate and complete. The investigation is formally recorded with the level of detail appropriate to the nature and seriousness of the complaint.
7. Both the complainant and those complained about are responded to adequately.
8. The investigation of the complaint is complete, impartial and fair.
9. The complainant should receive a full response or decision within six months following the initial complaint being made. If the complaint is still being investigated, then this would be deemed to be a reasonable explanation for a delay.

Final Response

This will be provided to the complainant in writing (or email by mutual consent) and the letter will be signed by the Business Manager under delegated authority. The letter will be on headed notepaper and include:

- An apology if appropriate, or sentiment of regret (The Compensation Act 2006, Section 2 expressly allows an apology to be made without any admission of negligence or breach of a statutory duty)
- A clear statement of the issues raised in their letter, details of the investigations and the findings,
- A clear explanation in response to each of the issues raised. What happened and why
- Draw conclusions which should be evidence-based
- Consider the matter with hindsight and, where appropriate, identify any failings.
- Details of any changes that have been made to put these right or prevent repetition. Clinical matters must be explained in accessible language. This should include what actions are being taken by whom and within what timescale. Also when you can provide feedback to the patient on progress of this action plan if appropriate.
- A clear statement that the response is the final one and the practice/organisation is satisfied it has done all it can to resolve the matter at local level
- An Invitation to meet or contact you again if they have any further questions
- A statement of the right, if they are not satisfied with the response, to refer the complaint to the Parliamentary and Health Service Ombudsman, Citygate, Mosley Street, Manchester, M2 3HQ or visit the 'Making a complaint page' at <http://www.ombudsman.org.uk/make-a-complaint> (to complain online or download a paper form). Alternatively the complainant may call the PHSO Customer Helpline on 0345 015 4033 from 8:30am to 5:30pm, Monday to Friday or send a text to their 'call back' service: 07624 813 005