

DQQ03 - Complaints, Suggestions and Compliments Policy and Procedure

Purpose

- | This policy aims to enable the practice to establish and operate systems for identifying, receiving, recording, handling and responding to complaints. As a result of following these procedures the practice will investigate and take necessary proportionate action in response to any failure identified by a complainant or investigation. We will ensure that:
 - | Patients know how to complain, and that their comments and complaints are listened to and acted on effectively;
 - | Patients know that they will not be discriminated against for making a complaint;
 - | Patients feel confident and comfortable in voicing their complaints and concerns;
 - | Complaints are treated as learning opportunities and viewed as an opportunity to improve care.

Accountability

- | The Registered Provider must establish and operate an effective and accessible complaints system. The Registered Manager and/or Complaints Manager (or Lead) should ensure that practice policies are followed, records kept, significant event analysis completed, and all audit, review and reporting procedures are followed. They also should ensure that staff training on complaints management is included in new staff inductions and that team training is regularly refreshed (see Complaints Lead Job Description).

Scope

- | Registered Provider.
- | Registered Manager and/or Complaints Lead.
- | Patients.
- | Relatives/Guardians, where appropriate.
- | Other professionals outside agencies.
- | All employees.

Policy

- | It is the policy of this practice to ensure that:
 - | There is a clear complaints procedure in place, which is publicised to patients in the public areas of the practice;
 - | The Practice Manager and/or Complaints Lead have responsibility for collating, responding and investigating complaints;
 - | The Registered or nominated Complaints Manager has responsibility for ensuring the team has induction training followed up with regular updates in complaints handling;
 - | The Registered or nominated Complaints Manager has responsibility for ensuring the complaints procedure is carried out correctly;
 - | The procedure makes it clear that complaints will be dealt with respectfully, and without prejudice;
 - | Complaints can be made in a form that takes into account all aspects of diversity;

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- i Patients are kept informed of the timescale and at each stage of the handling of a complaint;
- i The procedure makes it clear what they should do if they are not happy with the result of a complaint. Contact details for the relevant commissioning body such as NHS England or a local CCG and PALS service should be on display;
- i Complaints raised by third parties, or family members, raise consent and confidentiality issues. In these cases, written authority is normally required from the Patient to include others in the sharing of information. If the Patient lacks capacity, an independent representative should be involved;
- i If it becomes clear that litigation, or the intent, has started then the complaints procedure may be terminated;
- i The Practice will cooperate with any further investigation by the relevant commissioning body or any involvement by a recognised organisation such as PALS;
- i When treatment is made under referral, or treatment is transferred to another provider, Patients are made aware of the complaints system worked by all providers as far as possible.
- i Consent and confidentiality must not be compromised during the complaints process unless there are professional or statutory obligations that make this necessary, such as safeguarding.

Procedures

- i To meet these policy requirements the practice will observe the following procedures:

Identifying and Receiving Complaints

- i Patients may raise concerns to any member of staff, verbally or in writing.
- i They will be directed to the Practice Manager or Complaints Lead to hear them, or to address a written concern.
- i In all cases an acknowledgement will be raised in writing and provided to the complainant within three working days, together with a copy of the Complaints Procedure if this has not been obtained before.
- i The reply will give an estimate of the time required to investigate the complaint and reply again, which would normally be within ten working days and no later than twenty days.
- i A written response, including the result of investigation, will be issued to the Patient at that time. If this is not possible, the Patient will be informed in writing why, and a new time frame issued.
- i Written documentation is retained.
- i Patients are informed of the address of the relevant commissioning body, PALS, Health Ombudsman and the GDC should they wish further information or address.
- i All complaints are recorded on a complaints record sheet. Regular review of complaints records will assist the Management team in identifying any trends.
- i All complaints will be acknowledged in writing within 3 working days.
- i Complainants will be replied to within 10 working days of the complaint arising or we will give an estimate of the time required to investigate the complaint and the complainant will be given the opportunity to agree an alternative timescale if needed.
- i The response will substantiate or not substantiate all points made and give a detailed outcome response with all actions to be taken to resolve issues that have been raised.

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Investigating the Complaint

- | Investigations and outcomes will be recorded on the complaints form, adding additional sheets as required.
- | Complaints will be investigated in the first instance by Practice Manager and/or Complaints Lead, and referred up the chain of management as necessary to reach a satisfactory outcome for the complainant. The Registered Manager will become aware of the matters dealt with by other persons by way of the regular review of the file. The Registered Manager will take corrective action if it is felt during this review that complaints are not being appropriately referred up the line of management.
- | The person investigating the complaint should gather the information or evidence necessary to fully understand the complainant's concerns. This may include reviewing additional records or speaking to any witnesses.

Recording the Complaint

- | All employees are warned that written complaints recording rules must be complied with, and those records held where they are freely available to supervisors and managers. Any attempt to conceal a complaint may give rise to formal disciplinary action.
- | The complainant will be requested to examine the written records of the complaint and sign to indicate agreement with the outcome.
- | Records must be kept of all complaints, including those for which no actions were considered necessary after a full and fair investigation.
- | In the event of a continued disagreement which cannot be resolved internally, the complainant will be advised to approach an appropriate external authority, such as the CQC, funding authorities such as Social Services or NHS, an independent advocacy service or the Local Government and Social Care Ombudsman.
- | The completed complaints form will then be handed to the Registered Manager nominated Complaints Lead for permanent filing, in the complaints file.
- | The Management Meeting will periodically (recommended every three months) review all complaints and significant event analysis carried out since the previous review, in order to identify trends and matters which may have appeared to be relatively minor at the time, but which indicate a deeper problem.
- | The services action plan should be updated to include all actions to be taken to resolve any requirements or recommendations made following any investigation.
- | The records are kept and provided to CQC at any time that they may ask for them.

Complaints Analysis - Following a full and fair investigation

- | The Registered Manager and/or Complaints Lead will conduct a significant event analysis (SEA) for each complaint received.
- | Findings from the SEA will be presented at a policy review meeting to make recommendations to improve services.
- | A full report of the SEA findings along with recommendations to prevent recurrences will be presented to the Registered Provider and after full consideration of the recommendations agreed, relevant policy changes will be made and the team updated.
- | Measures taken to improve services will be reviewed on an ongoing basis to ensure that improvements have been maintained.

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Duty of Candour

- | If the complaint is a notifiable incident, as per the Duty of Candour Policy and Procedure, we shall follow that procedure as indicated. The Duty of Candour Policy and Procedure is located in the Administration section of your QCS System.

Staff Training

- | This practice will ensure that every team member is familiar with the practice complaints procedure.
- | We will provide initial training and regular updates to ensure staff can deal with patients concerns and complaints, and know how to apologise and offer practical solutions.

Key Contacts

Care Quality Commission (CQC)
National Correspondence
Citygate, Gallowgate
Newcastle upon Tyne NE1 4PA
Tel: 03000 616161
Fax: 03000 616171

03000 61 61 61

Clinical Commissioning Group (for Patient funded by the Clinical Commissioning Group)

LATNHS England Southside 105 Victoria Street London SW1E 6QT

The Local Government Ombudsman
PO Box 4771
Coventry CV4 0EH
Tel: 0845 602 1983 or 024 7682 1960
Fax: 024 7682 0001
advice@lgo.org.uk

Independent Advocacy Services
Brent Advocacy Concerns Willesden Centre For Health and Care Robson Avenue London NW10 3SG 020 8459 1493

Coram Voice Gregory House Coram Campus 49 Mecklenburgh Square London WC1N 2QA 020 7833 5792

Kingston Advocacy Group 50 Canbury Park Rd Kingston upon Thames KT2 6LX 020 8549 1028

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Note: this form will be used to record expressions of minor concerns which may be dealt with on the spot as well as obvious "complaints" which may require formal investigation.

The original of this form will be:

- | Held in a clearly labelled "Complaints in Progress" file in the Registered Manager's office while the complaint is being investigated.
- | Transferred to a central complaints file as soon as the matter is closed

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Re. Person making the complaint	
Name:	
Address:	
Telephone Number:	
Name and contact details of the [Service_user_text] to which the complaint refers:	
Details of complaint, concern or compliment (include dates, times and witnesses where possible):	
Names of any employees specifically complained of or complimented:	
Name of person originally complained to (if not the person completing this form):	
Name of the person to whom the complaint was referred on to for investigation (state "as above" if the person who receives the complaint also investigates):	
Investigations carried out (attach additional pages if required):	
Action taken or recommended by investigator:	

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Re. Person making the complaint (Continued...)	
Did this action satisfy the complainant? If not, state why, and who the complaint was referred on to next:	
Action taken by person to whom the complaint was referred on to:	
Did this action satisfy the complainant?	
Name of organisation to which the complaint was referred in the event of a failure to satisfy the complainant?	
Signed by complainant to signify satisfaction:	
Date:	

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Complaints Register

Date	Complainant	Summary of complaint	Action taken
This register must be referred to each meeting the regular management meeting for review			

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Complaint acknowledgement letter template

[insert date]

[insert name]

[insert address]

Our ref: [insert reference]

Your ref: [insert reference]

Our contact details (email and phone): [insert]

Dear [insert title and name]

Heading, e.g. Complaint about.....

Thank you for bringing to our attention your concerns in [your letter/your email/our conversation] of [date].

I am sorry that you are not happy with the service provided by Wembley Orthodontic Centre.

As I understand it, you are concerned that [insert your understanding of the issues of concern, using a bulleted or numbered list if there is more than one point]. Please contact me straight away if I have misunderstood your concerns.

I would be happy to meet you to discuss the issues you have raised and our investigation procedures, if that would be helpful. [Suggest a date and/or provide contact details].

I am looking into the points you have made as a matter of urgency and shall be in touch with you with a full response by [insert anticipated response time – usually not longer than 10 working days].

Please do contact me again in the meantime if I can be of further assistance. My email and phone number are provided above.

Yours Sincerely

Name

Job Title

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Complaint final response letter template

[insert date]

[insert name]

[insert address]

Our ref: [insert reference]

Your ref: [insert reference]

Our contact details (email and phone): [insert]

Dear [insert title and name]

Heading, e.g. Complaint about.....

My investigation into the concerns you raised on [insert date] is now complete.

I will address each of the points as outlined in my earlier acknowledgement letter to you.

[Repeat each individual point of complaint, and follow each one with what you found in the investigation. Put this as a numbered list if there is more than one issue.]

1. Point one, I have found that...
2. Point two, I have found that...

Outcome

As a result of your complaint we have taken the following action (if not already mentioned above).

1. [action one]
2. [action two]
3. [action three]

I would like to thank you for bringing these matters to our attention. We welcome comments from people who use our services and aim to use these to improve our services.

If you are not fully satisfied with the way we have handled your complaint you have the right to take your complaint to the Dental Complaints Service:

Dental Complaints Service
Stephenson House
2 Cherry Orchard Road
Croydon CR0 6BA

Yours sincerely

Name

Job Title

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Key Lines of Enquiry Table

Key Line of Enquiry (KLOE)	Supporting
HC2 - How does the service support people to express their views and be actively involved in making decisions about their care, treatment and support as far as possible?	✓
HE2 - How are people's care and treatment outcomes monitored and how do they compare with other similar services?	✓
HR1 - How do people receive personalised care that is responsive to their needs?	✓
HR4 - How are people's concerns and complaints listened and responded to and used to improve the quality of care?	✓
HW2 - Is there a clear vision and credible strategy to deliver high-quality sustainable care to people, and robust plans to deliver?	✓
HW3 - Is there a culture of high-quality, sustainable care?	✓
HW5 - Are there clear and effective processes for managing risks, issues and performance?	✓
HW6 - Is appropriate and accurate information being effectively processed, challenged and acted on?	✓
HW7 - the people who use services, the public, staff and external partners engaged and involved to support high-quality sustainable services?	✓
HW8 - Are there robust systems and processes for learning, continuous improvement and innovation?	✓

Note: All QCS Policies are reviewed annually, more frequently, or as necessary.

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