

COMPLAINTS PROCEDURE

INTRODUCTION

This procedure sets out the Dr Cassie & Associates approach to the handling of complaints and is intended as an internal guide which is available for all staff. A summary setting out the approach to complaint handling is available at reception for any client requesting a copy.

From 1st April 2009 a common approach to the handling of complaints was introduced across health and adult social care. This procedure complies with this.

POLICY

Dr Cassie & Associates will take reasonable steps to ensure that clients are aware of:

- The complaints procedure
- The time limit for resolution
- How it will be dealt with
- Who will deal with it
- Lead Clinician/Registered Manager handling complaints
- Right of appeal
- Further action the client can take if not satisfied
- The fact that any issues will not affect any ongoing treatment from Dr Cassie & Associates and they will continue to be treated

PROCEDURE

Receiving of complaints

Dr Cassie & Associates may receive a complaint made by, or (with his/her consent) on behalf of a client, or former client, who is receiving or has received treatment at Dr Cassie & Associates or where the client is incapable of making a complaint, by a relative or other adult who has an interest in his/her welfare.

PERIOD WITHIN WHICH COMPLAINTS CAN BE MADE

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

Registered Address:
Moulsford Medical Ltd
1 Glebe Close
Moulsford
Wallingford
Oxfordshire
OX10 9JA

Location Address:
The Cottage
Howbery Park
Benson Lane
Wallingford
Oxfordshire
OX10 8BA

Contact Us: 01865 507275

Email Us: enquiries@drcassie.co.uk

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(b) 12 months from the date on which the event, which is the subject of the complaint, comes to the complainant's notice.

All complaints will be acknowledged **no later than three working days** after the day the complaint is received (the acknowledgement will usually be in writing but can be verbally in some circumstances, although this should be the exception rather than the norm).

An offer should be made to discuss with the complainant the following:

- The handling of the complaint
- Timescales for responding
- Expectations and desired outcome (if unclear)

If the complaint has been made verbally, the complainant should be given a copy of their verbal statement which is considered the formal complaint and asked to confirm that it represents the issues they wish to raise.

Dr Cassandra Coleman, the Registered Manager, has the discretion to extend the time limits if the complainant has good reason for not making the complaint sooner, or where it is still possible to properly investigate the complaint despite extended delay.

When considering an extension to the time limit it is important that the Complaints Manager or the Clinician takes into consideration that the passage of time may prevent an accurate recollection of events by the clinician concerned or by the person bringing the complaint. The collection 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 reason for declining a time limit extension.

Action upon receipt of a complaint

- It is always better to try and deal with the complaint at the earliest opportunity and often it can be concluded at that point.
- If it is not possible or the outcome is not satisfactory the client should be asked to put it in writing. This ensures that each side are aware of the issues for resolution. If the client does refuse to put it in writing, then it is advisable for Dr Cassie & Associates to put it in writing and check that the client is happy with the detail of the complaint.
- On receipt of a written complaint an acknowledgement should be sent confirming receipt and saying that a further response will be sent within 10 days following an investigation of the issues. It should also say who is dealing with it i.e. manager.
- If it is not possible to conclude any investigations within the 10 days, then the client should be updated with progress and possible time scales.
- A full investigation should take place with written notes and a log of the progress being made.
- It may be that outside sources will need to be contacted and if that is the case then a client consent form will need to be signed to make such a request.

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Safeguarding

Safeguarding is a key element of complaints management and review. It may be necessary to identify if any of the following elements are evident in the information/complaint:

- Safeguarding concerns to the person, to include their ability to manage with daily living
- Safeguarding concerns regarding the adequacy of care/support being provided to the person
- Safeguarding concerns regarding the behaviour of a professional to a patient or carer
- Safeguarding concern regarding the behaviour of the person/complainant to professional staff

All complaints staff must have at least Level 2 training in safeguarding to enable them to identify the key safeguarding concerns.

All complaints handlers will require a DBS check as part of their recruitment process.

Unreasonable Complaints

Where a complainant becomes aggressive or, despite effective complaint handling, unreasonable in their promotion of the complaint, some or all of the following formal provisions will apply and will be communicated to the client:

- The complaint will be managed by one named individual at senior level who will be the only contact for the client
- Contact will be limited to one method only (e.g. in writing)
- Place a time limit on each contact
- The number of contacts in a time period will be restricted
- A witness will be present for all contacts
- Repeated complaints about the same issue will be refused
- Only acknowledge correspondence regarding a closed matter, not respond to it
- Set behaviour standards
- Return irrelevant documentation
- Keep detailed records

Final Response

This will include:

- A clear statement of the issues, investigations and the findings, giving clear evidence-based reasons for decisions if appropriate
- Where errors have occurred, explain these fully and state what will be done to put these right, or prevent repetition
- A focus on fair and proportionate the outcomes for the client, including any remedial action or compensation
- A clear statement that the response is the final one, or that further action or reports will be send later
- An apology or explanation as appropriate
- A statement of the right to escalate the complaint, together with the relevant contact detail
- It should also advise on the next step in the process if the complainant is still not satisfied.
 1. An offer of a meeting with the Lead Healthcare Professional or Manager to try further reconciliation.

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2. The client can contact the local PALS (Client Advisory Liaison Service) who would arbitrate between both sides to seek a mutual agreement. This often takes time but can be very helpful having a third person review
3. If at that point resolution is still not achieved, then either side can refer the matter to the Health Commissioner.

If at any time during the complaint process the complainant or their representative or advocate decides they would like to withdraw the complaint this request can be made either verbally or in writing. The withdrawal of a complaint will be acknowledged in writing.

If the complainant has not been provided with a response after six months from receipt of the complaint (taking into account late provision of consent) we will notify the complainant of their right to go straight to the Parliamentary and Health Service Ombudsman without waiting for local resolution to be completed.

Annual Review of Complaints

Dr Cassie & Associates will establish an annual complaints report, incorporating a review of complaints received, along with any learning issues or changes to procedures which have arisen. This report is to be made available to any person who requests it and may form part of the Freedom of Information Act Publication Scheme.

This will include:

- Statistics on the number of complaints received
- Justified / unjustified analysis
- Known referrals to the Ombudsman
- Subject matter / categorisation / clinical care
- Learning points
- Methods of complaints management
- Any changes to procedure, policies or care which have resulted

Confidentiality

Complaints will be handled in the strictest of confidence in accordance and will be kept separately from clients' medical records. Care will be taken that information should only be disclosed to those who have a demonstrable need to have access to it. Suitable arrangements are in place for the handling of patient identifiable data to meet the compliance of GDPR & Data Protection Act 2018 and other legal obligations such as the Human Rights Act 1998 and the common law duty of confidentiality.

The Caldicott Report sets out a number of general principles that health and social care organisations should use when reviewing its use of patient or client information. The designated Caldicott Guardians are responsible for ensuring that confidentiality is maintained. Confidentiality will be maintained in such a way that only managers and staff who are leading the investigation know the contents of the case. Anyone disclosing information to others who are not directly involved in this may be dealt with under disciplinary procedures.

Dr Cassie & Associates must keep a record of all complaints and copies of all correspondence relating to complaints, but such records must be kept separate from clients' medical records.

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